Challenging Behaviour - National Strategy Group (CB-NSG)

Thursday 24th November 2022 via Zoom

Workshop 7:

Evidence-Based Practice

Workshop Facilitator: Nick Gore & Beckii Davies

Time: 11.00am-12.45pm

The aim of the workshop is:

- To identify existing examples of evidence-based best practice, and to develop ways to ensure support and services are co-produced, with actions and practice based on clear evidence

The objectives are:

- To identify existing examples of good practice, and to consider ways in which these could be improved/embedded across the UK
- To identify areas where practice is not evidence-based, and discuss ways for changing this
- To identify actions to include in a co-produced Transforming Care action plan for people with learning disabilities

Background

Ensuring that practice is based on evidence that it will have a positive impact on the lives of people with learning disabilities is essential to developing practice that works.

The published 'Building the Right Support Action Plan' says that it "builds on a broad range of existing evidence and best practice", and that it "seeks both to disseminate the very best practice, and to learn from and prevent the appalling cases of abuse and poor care that have continued to come to light". Some of the commitments in the BTRS Action Plan relate to evidence-based practice (see appendix A for these commitments, as well as key concerns and recommendations for improvement).

Practice across <u>all</u> areas that are involved in supporting people with learning disabilities must be based on evidence, including the care that they receive, training

that is received by people who care for/work with them, advocacy, designing housing, education, etc.

Barriers

While there are examples of good evidence-based practice in all areas supporting people with learning disabilities, these are not standardised across the entire UK and vary significantly across regions.

Opportunities

We know that good practice is out there, and the people attending both this workshop and other workshops here today have many examples of it – the challenge is to both collate examples and assess the effectiveness of this practice, and to make it widely-known.

There are NICE guidelines (see here and here) and quality standards that promote evidence-based practice, but these have not been implemented.

There is a range of research evidence that could be utilised in the design and delivery of support and services (e.g., Paving the Way, Investing in Early Intervention) – when designing and delivering support/services, this existing research evidence can and should be incorporated.

The published 'Building the Right Support Action Plan' states that evidence-based practice is key to its goals, providing an opportunity to promote and deliver best practice and for these to be implemented and embedded.

Workshop agenda (Timings TBC)

1. **Welcome and introductions**
2. **Presentation to give the background and context for this work**
3. **Group discussion**
4. **Actions**

Actions: (To be completed during workshop)

Action: What is needed	How it will be done	Who will do it	When it will be done

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Appendix A
Evidence-Based Practice in the BTRS Action Plan

Commitment	Content	Measure of Success	Key Concerns	What Else is Needed?
1f - Completing a Senior Intervenors pilot to reduce the length of time people with a learning disability or autistic people remain in inpatient care in segregation, as well as to support earlier transfers of care to appropriate community settings, or a transfer to a less restrictive setting while long term solutions are developed	Appoint Senior Intervenors Identify individuals to be assigned a Senior Intervenor Implement the pilot, and review findings	Senior Intervenors are expected to "support 15 people in LT segregation, with the aim to identify and resolve barriers to progress and discharge"	The majority of people will not be allocated a Senior Intervenor While anecdotal evidence suggests that Senior Intervenors can be effective, there is not yet published data to verify this across the board	Provide evaluation evidence that Senior Intervenors are leading to good outcomes for people - this should include details of how Senior Intervenors are selected, what training/guidance (if any) they receive, and what the remits of their role are Clarify the number of Senior Intervenors and the outcomes they have delivered, and for how many people Explain how ICETRs, Senior Intervenors and the Safe and Well Reviews are being co-ordinated and what their added value is given how static the numbers of inpatients and people in LTS are Explain what support people who are not allocated a Senior Intervenor (i.e. the majority!) receive
1g - Supporting employers to embed the learning disability and autism core capability frameworks across all aspects of the social care and health workforces that support people with a learning disability and/or autistic people	By April 2023: Set specialist diploma routes linked to Skills for Care and Health Education England core skills framework, and work with the Institute for Apprenticeships to influence specialist	Specialist pathways linked to the frameworks included in social care diplomas, and changes influenced to pathways in apprenticeships, which will provide evidence of practice leadership that delivers high quality support	Not new/targeted for Building the Right Support	

