Building our Community:

Consultation events for the Greater London Learning Disability Practitioner Community

Report from the consultation events

Consultation for children's workforce: 19 January 2018

Consultation for adult's workforce: 26 January 2018

Context

BILD was commissioned to facilitate a consultation with the learning disability workforce in London to identify if there was a need for a network. The scope was inclusive of the whole workforce who work in services supporting people with learning disabilities across the whole lifespan. The overarching purpose is to facilitate improvement in quality of life and equality of access to health care and community inclusion and support.

A community of practitioners has been developing in Kent, Sussex, and Surrey (KSSLD Community of Practice) over the past three years. The community was kick-started at a consultation event in 2016 and it has been facilitated and funded by HEE. Its growth has been based on needs identified by the community.

The KSSLD community has been very successful at providing expert and peer support opportunities for practitioners, family carers and people with learning disabilities. It has been a catalyst for shared learning and the development of good practice. There have been many examples of collaborative learning by community members.

This consultation was commissioned to find out how people working in services in the Greater London area thought a network could best meet the needs of the workforce. The results of the consultation will inform a plan to support the development of a network that aims to have maximum positive impact, a sustainable future, and be a uniting force across all sectors.

Following much discussion about how to maximise the scope of the consultation, it was decided to have three initial events in January 2018, which were targeted primarily at the children's workforce, the adult workforce and people who worked in special education. The overall aim is to bring these sectors together, but it was felt that the initial consultation would be best targeted separately at these three populations. This report is focused on the two events for the children's and adult workforces.

The conference planning and preparation process

Pre conference organisation:

The organisation of the conference programme was mainly led by Sarah Leitch and Tom Evans, BILD PBS Development Manager. This took the form of a series of conference calls with the team to ascertain:

Overarching theme of the event:

- aims and outcomes
- target audience
- identify potential speakers
- structure of the day and potential timings
- two events: one for children and one for adults
- venue in terms of room space, delegate capacities, equipment and refreshment provision

The decision was made to hold both events in central London at the same venue – The Holiday Inn, Regents Park. We then developed the final programme and flyer based on those discussions and it was to be the same programme for both events. Sarah and Liz initially contacted and briefed the speakers and Liz (BILD Events Manager) then liaised with them around logistics of getting to the venue and providing presentations and materials for the delegate packs.

Conference promotion

Pre-event:
We created bespoke London contact lists with around 1,370 contacts in total. We produced flyers for both events and set the events up on Eventbrite for bookings. We sent these flyers out to the contact list. Both events were also featured on the BILD website and promoted on Facebook and Twitter. We shared the information around our relevant networks.

During event:
We used Twitter and Facebook to engage during both events, with the #glcop hashtag.

Building a Community: consultation events for the new Greater London Learning Disability Practitioner Community

Consultation for children's workforce: 19 January 2018 – book here

Consultation for adult's workforce: 26 January 2018 – book here

Venue: Holiday Inn, Regents Park, London

Calling practitioners and carers who support Children and Adults with Learning Disabilities from all sectors. We want to build a new community that enables good quality support and challenges health inequalities.

Our communities are professional peer learning networks, aimed at all those involved in supporting people with learning disabilities and /or autism (including professionals and families) to share learning and improve the support people receive. The primary aim is to have a positive impact on quality of life for the individual, and all the people that support them.

These free consultation events are being held to gather views and plan how we set up this community. We would love to see you there, it is your community - come and shape the future!

After event:
We set up an online survey on Surveymonkey to gather feedback on how people want to engage with these communities. As well as being sent out to those who attended, we also promoted this survey more widely on our social media channels.

Delegate bookings

The event was promoted through all the identified Communities of Practice networks and social media platforms and delegates were invited to complete and return the booking form on the flyer to secure a place. This resulted in delegate bookings:

- 50 bookings for the children's event

- 108 bookings for the adult event

Summary of the events

Both events were opened by chair, Jim Blair from Great Ormond Street Hospital and followed by presentations from Rhona Westrip and George Matuska from Health Education England, who explained what HEE did and what the purpose of the event was.

