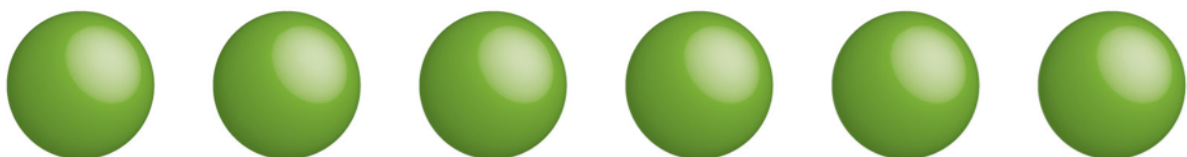




**A review of commissioning of
services for children and young
people with learning disabilities who
challenge services in Rutland**

31st March and 1st April 2016





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for Inclusion**

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1 Background and Introduction

1.1 Following the investigation into the abuse at Winterbourne View, there has been a cross government commitment to transform care and support for people with learning disabilities and/or autism whose behaviour challenges services¹, including behaviour that can result in contact with the criminal justice system. Transforming care is about building community capacity as well as reducing inappropriate hospital admissions, and in October 2015 a service model was published describing what good services and support should look like². Services for children and young people are included in the model. In order to support the implementation of the model for children and young people, NHSE funded a number of projects. This review contributes to a project to develop a rapid review framework for services supporting children and young people who challenge.

1.2 NDTi already have an evidence based review tool for adult services for people who challenge, developed from the commissioning guide written by NDTi for the Department of Health to support implementation of the Mansell report. For further information see: www.ndti.org.uk/publications/ndti-publications/commissioning-services-for-people-with-learning-disabilities-who-challenge- The review uses the seven broad areas of commissioning consideration set out in the guidance. Following consultation with young people, families and commissioners we adapted the review and are piloting it in five sites. At the end of the pilot we will:

¹ Challenging behaviour' is a way of describing a range of behaviours which some people with learning disabilities may display to get needs met. Behaviours may include:

Hurting others (e.g. hair pulling, hitting, head-butting)

Self-injury (e.g. head banging, eye poking, hand biting)

Destructive behaviours (e.g. throwing things, breaking furniture, tearing things up)

Eating inedible objects (e.g. cigarette butts, pen lids, bedding)

Other behaviours (e.g. spitting, smearing, repetitive rocking stripping off , running away)

The above is taken from the Challenging Behaviour Foundation website. For further information see: www.challengingbehaviour.org.uk/about-us/about-challenging-behaviour/what-is-challenging-behaviour.html

² Local Government Association, ADASS & NHSE (2015). Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. See: <https://www.england.nhs.uk/learningdisabilities/natplan/>

- adapt the tool based on feedback from the sites
- Write a report for national publication highlighting key themes and good practice examples
- Write a report for each pilot area setting out our findings

1.3 This report sets out our findings from our review in Rutland, undertaken on the 31st March by Pat Bullen, NDTi associate and Sue Turner, Learning Disability Lead at the NDTi, using the draft review framework. We met with commissioners, managers, clinicians, social workers, education providers and families as well as reviewing documentation and other information provided at our request. At the end of the review an initial verbal feedback was provided to Tim O’Neill, Director for People and Deputy Chief Executive, Mark Fowler, Head of Service, Learning and Skills, and Bernadette Caffrey, Head of Service, Early Interventions. This report is a more detailed outline of our conclusions.

1.4 The feedback and report is structured round the seven broad areas of commissioning consideration in the original commissioning guidance. We have taken the view that these commissioning principles are equally valid for children and young people’s services, and have also signposted to the new service model and guidance as appropriate. Each section briefly summarises what the guidance identified as being indicators of effective practice and then discusses what we found through the review process. Each section also includes recommendations and these are also summarised in the conclusion.

1.5 We wish to emphasise the limitations of this review. It is a pilot, and designed to provide an overview of issues, rather than a detailed service review. It does not claim to be definitive or fully accurate in terms of all the detail. It is not a review of the quality of services. Its aim is simply to provide an external overview of key commissioning issues and challenges in order to offer a framework for action that we hope you will find useful. We are very grateful for enabling us to pilot the review in Rutland, and appreciate the amount of work it took to organise in challenging timescales. With more time, there would have been other people/services it would have been good to talk to, but I hope we have captured the main points.



