Evidence Brief: Learning Disabilities

Contents

HEE Knowledge Management Team, September 2019

Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research and evidence on a workforce-related topic. A starter for 10 on the evidence if you will.

Key publications – the big picture

Interim NHS People Plan NHS, June 2019

Our Interim NHS People Plan, developed collaboratively with national leaders and partners, sets a vision for how people working in the NHS will be supported to deliver that care and identifies the actions we will take to help them. See p. 30 "Tackling the nursing challenge" - "Undertake a detailed review across all branches of pre-registration nursing, including a strong focus on the steps needed in mental health and learning disability nursing to support growth in these areas."

NHS Long Term Plan NHS NHS, January 2019

As medicine advances, health needs change and society develops, the NHS has to continually move forward so that in 10 years' time we have a service fit for the future. The NHS Long Term Plan is drawn up by frontline staff, patient groups, and national experts to be ambitious but realistic. See Chapter 3 "Further progress on care quality and outcomes". Section 3.3 covers what the Long Term plan says about Learning Disabilities and Autism

Facing the Facts, Shaping the Future: a draft health and care workforce strategy for England to 2027 NHS, December 2017

The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff, a report on the future of the health and care workforce has concluded. See p. 64 for "Learning Disabilities"

Building the right support LGA, ADASS and NHS England, October 2015

A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

See also the "Transforming Care" programme and Transforming Care Partnership Workforce Planning Guidance

Safe staffing in learning disability services NHS Improvement, December 2016 (Updated January 2018)

A guide to help standardise staffing decisions for learning disability services in community and inpatient settings.

Recruiting and retaining staff to support people with Learning Disabilities or Autism Skills for Health, Skills for Care, HEE and Northumbria University

The resource is based on a number of sources of information. These include a review of published research evidence; 'grey' literature, such as project reports and policy documents; relevant online resources and websites; and information from a range of stakeholders, such as care staff, service managers, service users, and family carers. The resource is also designed to be helpful to a range of stakeholders, including those who are commissioning services to support people with a learning disability and/or autism, service providers, and individual service users and their families who are purchasing support services directly. The resource does not explicitly cover long-term residential care or provide

recommendations about particular types of service models or service provision, although clearly these factors will influence both recruitment and retention of staff. Instead, the resource aims to suggest a range of strategies, based on research evidence and stakeholder opinion, which may help improve the recruitment and retention of high quality staff to support people with a learning disability and/or autism.

Children and Young People Transforming Care Workforce (CYP TCW) – Report and Recommendations NHS, May 2018

This document is the result of a programme of work commissioned by Health Education England (HEE) to begin to address challenges for the workforce caring for children and young people with learning disabilities (LD), autism (ASD) or both, displaying challenging behaviour. This is a key part of the Transforming Care programme focusing on improving care and support services to enable more people to live in the community, with the right support, and close to home1. This work is specifically responding to recommendations 5 and 10 of the review by Dame Christine Lenehan; These Are Our Children2. In short these can be taken as follows:
1. Recommendation 5: To clarify the responsibilities of medical and other professionals for children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability and develop jointly owned guidance.
2. Recommendation 10: To identify skill gaps in respect of caring for children and young people with a mental health condition, autism, challenging behaviour and/or a learning disability.

How-to guide 8: training the workforce – for people with profound and multiple learning disabilities Mencap and PMLD network, May 2013

It is based on the following recommendations:

- In fulfilling their responsibilities for developing and training the social care workforce, local authorities should ensure that sufficient numbers of personal assistants are available, trained in person-centred approaches to communication and support that meet the needs of adults with PMLD through training that involves families and adults with PMLD in its delivery.
- Agencies should offer subsidised or free places to families and personal assistants on any training courses they run which are relevant to adults with PMLD. Individual budgets should include provision for training of personal assistants.

Workforce development and people whose behaviour challenges: a review of the evidence Skills for Care/ Institute of Public Care, November 2012

This review was commissioned by Skills for Care's Workforce Innovation Programme which explores how people's care and support needs change and how the workforce has to adapt to meet, the challenges that change can present. The key questions that the evidence review aimed to address with reference to people whose behaviour challenges and the social care workforce were:
- What are current reported practices to support workforce intelligence, planning and development?
- What works, and what does not work, in current practice to support workforce intelligence, planning and development?

