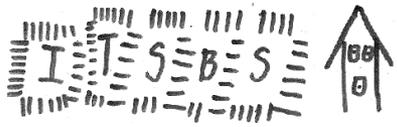


Ealing ITSBS - Preventing Residential Placements for Young People with Learning Disabilities and Challenging Behaviours: An update 10 years on

Dr Catherine Sholl, Consultant Clinical Psychologist and Team Manager
Ealing CAMHS-LD/ITSBS, ESCAN

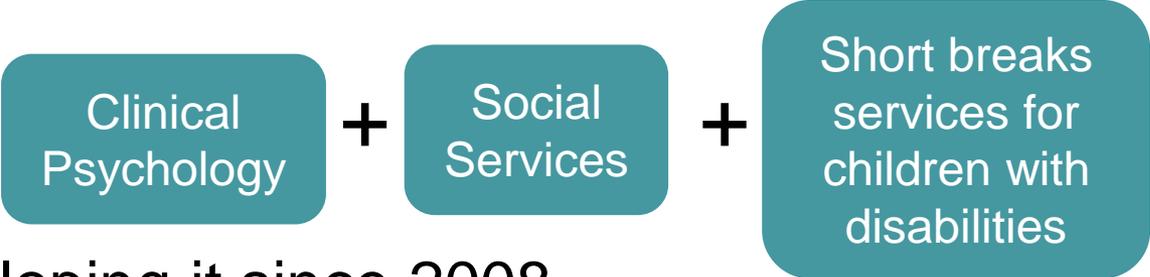
Daniel Brennan, Assistant Psychologist, Ealing ITSBS, ESCAN

Presentation to British Psychological Society Children and Young People's
Faculty Learning Disability SIG, September 2019.

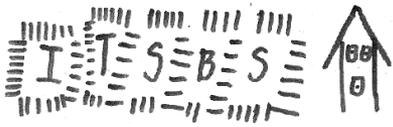


What is the Ealing ITSBS?

- Intensive **T**herapeutic and **S**hort **B**reaks **S**ervice

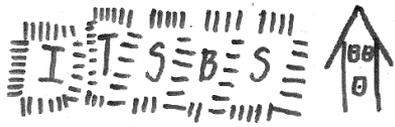
- Collaboration of 

The diagram illustrates the collaboration of three services: Clinical Psychology, Social Services, and Short breaks services for children with disabilities. These are connected by plus signs (+).
- Have been developing it since 2008.
- Aims to prevent unnecessary residential care and enable CYP with LD to remain in their family/local community.
- Based within Ealing Services for Children with Additional Needs (ESCAN) - multi-agency collaboration.
- Provides - intensive clinical psychology and social care input to the young person, family and frontline workers, including additional/intensive short breaks as needed.
- Named as a Good Practice Example (e.g. Winterbourne View Review/TCA, DoH (2012), Lenehan Review (2017), NHS long term plan)



Why prevent residential care – policy and guidance we have been influenced by

- **Valuing People: A Strategy for Learning Disability for the 21st Century** (2001), **Mansell report revised** (2007), **Aiming High for Disabled Children** (2007) .
- Once young people go into residential placements they tend to remain in them as adults. No evidence for effectiveness of residential care. (Mansell, 2007)
- Risks of residential care and Assessment and Treatment Units – **Winterbourne View documentary (2011)**
- **Transforming Care Agenda** – children and young people with LD should have access to community based care and support near their family and community. Importance of joint commissioning between health and social care.
- **NICE guidance for challenging behaviour (2015)** – importance of functional analysis and Positive Behavioural Support (PBS)
- **Lenahan & Geraghty (2017)** – 6146 children residing in 334 residential schools in UK. High costs and these children rarely return to their local community. Need to prevent through good multiagency local support.
- **NHS long term plan** – all areas to provide intensive support to children with LD to prevent hospital/residential care based on eg ‘Ealing model’.
- **Children’s Commissioner Report (2019)** – “Far less than they deserve: children with LD or Autism living in mental health hospitals.”