2. Vision and Values

2.1 Good practice guidance:

Commissioners start from a commitment to the principles of ‘an ordinary life’ and this is shared and understood by others. People ensure they understand the evidence base around services for children and young people with behaviour that challenges, and work in partnership with children, young people and families to deliver that vision. Commissioners accept there may not be quick results and support providers and families through difficult times – not giving up at the first signs of difficulty.

2.2 We found very clear statements about inclusive education in Rutland County Council’s commendably short policy statement. The recognition that inclusion is a human rights issue was also refreshing and unusual. There was clear evidence that practitioners sought inclusive options where possible.

2.3 There was a strong focus on Preparing For Adulthood (PFA) in Rutland. This was evident in discussions with practitioners who regularly made reference to increasing young people’s independence, and gave examples of practical steps they were taking to do this. It was noted that the small size of Rutland, where children, young people and families are known to practitioners who also work closely together, may help. Having a ‘People’s Directorate’ is a related factor which could also enable people to have a common culture and understanding of purpose.

2.4 We found evidence of a clear focus on outcomes in Rutland, both in the paperwork and through our discussions. The SEND plan detailed outcomes, actions and milestones, and practitioners talked about outcomes, particularly in relation to increasing independence and opportunities for young people. For example we were told that discussions with colleges focused on PFA ‘not just courses’.

2.5 We were given examples of outcomes based on feedback from children, young people and families. For example, the work with FE to tailor responses and thus improve independence. Also individually tailored support to meet the needs of children and families. For example, one young child did not meet the criteria for

additional funding as both parents worked, but to enable the parents to work and meet the child's needs, funding was found for support at nursery costing £170 less per day than a placement at Parks.

2.6 There was a good understanding of the need for early identification of children who may need extra support, and a good system in place to ensure this happened. We were told that health staff were very good at referring children at a young age, and integrated reviews at year two have recently been implemented and are good at picking up on needs. There was evidence of a timely and flexible response to young children and families when needs were identified.

2.7 As well as evidence of flexibility, we found a 'can do' culture in the county. Practitioners went out of their way to meet children and families' needs, and were creative about finding ways to provide the right support.



3. Leadership

3.1 Good practice guidance:

Commissioners are actively involved in service development, championing new ways of working and supporting leaders from all organisations who are innovators and take planned risks. Strong clinical leadership exists that is committed to the vision set out above, and works in partnership with social care.

3.2 There was evidence of good engagement with portfolio holders, and the governance of SEND goes to the Education Performance Board, which includes members, senior offices and the public, and from there through scrutiny to cabinet. Thus there was a clear thread of accountability, with progress towards outcomes monitored. Commissioners were ambitious about delivering high quality services in Rutland, and we noted the aim to be 'the best'.

3.3 Local authority commissioners demonstrated a good understanding of the issues for children, young people and families in Rutland. The small size of the country facilitates this, but nevertheless commissioners were supportive of practitioners and enabled flexibility. Parks school also noted the support they have received from the local authority. The CCG commissioner worked across Leicester, Leicestershire and Rutland, and although in theory services based in Leicester should cover Rutland, in practice this did not seem to be the case, and knowledge about what happened in Rutland was more general.

3.4 It is early days regarding links with the Health and Wellbeing Board, although we were told there are now opportunities to raise the profile of children and young people as there is a new chair and a focus on developing the work of the board.

3.5 There was evidence of positive risk taking happening in practice, and a great deal of flexibility in services to meet individual and family need, but there was no policy to support this. While a culture of positive risk taking is far more important than a policy, having something in writing can be supportive of practitioners.