- What are the key characteristics of effective practice in workforce intelligence, planning and development?
- Is there any relevant international evidence

Learning disabilities: making a difference toolkit HEE, 2014

Supporting access to health care wherever it is delivered, albeit in the community, at the GP surgery, or in generic hospital services. For many people, accessing the healthcare system remains a frightening experience - they are confronted by new environments, meet unfamiliar people, and don't know what to expect. These fears may be compounded when the person coming into hospital already has other needs, such as a mental health condition, dementia, or a learning disability. Such conditions can affect the person's perceptions or understanding of hospital experiences. This toolkit brings together a range of resources to promote understanding about what it's like to live with a learning disability, allowing healthcare professionals to adjust the care they deliver and helping people with a learning disability accesses the services they need.

Using generic role templates for the delivery of learning disability services in a community setting: a how to guide for commissioners and service providers HEE

To support the government's Transforming Care Programme, Health Education England (HEE) has commissioned Skills for Health to identify the components required for the health workforce to deliver effective support to people with learning disabilities in a community setting. The current delivery of community health services to people with learning disabilities across the country is diverse and wide ranging. It is anticipated that this will continue as regions design new and different

ways of delivering care and support that has to date often only been available in specialist hospital settings.

Learning disability and autism workforce Skills for Care

This report provides an overview of the adult social care workforce supporting people with learning disabilities and/or autism. This report is based on data from the National Minimum Dataset for Social Care (NMDS-SC). This report shows that were an estimated 665,000 jobs in the adult social care learning disabilities and/or autism workforce in 2017/18. 57,600 were in the local authority sector and 575,000 were in the independent sector.

Learning disability and autism training for health and care staff: a consultation February 2019, Department of Health & Social Care

This consultation considers how we can ensure staff working in health and social care have the right training to understand the needs of people with a learning disability and/or autism and the skills to provide the most effective care and support. All staff can make a difference to the health and wellbeing outcomes of people with a learning disability and autistic people. The 2nd annual report of the Learning Disabilities Mortality Review Programme(LeDeR) recognised this in its sixth recommendation: that mandatory learning disability training should be provided to all staff, delivered in conjunction with people with learning disabilities and their families. The Government published its response to the report on 12 September 2018. In response to recommendation six, the Department of Health and Social Care committed to consulting on mandatory learning disability training for all relevant staff.

Learning Disabilities: Meeting Education Needs of Nursing Students January 2015, Council of Deans of Health

This report presents a project by the UK Learning and Intellectual Disability Nursing Academic Network (LIDNAN) and the UK Council of Deans of Health (CoDH) that has addressed the specific question of how to best promote LD competence in other fields of nursing preregistration education. Deans and senior staff of higher education institutions that are members of CoDH were invited to take part in a survey to identify barriers to the delivery of learning disability-related education across all nursing programmes. In addition, the project undertook a literature and policy review and collated good practice examples, highlighting activity being undertaken by HE institutions in relation to learning disability nursing in pre-registration education.

Case Studies

Peter's story: I feel safe and happy
NHS Long Term Plan, January 2019
This video case study shows Peter's story about his journey to living independently in the community, and how this has transformed his life.

Health centre makeover helps people with a learning disability and dementia NHS Long Term Plan, January 2019
Vital funding from NHS England has been used to help improve access for people with a learning disability and dementia in Evesham.

Youngsters in Ealing benefitting from an intensive therapeutic and short break service
NHS Long Term Plan, January 2019
A service for young people with a learning disability, autism or both is helping keep them at home with their families and communities.

Good practice in involving families in your workforce development: the what, why and how
Mencap
The government white paper, Valuing People Now, says that people with a learning disability and family carers are not always involved in training workers or making plans about the workforce. In 2009 the Valuing People Now team commissioned some research. It showed that there had been some progress towards involving people with a learning disability in workforce development. However, it was hard to find examples of families being involved. When we talk about family carers in this report, we are talking about people, almost always family members, who voluntarily give someone a significant amount of support that they could not manage without. This report is intended to encourage and assist the involvement of family carers in developing the workforce. We hope that any organisation whose workers come into contact with people with a learning disability will find it useful.

Trust Nurse launches national campaign promoting leadership in Learning Disability services
East Kent Hospitals University NHS FT, 2016
A specialist nurse at East Kent Hospitals University NHS Foundation Trust (EKHUFT) has been chosen by Health Education England (HEE) to front an inspirational campaign to improve services for people with learning disabilities. Daniel Marsden, the Trust's Practice Development Nurse for People with Learning Disabilities, shares his experience and values in a video for HEE,

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aimed at encouraging leadership in the learning disability workforce.