Tom Evans from BILD briefly outlined what Communities of Practice were and the aims, and Rhona and George described the history of the Kent, Surrey and Sussex Community of Practice, including showing the film made at the KSSCoP June 2017 conference which BILD organised.

Jim Blair's presentation was titled 'Challenging health inequality for people with learning disabilities' and Carl Shaw and his colleagues from VODG presented 'STOMP: Stopping over medication of people with learning disabilities, autism or both'.

After a great lunch Tom Evans launched the consultation element of the day. Attendees worked in groups of 6-8 to discuss pre-set questions around what they may want from a future Community of Practice. A member of each group recorded responses and Rhona, George, Jim and Tom facilitated. The consultation was enthusiastically entered into and prompted wide-ranging debates around the tables.

Rhona, George and Tom thanked attendees for their help in beginning to shape the London CoP and closing remarks by chair, Jim Blair rounded off an excellent day.

Evaluation

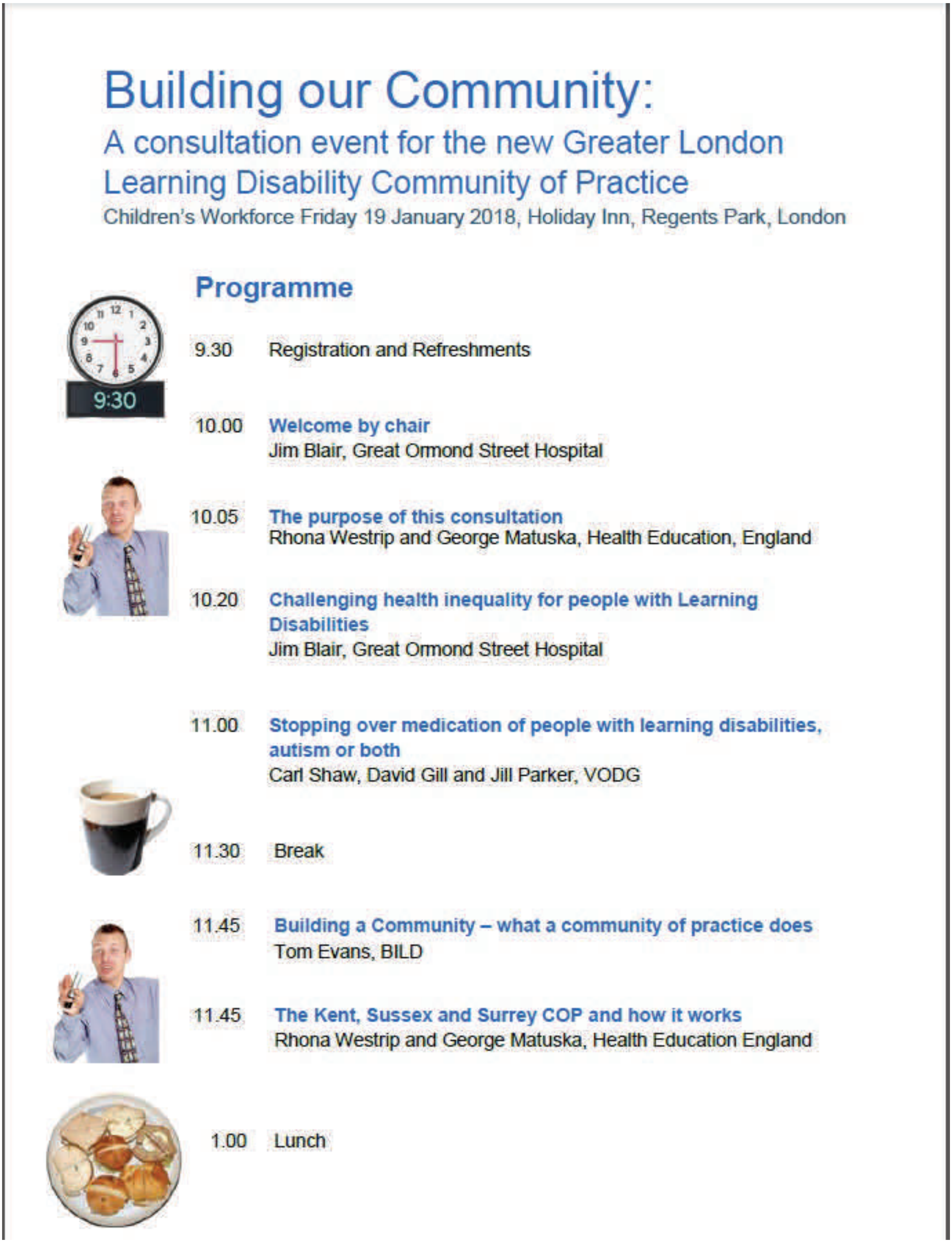
Overall from the evaluations delegates were happy with the day, some comments from the evaluations are:

- the day involved different services and service users
- sharing ideas and experiences
- sharing knowledge
- the cross section of attendees and speakers
- great day, very interesting and well organised.

What we could do differently

Whilst the whole event was a great success and well attended, there are a few things that would need to be addressed for the event next year:

- ideally planning needs to start six months in advance of actual event
- maybe include two or three practical workshops
- encourage market stalls/posters
- address the issue of delegates who booked but didn't attend



Building our Community:

A consultation event for the new Greater London Learning Disability Community of Practice

Children's Workforce Friday 19 January 2018, Holiday Inn, Regents Park, London

Programme

9.30 Registration and Refreshments

10.00 **Welcome by chair**
Jim Blair, Great Ormond Street Hospital

10.05 **The purpose of this consultation**
Rhona Westrip and George Matuska, Health Education, England

10.20 **Challenging health inequality for people with Learning Disabilities**
Jim Blair, Great Ormond Street Hospital

11.00 **Stopping over medication of people with learning disabilities, autism or both**
Carl Shaw, David Gill and Jill Parker, VODG

11.30 Break

11.45 **Building a Community – what a community of practice does**
Tom Evans, BILD

11.45 **The Kent, Sussex and Surrey COP and how it works**
Rhona Westrip and George Matuska, Health Education England

1.00 Lunch

2:30 **Round table consultations:**
Facilitated by Tom Evans, Jim Blair, George Matuska and Rhona Westrip

2.45 Break

3.00 **Feedback**
Jim Blair, Great Ormond Street Hospital

3.45 **Next Steps**
Tom Evans, BILD

4.00 Finish

Building a Community - the consultation

Despite the reasonably short notice about the events there was a good level of attendance and engagement. Practitioners were keen to find innovative ways to develop their practice so that people with LD can have improved quality of life.

There was an appetite for face to face meetings and gatherings – either about specific topics/conference style or forums where practice can be shared and what works and what doesn't work so well could be discussed honestly and openly.

We asked for people's views on both face to face and online forums about what they should cover. We asked delegates some specific questions about their roles and open questions about what they felt was currently working well in supporting professional development for the LD workforce across Greater London. We wanted to know what kind of things could be provided that would improve this still further?

We wanted to know what issues or challenges might prevent LD workforce development? And what concerns people had about the current or future situation with regard to workforce facilitated good practice sharing and what might be barriers to that?

There was a very positive feeling that the development of a community with agreed and shared aims could be a powerful tool that would support collaborative learning and working and break down barriers between different services and organisations.

An online forum could be a place for resources to be shared and a medium to share current news and developments.