Recommendations

- As discussed, raising the profile of children and young people with SEND at the Health and Wellbeing Board has the potential to enable a wide ownership of the issues and could lead to actions to address the wider health inequalities children and young people with SEND experience. A report summarising research into the health inequities experienced by children with learning disabilities can be found here:
www.ihal.org.uk/publications/313899/The_determinants_of_health_inequities_experienced_by_children_with_learning_disabilities Although the focus is on children with learning disabilities, the issues raised are also of relevance to other children with SEND. The report includes specific recommendations for Health and Wellbeing Boards.
- We recommend developing a joint positive risk taking policy to support practitioners, which could be used as a vehicle to help with the development of a shared understanding about what you are trying to achieve. The importance of positive risk taking is one of the 'golden threads' that runs through the service model. However the models we could find are mainly for adult services. SCIE has some guidance on positive risk taking:
<http://www.scie.org.uk/publications/ataglance/ataglance31.asp>
- TLAP also have some general guidance on risk and personalisation:
http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/TLAP/Risk_personalisation_framework_West_Midlands.pdf
- Newham are considering developing specific guidance for their children and young people's services, and may well be prepared to share.



4. Relationships

4.1 Good practice guidance:

Strong relationships and a ‘no-blame’ culture between organisations are important. Children, young people and families are at the centre of decision-making. Local authority, NHS commissioners and education share responsibility, use resources jointly and have strong relationships with providers – getting beyond simplistic tendering processes when choosing providers. Providers and clinicians work closely together - using each other’s expertise with trust and respect.

4.2 There was evidence of very positive partnerships and relationships across the county, including between the local authority departments, parents and carers support groups and schools/providers. For example, where social care identified needs within a group of young people with ASD, some with behaviours that challenge, the Aiming High team were able to commission the voluntary organisation, Family Centre, to develop and deliver a short cookery course to develop independent living skills. A local Secondary school was also able to work with the school nurse to develop a short course to support young people within the school to manage exam-related anxiety, based on observation that more young people with additional needs were likely to display either behaviour that challenges, or to self-harm, in the lead up to the exam period.

4.3 Parents reported that there are several types of support and routes to support across the county. Excellent support is provided by the formal SEND Information, Advice and Support Service- RIASS (Rutland Information Advice and Support Service). One parent whose son experiences a range of challenging behaviours, described feeling marginalised even with other parents of children with SEND, because her son’s difficulty in being with and around people caused changes to his behaviour. Over his 15 years in Rutland, she described RIASS as being the one continued source of support to her.

Parents and carers can also access support from Sunflowers, an excellent voluntary group, with volunteers having a wealth of expertise, and who themselves

identify that they could provide even more support to families of service personnel, who are located outside of the Oakham area. Sunflowers is clear that its mission is to support parents and carers, enabling them to have access to friendships and support alongside other parents/carers with children with additional needs.

Sunflowers links well with Family Centre, which again, has enormous expertise within its volunteer ranks. Both Family Centre and Sunflowers are excellent examples of the Council's ambition to harness social capital and local community knowledge within the commissioning strategy.

4.4 There are some excellent relationships with schools, though variation exists which is beyond the influence of the LA.

Uppingham Community College has developed a flexible graduated response to meeting individual needs, working well with the LA and with CAMHS. One community liaison nurse, whose role has been recognised within the 'National Positive Practice in Mental Health' awards in October 2015, works with the school to develop both group and individual support work, including conference calls, as the geography of Rutland within the LLR partnership (Leicester, Leicestershire and Rutland) means that most major health provisions are within the larger neighbouring LA areas rather than within Rutland itself.

Casterton Enterprise College has employed its own counselling service to support young people with mental health needs and/or behaviour which challenges.

Schools described networking as good, and local knowledge of the 'right' people to liaise with when challenges do occur, as a major strength. For example, LA staff are able to reach into schools and meet with them within a day or two of challenges occurring.

However, a third secondary school did not have such an inclusive culture. One parent described his son's repeated fixed term exclusions from the school, based on incidents such as a failure to make appropriate eye contact with a teacher, when his son's ASD diagnosis explicitly noted that this was a real obstacle for the student concerned. The LA noted that the school has an enhanced resource for students with additional needs, though the criteria for admission was unclear, and the relationship between the LA and the academy was clearly less effective than those described above.

The LA noted that it needed to do more to support the work of SENCOs in schools, and has arranged a summer term full day of training/briefing with SENCOs to develop the EHC Pathway with greater clarity and effectiveness.

