

Challenging Behaviour - National Strategy Group (CB-NSG)

Are we ALL ready?

Wednesday 26th May 2021

Workshop 1: Skilling up and supporting the whole workforce (including frontline support)

Workshop Facilitators: Dr. Ashok Roy and Dr. Theresa Joyce

CBF Note-taker: Linda Hume

Workshop agenda

Time	What
10.55-11.05 (10 mins)	Introductions and facilitators' overview of the issues
11.05-11.40 (35 mins)	Discussion of key questions around challenges and opportunities
11.40-11.55 (15 mins)	Break
11.55-12.50 (60 mins)	Action planning- allocation of actions with timescales

The key questions for this workshop are:

Part 1- Discussion – emphasis on ACTION not the problems

- What needs to happen to create 'readiness' in the system and make sure all parts are working together?
- How can we overcome regional variation?
- How do we ensure 'readiness' at all levels of the system – local, regional, national all working together

Discussion points

1) Training and development

- Lack of skills in the work force
- Online training is quite common – do we need to do something different? Staff need to be curious, resilient and brave – you don't get this with online learning. If doing online learning, facilitators should still attend in person to support and motivate staff.
- Is it about attitudes and behaviours or is it skills?
- In situ training is the only way to change practice and behaviour – coaching on site, checking competency.
- Support workers need to be fully supported. Should be rewarding.
- Easy to spend a lot of money on training rather than people.
- Need more intensive training (autism)
- Training should be more in-depth; applied to setting; continually updated and ongoing, with different levels of knowledge linked to different roles and always person-centered. There's a spectrum of expertise not just courses or qualifications.
- How is compassion trainable? Lack of a trauma informed approach. Are we developing plans that speak to people – hard wire compassion in.

2) Standards and regulation

- We see assessments and plans that are either not very good or not being implemented- the staff don't use them, the plans are in files in an office.
- What do we mean by Positive Behaviour Support (PBS)? Need to focus on the actual quality of the service, scrutinising the difference between PBS values/plans and actual delivery.
- Crisis services don't respond in the right way, A&E etc.
- Inspections: there are numerous wards that do not give good quality. We must not accept poor standards.

3) Commissioning-development

- Deficit in skills in commissioners, community teams.
- Lack of willingness.
- Lack of care planning.

- Need to not accept poor standards; demands for high standards could/should be borne out of compassionate attitude (importance of trauma-awareness).

4) Making better use of/improving expertise

- Positive Behaviour Support practitioners working alongside staff is helpful.
- Regional network of experts.
- Skilling up the whole workforce in learning disabilities and autism.
- Clinic – place to go to, one stop shop?
- Need to move away from the concept of having least experienced on reception, we should have our most experienced on reception. Access to generalist expertise is important.
- Regulate the market on PBS “experts”, having qualifications for care which are easier for families to identify.
- Not everybody needs to be an expert, values and compassion are crucial.

5) Working together

- Skills exchange, teamwork and support, how do we build that? Co-production is key.
- Need to listen and work with families better.
- Bits of the system are working but not talking to each other e.g. Medication reviews should be part of MDT informed by PBS.
- Frontline staff spend a lot of time with person, second group only see people intermediately but for a long time, third part only play a small role.

5) Other

- Trying to get the person ready is not the best way forward.
- Do we need to think about professionals and frontline staff differently? What support do they need and how do they support each other?
- need to be more rooted in how do we make people’s lives better.
- Without values and compassion, it doesn’t work.
- How do plans translate into action? Include people in plans, get quick wins, engage in positives early.
- Can plans move with people/communication?

Part 2- Action planning – individual and collective actions

- As a CBNSG (individually and collectively) how can we make it happen at a local / individual, regional, or national level?
- What actions, by whom, will need to be taken following the meeting?
- Allocation of actions to make it happen, with timescales.

The objectives are to:

- Identify what can we do ourselves, right now, to skill up the workforce so that the system becomes more ready to deliver good services, get people out of hospital and keep them out.

Challenges

- Lack of basic and specialist learning disability and autism training throughout the workforce.
- Frontline carers are poorly paid and undervalued, yet there is a tendency of statutory bodies to focus only on qualified sections of the workforce.
- Siloed ways of working and not working in co-production with families.
- Absence of trauma-informed approach.

Opportunities: some examples of existing initiatives include...

- External Support Group model
- Oliver McGowan mandatory training
- HEE Facing the Facts, Shaping the Future
- Learning Disability Education Framework for Healthcare Staff in Wales

Actions (55 minutes)

What would make a difference	How it will be done	Who will do it (named person)	When it will be done
Use of community teams as a development resource for frontline staff	LD Senate will review the idea of creating 'champions' for skill development	Ashok Roy and Viv Cooper	End of 2021
Training that is person-centered; explicitly about compassion; trauma-informed; encourages reflection and focuses on skills, knowledge and behaviour, not just getting a qualification.	Needs to be co-produced by trainers and frontline staff. Descriptions of good models that are delivering good outcomes should be collected and disseminated. Training should be peer-delivered, celebrating good practice	Karen Roche-Galvin, Linda Hume and Jayne Knight.	End of 2021
Improving Commissioning- quality assurance to recognise good practice. Knowing what good looks like, and who is doing it. Care plans should be co-produced by everyone involved in care, including commissioners, frontline staff and families.	Toolkit for Commissioners on how to develop frontline staff	Ashok Roy	End of 2021
	Produce an authoritative account, based off the Positive Behaviour Support academy work, of 'What does good look like' that could be firmly incorporated into standards. Case studies of good practice should be included.	Steve Holmes, Theresa Joyce	

Workforce Clinic – place to go to, one stop shop? A regional model	Gather information about what is already out there & identify what the barriers are to using. Space for learning and development.	CBF to begin initial research	
Better rewards for staff	Support campaigns	Clive	
Regulate the market on PBS “experts”; making it easier for families to identify genuine good practice.	Qualifications- Skills for Care	CBF to contact Marie Lovell, Skills for Care	