We also asked for comments about the role of champions. Champions could lead in specific areas but it was suggested that they could be renamed as 'innovators'. Innovation will be a good theme for this community of practitioners, they will need to develop innovative ways of supporting each other and learning together as funding cuts and time constraints are having an inevitable impact on practice development.

Summary of consultation feedback

Q1: What currently works well in supporting professional development for the LD workforce across Greater London?

There was an agreement that what is working well for professional development, is having different opportunities for training, for example online training, in house team training academic professional courses available and conferences. Forum were perceived to be very effective, either face-to-face or online and forum for families and service users. A number of participants highlighted that the community practice in London prison and the current NHS funding in prison, is also working well.

Participants provided different answers to this question. The main themes emerged were relative to:

- training (online, academic, specific team training, training for parents)
- working in partnership/multidisciplinary meeting
- face-to-face forum, web forum and disability specific forum
- local London newsletter
- conferences and networking events

The groups were then asked to elaborate on this topic further and they were asked to discuss how professional development could be improved further, what challenges they faced and what concerns about present and future situation they had.

The majority of answers concerned training, specifically the need of training designed for family and how to support them, targeted training for support workers (i.e LD, use of Skills for Care) and "talented" staff, commissioners and funding providers. Lack of funding, wages and types of contracts (i.e. zero hours contract, agency) which lead to inconsistencies and frequent staff recruitment and poor retention of staff, were also identified as challenges.

Other issues included: challenges during transition between children and adult services, inconsistencies and the challenge on how to demonstrate that a collaborative approach during transition lead to a better outcome (financially and for the person).

Themes emerged for each subsequent question, they are outlined below:

What kind of thing could be provided that would improve this further?

- more online resources available

- better support for those working with people with complex needs
- better links between TCP/LA/NHS/CCG
- online forum with information available and accessible for all
- compulsory training
- apprenticeships
- “peer-to-peer learning”
- London network

Issues or challenges:

- agency workers
- zero hours contract
- current minimum wage
- lack of professionalism
- staff not valued and lack of training
- staff recruitment and retention
- lack of funding
- no links between child/adult services
- lack of support for staff working in community

Any other concerns about the current and future situation?

- financial resources
- recruitment and retention of skilled staff
- age/retirement of skilled professional and training, retention of experience, skills and knowledge
- sharing of ideas/projects and funding availability
- time management – too many targets to meet and pressure and not time to develop/implement ideas
- stress/burnout of staff
- budget cuts for training
- less LD nurses
- more people with autism in prison

Q2: In your opinion what facilitate good practice sharing?

The majority of people perceived that the availability of information and online and free resources can facilitate good practice. However sometimes these good resources are not easy to find, so advertising and sharing good information is important. Role modelling and sharing 'lived experiences' was also identified as a good practice.

During the discussion, participants also identified other sharing good practice:

- sharing tools/resources that are freely available
- complex cases forum
- face-to-face interaction
- role modelling
- network events – sharing local practice
- special interest group
- consultation
- knowing what went wrong an how to do it differently
- strong leadership and strong support system
- working together to share costs and to address budget cuts

Barrier identified by the majority of the group, were related to:

- time
- availability of funding
- delay in reviewing individual cases for discharge
- pressure on service providers
- not sharing resources and information
- willingness to admit mistakes

Q3 Local meeting or face to face forum

This question asked participants how useful meetings/forums were and if they would be interested in attending these meetings. 86.6% said that the meeting/forum would be very useful and 73.3% said that they would like to attend the meeting. The rest did not answer the questions.