HEE Star

More resources and tools are available if you search **"Learning Disabilities"** in the HEE Star:
https://www.hee.nhs.uk/our-work/hee-star

Statistics

You can find relevant statistics on the Health and Care Statistics Landscape under **Learning Disabilities**
https://gss.civilservice.gov.uk/hc-statistics-landscape/

There is also a tool from NHS Digital which covers the "Mental Health and Learning Disabilities workforce in the NHS"

Tools

Capacity Modelling Tool - Community Learning Disabilities Services Multiplier for staffing needed in Community Learning Disability Teams, Intensive Support Teams and Crisis Intervention Teams

Social Care Calculator for staffing within a locality based on the level of care that people requiring care packages will need.

Generic staff roles templates – to design new and different roles in learning disability community teams and services. They contain the core skills needed; the relevant competences can be chosen based on the type of role that is being designed. Visit the Learning Disability useful resources page.

An accompanying user guide provides further information

Transition role templates – to design new roles working with young people in transition from children's services to adult services.

HEE National Data Programme

HEE staff can look at the National Data Warehouse (NDL) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Skills and Competencies

Establishing core mental health workforce attributes for the effective mental health care of people with an intellectual disability and co-occurring mental ill health Journal of Applied Research in Intellectual Disabilities, December 2017

BACKGROUND People with intellectual disability experience high rates of mental ill health but multiple barriers to access to quality mental health care. One significant barrier to access is a generalist mental health workforce that lacks capacity, and consensus on what constitutes core workforce competencies in this area. As such, the first step in developing a comprehensive strategy that addresses these barriers is to define the core mental health workforce attributes. METHODS Thirty-six intellectual disability mental health experts from across Australia participated in a modified online Delphi which aimed to reach consensus on the core attributes required of the generalist mental health workforce. At the end of each Delphi round, descriptive analyses and thematic analyses were completed. RESULTS Consensus was reached among the participants for 102 attributes across 14 clinical domains. The results highlighted specific attributes in all areas of clinical practice, especially for communication (e.g., utilizes assistive communication technology), assessment (e.g., assess contributing factors to behaviours) and intervention (e.g., uses integrative interventions).CONCLUSIONA comprehensive strategy is required to facilitate the generalist mental health workforce to obtain these attributes.

What makes generalist mental health professionals effective when working with people with an intellectual disability? A family member and support person perspective Journal of Applied Research in Intellectual Disabilities, May 2018

BACKGROUNDGeneralist mental health professionals are inadequately equipped to meet the rights of people with intellectual disability. A better understanding of the attributes of effective professionals may assist in the development of workforce capacity in this area.METHODSTwenty-eight family/support persons of people with intellectual disability participated in four focus groups. Thematic analysis was undertaken applying the Intellectual Disability Mental Health Core Competencies Framework.RESULTSParticipants described attributes that aligned with current professional expectations such as working together and new attributes such as differentiating between behaviour and mental health. An unexpected finding was the need for professionals to be able to infer meaning by interpreting multiple sources of information. Participants also wanted professionals to acknowledge their professional limitations and seek professional support.CONCLUSIONFamily/support persons identified a range of attributes of effective mental health professionals to support people with intellectual disability. Further research is necessary, particularly from the perspective of people with intellectual disability.

Development and dissemination of a core competency framework Journal of Mental Health Training, August 2017

Purpose The purpose of this paper is to describe and critique the methodology used to develop a core competency framework for mental health professionals working with people with an intellectual disability and co-occurring mental ill health.
Design/methodology/approach A multi-phase, multi-method design was used to collect qualitative and quantitative data, including a scoping survey, modified online Delphi, and consultation with multiple stakeholders. The implementation phase involved a launch

forum and workshop, toolkit development, and evaluation strategy.Findings Results from the scoping survey and consultation process informed the development of a core competency framework with 11 domains. An accompanying toolkit was also developed with practical guidance to assist with the implementation of the core competencies. In total, 93 professionals attended the launch forum, and the framework has been downloaded 998 times during the first year it has been available.Research limitations/implications Detailed information specific to each profession cannot be included when a whole of workforce approach is used. The ways in which to use the framework in conjunction with other core competency frameworks is discussed.Practical implications This framework can be utilised by mental health workers including clinicians, managers, service developers, and educators, from multiple professional backgrounds. The approach taken can also be used by others to develop similar frameworks.Originality/value This is the first core competency framework, to the authors' knowledge, specifically designed for public mental health professionals from varied backgrounds working with people with an intellectual disability. Consulting with multiple stakeholders, not just experts, elicited new information that may otherwise have been overlooked.

