



Using best evidence in social work with adults with learning disabilities

BASW and the National Institute for Health Research (NIHR)

BASW Professional Practice Webinar Series

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“Better health and care for all”
**A review of NIHR research on health
and social care services for people
with learning disabilities**

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Themed Review

Better health and care for all
Health and care services for people with learning disabilities

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Why the report is important



- **Government policy for decades has sought to improve health and social care services for people with learning disabilities.**
- **NICE guidance and policy changes are seldom underpinned by research evidence, because there are few high quality studies.**

Why is this report important for social work practice?

- People with learning disabilities die around 20 years earlier than others, often of preventable/ and manageable disorders.
- Co-morbidities are often overlooked and illness undetected by “diagnostic over shadowing”.
- They experience many inequalities in health, social care as well as education, employment, justice, civic participation- fundamental to human rights.
- Those whose behaviour challenges are too often over medicated and activities restricted.
- Decades of Government policy has aimed to improve public services for people with learning disabilities.

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Policy Context

- Numerous scandals and inquiries in the UK have informed policies, including the on going LeDeR audits (in England) continue to find great variation in service delivery and practice.
- Valuing People (2001)/Valuing People Now (2009), Building the Right Support and The NHS Long Term Plan enshrine principles to *personalize services* to enable people to live full and independent lives within their community (and reduce in patient beds).
- *Service integration* across health and social care includes pooling of budgets and personal budgets, but austerity has reduced provision.
- NHS Long Term plan supports these principles, and sets new aspirations.

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NHS Long Term plan- topics in this report

- *Health checks* for 14 years plus -up from 50% to 75% per annum
- Healthy lifestyle services - *reasonable adjustments* and active support or adaptation
- Healthcare services identifying people by *digital flags/adapting-reasonable adjustments*
- *Personalised* care for all-including for those with very complex needs/ and behaviour that challenges

1. Identifying health needs- findings from 3 studies

- More LD health checks are recorded when GPs are incentivized, they pick up more preventable disorders, but are onerous to do well.
- Increased pick up of diabetes, epilepsy as for all, but also thyroid and gut disorders. Those not checked have more unplanned care use, those having checks used more planned services.
- Checks reduced preventable admissions, but people with LD have shorter GP consultations.

Recommendations: More can be done to increase health checks, do health checks well and link to health action plans.

2. Keeping well in the community (13 studies)-key findings

- Adapted individual and group programmes for weight management/ diabetes –e.g. Shape Up are feasible but need larger studies.
- Survivors of violent relationships experienced inadequate help before and after the abuse.
- Mothers /fathers with learning disabilities experienced inadequate adjustments of services
- Depression management programmes (BeatIt & StepUp) work when CBT is adapted.

3. Staying Well in Hospital (3 studies)

- Great variation in how well general hospitals meet standards of adjustment for patients with LD, especially the extent staff are trained to work with these patients. LD nurses seem to make a difference, but their “reach” can be limited.
- Re-admission within 30 days was often for preventable conditions not picked up in hospital.
- Flagging systems- used by only 13% of staff. Passports may help but not evaluated.

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4. Services supporting positive behaviour (5 studies) in the community

- Positive behavioural support (PBS) training for community LD team staff was not effective- but may not have been rolled out and supervised.
- Staff welcome co-produced training in PBS, it improved staff morale but no effect was detected on clients' behaviour.
- Active support is provided to only a 1/3 of residents (often most independent) and many had no contact at all for hours.
- A study in 23 Dimensions' homes with training/support over 2 years produced long term change in residents' behaviour and staff wellbeing/staff retention.

Involving people with a learning disability in research



- High quality studies are feasible – on, with and by- people with learning disabilities.
- Co produced and delivered services are welcomed.
- Many of the studies in the review show how to do this well.

Links to the report and video

Full report

<https://evidence.nihr.ac.uk/themedreview/better-health-and-care-for-all/>

Easy read summary

<https://evidence.nihr.ac.uk/themedreview/better-health-and-care-for-all-easy-read/>

Louise being interviewed by our experts by
experience advisers

https://www.youtube.com/watch?v=5i_wS0QLrOk

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Opportunities to fund and access research

- For more information on fellowships and support academy@nihr.ac.uk
- For current research calls
<https://www.nihr.ac.uk/researchers/funding-opportunities/>
- To browse all free full reports of NIHR studies
www.journalslibrary.nihr.ac.uk



Applying the research findings to practice

Andrew Reece

Head of Integrated Learning Disability Service

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Research and its relevance to social work practice

- **Relevant to the ‘wellbeing’ duty under the Care Act (2014)**
 - LD Health Checks: studies 2 & 3
 - Healthy lifestyle: studies 7-9
 - Domestic violence and exploitation: study 16
 - Parents with LD: study 15 and [Norah Fry Centre](#)

New ways of working

- Coproduction – where the agenda and topics set by people with learning disabilities and their families
- Enable and develop practitioner research such as:
- the Big Bedtime Audit CeDR Lancs Uni/Bradford MBC
- My Marriage, My Choice Nottingham University

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Questions for the panel?