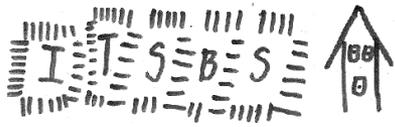


London Borough of Ealing

- Population of 342 736 (in 2017) and rising

CYP JSNA (2016):

- 3rd most populous London borough
- 25.5% population are children (higher than average).
- Approx 88 000 0-19 yr olds
- Ethnically diverse – 83.6% children in maintained schools are from minority ethnic groups
- Many children live in households where English is not a first language
- 87th (out of 326) most deprived local authority areas. Most deprived areas are Southall, Northolt and Acton.
- Estimate approximately 2600-4800 CYP with a disability
- 7619 children with SEN (14% of child population).
- Number of children with Statements/EHCPs has been steadily increasing.



Ealing Services for Children with Additional Needs

- Over 350 staff from different agencies in 1 LA building
- Health, Mental Health, Social Care and Education staff including:
 - CAMHS-LD
 - Child Development Team
 - Social Care CWDT
 - Paediatric OT
 - Paediatric SLT
 - Paediatric Physio
 - SEN
 - Educational Psychology
- Staff sit in own teams plus there a number of multi-agency projects/'virtual' teams within the building e.g. ITSBS.

Staffing overview Ealing CAMHS-LD, WL NHS Trust

CAMHS-LD Tier 3 – posts funded from the block CAMHS budget

- 0.3 wte Consultant Psychiatrist and MH and LD Lead for CAMHS
- 0.8 wte Band 8b Principal Clinical Psychologist and Team Manager
- 0.9 wte Band 8a Clinical Psychologist
- 0.6 wte Band 7 Clinical Psychologist
- 0.6 wte Band 7 Clinical Nurse Specialist – issue with long term vacancy

CAMHS-LD in Special Schools – posts funded by special schools and managed by CAMHS-LD

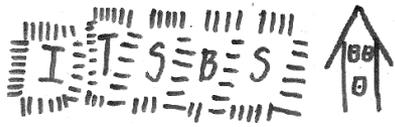
- 0.4 wte Band 7 Clinical Psychologist
- 0.4 wte Band 7 LD nurse Specialist – issue with long term vacancy

ITSBS and EIP – posts funded in London Borough of Ealing block contract and managed by CAMHS-LD

- **1.0 wte Band 8a Clinical Psychologist – ITSBS**
- **1.0 wte Band 5 Assistant Psychologist – ITSBS**
- 0.4 wte Band 7 Clinical Psychologist – EIP
- 0.4 wte Assistant Psychologist – EIP

BUILDING MY FUTURE – short term DFE grant project managed by local authority

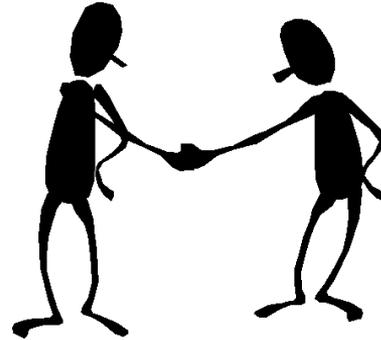
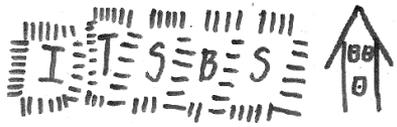
- 1.0wte Band 8b locum Clinical Psychologist
- 0.8 wte Band 8a Clinical Psychologist (job shared between two)
- 0.8wte Band 7 Clinical Psychologist