Workforce development: perspectives from people with learning disabilities Tizard Learning Disability Review, 2018

PurposeResearch into the skills and competencies required by staff working with people with learning disabilities has concentrated on staff views. The purpose of this paper is to explore what people with learning disabilities want from the workforce supporting them. The evaluation was commissioned by Health Education England working across Kent, Surrey and Sussex (HEE KSS).Design/methodology/approachAn easy read questionnaire, co-produced with people with learning disabilities, was completed

with 70 participants, 65 of whom attended one of 10 workshops. Two questionnaires were also completed by parents on behalf of their child. The workshops also allowed for open discussion.FindingsPeople with learning disabilities value a workforce with a positive attitude, with staff who are skilled in supporting people to gain independence and have a voice.Research limitations/implicationsFindings are relevant to staff recruitment, matching of staff to services and staff training.Originality/valueAlthough there is some previous research around service user views, this evaluation had a larger sample size. The findings were similar to previous studies, particularly around the kind of qualities required from staff, which were the ability to listen, have trust and be able to learn specific skills. Although the highest representation was from young people and young adults, participants ranged from 12 to over 65 years. Differences in views according to participant age ranges are also noted.

Demographics and Trends

Building workforce capacity in Australia and New Zealand: a profile of psychiatrists with an interest in intellectual and developmental disability mental health Australasian Psychiatry, December 2018

OBJECTIVE:To describe the characteristics of psychiatrists working in the area of intellectual and developmental disability mental health (IDDMH) across Australia and New Zealand.METHODS:A secondary analysis of data collected by the Royal Australian and New Zealand College of Psychiatrists 2014 workforce survey. Characteristics of the IDDMH workforce (n=146 psychiatrists) were compared with those of the broader psychiatry workforce (n=1050 psychiatrists).RESULTS:The IDDMH workforce were more likely than the broader psychiatry workforce to be working across both the public and private health sectors, be engaged in outreach work, endorse specialty practice areas pertinent to IDDMH, treat younger

patients and work more clinical hours per week. Part-time status and retirement plans of the IDDMH workforce matched those of the broader psychiatry workforce.CONCLUSIONS:While some elements of the IDDMH workforce profile suggest this workforce is tailored to the needs of the population, the potential shortage of IDDMH psychiatrists highlights the need for the development of a specific training programme and pathway in this area.

The adult day care workforce in England at a time of policy change: implications for learning Journal of Intellectual Disabilities, June 2010

More people will receive personal budgets to pay for social care services in England. Such people may or may not continue using services such as adult day care centres. Many day centres are under threat of closure. These trends will affect those working in adult day care. This article examines the profile of this workforce, using recent NMDS-SC data and applying multinomial statistical modelling. We identified nearly 6000 adult day care workers, over half supporting adults with learning disability. The results of the analysis show significant variations between the adult day care, residential care and domiciliary workforces. At the personal level, day care workers are significantly older and less ethnically diverse than other workers. They tend to have been working in the sector for longer, and their work patterns are more stable. The findings are discussed within the context of policy changes affecting learning disabilities and social care workforce strategies.

When a workforce strategy won't work: critique on current policy direction in England, UK Journal of Intellectual Disabilities, December 2010

This editorial is based on findings from a regional review of educational commissioning, and workforce issues for one Strategic Health Authority in England. Known as the 'Valued People Project'

(VPP) it commenced in May 2008 and was undertaken in response to expressed concerns by regional key stakeholders regarding education commissioning specifically of pre-registration learning disability nursing, and the contribution of the specialist learning disability health workforce more generally (Gates, 2009). This work was also undertaken as a consequence of the scale and cumulative effect of changes to education, workforce, professional regulation and central health and social care policy that has affected people with learning disabilities and the services and personnel that support them.

Support workforce

Direct support workforce supporting individuals with IDD: current wages, benefits, and stability Intellectual and Developmental Disabilities, October 2014

Abstract Direct support professionals (DSPs) and frontline supervisors (FLSs) play an integral role in the lives of people with intellectual and developmental disabilities (IDD) and are often the individuals directly responsible for assisting people with IDD to live and fully participate in their communities. These two groups of workers have typically been employed at lower wages with limited access to fringe benefits, contributing to high rates of turnover compared to a similarly skilled worker in the United States. This article summarizes findings and is the first investigation in several years to systematically examine the wages, fringe benefits, and stability of the DSP and FLS workforces supporting individuals with IDD. Findings suggest that a typical DSP may expect to earn about $11.25 per hour, while FLSs may expect wages of about $15.45 hourly. Of concern, however, is that fringe benefit provision was quite limited in this sample. Implications, including relation to past reports of DSP workforce development, are discussed.

