the Foundation for People with Learning Disabilities

Updates

VOLUME 5 ISSUE 16

Reviewing Community Learning Disability Teams

SUMMARY

The Governments' white paper, *Valuing People*, required each Learning Disability Partnership Board to review the role and function of its community teams. This *Update* summarises the findings of a detailed evaluation of community teams undertaken in one area of the country and the Foundation for People with Learning Disabilities' contribution to 20 local reviews. Community teams have struggled to meet the challenges set by *Valuing People* and to work in ways suggested by people with learning disabilities and their families. However, the work has also provided some learning about what can help teams to change.

BACKGROUND

Guidance on the implementation of *Valuing People* required Partnership Boards to review both the role and function of community learning disability teams (HSC; 2001), so that:

- Professional staff become accountable for the outcome of their work to the local partnership - whilst ensuring appropriate professional accountabilities and support.
- Professional staff become a resource to help achieve social inclusion for people with learning disabilities.
- Organisational structures encourage and promote inclusive working with partners from housing, education, primary care, employment and leisure.

Partnership Boards were reminded of the value of multi-disciplinary specialist services; however, the role of professionals would change, with greater emphasis on working with and through others in addition to direct work with individuals. Subsequent advice and guidance set out some implications for practitioners:

- Reviewing care management arrangements in the light of person-centred planning
- Developing the health facilitator role and health action planning
- Addressing the issues of 'named person' service coordination and of working with partners to help young people through transition to adulthood.

THE RESEARCH

Much of the work for the evaluation and the reviews focused on gathering the views of people concerned with the work of community teams, asking some fundamental questions:

- What do they (especially people with learning disabilities) understand by the concept of teamwork? And why people work together?
- How do professionals currently work together to support people with learning disabilities?
- What works well and what does not work well?
- What do people know about the role, function and structure of community teams?

The review timetable came too early for some authorities without the strategic vision and cross-agency commitment necessary to set it in a robust context. Neither did they have experience of person-centred planning to illustrate the kinds of support people and their families want, or the impact this might have upon professional practice (though some were changing their practice to develop health facilitation). Many reviews therefore focused more on marginal improvements or structural change than on radical shifts in role and function.

The detailed evaluation followed the merger of two specialist health trusts resulting in three identifiable team models within the one area:

- *Jointly managed* health and social services teams
- *Co-located* health and social services teams sharing a work base and administrative services, with parallel management structures
- *Independent* health and social services teams with separate office bases and lines of management.

THE FINDINGS

The evaluation found that no one organisational structure produced better outcomes, although co-location and single management structures could stimulate effective and efficient multi-disciplinary working. More important than structure was the lack of a clear sense of purpose. Family carers and people with learning disabilities felt that all of the teams were characterised by poor coordination between professionals and between the services they used. They suggested that a coherent planning structure would be based on the principles of person-centred planning, which would imply a broader concept of 'team'.

During subsequent team reviews, people with learning disabilities and their families articulated clear and consistent messages about wanting:

- One place to go for help, with a real person to talk to, not just a telephone messaging service.
- One person to act as a contact and coordinator of support, someone they can get to know and trust; a 'guide' through the system.
- Knowledgeable people – who know what's available locally and can put them in touch with the right people.
- Access to workers with special skills who can work with and back-up the people supporting individuals day-to-day.
- A service that is responsive to people in crisis.

- A single assessment and planning process so that they do not have to repeat their stories to different professionals.

This account contrasted with that of community team members, their managers and clinical leaders. Their priorities were a desire to retain a specialist learning disability role, clarifying the relationship between day-to-day line management and clinical supervision, uncertainty about the integration of health and social care services, and diminishing job satisfaction coupled with 'burn-out' amongst staff during a sustained period of change.

Community team members in many areas, but especially health professionals, felt detached from the development of national and local strategies for learning disability services. *Valuing People* had not been translated into a new vision for their professional practice nor engaged them in change. The reviews most likely to do so were being undertaken as part of a larger process of developing local partnership working.

Teams were still perceived, and saw themselves, as comprising specialist health service professionals and social workers/care managers. Wider links to other stakeholders generally resulted from individual initiatives rather than any systematic broadening of influence; the exception was the link with mainstream health that many nurses were developing.

Community teams were consistently surprised at how little people knew about them, despite efforts to provide information. While people with learning disabilities could name individual team members, they did not always understand roles and team affiliations; they were more likely to know the team's base and the team manager. This was not due to a lack of understanding of how and why people work together. They demonstrated a keen awareness of the benefits of people with different skills coming together to help them. Family carers generally had a better understanding of the role and function of community teams, but they too struggled to say how this was manifested locally.

Some so-called teams are in fact separate professions, who may share premises and meet together, but practice separately. The purpose of these 'teams' is often allocations and case conferences rather than service development. It was not clear whether professional supervision reinforced such silos – or whether in fact it gave professionals the confidence to change their practice. In most areas there was clearly a will to develop better joint working, but people found it hard to think afresh about their roles.

There was little sign of understanding about person-centred planning and the parts that community team members could or should play. Care managers in particular were confused about their role and how it linked with person-centred planning and with the Fair Access to Care requirement to assess risks to independence. Health professionals sometimes worked more effectively around an individual, even if they had not conceptualised this as being person-centred (in many areas this is proceeding without any connection to person-centred planning). Team members were not talking in terms of person-centred goals or outcomes and what colleagues could do to help make them a reality.

Most teams found it hard to respond to the demand from people with learning disabilities and family carers for a 'named person'. Incompatible information systems, differing eligibility criteria, separate assessment forms and confidentiality rules were all raised as barriers to teams developing joint processes that would support this.

In some areas there was not a strong strategic context or leadership for the review, so teams were unclear about the purpose and focus; sometimes the review was being driven by wider structural concerns. Joint team managers often seemed to have been appointed to 'manage the team', rather than to develop the locality service. In some areas there seemed little impetus for the review results to be acted on.

IMPLICATIONS

The building blocks for successful community teams

The work of the evaluation and reviews has indicated some necessary, but not individually sufficient, conditions to building successful community teams:

- A clear sense of purpose. What is expected of teams? What role do they have in delivering *Valuing People* locally? How do they engage and include all stakeholders in their work?
- A focus on working together rather than structures
- A commitment to joint working by partner organisations
- Opportunities for all the partners to explore their respective roles, ways of working and values
- Clear lines of accountability for the work of teams and for individual team members
- The existence of coterminous boundaries for the partner organisations
- Shared office space and support facilities for all team members
- Development of joint processes and records that can be used by all team members
- A programme of joint training
- Person-centred professional practice and an understanding of how team members can contribute to person-centred planning
- Mechanisms for quality assurance and reviewing the performance of teams.

REFERENCES

1. Department of Health Circulars HSC 2001/016 and LAC(2001)23

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