4.5 The culture within children's and adults services is hugely enhanced through two attributes:

- The People's Directorate working across children and adult services, and reporting into one Director;
- The geography and size of Rutland- there was a distinct 'small is beautiful' attribute to the locality, and relationships are very positive across the LA. The geography, though, mitigates against the level of health resourcing within its' borders, as the majority of resources for health providers and commissioners, are within the connected health regions of Leicester and Leicestershire.

Possibly because of the above, although there was evidence of good joint working with health in early years, this tends to tail off as children get older. There was a lack of joined up commissioning with health in Rutland and health was largely absent from EHCP processes.

The positives of working across child and adult services are apparent in groups such as the Transitions Operational Group (TOG) which identifies young people from year eight onwards who may require social care services or who may have SEND or challenging behaviours. The group includes housing, and reference was also made on more than one occasion to employment, which we thought was very positive. The group enables planning across the transition gap. Schools work with LA services to identify such young people requiring a commissioning focus.

4.6 Despite the good work outlined in sections above, families of children with SEND still need more support. They can often locate a person who can enhance their navigation of the Local Offer, but some fall through the gaps. One parent described a very difficult predicament where his son did not receive a diagnosis from CAMHS, as it appeared to 'sit' on the system for up to a year, affecting his son's ability to access appropriate services and support, although generally a needs led approach was described.

Recommendations

- We were told that an event was being planned for school SENCOs and HTs in the summer, It would be helpful if strategic level working were part of the agenda

- Gloucestershire set up a family peer support network that has been positively received and has had a positive knock on effect with regard to participation and co-production. This may be of interest. A summary can be found here: www.ndti.org.uk/publications/ndti-insights/insights-24-gloucester-challenging-behaviour-strategy



5. Service Model

5.1 Good practice guidance:

Using person centred approaches, services are jointly designed by all partners– including the young person, their family and future providers. Clinical leadership is consistently available and non-aversive techniques drive staff practice.

5.2 We identified a range of individual person centred approaches, such as the commissioned Aiming High activities and the secondary academy graduated responses to meeting needs, which indicate the ability of the LA to deliver excellent person and family centred support. However we wondered if the EHCP process could be more person centred? It was noted that the views of the family are gathered through 'our story', that young people were asked for their views, and that advocates were available post 16 if it is felt that the young person's voice may get lost. All this is very positive but the process seemed to be foremost, whereas some areas have used the introduction of EHCPs as an opportunity to embed person centred planning at the forefront.

5.3 The offer of health services was described as a bit of a lottery for families as services are commissioned from outside of the county, which means that what is available in one area isn't necessarily available in another. For example, although one mental health nurse went 'above and beyond,' some families reported that they had to travel to Leicester to access CAMHS, 25 miles from home, creating huge obstacles to access.

5.4 The local offer is developing, but was not thought to be entirely helpful to families at this point. It was more of a directory of services, and most parents we spoke to had not used it. However, the Local Offer as embodied by the LA staff, and some health partners, is very accessible, well known and for some services very joined up.

5.5 There was a lack of understanding from parents about the implications of the Mental Capacity Act. One parent reported concerns about her 18 year old son, and

felt that her concerns were not heeded, as he appeared to have mental capacity- yet he has left his volunteering role and dropped out of community activity since living alone/independently.

5.6 Educational psychology input to schools was noted as developing, with a recently newly commissioned service. Delays in assessment were reported by some schools, but not all. Schools experienced health services as being inflexible. CAMHS had made an error with one student noted in a section above, delaying his initial diagnosis by one year; a second diagnosis wrongly described him as having 'OCD' when it should have read 'ADHD'- his and his parents confidence in CAMHS were understandably dented.

5.7 There was evidence of non aversive approaches in Rutland, We were told that ADHD solutions work closely with schools regarding behavioural strategies, and there are drop in sessions that families can access. There is also a consistent approach with children and young people who have autism. However it was less clear that there was a consistent approach across education, other providers and families regarding behaviour that challenges generally.

