Commissioning in Nottinghamshire to meet the needs of people with behaviours which challenge services

Introduction

This strategy is a local document, written in response to the Department of Health's Winterbourne Concordat and sets out the key aims and objectives for working across health and social care to deliver services in the community to people with a learning disability or autism who have challenging behaviour and/or mental health issues. It also maps current provision and makes recommendations for further work to improve current services and identify gaps in service. Each year the strategy will be reviewed to ensure it reflects the needs identified within Nottinghamshire and an annual action plan will be drawn up to prioritise and address the areas outlined in the strategy.

1) Background

Valuing People 2001 was based on the core principles of rights, independence, choice and inclusion. The 2009 update, Valuing People now, reiterated this should be for all people with a learning disability, including those with profound and multiple disabilities or those whose behaviour services find challenging.

Mansell Report 2007 – Championed the development of local services to meet the needs of people with challenging behaviours to avoid out of area placements being made.

Winterbourne 2012 - The report following the Panorama exposure of the appalling treatment of individuals in one learning disability secure hospital gave a clear instruction that people should not be left in secure hospitals because there were no other services for them and that areas needed to develop appropriate local community services.

Ordinary life – this is a principle which has been around since the 1980s and influenced Valuing People. These values have been restated in the United Nations Convention on the Rights of Persons with Disabilities (ratified by the U.K. in 2009), especially Article 19 Living Independently and Being Included in the Community.

'State Parties….recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community'

The convention identifies three building blocks to advance this principle:

- Self- determination: 'I can say what matters to me and how I want to live'.
- Personalised support: 'I get the assistance I need to live as I want'.
- Inclusion: 'I'm included in my community and benefit from its services'.

2) Purpose

The purpose of this strategy is to identify the needs, current provision and changes which need to be made to ensure Nottinghamshire can support people with learning disabilities and/or autism with behaviours which services find challenging within the local community.

3) Outcomes

- More people with learning disability being supported to live at home.
- Fewer people developing behaviour that challenge and those who do being kept safe in their communities.
- Fewer people being admitted to secure hospitals.
- Any hospital stays kept as short as possible.
- Any hospital stays being as close to the individual's home and support networks as possible.

4) Principles

The Department will:

- work in partnership with individuals and their families to develop person centred solutions
- work in partnership across health and social care commissioners to develop local, community based housing and support solutions with appropriate clinical and care management support
- work in partnership with clinicians, care mangers and providers to ensure expertise is shared
- ensure appropriate risk assessments are undertaken and strategies put in place to manage risk, whilst promoting a culture of positive risk taking
- develop cost effective services which promote individuals independence
- develop a 'no blame' culture – so we can learn from mistakes and share good practice going forward. We will develop an evidence base by tracking the support of individuals, what has worked and not worked. This involves developing an outcomes framework and a costing analysis
- ensure a shared commitment to achieving outcomes based on "ordinary life" principles.

5) What is Challenging Behaviour?

The Challenging Behaviour Foundation have adopted Emerson's definition of challenging behaviour:

"Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities."(1).

The term "challenging behaviour" has been used to refer to the "difficult" or "problem" behaviours which may be shown by children or adults with a learning disability including:

- aggression (e.g. hitting)
- self-injury (e.g. head banging)
- destruction (e.g. throwing objects)
- other behaviours (e.g. running away).

Challenging behaviour can occur for a number of reasons and is likely to be a response from a person who is unable to make themselves heard in any other way. This can be due to factors such as mental ill health or physical or emotional pain, coupled with communication difficulties. This can be exacerbated or even caused by things such as poor support, lack of understanding from carers/support staff, over or under stimulating environments, physical illness and pain.

Poor support can mean individuals develop challenging behaviour. Getting the right support in the right environment is therefore key to reducing challenging behaviour and ensuring a better quality of life for the individuals.

6) What does 'good' look like?

In practice a local service would include:

- a range of small-scale housing, work, education and other day placements into which markedly different levels of staff support could be provided on the basis of individual need at a particular time

- sufficiently skilled workforce to reduce the probability of challenging behaviour emerging or worsening throughout the service, and to provide a pool of sufficient skill to help services work through difficult periods

- skilled professional advice from a full range of specialists, working in a coordinated and genuinely multi-disciplinary way, and backed-up by good access to generic services (including mental health services)

- services providing a range of meaningful therapeutic activities to enable individuals to establish fulfilled lives and contribute to preventing challenging behaviours

- management commitment to, and focus on, service quality and the staff training and support to achieve this.

