

BASW England

# Homes not Hospitals

Best Practice Commissioning with Citizens  
and Communities statement



**BASW**  
**England**

The professional association for  
social work and social workers

## Who is this statement for?

This statement has been developed to support social workers and organisations involved in commissioning support for autistic people, people with learning disabilities and their families in response to Building the Right Support<sup>1</sup> and Evaluation of Building the Right Support (2018)<sup>2</sup>



It is recognised that the primary focus of this statement is for young people aged 16 and above, adults and families. A separate statement focussing on Best Practice Commissioning for autistic children and/or children with a learning disability will need to be considered.

Thinking about what best practice commissioning looks and feels like BASW endorses the vision statement from Social Care Futures which was co-produced with people and families:



*We all want to live in the place we call home with the people and things that we love, in communities where we look out for one another, doing the things that matter to us.”*

(<https://socialcarefuture.blog>)<sup>3</sup>

### Terminology

This document is about social work and best practice commissioning with young people, adults, and families of people with learning disabilities and autistic people. Rather than continuing to make these references throughout, the terms ‘person’ or ‘individual and people’ will be used.

<sup>1</sup> [www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf](http://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf)

<sup>2</sup> [www.strategyunitwm.nhs.uk/sites/default/files/2019-01/1%20Short%20Summary%20of%20Recommendations\\_0.pdf](http://www.strategyunitwm.nhs.uk/sites/default/files/2019-01/1%20Short%20Summary%20of%20Recommendations_0.pdf)

<sup>3</sup> <https://socialcarefuture.blog>

## Endorsement from Key Partners

"I have been involved in the production of the best practice commissioning documents for the BASW Homes not Hospitals campaign, and I am pleased to say there has been a high level of co-production involved throughout this process. I was on the team looking at best practices in commissioning. We need to take these documents further and show commissioners everywhere that it is possible to do the right thing for and with the people who need support. Let's just roll up our sleeves and do it!"

**ANDREW REECE, HEAD OF INTEGRATED LEARNING DISABILITY SERVICE, CAMDEN COUNCIL**

"I pledge to work to ensure no one is admitted to hospital simply because their behaviour may be concerning to others."

**JO MINCHIN, EXPERT BY EXPERIENCE, NATIONAL AUTISTIC TASKFORCE**

"I really welcome BASW's new resources which will support best practice in commissioning and social work in providing high-quality, person-centred care. As social workers, we are committed to upholding the rights of the individuals we support and ensuring they are treated with dignity and respect. It is important that we ensure those services we commission do the same, supporting individuals to be part of their communities with the best support in place and preventing long-term placements in closed institutions. These resources are a must read for social workers and will really help improve practice and deliver the best possible outcomes for citizens."

**FRAN LEDDRA, CHIEF SOCIAL WORKER- ADULTS, DHSC**

"The Autism Alliance are proud to support the work undertaken by BASW on the Homes not Hospital workstream to ensure the positive outcomes for autistic people and people with a learning disability. This work and the new resources are vital to support the role of the social worker and commissioning to reduce the risk of situations reaching the point of hospital admission, this will ensure autistic people and people with a learning disability can live fulfilling and rewarding lives in their communities."

**MARY SIMPSON, CHAIR OF THE AUTISM ALLIANCE**

"The National Autistic Taskforce is pleased to have been involved in working to support BASW's Homes not Hospitals campaign. Wholly run by autistic people, NAT seeks to draw on the collective knowledge and experience of autistic adults to inform and improve care and support, especially for autistic people whose own voices are rarely heard. We are passionate about the importance of social work and commissioning in ensuring that autistic people live in real homes in our communities and are no longer detained in inappropriate institutions and subjected to restrictive practices. These documents will help to support social workers and care commissioners to recognise that, with high quality support in line with NAT's independent guide to quality care for autistic people, built on genuine empathy with autistic perspectives, autistic people with all levels of support needs can thrive in real homes with real control over our own lives. We support BASW in calling for the role of the named social worker to be implemented across the country and for wider adoption of rights-based and legally literate approaches to ensure genuine change."

