

Alternative Action Plan – Evidence-Based Practice Actions
Draft actions from November 2022 CB-NSG

Action: What is needed	How it will be done	Who will do it	When it will be done
A network of people focused on increasing evidence-based practice	Create a network/research sub-group of people who have a vested interest in increasing evidence-based practice to support individuals with learning disabilities and autism	Providers/practitioners/ hospital managers/ researchers/family carers who are members of the CB-NSG CBF to co-ordinate	In process of being set up
Publicising and sharing information and examples of evidence-based practice with professionals (clinicians, support workers, commissioners etc) and families	Collect examples of evidence-based practice, organise based on topic/theme etc	Research sub-group (see above)	See above
	Produce resources collating these – overarching resource as well as more specialised resources (will need to be tailored to audience)	Research sub-group	
	<p>As well as publicising online these should be distributed to places where families can access them – e.g., provided to social services, GPs, specialists etc</p> <p>Also need to be made available to professionals</p> <ul style="list-style-type: none"> • BTRS commits to reviewing adult social care diploma – should be included • Other specialist diplomas also set out in BTRS action plan • Compulsory training with resources that can be taken away – should be co-produced and co-delivered 	<p>Research sub-group, CB-NSG members, working in association with relevant bodies and organisations</p> <p><i>If online library, would need to find funding/capacity to build this – would need to evaluate costs and then discuss whether we have the funding/capacity to build this (or how we could get funding/capacity to do so)</i></p>	

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<p>PBS training to be embedded in training for (e.g.) clinicians, support workers, etc</p>	<p>Incorporate into compulsory education/training, rather than an additional (optional) qualification</p> <ul style="list-style-type: none"> Should be developed in association with, and accredited by, professional bodies 	<p>Higher education, professional bodies (e.g., RCN, Royal College of Psychiatrists etc)</p>	
<p>Mapping existing workforce development programmes and identifying what gaps there currently are</p>		<p>Research sub-group</p> <p>ISV thinks NHS trust doing this in Gloucestershire</p>	<p>Would be longer-term project, would possibly need external funding</p>
<p>Developing workforce development programmes to fill in the gaps identified above</p>		<p>Research sub-group, CB-NSG members and/or relevant bodies (NICE, NHS, DHSC, DfE etc)</p>	
<p>Improved communication between CB-NSG organisations to feed into national programmes being commissioned</p> <ul style="list-style-type: none"> Research and projects are being developed and commissioned in isolation Leads to a) ineffective work and b) the same work being done (and paid for) multiple times There are people within CB-NSG (provider) organisations tracking what tenders are coming out that can be bid for 	<p>Communication and collaboration avenues between providers (and other relevant bodies)</p>	<p>Providers (etc) who are members of the CB-NSG (perhaps facilitated by the research sub-group or the CBF?)</p> <p><i>Was suggested by Sarah Broadhurst who seemed to have experience doing this in autism field – could consult with and/or ask to lead?</i></p>	<p>Should be done prior to (and possibly alongside?) the above</p>
	<p>Network of some form where organisations can compile what tenders have been put out by national bodies</p>		
	<p>Development of a national body to co-ordinate research between a) different government departments, and b) government departments and appropriate outside bodies</p>	<p>National government(s)</p>	

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<p>Create an easily accessible research network to highlight opportunities for research that organisations can share with families to get involved</p>	<p>Set up a research subgroup</p>	<p>Researchers within the CB-NSG who are invested in increasing evidence-based practice</p>	
<p>Discuss developing trauma-informed good practice for autism, and create an evaluation of the training</p> <p>Further expand CBF trauma workshops</p>		<p>Noelle Blackman, Sarah Broadhurst</p> <p>CBF and family carers</p>	<p>ASAP</p>
<p>Produce guidance on how to involve</p> <ul style="list-style-type: none"> • Families • People with learning disabilities • Support Workers • Etc <p>in co-producing research</p> <p>Should be more than just including voices, should actually involve co-production</p>	<p>Could be related to co-production resource being created by CBF?</p> <p>Produce document of what it is like to be involved in research from a family perspective</p>	<p>If related to CBF co-production resource, CH/LH/JCM/JC/DF</p> <p>Beckii Davis and Debbie Austin to write family's perspective, BD to also ask supported living staff if they would be willing to contribute</p> <p>Tizard Centre to promote co-production</p>	
<p>Publicising 'success stories' that show how evidence-based practice works</p>	<p>Compiling 'before and after' stories showing how evidence-based practice has had significant positive impacts</p> <ul style="list-style-type: none"> • Could also include areas such as cost (savings), etc <p><i>See 'Campaigning and Communications' document</i></p>	<p>Family carers and other professionals to work together to compile (co-ordinated by research sub-group)</p>	

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<p>Regulation to ensure that methods that are said to be PBS do actually align with principles and evidence-based practice</p>	<p>Produce guidelines/‘checklist’ of what needs to be involved in PBS, with training, oversight of practices, and frequent review to ensure that it is being implemented (rather than just language being used)</p>	<p>Research sub-group and CB-NSG members (and/or NICE?) - to produce guidelines</p> <p>CQC? - to regulate</p>	
<p>Mandatory training/reviews to ensure that practitioners are up to date with most recent knowledge and best evidence-based practice</p>			
<p>Increasing evidence base around supporting families, e.g., trauma-informed approaches and therapy</p>			
<p>Ask hospital provider members of the CB-NSG to work with researchers to consider whether there is a better way of designing hospitals, so they meet the needs of people with learning disabilities (whereas currently they meet the needs of the system and not the person)</p>	<p>e.g., develop pilots for individual wards to test other ways of working, conduct evaluations of how well these work, with the aim of expanding any successful strategies</p> <p>Evaluations be used to build evidence-base</p>	<p>Research sub-group and appropriate CB-NSG members</p>	