7) Prevalence and people known to health and social care

As the definition of 'challenging behaviour' is not exact and can apply to individuals in some settings but not in others, due to the changes in their environment or the way their behaviour is managed, it is difficult to pin down the exact number of people with a learning disability whom services find challenging. However, national Projecting Adult Needs and Service Information (PANSI) estimates that approximately 15,000 people aged 18-64 living in the UK with a learning disability have challenging behaviour.

Applying these prevalence rates to Nottinghamshire PANSI estimate there are about 218 individuals with challenging behaviour currently living in the county. This is not a group of people which are specifically identified and data collated on within either children's or adults' social care, but rather individuals are known to services.

Currently there are nearly 100 people from Nottinghamshire living in residential care out of county of, which 20, are considered to have behaviour services find challenging. Seven of those 20 are on the autistic spectrum, with or without a learning disability. While there are various reasons for people being placed out of county, including people moving to be nearer family, six people with behaviour services find challenging were primarily placed out of area because there was no suitable service in Nottinghamshire, with two more staying out of area following a school placement.

As at the end of March 2014 there were 58 people with a learning disability and/or Autism for whom Nottinghamshire has commissioning responsibility in in-patient setting as a result of mental ill health and/or challenging behaviour. Some of these individuals have been in hospital for ten years plus because they were considered too challenging to return to the community, some of whom were placed out of county and away from their families as children. However, where people are not in hospital for assessment or treatment, it is no longer considered acceptable that they should live in hospital.

As part of the Winterbourne work, all those in secure hospitals including Assessment and treatment Unit (ATU) were reviewed in early 2013 and 28 people were identified as able to leave hospital within the next 12-18 months. However, seven people have since been reclassified due to them being on section 37/41 (home office restriction) or to deterioration in their mental health status. Therefore, 21 people have moved by June 2014. Some of those have already moved out and work is on-going to secure appropriate supported living or residential accommodation for the remainder.

8) Future demand

There is, according to PANSI (Projecting Adult Needs and Service Information) expected to be a very small increase in numbers of people with behaviour services find challenging over the next 15 years (approximately 3.7% or 8 people). However, local information on children coming through transitions, together with a lower mortality rate would suggest that this number may increase slightly more by about 2 people a year.

A large number of people with social care and health needs move to Nottinghamshire due to the high levels of residential care and supported living services available. Due to responsible commissioner rules for health, this confirms that as soon as someone registers with a GP in Nottinghamshire, funding responsibility passes to Nottinghamshire/Bassetlaw CCGs. For social care it is about ordinary residence so Nottinghamshire does not become responsible for people living in registered care unless they have previously been put on a section 3 (other than for safeguarding concerns) whilst living in Nottinghamshire. This means social care would then become responsible for their aftercare funding wherever they choose to live in future. There have been seven cases identified in the last year where Nottinghamshire will become responsible funders upon discharge from hospital.

There were five new admissions to locked rehab or secure hospitals in 2013/14. Some of these individuals were in community services or residential care already, others lived with family carers.
In Nottinghamshire we are aiming to ensure that people go to secure hospital only if they need treatment or rehabilitation which cannot be delivered in the community. Once treatment has finished then people should be supported to leave hospital and to complete their rehabilitation within a community setting.

Therefore over the next two years (2014-2016) we are likely to need services in Nottinghamshire for about 20 more people with challenging behaviours and then on-going three-to-five new places a year, although many individuals who have been within services prior to any hospital admission will need more robust placements to allow them to be maintained within the community and prevent future admissions.

9) Prevention

Within the context of challenging behaviour, prevention falls into two categories, the prevention of the challenging behaviour in the first place and, where this is not possible, the management of people within the community in a manner as to minimise the impact on the individual, people they live with and/or are supported by and members of the public and so reduce the incidents of hospital admission.

Prevention of challenging behaviour

The right environment and the right support can go a long way towards minimising challenging behaviour.

A multidisciplinary approach to supporting people with challenging behaviours is essential with health clinicians, care managers families and support providers working to support each other as well as the individual.

Staff who are skilled in communication and least restrictive approaches, operate in a person centred way and understand and work to positive behavioural support strategies are key.

Properties which allow people space; somewhere they can be on their own if they need to, and often with a good outdoor area will help.