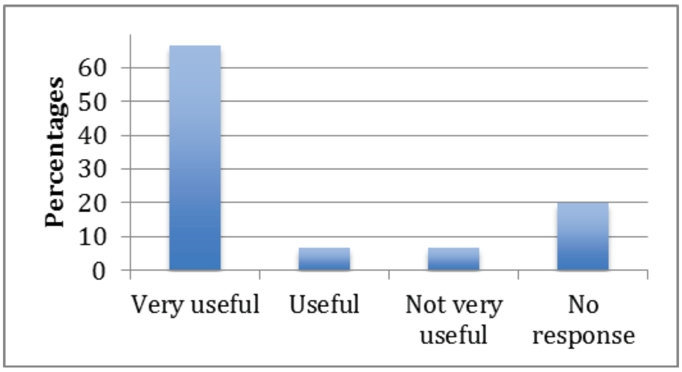
The participants were also asked what they wanted the meeting to be about. There was a common agreement between participants about having specific topics of discussion, specifically dementia, sexuality, marriage and death. Also, meetings that focus on specific topics relative to public health issues, for example obesity and diabetes, were perceived as important.

Additional topics for meetings/forums emerged during the discussion included:

- Creation of specific forum/meeting for support workers to increase their interest and so to reduce staff change over
- Sharing knowledge/good practice/areas of improvement
- Local and bigger forum with local expert
- Updates on what other part of London and the rest of country are doing
- Services that are available

Q4: Champions

This question asked the group whether it would be useful to have a champion and what things a champion needs to do for the person with LD. The majority (66.6%) said that it would be very useful to have a champion.



Things that a champion should do for people with LD are: health, equality and physical health, employment, leisure, life skills, sexual health and relationship, mental health. QoL, criminal justice, complex physical health, benefit and transition.

To the questions, do you want to be a champion, the majority (46.6%) did not respond. Only 26.6% said yes. The rest said not yet.

Participants commented that it was not clear what be a champion means and what they would be required to do. Moreover, participants highlighted that further training would be required for the champion and asked how and who would provide the training.

Some participants suggested a change in the name, for example INNOVATORS, which highlight the fact that we need people who can change for the better working practice.

Q5: The internet and online forums

This question explored how useful online forums are and what type of resources and information would be useful to have on the internet.

The participants were asked to rate whether online forums are very useful, useful or not very useful. The idea of an online forum was perceived as very useful by 53.3% and 26.6% perceived as useful. The rest did not respond.

Materials and resources perceived to be useful on the internet/online forum were:

- Training events
- Resources
- Information for local group
- Policy updates
- Subgroup discussion group with different subjects
- Service list of providers and people to contact
- Find activities to access

The online forum was in general perceived as a good useful extra resource, where you can find and share practice. However it was also highlighted that the online forum needs a moderator to keep discussion on topic and “remove unwanted comments/ discussions” and that the online forum needs to be done alongside face to face discussion.

Q6: Anything else you would like to say?

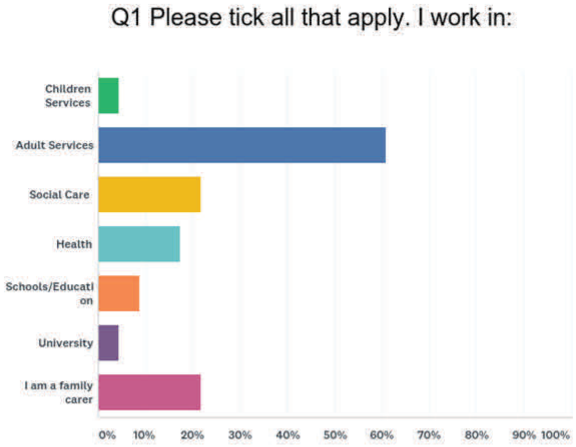
In general the day was perceived as very useful.

Further comments included:

- More awareness days
- Topics for continuing practice: MCA – consent, communication, enabling people
- More clarity on definition
- Improved links between NHS and funded organisations

Online survey—summary

Q1 Where do you work?



Key finding from this survey - the majority of respondents (60%) worked in adult services, one fifth were parent carers.