Status and trends in the direct support workforce in self-directed supports Intellectual and Development Disabilities, October 2010

Self-directed programs that allow individuals with intellectual and developmental disabilities to exercise greater control over their finances have become increasingly common in recent years. At the same time, challenges in the recruitment, retention, and training of direct support workers in the field have grown more acute. In this article, the authors investigate the status of the direct support workforce for people using self-directed supports in 1 Midwestern state, based on the results of a statewide survey of service users. Although additional research is needed, the results of this study suggest that people who use self-directed funding options are satisfied with their ability to direct staffing, though challenges remain. Among these challenges, the presence of higher than expected wages but lower than expected benefits provision compared with traditional services may have serious policy and staff retention ramifications that affect the long-term viability of self-directed funding options. In addition, staff training remains a challenge, with service users in this sample reporting low rates of training beyond a general skill set. Implications of these findings are discussed.

Leadership

Practice Leadership at the Front Line in Supporting People with Intellectual Disabilities and Challenging Behaviour: A Qualitative Study of Registered Managers of Community-based, Staffed Group homes Journal of Applied Research in Intellectual Disabilities, May 2016

BACKGROUNDThe front-line management role in services for people with intellectual disabilities remains rather under-researched. The aim of this study was to examine the experiences of registered managers in services for adults with intellectual disability who exhibit challenging behaviour.METHODInterviews, primarily focussed upon staff practice, were conducted with 19 managers of staffed group homes in SE England. Transcripts were analysed using interpretive phenomenological analysis.RESULTSFive groups of themes emerged: monitoring staff performance, supporting new ways of working, shaping staff performance, influence of external and employing agencies, and importance of participants' personal values and experiences.CONCLUSIONThe themes identified contribute to a conceptual framework for thinking about front-line management/practice leadership. The limitations, and potential implications, of the findings are discussed.

Education and Training

Intellectual disability health content within nursing curriculum: An audit of what our future nurses are taught Nurse Education Today, October 2016

BACKGROUNDIndividuals with intellectual disability experience chronic and complex health issues, but face considerable barriers to healthcare. One such barrier is inadequate education of healthcare professionals.OBJECTIVETo establish the quantity and nature of intellectual disability content offered within Australian nursing degree curricula […] CONCLUSIONDespite significant unmet health needs of people with intellectual disability, there is considerable variability in the teaching of key intellectual disability content, with many gaps evident. Equipping nursing students with skills in this area is vital to building workforce capacity.

Peer support systems and professional identity of student nurses undertaking a UK learning disability nursing programme Nurse Education in Practice, May 2018

This practitioner based action research examines the implementation of the peer assisted study scheme (PASS) and

individual peer mentoring in a cohort of first year undergraduate nursing students. It arose out of the desire of a small number of students in one UK university to transfer from the learning (intellectual) disabilities nursing field to other fields. The number of learning disabilities nurses is falling in England, and nursing shortages and student nurse retention generally is an international concern. The peer support was evaluated by 21 completed questionnaires. All the students had found the sessions they attended useful. Four themes emerged from the study. Students reported gains in knowledge around academic skills, placements and their chosen field of nursing; students felt more confident as a result of attending the sessions; students felt supported, and the importance of the peer mentor's interpersonal skills was highlighted; and finally students had valued meeting other students in their chosen field. These findings are discussed with reference to relevant literature.

The impact of behavioural skills training on the knowledge, skills and well-being of front line staff in the intellectual disability sector: a clustered randomised control trial Journal of Intellectual Disability Research, May 2019

BACKGROUNDStaff with varying backgrounds and educational qualifications can be effectively trained to implement procedures in line with evidence-based practice. Behavioural skills training (BST) is a competency-based training model used to effectively educate a broad selection of professionals, including front line staff, in a range of work-related skills. However, BST has yet to be evaluated in a large group-based experiment.METHODSThis study involved a parallel cluster randomised control trial. Six service sites, with a total of 54 participants, were randomised to the intervention condition using the 'coin toss' method. The intervention condition used BST to coach intellectual disability staff in reinforcement, systematic prompting, functional communication training and task analysis. Six service sites, with a total of 50 participants, were also randomised to a control condition in which generalised training in behavioural interventions was restricted. Recruited service sites were randomly assigned to the intervention condition (N = 6, n = 54) or the control condition (N = 6, n = 50) at one point in time, immediately after recruitment and before baseline testing took place. Allocations were stratified by service type (residential or day) and geographical region. One member of the research team allocated service sites using the 'coin toss' method, and another member, blind to the allocations, decided which experimental arm would receive the intervention and which would be designated as control. It was not possible to mask the intervention from participants, but they were recruited prior to randomisation.RESULTSParticipants in the intervention condition demonstrated statistically significant improvements in their knowledge scores over the study period. Participants in the control condition showed no change or a statistically significant decrease in their knowledge scores. No statistically significant changes to well-being were observed for either group. There was clear evidence of knowledge maintenance, as well as skill acquisition and subsequent generalisation to the workplace environment, among participants in the intervention condition. Participants also evaluated the BST intervention positively.CONCLUSIONSResults support BST as a method for disseminating evidence-based practice to front line staff working with adults with intellectual and developmental disabilities.