Prevention of hospital admission

- Developing services so that community health resource is available to offer timely therapeutic interventions and medication to a person in their own home rather than admitting them to hospital.
- Ensuring appropriate housing so that the impact of challenging behaviour on others is reduced.
- Ensuring high quality, well trained staff who are appropriately supported to manage behaviours that challenge
- Providing flexible services to meet the different needs of individuals.

While it is the aim to reduce the number of people admitted to hospital, there are times when it is appropriate to do so – the Royal College of Psychiatrists (2) state

"Treatment for 'challenging behaviour' does not necessarily require an in-patient setting. Indeed, the therapeutic approach to it has been well described and emphasises the use of the least restrictive community resource wherever possible (Royal College of Psychiatrists et al, 2007). In-patient admissions are required only if the risk posed by the behaviour is of such a degree that it cannot safely be managed in the community. Persistent challenging behaviour, which poses a level of risk that is unmanageable in a community setting, may be the manifestation of some other underlying mental health difficulty that requires careful assessment and treatment in the safe setting of an in-patient resource. Equally, there may be many people with a learning disability who require an in-patient admission for further assessment, diagnosis and treatment of mental disorders that do not necessarily present with challenging behaviour. Indeed, admission to a specialist unit can sometimes be appropriate and beneficial early on in the care pathway, rather than as a last resort. Suffice to say that the purpose of admitting a person with a learning disability to a specialist in-patient setting is not merely because that person has 'challenging behaviour'."

Triggers

There are a multitude of potential causes for people with challenging behaviour which are likely to include social/environmental, biological and psychological factors which interact together. The severity of the learning disability is not usually a factor but the presence of Autism or mental health conditions with a learning disability is more common. Communication difficulties significantly increase the likelihood of challenging behaviour as do factors relating to deprivation, neglect and abuse.

10) Funding

What do we have now?

Currently funding for people with behaviours services find challenging is in a variety of different health and social care budgets.

The Clinical Commissioning Groups fund individuals in hospital settings, whilst secure services are commissioned and funded by NHS England Specialised Commissioning.

When individuals return to the community, it is usually under a section 117 order which means that they cannot be charged for their support or care. Funding is then provided by social Care from the Community Care Social Budget (CCSB) or through a form of Continuing Healthcare (CHC) called section 117 funding, depending on the assessed needs of the individual.

Where there has been no section 3, i.e. either a voluntary admission to hospital or where challenging behaviour has been managed within the community, then funding can be from either CCSB or CHC or a mixture of the two depending on the outcome of a Decision Support Tool which looks at the levels of health and social care need.

A pooled budget is being developed between health and social care to meet the needs of people when in hospital and when they are discharged into the community under a section 117.

What are the difficulties?

- Funding tied up in contracts.

- Clinical Commissioning Groups block fund Nottinghamshire NHS Trust to provide Treatment and Assessment and locked rehabilitation services within Nottinghamshire. This funding therefore cannot follow the patient.

- NHS England also have a block funding arrangement which means funding from people in secure hospitals cannot be released back to Nottinghamshire Delays in agreeing who should be funding – uncertainty as to the future funding levels.

- Different commissioning leads depending on where the funding is coming from can mean a lack of cohesion in market development.

- Quality monitoring and care co-ordination of patients that are 100% funded by health (through Continuing Care arrangements) in the community. Quality monitoring of patients that are either fully or partially funded by the LA is carried out by the Local Authority but this is withdrawn if the person is funded solely by Health. There are currently no robust arrangements in place to ensure monitoring takes place for these patients although they are likely to have more complex needs.

What do we need to do about it?

Reduce out of area placements for locked rehab services and utilising the NHS Trust block contracts effectively.

Raise issues regionally and nationally about the difficulties of the block funding from NHS England

Develop the pooled budget arrangements between health and social care

Shared understanding of what we are trying to achieve in the market regarding quality, price and choice as laid out in the principles section of this strategy.

Work proactively with providers, users and carers to set goals around promoting independence and positive risk taking but accept this could be a long term outcome and initial packages may be high cost.

Work with providers to develop flexible packages of care so that needs that vary over time can be catered for without delay.

11) Transitions

What do we have now?