Related to Evidence-Based Practice because: *Diplomas and apprenticeships to include practice frameworks which are based on evidence* *Developing PBS "community of practice"*	apprenticeship routes Expand programme of quality-checked Positive Behavioural Support (PBS) training providers and develop PBS community of practice Review the Level 4 adult social care diploma and use the findings to influence changes to the associated apprenticeship standard and provide evidence of practice leadership	All SfC endorsed PBS training providers to have been peer quality checked, and access provided to small providers Workforce Development Fund for practice leadership qualifications for services supporting people at risk of admission or recently discharged, and CQC expect qualified practice leaders in all services which support people in and recently discharged from ATUs		
1h - Implementing a programme of personalised workforce development for the workforce who support people with a learning disability and autistic people who may be at risk of admission or are ready to be discharged	Set up programme and confirm funding arrangements where appropriate "provid[e] funding through a personal workforce budget to deliver tailored learning and development for the people that support [a person with a learning disability]" Deliver personalised workforce development programme to first cohort Commence evaluation of programme and share existing learning Support employers and	Provide update to the Delivery Board on progress and impact From evaluation of the pilot programme, existing evidence suggests that by focusing on the person, the programme can lead to a reduction in inpatient admissions; increase in successful discharges; improve staff retention; reduce long term costs of care; and improve quality of life for individuals	Not new/targeted for BtRS How much is available through the Workforce Development Fund? How many people will this train? How long is this funding going to be provided by DHSC?	Publish details on how much is available through the WFD and a commitment from DHSC about how long they intend to provide this funding

	commissioners to trial the approach using their own resources			
1i - Require registered providers to ensure staff receive specific training on learning disability and autism (requirement under Health and Care Act 2022) *Related to Evidence-Based Practice because:* • *Oliver McGowan Mandatory Training is based on the core capabilities framework (see 1g)* • *Training draws on "existing best practice, the expertise of people with a learning disability, autistic people and family carers as well as subject matter experts"*	Oliver McGowan Mandatory Training (OMMT) to be rolled out and completed Formal public consultation on DHSC led Code of Practice	The National Development Team for Inclusion (NDTi) OMMT trials evaluation report complete with recommendations Publication of the DHSC-led Code of Practice A costed delivery model is agreed to support the roll out of the OMMT across the health and social care sector	Not a SMART target Not new/targeted for BTRS – this is a requirement under the Health and Care Act 2022	
2a - Refresh of the Care (Education) and Treatment Review policy	Learning from Safe and Wellbeing Reviews included in policy refresh *(e.g. building on identified actions from these/tackling issues that have been identified based on past experiences)* Collaboration with partners and stakeholders to shape policy refresh	Policy published Summer 2022 Appropriate offer of C(E)TRs to individuals at risk of admission or in inpatient care	Evaluation of Safe and Wellbeing reviews due to have been published in summer 2022 – has not been Care (Education) and Treatment Review policy due to have been published in summer 2022 – has not been	Publish the evaluation of the Safe and Well reviews Identify actions to address the issues identified Co-produce and implement a resourced action plan with SMART targets that aligns with the advocacy action and implementation plan Provide local teams with skilled support

				and expertise to directly support discharge and project manage and co-ordinate the multiple actions in different parts of the system to enable this to happen
2d – Publishing an action plan on the recommendations in Neurodiversity in the CJS: A review of the evidence report	Action plan has been published	Improvements made to the identification, diversion, and reasonable adjustments made for neurodivergent people or people presenting with neurodivergent traits, coming into contact with the Criminal Justice System To continue to monitor where this work can target the needs of the Building the Right Support cohort	Not new/specific to BtRS/targeted Action plan only partially addresses actions that will be taken to help people with learning disabilities "continue to monitor where it can...." is a weak action There are parts of the service model which are specifically about supporting people who are at risk or who have come in contact with CJS e.g. 8.3: *people should have access to specialist multidisciplinary health and social care support for people who have come into contact with or may be at risk of coming into contact with the criminal justice system (i.e. offering a community forensic function for people with a learning disability and/or autism)* - how many ICSs have suitable forensic community support for people with LDA in line with the service model?	Publish clear actions for supporting people with learning disabilities whose behaviour challenges who are in/come into contact with the Criminal Justice System Conduct assessment and publish details of how many ICSs have suitable forensic community support for people with LDA in line with the service model

3c - Commissioning independent research to understand the size, cost and demand of the supported housing sector, including that which meets the needs of people with a learning disability and autistic people	Publish a 'final findings report' by end of 2023	Develop an up-to-date evidence base on supported housing supply to support government policy development and local system decision making	Having the evidence base will be a positive move but it will need to be matched with actions	Set out how the evidence base will be used to support policy development, and timescales involved If evidence is not available, there should be an explanation of why and the data sources/collection needed Include this information in Joint Strategic Needs Assessment for local population (should be carried out by every area)
3e - ADASS, LGA and the Building the Right Support Advisory Group to identify 'What Good Looks Like' which will be followed by a report that includes best practice examples, with an emphasis on initiatives that support citizenship and human rights	Complete initial scoping consultation with key stakeholders. The consultation will ask questions on the project's scope such as "Are we looking at the areas that are important to you?" and "Is there anything we have missed?" Select initiatives to review using the developed template to gather information Identify any outstanding good practice initiatives, how they came about and the critical factors that enabled them Establish final report approvals and develop a communications plan to make sure findings are	Feedback from people with personal experience and their families from forum discussions, a minimum of 100 responses to be analysed At least 25 initiatives will have been screened and reviewed Agree a second clear consultation process on the draft final report and commence consultation Approval for final report established and a communications plan developed All due to have been completed by end of September 2022	Report due to have been published, but has not been We have already had many examples of 'what good looks like' and reports designed to find this out – what will this report bring that the others haven't? Why were the others not a suitable basis? Once 'what good looks like' has been identified, will there be a commitment to funding the actions needed to achieve this? Has it been costed? Will this include preventative/early intervention measures, or will the focus be on crisis intervention and management? What learning is happening from the CYP programme that has seen	Commit to providing the funding needed to expand the best practice examples identified across the whole country Publish timescales for and costings of doing this State how they intend to embed best practice across the relevant bodies