Service development

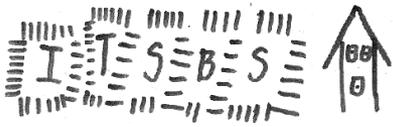
Funding

- **Pilot with 1 YP** (2008)
- **Year 1** (2009-2010): 0.5 clinical psychologist & additional short breaks as required for those receiving the service – allowed us to offer a service to 4 young people/families.
- **Year 2** (2010-2011): 0.5 clinical psychologist, 1 wte assistant psychologist, additional funding for short breaks as required for those receiving the service – aiming to offer a service to another 4-6 young people/families (and follow up those from previous year).
- **Year 3 and 4** (2011-2013): 0.8 clinical psychologist, 1 wte assistant psychologist, additional funding for short breaks as required for those receiving the service – aiming to offer a service to another 6-8 young people/families.
- **Years 5 and 6** (2013-2015): 1wte clinical psychologist, 1wte assistant psychologist, 1wte social worker, additional funding for short breaks as required for those receiving the service – aiming to offer a service to another 6-8 young people/families.
- **Year 7 onwards** (2015-present): 1 wte clinical psychologist, 1 wte assistant psychologist, all get an allocated social worker and additional funding for short breaks as required for those receiving the service – aiming to offer a service to another 6-8 young people/families per year.



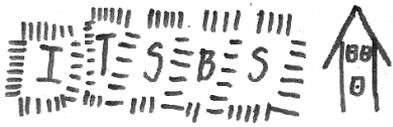
Key partners involved

- Clinical Psychologists for Children with Learning Disabilities
- LA Service Manager for Children with Disabilities
- Social Workers - Children with Disabilities Team
- Joint Assistant Directors for ESCAN
- Special Schools in Ealing
- Short breaks/respite staff from a range of services
- Other members of the multi-agency service as needed e.g. Psychiatry, Paediatricians, OT, SALT, Educational Psychology.



Who do we see?

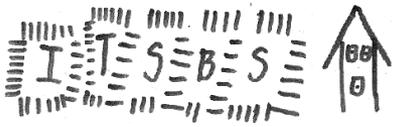
- All young people seen:
 - referred due to high levels of challenging behaviour at home and in other settings
 - Many also have mental health difficulties (eg psychosis, OCD, high anxiety levels, low mood)
 - families/other professionals were concerned about home placement breakdown imminently
- All children already accessing short break services and/or professional support
- All have allocated social worker in Ealing CWDT
- All have previously other less intensive services within ESCAN e.g. CAMHS-LD
- All have large professional and carer networks



Who have we seen? Oct 2008 – March 2019

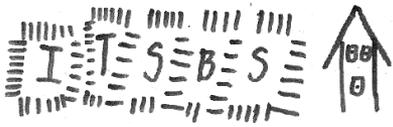
43 children/young people offered/being offered ITSBS

- 35 male, 8 female
- Age at referral – range 7yrs – 16yrs
- Range of ethnic backgrounds
- All attending special school except one
- Many had siblings (including siblings with a disability)
- Many in single parent families and families reliant on benefits
- Length of input from ITSBS has ranged from 1 year-7 years
- 3 of these young people required an admission to an ATU. All stayed about 6 months and then returned to home/local area with ITSBS support.
- 1 came following a long stay on a paediatric ward following ABI.
- 2 children were in foster care and supported by ITSBS to return home to their mums.



Overview of process

- Engaging and bringing together the network
- Extended Clinical Psychology Assessment and Formulation (first 4-8 weeks) and PBS plan developed in collaboration with whole network via Network Trainings.
- Old model was extended short break stay (up to 3 weeks). Current model is additional short breaks in the home (hours vary) for as long as required
- Intensive Clinical Psychology intervention 3-6 months minimum (plus bringing in of other agencies where needed) – work with child, parents, siblings and network
- Whole network trainings/meetings every 4-6 weeks
- Evaluation
- Follow-up Clinical Psychology support (as long as needed)



Key Components of the IT SBS Model:

Pulling the network together/network support and training

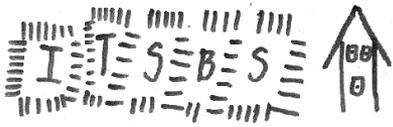
Positive Behavioural Support (PBS)

- We incorporate a Systemic approach to deliver this with the network and family (drawing out and building on strengths/resources, working on narratives about the child/family, addressing splits/relationships in the network, etc).
- Regular Network trainings and consultation – development of a shared formulation (PPPPP model) and joint PBS plan.