Models of Care

Models of community based integrated care for people with a learning disability and/or autism: evaluation findings from a national implementation programme International Journal of Integrated Care, August 2019

Improvements in the rights and opportunities for people with a learning disability and/or autism (henceforth described as 'people')

have led many countries to move away from long-term institutional care to community based models. However, people with behaviour that challenges and/or severe mental health problems often continue to lack the integrated support they need to make choices about how they live, resulting in poor outcomes and severe health inequalities. In 2015, following successive scandals relating to abuse and poor quality of care, the NHS in England initiated the Building the Right Support national plan, which sets out an integrated service model to reduce dependence on hospital care. Local partnerships were established to oversee integrated working between health and social care commissioners, and specialist and community providers of care, support and housing, so that people could be supported closer to home. To understand the implementation process a national, three year evaluation was commissioned by NHS England to identify good practice, and understand the success factors and barriers that lie behind consistent implementation of the service model. The evaluation has used a longitudinal mixed methodology. Data sources include repeated in-depth interviews with national and regional policymakers (n=66), a survey of practitioners, people and family members (n=232), and detailed case studies of implementation in ten localities. The evaluation has directly engaged people with lived experience and their families through workshops and focus groups and has also sought perspectives from local and national representative groups and forums. We found that despite common endorsement of the integrated service model: There are continued gaps in care and support: receiving integrated care was not a common experience of most people and their families. Autistic people with mental health conditions, and children, are particularly poorly served. Many more people than expected remain dependent on hospital care. Implementation difficulties arose in areas that did not have a shared understanding of what was required to introduce the service model and a willingness to collaborate differently to achieve it. Conversely, local areas that had inherited and/or sought

to develop a shared culture and trustbased relationships between commissioners and providers (as opposed to transactional ones) were most successful. Good quality co-design is critical to implementation, so that the priorities of local services match the needs of people and their families. The time and effort required for this was not usually prioritised, despite national and local commitments to do so. Progress in implementing the model after the end of the formal programme period in March 2019 is at risk due to constrained budgets (especially in social care), recruitment and retention difficulties within the care workforce, and a loss of momentum, should the policy focus change. Therefore, while the service model is based on a widely supported model of integration, the blend of incentives, guidance, resources and compulsion has not led to consistent implementation. Honest appraisal of the scale of cultural and societal change required was somewhat overlooked, especially regarding ways that national and local bodies could work together to fund, manage and evaluate care.

Nursing

An exploration of the practice, policy and legislative issues of the specialist area of nursing people with intellectual disability: A scoping review Nursing Inquiry, October 2018

The specialist field of intellectual disability nursing has been subjected to a number of changes since the move towards deinstitutionalisation from the 1970s. Government policies sought to change the nature of the disability workforce from what was labelled as a medicalised approach, towards a more socially oriented model of support. Decades on however, many nurses who specialise in the care of people with intellectual disability are still employed. In Australia, the advent of the National Disability Insurance Scheme offers an apt moment to reflect upon these decades of specialised nursing care as the context of this nursing care will continue to

evolve. A review of the published literature was conducted to explore what has shaped the field in the past and how this might inform the future of this speciality area under new policy and service contexts. People with intellectual disability have specific health and support needs that require a specialised workforce. Specialist nurses continue to be needed for people with intellectual disability.

LD nurse numbers decline by 40% in past eight years: RCN warns of return to 'Victorian' institutional care Learning Disability Practice, September 2018

The RCN believes inadequate staffing could return learning disability nursing to a 'Victorian' model of institutional care. Workforce figures from NHS Digital show the number of learning disability (LD) nurses is down from 5,368 to 3,247 since 2010 -- a drop of 2,121 posts.