**DR YO DUNN, STRATEGIC LEAD, NATIONAL AUTISTIC TASKFORCE**

"We welcome BASW's Homes not Hospitals campaign, recognising the important role of social workers and commissioners in Transforming Care. There are still over 2,000 people with a learning disability and/or autism in inpatient units; settings where people are at increased risk of abuse and neglect. Many have ended up in these places - and remain stuck - due to a lack of the right support in the community. Social workers and commissioners have a key role to play in ensuring people with a learning disability and/or autism are able to get the right support in the community - support that truly meets their needs. The new resources highlight the relevant guidance and legislation to follow and, importantly, set out why the right support must be developed as a matter of urgency."

**BELLA TRAVIS, POLICY MANAGER, MENCAP**

"BASW's Homes not Hospitals commissioning and social work guidance outlines good practice for commissioners and social workers to reduce the risk of people with learning disabilities and autistic adults from experiencing restrictive care in long term assessment and treatment units. NICE has worked with BASW to highlight the evidence that supports these priorities, in particular evidence about what works in practice in relation to integrated local services and person-centred preventive and responsive approaches."

**JUDITH RICHARDSON, ACTING DIRECTOR OF HEALTH & SOCIAL CARE, NICE**

"ADASS would like to place on record our thanks to BASW for the enormous time, effort and expertise which was invested in the production of these resources. We will be recommending to ADASS Members that they take careful consideration of the content."

**STEPHEN CHANDLER, PRESIDENT ADASS**

"BASW England fully supports the movement to get people with learning disabilities and/or autistic people out of overly restrictive hospital environments. To advocate for and uphold people's human right to have a private and family life. These key documents designed to support best practice commissioning and the role of the social worker and legal literacy have been co-produced by BASW England in partnership with people and families and key stakeholders from across the sector to and bring about positive change and freedoms."

**MARIS STRATULIS, NATIONAL DIRECTOR BASW ENGLAND**

"Skills for Care has been delighted to work with BASW in the development of these resources to as part of the Homes Not Hospitals campaign activity and to endorse these materials to promote best practice in social work and commissioning. This has been a collaboration with people with lived experience and key partners from across health and social care organisations. With the right skills and knowledge social work practitioners and commissioners can work alongside people with learning disability and autistic people, using preventative approaches to reduce the risk of hospital admission and develop local support offers which enable people to live well."

**SKILLS FOR CARE**

# Introduction

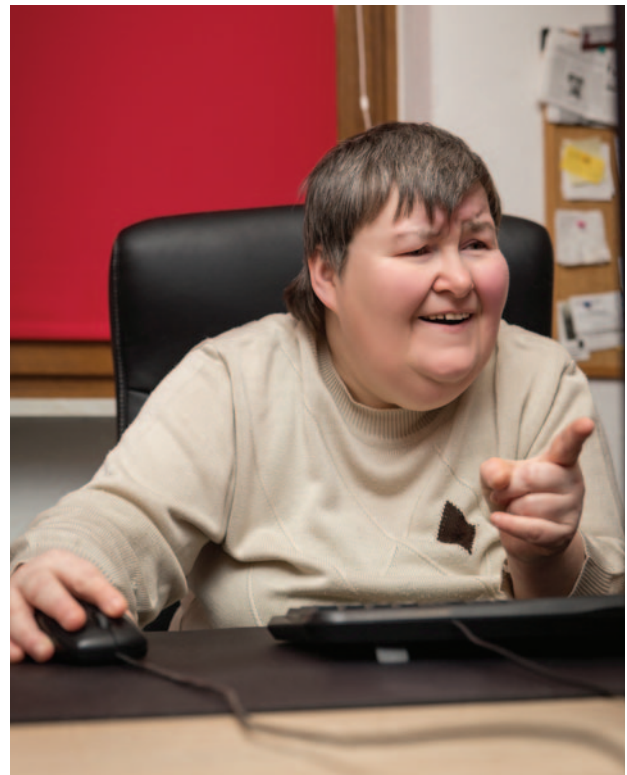
There is well documented and widespread concern about the misuse of restraint and other restrictive practices<sup>4</sup> including, the practice of prolonged seclusion and long-term segregation for people with a mental illness, learning disability or who are autistic in secondary care, education and social care settings.