Education, Health and Care Hub – Where there are indications of significant need young people are referred to the Hub to see if they are eligible for an Education, Health and Care plan (EHC). This will look at needs up until the age of 25 and enable commissioners to more accurately identify what services will be required in the future and plan for a smoother transition across all statutory services.

Information detailing the local offer will play a key role in providing alternative or complimentary support to statutory services.

Transitions team – this team is based in Adult Social Care and engages with young people aged 14+ who are likely to be eligible for adult social care services. Primarily this is young people with learning disabilities or physical disabilities. The transitions worker gets involved in the young persons' review and helps to plan for services after the age of 18.

Concerning Behaviours pathway – this pathway, devised in partnership by Health, Social Care, Education and parent carers in Nottinghamshire aims to ensure that young people under the age of 18 whose behaviour causes concern, either due to them challenging services or displaying other behaviours which may indicate a developmental disorder or mental health issue are recognised and assisted early on. In some case this may lead to a referral for diagnosis for Autism or Attention Deficit Hyperactivity Disorder, in other cases it may be low level parenting interventions or support groups.

<u>What are the difficulties?</u>

The Concerning Behaviours pathway and the Education Health & Care Plan (EHC) hub are in early stages so it is not yet know what the impact will be on ensuring a smooth transition for people moving from childhood to adulthood.

The transition service works well for individuals who are clearly going to have needs around learning or physical disability eligible for adult services however, as the service is social care only, there is not the same level of planning for health transition and as eligibility criteria for continuing health care changes between adults and children's services this can lead to delays in agreeing services.

Existing transition services are not meeting the needs of people with less clearly defined needs, e.g. low level learning disabilities, mental health issues or high functioning autism which can lead to an unclear transition or people being referred to adult services at a later date where prevention work may have avoided this.

Where children are placed out of area, this can also impact on the transition planning as it is more difficult to get to know people and service users and carers often want to stay with the provider they know, making it challenging to bring people back locally.

What do we need to do about it?

I. Monitor the impact and effectiveness of the behaviours which concern pathway and the commissioning hub in preventing individuals needing higher levels of health or social care services or hospital admission.

II. Ensure the pathway is used for early identification of individuals who may not meet adult social care criteria due to the low level of their learning disability but have other factors which may make them at risk of future hospital admission e.g. a combination of one or more of the following factors:

- mental health issues
- offending behaviour
- inappropriate sexual behaviour
- having suffered abuse or neglect
- autism (including Asperger's)
- having emotional difficulties

III. Map pathway of all service users known to have challenging behaviour to see if they were known in children's services and if they had a transition to adult services to identify if there is a need for more targeted prevention work.

IV. Identify gaps in service to meet the needs of these individuals before and after the age of 18.

V. Ensure better joined up transitions processes through health, social care and education, considering further the potential use of integrated teams and pooled budgets.

VI. Work closely with children's to help prevent out of area placements, wherever possible but ensuring there is a pathway for the person to return to Nottinghamshire.

12) Accommodation

What do we have now?

- A range of residential places and supported living options throughout Nottinghamshire.

- Capital funding to part fund up to 60 supported living properties, some of which will be for people with challenging behaviour.

- A pilot six bed step down property, currently residential care with supported living staff working alongside the residential staff to provide continuity of care when people move onto supported living.

What are the difficulties?

- Ensuring appropriate accommodation alongside appropriate support for people with challenging behaviour needing residential care.

- Insufficient good quality housing in self-contained properties offering the ability to deliver cost effective support.

- Insufficient supported living properties available when required – new developments can take one-to-two years to complete.

What do we need to do about it?

- Continue to work with housing partners to develop a range of appropriate accommodation for people with challenging behaviour throughout Nottinghamshire.

- Introduce a basic training, skills and knowledge requirement for residential care providers who state they can work with people with challenging behaviour.

- Review the effectiveness of the step down facility during the two year pilot and consider whether this type of facility could also be used as a 'step up' to avoid hospital admission and whether there is a need for more units.

13) Support Provider Development

What do we have now?

- A number of providers in both the supported living and residential sectors who are able to work with people with challenging behaviour.

- The development of Supported Living Plus where a premium rate is paid to providers – this is intended to be used to recruit more experienced staff and provide higher levels of management and behavioural support.

What are the difficulties?

- Residential care – inconsistent quality with appropriate properties and skilled staff not always coinciding. Providers who state they can work with people with challenging behaviour but no real test of this.

- Supported Living Plus – some difficulties in marrying service user choice and control with the management of behaviours which challenge.