Assisting Individuals With Intellectual Disabilities: Do We, as Nurses, Still Have a Role? Journal of Psychosocial Nursing & Mental Health, October 2018

According to an official analysis by Health Education England, the National Health Service will face "up to a 35% shortfall in learning disability nurses by 2020 unless action is taken to address the current education and recruitment 'crisis'" (Stephenson, 2018, para. 1). Given that individuals with intellectual disabilities often have complex needs and poorer health, it is clear that intellectual disability clinical nurse specialists (CNSs) are too valuable to be in non-health-focused roles. [...]intellectual disability CNSs need to refocus their activities on health-related areas and support social care through delivering education, support, advice, and consultancy to primary, acute, and secondary health care providers, thereby enhancing their ability to work with individuals with intellectual disabilities and promote a more inclusive service

Looking after people with learning disabilities part three: who will care? Learning Disability Practice, April 2016

In our previous articles we outlined the various challenges to learning disability nursing as a separate professional registration and considered the experiences of some recent graduates who have a dual learning disability nursing and social work qualification. It seems that as the concept of learning disability as a medico-legal category has undergone revisions, so too has the role, scope and function of those professionals who provide care for this group of people. Where there were once 'imbeciles and idiots' warehoused in asylums in the nineteenth century, the more contemporary notion of community care and individualised planning has ushered in new practices and the profession has adapted to meet contemporary challenges. People with learning disabilities as service users and their professional carers continue to demonstrate resilience in the face of sometimes provocative and unhelpful social and economic circumstances. But what happens next?

Learning disability nursing: how to halt the decline Nursing Times, April 2019

As learning disability nursing celebrates its 100th anniversary this year, the profession faces two key challenges, according to leading figures in the sector. Simon Jones, chair of the Royal College of Nursing's Learning Disability Nursing Forum, identified the "biggest concern" as the "steady decline" in the number of learning disability nurses in practice and "considerable drop-off in the number going into training." Linked to this is another major issue, which he said was an ongoing lack of awareness of what learning disability nurses did and the difference they made. "If you don't know what somebody does, it's very easy to say 'we don't need them'," he said. Health Education England is warning of a 30-35% shortfall in learning disability nurses by 2020."

HEE Knowledge Management Team, September 2019

Nurse AMHPs: an exploratory study of their experiences The Journal of Mental Health Training, Education and Practice, 2019

PurposeMental health and learning disability nurses have been eligible to become approved mental health professionals (AMHPs) since 2008, when the Mental Health Act 2007 was implemented. Despite this, there have been proportionally low numbers of these nurses pursuing the AMHP role. The purpose of this paper is to explore the experiences of these nurse AMHPs of training and practice.Design/methodology/approachTen practicing nurse AMHPs were recruited from across four local authority sites. Using semi-structured interviews, participants were asked to discuss their experiences of being an AMHP.FindingsThe participants highlighted the need to navigate personal, cultural and structural factors relating to accessing and applying for the training, difficulties with agreeing contracts terms, gaining comparative pay and undertaking the role.Research limitations/implicationsThe limitations of this study are the small number of participants and therefore the generalisability of the findings. Also, respondents were practising AMHPs rather than nurses who considered the role but then rejected it as a career option.Practical implicationsThis study has led to gain a greater understanding of the experiences of nurse AMHPs.Social implicationsThe results from this study will assist employing local authorities, and NHS consider the barriers to mental health and learning disability nurses becoming AMHPs.Originality/valueThe value of this study is in the insight that provides the experiences of nurse AMHP from applying to training through to being a practising AMHP.

Workforce Planning

Challenging times: building a health, housing and social care local workforce strategy Housing, Care & Support, July 2018

Purpose The purpose of this paper is to stimulate a wider debate around the coordination of workforce planning in non-statutory services (in this case, specialist housing for older people or those with long-term health and social care needs, such as learning disabilities). The authors argue that current NHS reforms do not go far enough in that they fail to include specialist housing and its workforce in integration, and by doing so, will be unable to optimise the potential efficiencies and streamlining of service delivery to this group.Design/methodology/approach The paper used exploratory study using existing research and data, enhanced by documentary analysis from industry bodies, regulators and policy think tanks.Findings That to achieve the greatest operational and fiscal impact upon the health care services, priority must be given to improving the efficiency and coordination of services to older people and those requiring nursing homes or registered care across the public and third sectors through the integration of service delivery and workforce planning.Research limitations/implications Whilst generalisable and achievable, the model proposed within the paper cannot be fully tested theoretically and requires further testing the in real health and social care market to evidence its practicality, improved quality of care and financial benefits.Originality/value The paper highlights some potential limitations to the current NHS reforms: by integrating non-statutory services, planned efficiency savings may be optimised and service delivery improved.