Therapeutic Interventions/Models with parents, child and siblings

- Attachment/trauma informed approaches – mostly with parents
- Consideration of parent mental health/previous experiences/relationship to help, and emotional support for parents
- Systemic work/Narrative Therapy
- Adapted CBT
- Parent and sibling group work where possible

Additional Short Breaks and close joint working with Social Care



Template of first network training

- **9.40-10.00** **Who is Jacob?**
 - *What do people like about Jacob?*
 - *What is Jacob good at?*
 - *What does Jacob find difficult?*
 - *What are the challenges for those who look after Jacob?*
- **10.00-10.30** **Formulation**
 - ***Predisposing Factors:*** *(things in the past that we cannot change that may pre-dispose Jacob to displaying challenging behaviour)*
 - ***Precipitating Factors:*** *(things more recently or currently that may trigger challenging behaviour)*
 - ***Perpetuating Factors:*** *(things that may contribute to maintaining challenging behaviour)*
 - ***Protective Factors*** *(The things that will help Jacob to adapt his behaviour and have a happy future)*
- **10.30-11.15** **Positive Behavioural Support Plan**
 - What have people tried already? What has helped and what hasn't helped?
 - Ecological strategies (environmental adaptations Jacob needs)
 - Proactive strategies (strategies for preventing challenging behaviour)
 - Reactive Strategies (strategies for responding to/de-escalating challenging behaviour)
 - Teaching new skills (how to help Jacob acquire new skills to reduce the need for challenging behr)
- **11.15-11.30** **Final questions, evaluation and close**

Case example - T

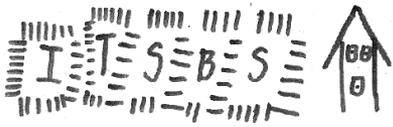
- 9 year old Black British boy with SLD, ASD and ADHD. Has 8 year old sibling with ASD.
- Previously known to CAMHS-LD and social care. Receiving direct payments and after school club.
- Re-referred as v high levels of challenging behaviour and risk, emergency services frequently called, parents struggling and requesting residential.
- What's helped – Network trainings, parent psychology sessions, sibling work, home/school visits, increased care package that family can manage flexibly, pulling in other prof's eg OT.

Case example - I

- 15yo Black British boy - ASD, LD and psychosis
- Attended an independent special school for ASD. Sectioned under the Mental Health Act and referred to ITSBS when in ATU.
- Supported by ITSBS to return to local respite service and then gradual transition home
- Liaison with psychiatry and nursing in CAMHS-LD
- Significant improvement in family relationships
- Now an adult (20yo), successfully living at home with support of local respite services

Ealing ITSBS Outcomes

- Of the 43 children seen, 6 of these children are currently in residential placements (3 of these are now adults).
- A further 3 went to residential school but then returned home.
- One whereabouts is unknown (abroad).
- 22/43 are now adults and being supported by the local adult LD service to live locally in the community. Additional 3 adults still in residential placements but plan is to move them back to Ealing to their own accommodation with specialist support now they are 18+.
- Ealing has the lowest number of children in residential care in the South East (and possibly nationally) – only 4 children with a learning disability are in residential placements.
- Significant reduction in challenging behaviour for children seen as measured on the Developmental Behavioural Checklist – Parent Version (Reid, Sholl & Gore, 2013).
- Significant reduction in parental concerns – as measured on Parents 3 concerns (Reid, Sholl & Gore, 2013).
- Positive feedback from families and networks receiving the service and from social care.



Ealing ITSBS Outcomes - Parent Quotes

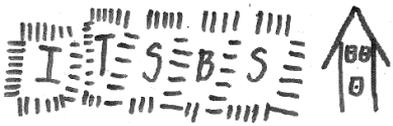
“It has helped me to find positive solutions to my child’s problems...and made me look at my son’s problems in a different way. I no longer feel at the mercy of his temper and he doesn’t feel the need to lash out because he knows I’m on his side and I’m trying my best to understand him.”

“The way the psychologist looked into every aspect of our child’s difficulties and worked out plans to help with each one, and getting other agencies involved e.g. short breaks, OT and SLT. She was very pro-active in helping us e.g. doing home visits and going out in the community with our child.”