- Limited provision for people with dual diagnosis or high level forensic history.

- Lack of expertise/appropriate placements for people with autism within supported living settings.

- Deprivation of Liberty Safeguards and the time and cost of taking these cases through the court of protection for supported living.

- Some providers are not engaging with NHS Trust staff around emergency and clinical support well.

What do we need to do about it?

- Agreed minimum training standards for all staff working in services with people with challenging behaviour.

- Closer analysis of what works and what does not work and sharing of good practice.

- Stronger partnership working between clinical staff, social care staff and providers.

- Joint training/workshop events between clinical staff, providers and social care, carers and users to ensure shared understanding of 'ordinary life' principles within the context of challenging behaviour.

- Ensure the on-going development of a range of providers who can offer different accommodation to this service user group

- Include the requirement for providers to work with people with challenging behaviours including those with dual diagnosis and/or forensic histories in Care Support and Enablement tender with clear specification.

14) Carer support

What do we have now?

While services primarily for the service user, even where this also benefits the carer, are offered following an assessment of need and an allocation of resources. This is then given to the individual as a personal budget which can either be managed by the Council or given as a direct payment for the service user and their carer to purchase services directly.

Carer assessments are undertaken to look at needs of the carer which may result in a small personal budget for the carer. However, respite services, considered to be primarily related to the needs of the carer, even if the service user also benefits, are not currently part of the personal budget and allocation is a little ad hoc.

There is also an NHS carers break fund which can be used to purchase a residential care break or homecare, eligibility for this also depends on a local authority carers assessment.

A new process is being developed to link the carers needs to the service user's needs to come up with an allocation of funding for short breaks. This will then be included in the personal budget and will be able to be taken as a direct payment so carers and service users can spend the money on alternative goods or services to meet their outcomes.

Services available which could offer a break/support to carers of people with behaviours services find challenging

- Outreach and Homecare services that can work with people in their own homes, and therefore also provide a break to the carer.

- NHS day services providing additional support for people who challenge services or have specific health needs, they can also offer support to carers in how to manage behaviours when the person is at home.

- Two providers offering autism specialist day services.

- Four in-house respite services, one NHS day service.

- Two other providers currently offering respite services to people who can be challenging.

- Community Assessment and Treatment Team – can offer support by working alongside carers to manage behaviours.
- Carer support groups – a range of groups with and without health or social care input around the county.

What are the difficulties?

- Some people who may not be eligible for social care services and therefore the carer is unlikely to have had an assessment – if the needs of the individual escalate it may reach crisis before either health or social care are involved.

- People may struggle to access carer support groups if they are not receiving respite services.

- Reduction in in-house and NHS respite services planned

What do we need to do about it?

- Through mapping of pathways of people being sectioned, analyse the levels of health or social care support going in and at what stage leading up to the section and try and identify high risk or trigger points for carers earlier.

- Ensure allocation of in-house services responds to the needs of people with the most challenging behaviours and that alternatives are also developed.

15) Health Community Resource

What do we have now? –

- 2 Community Assessment and Treatment teams (CAAT) covering North and South of the county
- Psychiatry
- Psychology
- Speech and Language Therapy (SALT)
- Occupational Therapy
- Nursing
- Physiotherapy
- Specialist Epilepsy nurse

What are the difficulties?

- Challenges for the current workforce to meet the increases in demand.

- Identifying likely increase in need for all clinical support as part of the on-going prevention agenda as well as those coming back to the community from hospital.
- Support providers with in-house services joint working with NHS community resources meaning lack of clarity between support providers and clinical staff as to roles and responsibilities.

- Lack of resource within mental health services around autism (Asperger's) – much of the resource above is within learning disability services and therefore people with autism but no learning disability do not have access.

What do we need to do about it?

- Work with current provider to demonstrate the level of need and how this can best be commissioned for.

- Share knowledge from learning disability services relating to Autism.

- Develop SALT, Psychology and occupational therapy resource for people with Asperger's.

- Work with providers and clinical staff to provide clarity of roles and responsibilities and to develop clear guidance around when providers should be liaising with NHS clinical staff – this may vary by provider depending on their in-house arrangements.

- Analyse the potential costs and benefits of developing the role of the CAAT team to enable 24/7 response and ability to do more work alongside providers – stepping in to cover shifts where mental health or behaviours are deteriorating.