Q2 There were a range of roles for respondents: Practitioner Psychologist, Learning Disability Health Engagement Coordinator, Registered Manager, Care Broker, Administrator, Ward Manager, Educator parent, Unspecified Manager, Area Manager, clinical psychologist Project Development Manager family carer, film producer/trainer. Parent Learning Disability/Mental Health Practitioner, Manager of Supported Living Schemes Physiotherapist, Senior Commissioning Manager, Head of PBS team Lead Health facilitator, senior training officer.

Key finding from this survey - the largest represented groups were managers in adult care and family carers.

Q3 What currently works well in supporting professional development for the LD workforce across Greater London?

There was a range of responses with a few people not sure or didn't think there was much available at the moment. Some people said that shared training worked well and also sharing practice. No specific networks were mentioned, but a lack of networking opportunities and peer support was highlighted for large numbers of non-registered workers who provide direct support.

Q4 What kind of things could be provided that would improve this still further?

Several respondents mentioned training - shared or centralised, interactive training and training co facilitated by people with learning disabilities. Some respondents suggested networks and shared forums, pooling of information and resources and greater collaboration by councils would all be helpful

Q5 What issues or challenges might prevent LD workforce development?

The main barriers to LD workforce development were seen as lack of funding, a lack of training, and lack of time for people to attend events. Some people suggested staff retention could be a significant problem and competition between organisations did not encourage collaboration.

Q6 Do you have any other concerns about the current or future situation with regard to workforce development?

Concerns articulated by respondents were funding cuts, recruitment and retention, the devaluing of the LD professions, reliance on cheaper training methods, low quality of care and over reliance on agency staff. One respondent was particularly concerned that communities were not able to adequately support young offenders with complex needs.

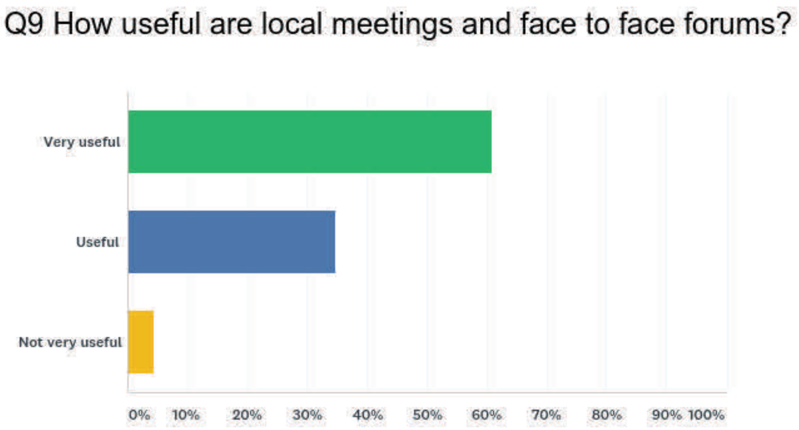
Q7 In your opinion, what facilitates good practice sharing?

Good practice sharing was thought to be best facilitated by face to face events including network meetings, conferences, workshops, and forums. The next most popular answer was honesty and openness. Only one person mentioned social media as an answer to this question.

Q8 What barriers, if any, might there be?

The biggest barriers to good practice sharing were seen as completion between organisations and time for people to access learning and support opportunities. Funding staffing levels and lack of tangible outcomes were also mentioned and one person mentioned fear of reprisal might prevent people from being honest in the forums.

Q9 How useful are local meetings and face to face forums?



Key finding from this survey - was that 95% of respondents thought local meetings / face to face forums were useful.

Q10 Would you like to come to meetings/forums?

Key finding from this survey - nearly 90% of respondents answered yes to this questions.

