

Challenging Behaviour - National Strategy Group (CB-NSG)

Are we ALL ready?

Wednesday 26th May 2021

Workshop 3: Joined-up working across health, education and social care

Workshop Facilitator: Professor Luke Clements

CBF Note-taker: Liam Doherty

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 de-silo our work practices and take a systems- thinking approach to supporting individuals with learning disabilities and their families.

Challenges

- Perverse financial incentives and the 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 health, education and social care.
- Reductionism and fragmentation.
- Failure to commit to long-term, ring fenced collaborative projects.
- Siloed ways of working and not working in co-production with families.
- Constant changes and reorganisations.
- 'System' is too complex to make things happen.
- Families need a 'navigator', 'key worker' or barrier between them and complex system.
- Managers and professionals become ground down over the years, lose optimism and are more likely to be promoted if they know how to say 'no'.

- Many groups (Gypsy and Roma Travellers, Black and Ethnic Minorities) are not able to access Learning Disability services and are not having their needs coordinated through various parts of the system. Models of care are often rooted in prejudice, with families left voiceless and deprived families losing out particularly when attempting to access SEND services. Further issue of ‘postcode lottery’.
- Good practice documents and similar guidance is often not read/taken on board by those who make decisions, they are often reluctant to change practices and decisions are rooted in personal factors. Risk-aversion also a main driving force in decisions, with risks not positively managed.

Opportunities: some examples of existing initiatives include...

- Health and Social Care White Paper [See supporting paper for more information]
- Integrated Care Systems
- Building the Right Support Delivery board?
- Transforming Care Partnerships – however, do these remain a government priority?
- Mental Health Act reform

Actions (55 minutes)

What would make a difference	How it will be done	Who will do it (named person)
Addressing regional disparity – some experiences of responsive and collaborative interventions (as in Ealing model). How can this be shared or scaled up?	-Co-location -Multi-disciplinary approach -Managers to shadow professionals and staff – co-training in a <u>practical</u> context	CBF marketing/ comms strategy that everyone signs up to support that involves sharing stories and sharing ideas about how to improve joined up working as well as good practice.

<p>Ensuring that the documents produced are actually read by decision makers.</p>	<p>-Sharing these (best practice, experiences) as <u>film</u> rather than text – is often taken on board more in that form</p>	<p>Anyone producing materials</p>
<p>Funding – people to be seen as people and not as resources</p>	<p>-More funding -Key workers -Better children’s care (not agency staff, short stays, meaningful activity) -LA’s and providers need to <u>follow the law</u> with accountability -Commissioners need to be trained and regulated</p>	
<p>Address power imbalance/privilege of power (through training)</p>	<p>-Training (Oliver McGowan) and outcomes-focused accountability -Professionals often resist taking on more mandatory training – case needs to be made for the training’s significance -Co-training (as has been done in West Sussex) -Cultural change is needed for training to work</p>	<p>CBF to widen out co-facilitation</p>

	<ul style="list-style-type: none"> -Training and support needs to be focused on learning disabilities beyond mainly autism focus -Level basis – both families and professionals should be on same training to prevent ‘us and them’ dynamics 	
Address managerialist culture, with limited experience and pressure to say ‘no’	<ul style="list-style-type: none"> -Push for accountability and regulation of managers, push for them to belong to a managerial body -Trauma-led systems 	Hazel Griffith currently working on this
Social workers to be better informed about the organisations, services and charities in their area so that families don’t need to seek this support out and so that those who don’t know how to seek it out aren’t excluded	-Also need to know how other areas operate so that regional disparity can be addressed	CBF to establish connections with Social Work contacts to collaborate on this piece of work. Possibly Sam Sly?
Proactive rather than reactive approaches to solving problems	<ul style="list-style-type: none"> -End of ‘episodes of care’ -Early intervention at heart 	
Integrated Care Systems/ H&SC WP	-Listening to the voices of people to understand how people interact with systems	CBF to write to DH outlining these issues

	<p>-Very little consideration given to learning disabilities. Have to emphasize that these laws need to be made in proper consultation.</p>	
--	---	--