	communicated widely		funding being used in creative ways to avoid admission?	
3g – Continue to commission funded peer reviews	A small group of peers ('critical friends') support another area to develop and improve service delivery Involves a wide range of stakeholders, including people with personal experience	Reviews will be taken in 4 ICSs by March 2023	If the review itself is the action, rather than any potential outcomes, then it is difficult to tell if a review has been successful Does not specify that these methods are based on best practice/what the evidence base is Not specific to Building the Right Support Difficult to tell what impact will be	
3j - Developing commissioning guidance to build the capability and knowledge of the commissioning workforce, designed to complement qualifications and training	Publish guidance and information for commissioners Hold webinars with sector partners to promote the use of this guidance	Guidance for autistic people and people with learning disabilities has been published	Guidance is non-statutory and there is no governing professional body	
4b - DfE are investing £600,000 into significantly expanding an autism early identification pilot in Bradford to at least 100 schools over the next three years	Develop pathway and electronic screening tool Trial in Bradford Evaluate trial Expand to areas outside Bradford Evaluate delivery across other areas	Progress on the Bradford early diagnosis pilot will be reported to the Delivery Board	Not learning-disability related – what measures will be put in place to better identify learning disabilities and additional needs/support requirements at an early stage?	Publish details of measures that will address concerns in previous box
4c - £1.6m to develop the above pilot to other areas, upskill mainstream staff, better identify autism in girls	Deliver across 4 areas	Mainstream school workforce is better able to identify need		

4h - A full ICS footprint roll out of designated keyworkers for children and young people with a learning disability and autistic children and young people *Included due to commitment being based on evidence from previous pilots/initiatives that keyworkers are beneficial*	Each ICS will have a key worker programme for autistic children and young people and children and young people with a learning disability with complex needs	Operational keyworker programme in each ICS area (42 in total)	How will NHS England ensure that the key worker programme is high quality? What targets are there for these programmes? Will there be standardisation across areas, and if so, how will this be assured? ICS areas can be very large – will there be a minimum number of keyworkers per area?	Publish details of the programme that address the questions in the previous box
4i - DfE are updating the National Minimum Standards (NMS) for Residential Special Schools and are engaging with Ofsted and other stakeholders on this update	Publish revised NMS, reflecting responses to consultation See publication [here](#)	New NMS rolled out and driving improvement in these settings, as reflected in Ofsted inspection evidence	These NMS link to DfE's [Behaviour in Schools](#) guidance, which includes that "reasonable force" can be used "to maintain good order and discipline" - in practice this leads to harmful restrictive interventions	Clearly state in guidance that restrictive interventions should not be used on children and young people whose behaviour challenges
4j - DfE has committed to continue support for autism awareness training for education staff in early years, schools, and further education settings. Since 2011, this training has reached more than 305,000 people and has developed good autism practice guidance and practice frameworks aimed at supporting and improving practice within education settings.	Procure new Universal contract to provide continuing professional development (CPD) for education staff, including specific KPIs for support to autistic children and young people	Contract in place for April 2022 Progress will be reported to the Autism Strategy Executive Group, and the Delivery Board will receive an update as appropriate	Not learning disability-related – what measures will be put in place to ensure that staff are aware of learning disabilities and good practice around learning disabilities and challenging behaviour? What additional support will be provided?	Publish a plan for raising awareness of learning disabilities, with SMART targets, which includes details of measures that will be put in place to support staff training and awareness, guidance around good practice, and what support will be provided
4k - DfE announced more than £45 million of continued targeted support for families and parents of children and young people with SEND and SEND services. This includes further funding for	This will: target support to improve monitoring, support and intervention for local authorities and local health and care	Contracts in place for April 2022 Implementation April 2022 to March 2025	Not a SMART target What specific measures will be included to support people with learning disabilities whose behaviour challenges?	Publish answers to questions in previous box

programmes that will directly support schools and colleges to effectively work with pupils with SEND.	partners' delivery of statutory SEND services, with a focus on underperforming areas and sharing best practice improve participation and access for parents and young people for high quality advice and support directly support schools and colleges to effectively work with pupils with SEND, for example through training on specific needs like autism		How will the effectiveness of this support be evaluated? When (if at all) will evaluations take place? What measures will be put in place if these programmes are deemed to be ineffective?	