16) Social Care Community Resource

- 7 Community Learning Disability team – one in each district.
- 1 County Wide Asperger's Team
- 1 County Wide Transitions Team
- 4 Community Mental Health Teams
- 1 Transformation Team

What are the difficulties?

- Challenges for the current workforce to meet the increases in demand

What do we need to do about it?

- On-going strategic planning to deliver more joined up working between health, social care and providers

- Better discharge planning and needs mapping to ensure pressure points are identified early.

- A project manager post has been agreed until March 2015 to co-ordinate work around the strategy and to ensure appropriate service provision going forward.

17) Advocacy

What do we have now?

- For people living within Nottinghamshire they have access to the jointly commissioned advocacy provider who offers both independent mental capacity advocacy (IMCA) and general advocacy.

- For people placed out of area Independent Advocacy is a service requirement within the service provider's contract.

- All service users moving from hospital into the community have had advocacy support available to them.

What are the difficulties?

- The Department has no specific evidence to identify whether the services are appropriately meeting the needs of people with challenging behaviours as monitoring information does not specifically identify this service user group.

What do we need to do about it?

- Undertake a review of the advocacy which is available and has been provided to people in hospital and people with challenging behaviours living into the community to ensure the provision is appropriately meeting needs.

18) Workforce Development (health, social care and providers) – training re challenging behaviours, adult social care (ASC) and dual diagnosis.

What do we have now?

- Training is undertaken by each organisation according to the needs identified.

What are the difficulties?

- Different organisations may take different approaches to managing behaviour which challenges. This can lead to inconsistent behavioural support which is confusing to the service user.

- No measure to ensure that there is a consistent approach to training

- Knowledge of Autism within the mental health sector is low.

What do we need to do about it?

- The current tender for care, support and enablement services includes a minimum training requirement for people working with service users whose behaviour services find challenging and those with learning disabilities and/or Autism. This needs to be rolled out to care homes and existing support providers.

- Following an audit of current training approaches within health and social care, develop a joint training plan, incorporating shared training to ensure similar approaches are undertaken.

- Develop higher level expertise around ASC within mental health services.

19) Assessment & Treatment Units (ATU) and Secure Hospitals

What do we have now?

- 18 bed ATU.

- One 8 bed Male only locked rehab service run by the NHS Trust.

- A number of private locked rehab services for males and females.

- One high secure hospital.

- Current use of additional out of area locked rehab and secure provision.

What are the difficulties?

- People are still being sent out of area to locked rehab or secure hospitals.

- Too many people are still being admitted to hospital because they cannot stay where they are due to the impact of their behaviour on others.

- People who have stayed in hospital too long i.e. when they are no longer being treated.

- It is not usual practice for patients to be funded in hospital through Continuing Care but this does sometimes happen, particularly in Bassetlaw. There are no consistent quality monitoring arrangements in place for these patients.

What do we need to do about it?

- Ensure sufficient high quality locked rehab and low secure in Nottinghamshire to meet demand.

- Work with providers and neighbouring authorities to try and ensure we all place as close to home as possible.

- Develop step up/down provision both registered and supported living as an alternative to hospital where the issue is about not being able to remain where they are rather than them specifically needing hospital services.

- Ensure a regular review of every person in hospital is carried out by health and social care in partnership with the individual and family members and the provider to enable good discharge planning.

- Develop standard process for discharge planning to ensure all requirements are appropriately considered and available when required.

Conclusion

- There is a range of service available to meet the needs of people in Nottinghamshire whose behaviour services find challenging.

- Partners in Nottinghamshire are committed to working together to ensure the continued delivery of person centred approaches to housing and support to ensure the Department is up to the challenge of increasing the number of people whose behaviour services find challenging living within the community and reducing the need for, or length of time spent in, secure hospital settings.

- This is a living document and will be updated annually to reflect progress, new developments and take into account new information.

- An action plan will be developed each year to address some of the key issues identified in the strategy which will be widely consulted on.

Bibliography

(1)Emerson, 1995, cited in Emerson, E (2001, 2nd edition): Challenging Behaviour: Analysis and intervention in people with learning disabilities. Cambridge University Press

(2) People with learning disability and mental health, behavioural or forensic problems: the role of in-patient services Faculty Report FR/ID/03; July 2013 Royal College of Psychiatrists'; Faculty of Psychiatry of Intellectual Disability