5.8 There was evidence of excellent early intervention and support available to families. Families talked about the Parks provision for children aged 2 to 5 years; the positive impact of the two year old health check, and the support of Sunflowers and the Family Centre. There was some concern that families outside of the Oakham conurbation may be unable to access some services, though drop ins had begun on a monthly basis for example, serving the Cottesmore military base. The Early Years focus from the LA officer for SEND enables an individual tailor made approach to support and intervention packages.

5.9 The problems regarding transition are known and the Transitions Operational Group- TOG- ameliorates the transition to adult life.

The LA is keen to develop their Preparing for Adulthood offer to families, with external support. Ensuring that information from EHCPs is used to inform commissioning could help.

A People's directorate ensures that children are more effectively transferred to appropriate adult services within the LA. This is not the case for children's transfer to adult health services.

5.10 The work carried out by Healthwatch Rutland to first identify that mental health was an overwhelming problem for children and young people in the county, gather further information and then put a plan of action in place, all with the young people concerned was commendable. While the work doesn't specifically address the

needs of the group of children and young people this report is about, developing a culture where mental health and wellbeing are seen as priorities can only be of benefit to all.

5.9 The Youth Inclusion Support programme, which was described as the step before Youth Offending was another positive initiative, and although we didn't have detailed information about this, one of the case studies demonstrated a positive impact. One route into assessment and treatment services is via court diversion, and this is not an uncommon scenario for people with mild learning disabilities who then have a reputation for life, so diverting them before they come into contact with the criminal justice system is important.

Recommendations

- The EHCP process could be reviewed within the SEND review, to ensure that the flexibilities regarding a person centred approach are understood and implemented at several levels, including within schools.
- The Local offer on the ground is one of the better examples seen by the review team. It is worth looking at other local offers to develop further ideas. Rutland has many very positive Local Offer attributes which further publicity such as a Local Offer live event could enable to reach a wider range of families. Wiltshire and Hampshire's Local Offer is thought to be good: www.wiltshirelocaloffer.org.uk/ & www.hantslocaloffer.info/en/Main_Page
We also thought Leeds was good: www.leeds.gov.uk/residents/Pages/Leeds-Local-Offer.aspx
- More work could be done to raise awareness of the Mental Capacity Act with parents, utilising current networks/mechanisms such as the RIASS- Rutland Information, Advice and Support Service, and the Local Offer. For young people with learning disabilities the introduction of a health check at the age of 14 also presents an opportunity.
- Adopting one non-aversive method of working with children and young people with learning disabilities who may harm others or themselves is important to maintain consistency within education, other services and the family home. Positive Behaviour Support is an evidence-based approach that should be considered. Evidence from Bristol indicates that PBS is most successful with children when consistently applied both at home and at school. For further information see the positive behavioural support example in Paving the Way: www.challengingbehaviour.org.uk/learning-disability-files/Paving-the-Way.pdf



6. Skilled Providers and Staff

6.1 Good practice guidance:

Skilled providers and support staff are essential, with positive, enabling approaches that looked outwards to the local community. Providers are selected because they actively wanted to work in partnership with children, young people and families and have a demonstrable willingness to keep going in difficult times. They can also demonstrate genuine senior management involvement in service delivery, responsiveness to clinical advice and no use of casual, agency staff.

6.2 Workforce turnover is lower in Rutland than elsewhere, and staffing is largely stable and effective, though leaders note some challenges with recruitment at the most senior levels, and are concerned to succession plan effectively, particularly as a cohort of staff are due to retire at roughly the same time.

6.3 There was some clear evidence of skilled providers and innovative practice, which could be shared and developed. For example, schools with effective graduated responses, and the Teaching School Alliance within the county could be commissioned to develop the knowledge of the EHC Pathway and person centred approaches which schools could develop within the Pathway. There was also a tiered response from SALT services.

6.4 Parents said that there was a lack of understanding in the workforce about autism and behaviour that challenges. Professionals have the expertise, but it may not be harnessed across the whole area. For example, Educational Psychologists knowledge regarding ASD and attachment, can make a massive difference to schools and providers in developing appropriate strategies for enablement and support. As currently configured, EPs may not be able to deliver this across children's services.