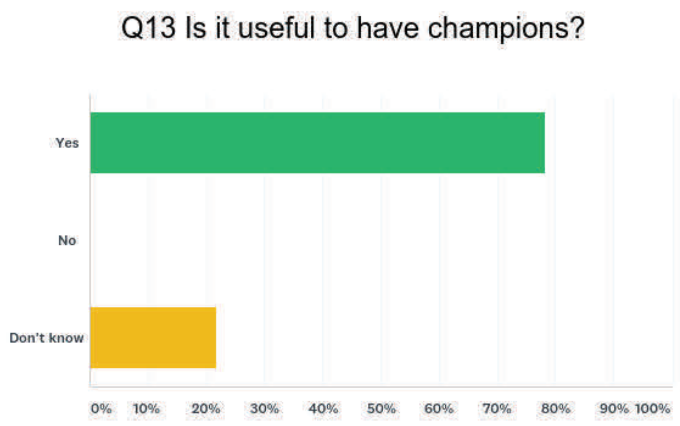
Q11 What do you want the meetings/forums to be about?

Key finding from this survey - the majority of respondents wanted practice sharing, innovation, latest developments and what works to be included in any meetings or forums. A few respondents requested specific topic - assistive technology, hospital passports, risk assessment tools, and wider topics mentioned were health and employment challenges and supporting people with complex needs.

Q12 Any other comments about meetings/forums?

Accessibility was considered to be important, one respondent thought mixed meeting with a range of roles would be useful. Themed events, shared minutes were also mentioned. One person thought links to a national forum would be helpful.

Q13 Is it useful to have champions?

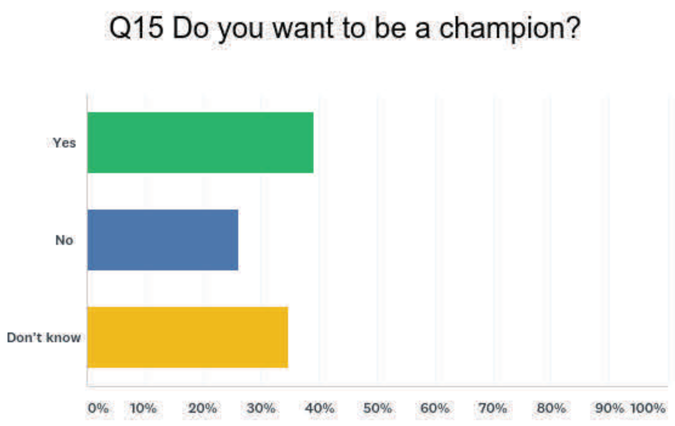


Key finding from this survey - 80% of people supported the role of champions .

Q14 What things need a champion for people with learning disabilities?

Employment and health issues and rights were key areas. someone suggested that facilities in the community need champions and also there should be a PMLD champion.

Q15 Do you want to be a champion?



39% of people were happy to be a champion, with 35% of people who said they were not sure.

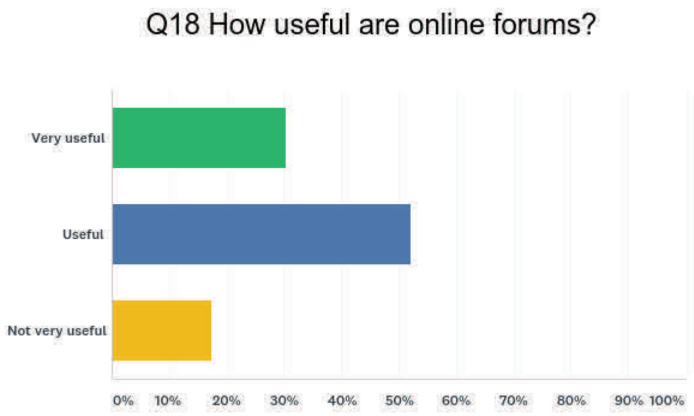
Q16 Do you know someone who would be a good champion?

The majority of respondents said they did not know anyone who would be suitable. There were some suggestions that student nurses, frontline staff, parents and people with ASD would make good champions.

Q17 Any other comments about champions?

There were only a few answers to this question. More champions from hospitals and more expert by experiences were two responses. One respondent mentioned that they did not like the term champions and another responded that they weren't clear what the role would entail.

