



Challenging Behaviour - National Strategy Group (CB-NSG)

Are we ALL ready?

Wednesday 26th May 2021

Workshop 2: Early Intervention

Workshop Facilitator: Jacqui Shurlock

CBF Note-taker: Siobhan Humphreys

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

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 implement and share Early Intervention approaches to meet the needs of children, young people and adults with learning disabilities and reduce admission to inpatient units

Challenges

- Sufficient guidance and research on early intervention but insufficient translation into practice
- Loss of children's centres and gaps in services: need to increase the local offer
- Need to raise families' awareness of what services are/should be available, and address barriers to information (e.g. lack of technology)
- Tendency to only intervene at crisis point rather than provide preventative services and support
- Lack of basic and specialist learning disability and autism training across the workforce
- Lack of political focus on children and young people, and significant cuts to their public services
- Failure to commit to long-term, ring fenced Early Intervention projects, despite the evidence of the financial benefits of this approach
- Siloed budgets and ways of working and not working in co-production with families
- Social prescribing is under researched
- Need for ongoing support for families

Opportunities: some examples of existing initiatives include...

- Key workers (being piloted for children on the dynamic risk register)
- SEND Green Paper
- Early Years Review
- Health and Social Care White Paper
- Independent Review of Children's Social Care
- The Childhood Commission (the Big Ask)
- MELD (mapping and evaluating services for children with learning disabilities and Behaviours that Challenge in England) research project - within a year should have some information on the location of services and what service models are around.
- Primary care network system – designed to provide community resilience and support – common assessment framework powerful tool
- Legal duty in Care Act (adults) to provide advice and information
- Transforming Care and NHS 10-year plan recognize importance of Early Intervention
- EPATS programme
- Early Intervention Seminar (Summer 2021): hosted by University of Warwick, the CBF, Mencap, Cerebra and CDC.
- Ongoing CQC work on what good Positive Behaviour Support looks like

Actions

What would make a difference	How it will be done	Who will do it (named person)	When it will be done
More follow up for families	West Sussex drop-in session (linked to Getting It Right project)	Anne/Marie/Jacqui	August 2021
MELD – will have English data and evidence re what models exist/work best/cost effective.	Work with MELD Family Carer Advisory Group to decide how best to share data from year 1 mapping.	Richard Hastings with the CBF (JS/Siobhan H)	By Summer 2022
Link in with the Learning Disability Senate	Update on work talked about today and ask how can support training, awareness of specialist services	Sam Harker/VC	7 th June
Early Intervention Seminar – bring in key people influence nationally	Share Suzi's research, invite key stakeholders	RH/SS/Siobhan H/GG	15 th July <i>Completed</i>
Better multiagency meetings (using zoom/teams to bring more people together)	Write up a best practice document – how best to conduct multiagency meetings. Also look at how to engage those who struggle to engage digitally, look into a hybrid system.	Philippa Russell	By next CB NSG
Work out how Integrated Care Systems and Primary Care Networks are structured and is there an opportunity there for joining up? How could projects work at both levels? Demonstrate to others how could be done (e.g. style of social prescribing), tying into NICE guidance.	Include as an item to discuss at the next CB NSG	Kirsten Lamb/CBF	By next CB NSG
Keyworkers – preventative/all age role	Ask NHSE to share learning from pilots with CB-NSG and discuss next steps.	JW/JS/AP	By next CB NSG

Prevent keyworker pilots from stopping – need to influence bits that work to be rolled out nationally and used as a matter of course.	Find out who is evaluating keyworking. Those involved to keep highlighting the key points about what trying to achieve		
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Additional discussion points:

- CB NSG needs to engage with the SEND review and the Early Years development review with a coherent set of messages and increase the focus on Early Intervention. The reviews need to be joined up.
- Family carers with lived experience should be employed in local teams (e.g. Cumbria).
- CBNSG could try to ensure that early intervention reaches all children with Learning disabilities/Global Developmental Delay and their families.
- Need to share good practice examples (e.g. vaccinations/sure start centres).
- Staff training is essential. Good example in a recent project working with the institute of health visiting to raise awareness of restrictive practices amongst health visitors. The learning could be widened to a range of professional groups.
- Digital solutions should be created/implemented to stop families having to repeat stories (e.g. my health app)
- Need more evidence and better use of existing evidence (especially around diagnosis, puberty, and the transition to adulthood)
- Need to ensure that the pre-existing recommendations from NICE/quality standards (e.g. quality specialist services) are implemented and accessible in local areas.
- Need proactive commissioning and proactive messaging, to help increase availability and help raise awareness of expert support amongst families early on.
- Values and multidisciplinary working should be part of job description for commissioners and other professionals.
- Council for Disabled Children is reviewing the data on admissions to inpatient care – at age 15 things go to crisis: why is this is it puberty or school changes or exam pressure – is 15 an critical age?
- Professionals want to adopt a holistic approach (e.g. high number of applicants for keyworking job opportunities) but are not allowed to approach issues holistically in their current roles.