Recommendations

- A professional development approach for behaviour, ASD pathway and attachment, could be developed across Educational Psychology and LD and mainstream CAMHS, potentially delivered through the Teaching School Alliance (TSAs) within the county. This could include core and traded offers of training and CPD for schools, settings and colleges.
- Family leadership – an element of person-centred approaches- could further enhance the potential of families to be supported to promote wider outcomes including employment pathways for young people with additional needs and behaviour which challenges.



7. An Evidence Base

7.1 Good practice guidance:

‘Commissioners have developed, with providers, an outcomes framework and a costing analysis to help them understand and evidence what progress people are making at what financial cost’.

7.2 Information on costs was available and is clearly utilised to improve services. The work of the placement Panel within education has strong elements of joint commissioning, clearly across education and social care, and across children’s and adult services, but health is not present at the Panel, providing only written reports.

7.4 There is some evidence of children moving from primary schools directly to specialist SEMH placements in the county. The Principal of an independent provider believed this to be related to an increased concern from primary schools, of children with additional needs having their end of Key Stage 2 results impact upon the standards agenda within schools. In five years, he has seen Rutland’s take up of places increase from zero to 15.

The use of Rutland College, to develop more bespoke approaches to meeting individual needs, and develop more pathways for young people with SEND, also indicated a developing approach to commissioning local services. However LA staff were concerned about the impact of changes to college structures which could adversely impact upon inclusive pathways.

7.5 We were told the Transforming Care Strategy that includes Rutland has been quite ‘adult’ in focus, although children and young people are now included. Some of the services designed to support children and young people with challenging needs, such as the children’s learning disability team linked to CAMHS and based in Leicester, were theoretically supposed to cover Rutland, but this did not seem to be the case on the ground.

7.6 Some of the referrals from GPs into CAMHS and other services appeared to be a bit ‘random’. Although some of this may be due to where people live, practitioners did not think this was the whole reason. Practitioners had to deal with this on an ad

hoc basis with GPs, whereas a more strategic approach through the CCG may be more effective.

Recommendations

- Useful work could be done with primary schools to reduce out of LA placements, which could include working with the independent SEMH provider to develop support within mainstream schools for children and young people.
- More work could be done with LLR to develop a more active role of commissioners within the implementation of the EHC pathway and Panel, and to consider how LLR can better reach families in need within their own localities, including a more inclusive service coverage of Rutland and better communication with GPs



8. Other Commissioning Actions

8.1 Good practice guidance:

Other important commissioner actions include; up front investment to ensure skills and resources are in place at an early stage; there are flexible ways of choosing providers; flexible contracting systems that could respond quickly to changes in people's needs; creative use of continuing healthcare criteria; and shared financial risk between commissioners and openly aiming for reduced costs over time – but only based on evidenced improvements in children and young people's lives'.

8.2 There were no young people with Personal Health Budgets in Rutland and we were told that eligibility for Continuing Health Care (CHC) is set very high in LLR. A number of applications have been made and turned down, although it seemed as if applications were more likely to be successful when the young person reached adulthood.

8.5 Personal Budgets in education, through the EHC Pathway, are also a work in progress. Examples from In Control, and links to the EHC Panel, could be harnessed to develop a joint understanding for families and professionals of the potential use of PBs to support choice and control.

Recommendations

- We suggest promoting and increasing the uptake of personal health budgets to improve outcomes for children and young people with particularly complex needs. A learning network is free to join:
<http://www.personalhealthbudgets.england.nhs.uk/index.cfm>
- Developing a shared understanding of the potential use of education Personal Budgets within the EHC Pathway, could support more local commissioning of services.



9. Summary of recommendations and conclusions

9.1 We found many strengths in Rutland, including some excellent good practice, a clear values base and outcomes focused commissioning. The strong focus on PFA was particularly noticeable, although early intervention and prevention services were also very good. The small size of Rutland may have facilitated positive working relationships and a flexible and can-do attitude, but much credit should also go to the staff for this. The geography of Rutland and organisation of services are more of a drawback in terms of the level of health input, which becomes more problematic as children get older.

We are very grateful to the commissioners in Rutland for opening themselves to scrutiny by ourselves. We are also grateful to the professionals who spoke to us and most especially to the parents we met and who shared what were sometimes some very difficult personal experiences.