Q18 How useful are online forums?



Key finding from this survey 80 % of people felt online forums were useful or very useful.

Q19 What would be useful to have on the internet?

A range of things were felt to be useful – discussion forums, research, standardised documents and resources were all popular. Good practice, information about prisons and learning disability rights were also mentioned. One person pointed out that it may be difficult for direct support staff to access online forums.

Q20 What about the use of social media?

Just over half of these responses were positive, a small number of people did not like the use of social media and the rest of the respondents who answered this questions were ambivalent.

Q21 Any other comments about online forums?

Three quarters of respondents to this questions did not have a comment – one person felt it did not facilitate learning and another felt there were barriers to using an online forum. The Challenging Behaviour Foundation was mentioned as a good example of where it works well.

Q22 Anything else you would like to say

Sixteen people answered this question. Nearly two thirds had no more comments. One respondent who had attended one of the events said they had found it useful and another respondent wanted to stay in touch with people they had met there. Others thought the consultation was a good idea but one person said they were not pleased to be contacted about taking part. One person said thank you for running this discussion and one person gave us an important reminder that we need to ensure that whatever we do is inclusive and not discriminatory to people with severe disabilities.

Responses to the day

Our strongest response on social media was for the first event on Jan 19:

- 15.9k impressions

- 82 likes

- 50 Retweets

After the event, the participants were asked to give feedback. An evaluation feedback questionnaire with open-ended questions was used.

Participants were asked for feedback and comments on:

- what they thought of the day
- what they liked or didn't like
- whether they were happy about the organisation of the event
- what did they find most useful
- overall performance of the speakers and quality of presentations

At the end of the feedback form, the participants had the opportunity to add any other comments and suggestions about the day and the topics discussed.

When asked what they thought about the event, the participants' comments were very positive and the event was perceived as "well organised, very interesting, informative and excellent". In addition, participants commented that the event was a good opportunity for networking with other professionals.

When asked about the organisation of the event and about the clarity of the speakers and presentations, all participants indicated that the event was well organised and that the presentations were easy to follow and understand. However a small number of participants indicated that the speakers and questions were difficult to hear and they all suggested that a microphone would have made this better.

Feedback about what participants liked about the event was also very positive. Comments varied, but the participants perceived the events as well organised, engaging, interactive and very informative. The vast majority of participants indicated that the information on STOMP, the variety of presentations, sharing of resources, group work and the small group discussions were rated as being most helpful during the event and were perceived as very important. Most participants felt that the venue was good and the food was excellent, but a small percentages of participants indicated that the room was cold.

Participants were then asked if they had anything else they wanted to say about the event. Comments and suggestions included were:

- wanting more conferences and events like this one
- some participants felt that it is was great to have more involvement in the consultation process from service users
- families and more people invited to tell about their stories and projects

The table below presents the main themes that emerged in the comments grouped by the main questions described above:

Thoughts about the event	• useful to meet other professionals and share good practice • good networking opportunity • sharing good practice • listening to service users and families • good resources • well organised, informative, engaging and interesting • positive way to discuss development and good practice
What did they like	• collaborative group work • good and varied presentations, discussions and resources • interactive • being listened • sharing of idea • listening of the experiences of service users and families
What they didn't like	• it was hard to hear questions, needed a micro-phone • room was cold • more time on consultation
What did they find most useful	• group discussions, presentation and resources • information on STOMP • information sharing • networking opportunity • meeting different professionals from different backgrounds

Next steps

BILD will develop a work plan based on the results of these consultations to take the work forward. A need and an appetite for a community has been clearly articulated through engagement of a substantial number of the workforce.

The work plan will be published by the end of March and dates of the next events and activities will be sent to the whole network. This will give other practitioners who have not been involved so far an opportunity to do so.

BILD will contact those who have identified themselves as willing champions and involve them in planning of the next stages .

Tom Evans and Sarah Leitch

February 2018