“I used to cry every day and dread Joseph coming home, but now I cry less and sometimes even miss Joseph when he is out, and look forward to him coming home.”

Outcomes - Lenehan Review

- The results achieved by Ealing ITSBS are “exceptional, with research showing improved outcomes for children and their families, as well as substantial savings for the local authority, by avoiding the need for residential placements.”



Outcomes - Financial Impact

- Approx cost of out-of-borough residential placement = minimum £350,000 per year.
- ITSBS costs significantly less than this!
- Collaboration with London School of Economics to complete an economic evaluation indicated even when you account for additional costs of children remaining locally, Ealing ITSBS is significantly cheaper than placing children in residential schools (Iemmi et al, 2016)



THE LONDON SCHOOL
OF ECONOMICS AND
POLITICAL SCIENCE ■

What works well about the ITSBS model

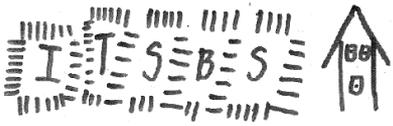
- Strong culture of multi-agency working and co-location.
- Commitment from all key stakeholders, esp managers. A management/organisation culture that supports this work and is willing to fund the right support/make decisions for these CYP quickly and flexibly.
- Clinical work being led by clinical psychology and social care is a +++
- Collaborative and systemic approach to PBS – focus on system vs pathologising child. Lots of support for the parents.
- Intensive input initially to build relationship and get practical things in place (eg respite, stuck issues, make settings safe, PBS plan etc)
- Combination of PBS for network and therapeutic (clinical psychology) work with family members.
- Access to short breaks/carer support – hoping to increase menu of this.
- Connection to a CAMHS-LD team for support, training, sharing out the work, training/recruitment and for step up/step down model.
- Good outcomes for many young people and positive feedback from families and other agencies.
- Cost effective alternative to residential care.

Challenges

- Workload – managing crises, risk, and a large network.
- Weaning some people off intensive support/being supportive while not making people overly dependent/empowering parents.
- Having to advocate lots re stuck issues eg transport, education, etc.
- Meeting the needs of all family members and the network.
- Some cases – parent capacity issues – parent LD or mental health issues or attachment/relationship difficulties
- Other social issues eg housing, poverty, DV, social isolation.
- Finding good carers. Having to work with multiple care agencies.
- Carer turnover and school placement breakdown.
- Purely social care funded – the CCG should be putting funding into this too in our view. Lack of psychiatry and nurse time.
- Stuck cases and when to stop trying to prevent residential. Can preventing this lead to harm sometimes (for child or family?) When do you stop trying to prevent care for a child?
- Recruitment into CAMHS-LD nurse post.
- What would we add? More psychology time, more social care time, psychiatry, nursing, OT, SaLT, in house outreach carers, youth workers...

Key Publications

- Reid, Sholl & Gore (2013). Seeking to prevent residential care for young people with intellectual disabilities and challenging behaviour: examples and early outcomes from the Ealing ITSBS. *Tizard Learning Disability Review*, 18(4), pp. 171-178.
- Sholl, Reid & Udwin (2014). Preventing residential care for young people with intellectual disabilities and challenging behaviour: The development of the Ealing Intensive Therapeutic and Short Breaks Service. *Association for Child & Adolescent Mental Health Occasional Paper on ID and Challenging Behaviour*, 32, pp. 15-25
- Lemmi V., Knapp M., Reid C., Sholl C., Ferdinand M., Buescher and Trachtenberg M. (2016) *Positive behavioural support for children and adolescents with learning disabilities and behaviour that challenge: an initial exploration of service use and costs*. *Tizard Learning Disability Review* Vol. 21 No. 4 2016, pp. 169-180
- [Dilks-Hopper](#), H., [Jacobs](#), C., [Sholl](#), C., [Falconer](#), C. & [Gore](#), N. (2019) "The Ealing Intensive Therapeutic and Short Breaks Service: an update five years on", *Tizard Learning Disability Review*, Vol. 24 Issue: 2, pp.56-63



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