9.2 Specific examples of good practice we would like to write up for the national report are: Aiming high short breaks; Support to parents and Flexible personalised commissioning.

9.3 All the recommendations are set out below for ease of reference:

- As discussed, raising the profile of children and young people with SEND at the Health and Wellbeing Board has the potential to enable a wide ownership of the issues and could lead to actions to address the wider health inequalities children and young people with SEND experience. A report summarising research into the health inequities experienced by children with learning disabilities can be found here: www.ihal.org.uk/publications/313899/The_determinants_of_health_inequities_experienced_by_children_with_learning_disabilities Although the focus is on children with learning disabilities, the issues raised are also of relevance to other children with SEND. The report includes specific recommendations for Health and Wellbeing Boards.
- We recommend developing a joint positive risk taking policy to support practitioners, which could be used as a vehicle to help with the development

of a shared understanding about what you are trying to achieve. The importance of positive risk taking is one of the 'golden threads' that runs through the service model. However the models we could find are mainly for adult services. SCIE has some guidance on positive risk taking:

<http://www.scie.org.uk/publications/ata glance/ata glance31.asp>

- TLAP also have some general guidance on risk and personalisation:
http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/T LAP/Risk_personalisation_framework_West_Midlands.pdf
- Newham are considering developing specific guidance for their children and young people's services, and may well be prepared to share.
- We were told that an event was being planned for school SENCOs and HTs in the summer, It would be helpful if strategic level working were part of the agenda
- Gloucestershire set up a family peer support network that has been positively received and has had a positive knock on effect with regard to participation and co-production. This may be of interest. A summary can be found here:
www.ndti.org.uk/publications/ndti-insights/insights-24-gloucester-challenging-behaviour-strategy
- The EHCP process could be reviewed within the SEND review, to ensure that the flexibilities regarding a person centred approach are understood and implemented at several levels, including within schools.
- The Local offer on the ground is one of the better examples seen by the review team. It is worth looking at other local offers to develop further ideas. Rutland has many very positive Local Offer attributes which further publicity such as a Local Offer live event could enable to reach a wider range of families. Wiltshire and Hampshire's Local Offer is thought to be good:
www.wiltshirelocaloffer.org.uk/ & www.hantslocaloffer.info/en/Main_Page
We also though Leeds was good: www.leeds.gov.uk/residents/Pages/Leeds-Local-Offer.aspx
- More work could be done to raise awareness of the Mental Capacity Act with parents, utilising current networks/mechanisms such as the RIASS- Rutland Information, Advice and Support Service, and the Local Offer. For young people with learning disabilities the introduction of a health check at the age of 14 also presents an opportunity.

- Adopting one non-aversive method of working with children and young people with learning disabilities who may harm others or themselves is important to maintain consistency within education, other services and the family home. Positive Behaviour Support is an evidence-based approach that should be considered. Evidence from Bristol indicates that PBS is most successful with children when consistently applied both at home and at school. For further information see the positive behavioural support example in Paving the Way: www.challengingbehaviour.org.uk/learning-disability-files/Paving-the-Way.pdf
- A professional development approach for behaviour, ASD pathway and attachment, could be developed across Educational Psychology and LD and mainstream CAMHS, potentially delivered through the Teaching School Alliance (TSAs) within the county. This could include core and traded offers of training and CPD for schools, settings and colleges.
- Family leadership – an element of person-centred approaches- could further enhance the potential of families to be supported to promote wider outcomes including employment pathways for young people with additional needs and behaviour which challenges.
- Useful work could be done with primary schools to reduce out of LA placements, which could include working with the independent SEMH provider to develop support within mainstream schools for children and young people.
- More work could be done with LLR to develop a more active role of commissioners within the implementation of the EHC pathway and Panel, and to consider how LLR can better reach families in need within their own localities, including a more inclusive service coverage of Rutland and better communication with GPs
- We suggest promoting and increasing the uptake of personal health budgets to improve outcomes for children and young people with particularly complex needs. A learning network is free to join:
<http://www.personalhealthbudgets.england.nhs.uk/index.cfm>
- Developing a shared understanding of the potential use of education Personal Budgets within the EHC Pathway, could support more local commissioning of services.