Burnout

Workplace stress, burnout and coping: a qualitative study of the experiences of Australian disability support workers Health & Social Care in the Community, May 2017

Disability support workers (DSWs) are the backbone of contemporary disability support services and the interface through which disability philosophies and policies are translated into practical action. DSWs often experience workplace stress and burnout, resulting in a high turnover rate of employees within the non-professional disability service workforce. The full implementation of the National Disability Insurance Scheme in Australia is set to intensify the current challenges of attracting and retaining DSWs, as the role becomes characterised by greater demands, ambiguity and conflict. The aim of this study was to explore DSWs' perceptions of enjoyable and challenging aspects of disability support work, sources of stress and burnout and the strategies they use to cope when these issues arise. Twelve DSWs workers providing support for adults living with intellectual and physical disabilities were interviewed. Thematic analysis revealed a superordinate theme of 'Balance' comprising three sub-themes: 'Balancing Negatives and Positives', 'Periods of Imbalance', and 'Strategies to Reclaim Balance'. Participants spoke of the rewarding and uplifting times in their job such as watching a client learn new skills and being shown appreciation. These moments were contrasted by emotionally and physically draining aspects of their work, including challenging client behaviour, earning a low income, and having limited power to make decisions. Participants described periods of imbalance, wherein the negatives of their job outweighed the positives, resulting in stress and sometimes burnout. Participants often had to actively seek support and tended to rely on their own strategies to manage stress. Findings suggest that organisational support together with workplace interventions that support DSWs to perceive the positive aspects of their work, such as acceptance and mindfulness-based approaches, may help to limit experiences of stress and burnout. The further development and evaluation of emotion-focused workplace therapies, and interventions that consider organisational (macro) factors is suggested.

Competency Frameworks

Generic Service Interventions Pathway: a competency framework to support development of the learning disabilities workforce Health Education England

The framework has particular relevance for:
• Learning Disability Service Managers – who can use the framework to better understand the development needs of the workforce. It will help them understand how to maximise the contribution of the existing workforce and identify new ways of working within a framework that is person-centred and focused on improving health and care outcomes. It will help identify the need for, and development of, new roles
• Education Commissioners – who can use the framework to support competency based curriculum development activities
• People with a learning disability (and their carers) who wish to contribute to the development of care services
• Service Commissioners – who will gain an insight into competency based workforce development approaches and can use the tool to help describe service models and assurance activities that underpin the delivery of effective services.

Learning Disabilities Transition Pathway Competency Framework
Health Education England
This document was commissioned by Health Education England to support the development of people working in services with young people with learning disabilities as they lead up to and make the transition from children's to adults' service provision.

Using the framework:
The framework has particular relevance for:
• managers of services working with young people with learning disabilities at transition, who can use the framework to:

• better understand the development needs of the workforce
• help maximise the contribution of the existing workforce
• identify new ways of working within a framework that is person-centred and focused on improving health and care outcomes
• help identify the need for, and development of, new roles
• develop the multi-agency team.
• education commissioners – who can use the framework to support competency based learning and development programmes
• people with a learning disability and their carers who wish to contribute to the development of care services
• service commissioners and workforce development leads, who can use the framework to:
• gain an insight into the competency based workforce development approach
• help describe service models
• develop specifications and assurance activities that underpin the delivery of effective services.

Learning Disabilities Core Skills Education and Training Framework
2016, Skills for Health, Skills for Care, HEE
This Learning Disabilities Core Skills Education and Training Framework was commissioned and funded by the Department of Health and developed in collaboration by Skills for Health, Health Education England (HEE) and Skills for Care. The framework supports workforce development in accordance with the HEE Mandate (2015-16)1 which states:
"HEE continues to play its part in fulfilling pre-existing public commitments including Transforming care: A national response to Winterbourne View Hospital, the Winterbourne View Concordat , Positive and Proactive Care: reducing the need for restrictive interventions and the Mental Health Crisis Care Concordat: Improving outcomes for people experiencing mental health crisis. The Winterbourne View Concordat sets out that HEE will work with the Department of Health, providers, clinical leaders, and other

partners to improve the skills and capability of the workforce to respond to the needs of people with learning disabilities and challenging behaviour" (HEE 2015 p15). The aim of the framework is therefore to support the development and delivery of appropriate and consistent cross-sector learning disabilities education and training.

Supporting psychological wellbeing in adults with learning disabilities: an educational framework on psychological interventions for practitioners working with adults with learning disabilities in Scotland NHS Education for Scotland Health Education England (HEE) commissioned the Tavistock & Portman NHS Foundation Trust to develop a competency framework for all those who work with people in the perinatal period, their families and loved ones.

Help accessing articles or papers

Where a report/ journal article or resource is freely available the link has been provided. If an NHS OpenAthens account is required this has been indicated. It has also been highlighted if only the abstract is available. If you do not have an OpenAthens account you can self-register here.

If you need help accessing an article, or have any other questions, contact the Knowledge Management team for support KnowledgeManagement@hee.nhs.uk