CB-NSG 8th October 2020

The 'New Normal'

New Normal		
Discussion 1: Feedback	**Discussion 2: Next Steps**	**Action**
Children's Services		
- Must never lose sight of the fact that families are all in different situations - Noted the positive responses to reduced class sizes in schools - Families have been able to be flexible, even when professionals and services haven't been - Families lived experience suggests guidance has not trickled down into reality - Crucial that Covid doesn't become an excuse for poor services and support	-Positive risk taking attitude needs to be adopted, need to be thinking what do we need to do to make this happen	A: CBF to share the new CBF Making it happen resource with CBNSG members
	- The uncertainty caused by the pandemic is likely to cause increased anxiety among support workers; they need more support	A: Resilience training: Provider resilience checklist needs to be reactivated and promoted. Link to previous action from CBNSG about support workers being actively involved in designing their support services
	- IT skills training for services to help them adapt to remote working, shouldn't be left to work it out for themselves	A: Ask CBNSG members if they have accessed any training. CBF to conduct further independent research into what's available in terms of training and encourage providers to offer to their staff take
	- Start longer-term planning around remote working- for example virtual ADOS; virtual group support sessions	A: Ask associate members for examples of how they're planning for the remote future. Collate these and share.

	- The reduced scrutiny (in form of inspections of institutions) need to be urgently addressed	A: CN Review the CQC Transitional Regulatory Approach; CBF to think about best way to respond.
	- Address the inconsistencies in covid rules: eg visiting restrictions on ATUs but not elderly care homes. Need an integrated system and good communication across Education, Health and Social Care.	A: MS/CN Share right2visit resource. CN to Investigate care-home pilot; make noise around the success.
Communications		
- Positive responses to smaller class sizes in schools - Need for person-centric approach - Families need to be included, visits perform an important safeguarding function	- Pros of remote comms: More engagement and more inclusive, including of individuals with LD themselves due to decreased distance and accessible meetings; online services could potentially free up resources previously spent on office space. Reallocation of funds would need to be monitored - Cons: mustn't rely entirely on one method of comms, should diversify and include different approaches to improve accessibility; over-bombarded, still need offline time	
Adult Services		
- Identified the gaps in the knowledge that can be gleaned from the New Normal survey: primarily we don't know what causes variation in experience. Possible area for further research	Individual: Make personal plans more person-centric; move away from the yearly 'copy and paste'	
	Carer: Professionalisation of social care; equipping support workers to empower and best	Linked to previous action around increasing the availability of support worker workshops: PBS; resilience check-list

- This stresses the need for person-centric support.	equip those they support	
	System: Children and adult services need to be better integrated and children's services designed to set individuals up to succeed in adult services	A: CBF Ask A. Cameron and other associate members for their 'models' for better transitions and whether they're doing anything to challenge the current system. Share
Strengthening relationships		
- Group discussed issues not yet revealed by the preliminary survey analysis such as: - Issues/ challenges around employment, especially for family carers employing support teams. Not helped by unclear and regularly changing Covid guidance. - Huge regional disparity- differences in Local Authority funding; funding for schools - Considered the impact on siblings of individuals with LD, and note their views should be collected	- The variation in family's adaptability is likely to be influenced by past experience and any past trauma. The pandemic has highlighted the need for resilience training and support - Face-to-face interactions might be very important for some families and their relatives with LD. How can we move towards this in a safe way- need to gather and share success stories	J. Clarke and J. Edwards to feed learning from trauma work and discussions at CB-NSG into teaching at UWE Think about how to share widely that remote working doesn't always work for children and adults with severe learning disabilities and stories of health and social care professionals who have been able to make face to face meeting work. **A:** Ask C. Sholl to share her experience and ask her for other examples
Mental Health		
- Issues of digital exclusion (ability to access remote support/loss of non-verbal communication)	- Status of 'unpaid carer' should be equated to 'key worker' and have access to the same privileges	A: Link to investigating care home pilot. Ask J. Griffin for more details on her experience
- Covid enabled schoolwork to be sent home (which is not always allowed for school refusal but would be beneficial)	- Link digital inclusion research (e.g. by KCL & Joe Webb) and map the research against NICE and good practise	A: Ask SH to ask C. Burke if she will lead on this

- There's been instances of positive, pro-active care for those shielding – but did people on the learning disability register get proactive weekly communication? - There was a lack of government guidance regarding day service provision for people with learning disabilities - Family carers were left unsupported by services in initial lockdown and still many local amenities (e.g. physiotherapy/swimming pools) are not open - GPs are finding it hard to refer patients for anything other than emergencies	- Training to reduce the digital divide and improve digital inclusion	Link to previous action on scoping out IT support/training available
	Need to offer choice regarding appointments, remote and in person. The benefits of remote working include the ability to assemble MDT at short notice, eliminates travel time to appointments	A: LD to Ensure this info is drawn out from the findings and recommendations from new normal research
	Research how much proactive care is being offered (and by which professionals, with what outcomes) to people with learning disabilities?	A: Analyse the findings of the New Normal to draw out this information Wait for findings of new normal work. Use findings from existing surveys
	Research the limiting effect of the pandemic on the community engagement of those who are less able.	Wait for findings of new normal work. Use findings from existing surveys