Most recently in the Care Quality Commission report “Out of Sight- Who Cares?” This [report](#) reinforces many messages from people with lived experience and their loved ones – the system is broken, early intervention and support services in the community are variable or non- existent, and that people are not getting the right support at the right time.

The abuse and systematic violation of people’s human rights at Winterbourne View and Whorlton Hall show failures in the regimes and staffing within specialist facilities and failures in health, education and social care commissioning and review.

The impact on the emotional and mental wellbeing and long terms effects on children, young people, adults and families of restraint and it’s use are well documented in the Challenging Behaviour Foundation Report January 2019.<sup>5</sup>

Repeated targets to substantially reduce the number of people with learning disabilities and/ or who are autistic and/or with mental health conditions in hospital Assessment and Treatment units have been missed.<sup>6</sup> The NHS Digital monthly data set shows that at the end of October 2020 there were 2060 children, young people and adults that were in inpatient settings. There has been no decrease in the total number of individuals in inpatient services since September 2020. The average length of stay in inpatient settings remains 5.7 years.<sup>7</sup>



For many of those people, a personalised care and support package where treatment is offered in the community would better meet their needs, and it is BASW’s position that people with high needs will continue to be at risk in often mismanaged and poorly staffed institutions until personalised alternatives are commissioned and provided within communities.

<sup>4</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/812435/reducing-the-need-for-restraint-and-restrictive-intervention.pdf)  
[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/693446/Environments\\_where\\_children\\_can\\_flourish.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/693446/Environments_where_children_can_flourish.pdf)

<sup>5</sup> [www.challengingbehaviour.org.uk/learning-disability-assets/reducingrestrictiveinterventionofchildrenandyoungpeoplereport.pdf](http://www.challengingbehaviour.org.uk/learning-disability-assets/reducingrestrictiveinterventionofchildrenandyoungpeoplereport.pdf)

<sup>6</sup> [www.communitycare.co.uk/2020/10/19/worrying-rise-inadequate-inpatient-care-people-autism-learning-disabilities](http://www.communitycare.co.uk/2020/10/19/worrying-rise-inadequate-inpatient-care-people-autism-learning-disabilities)

<sup>7</sup> [www.challengingbehaviour.org.uk/driving-change/transformingcaredata.html](http://www.challengingbehaviour.org.uk/driving-change/transformingcaredata.html)

# Background and Context

The BASW England Homes not Hospitals workstream was established in response to the above to explore ways to work in partnership with service providers/Local Authorities/NHS and people with lived experience, families and carers with a view to influence policy and practice reform, with a Human Rights focus.

Whilst some people will need access to time limited mental health inpatient services for assessment of their needs and treatment, this should be as close to home as possible, for as short a time as possible, and with discharge plans put in place.

## Approach Taken

- To focus on identifying existing models and frameworks of best practice in terms of commissioning from the perspective of people and families, commissioners and providers ([see Appendix 1](#))
- Looking at policy development, guidance and research to provide a sound evidence base for the absolutes, principles and recommendations proposed.
- To consider the person's journey as a child, to young person through to adulthood and beyond: taking a life-span approach.
- In line with the principles outlined below in this document, all care and support arrangements and placements after treatment are in line with a social care model.
- All staff are trained in the principles of social care and that models of best practice and approaches are used to improve people's quality of life.

### We propose the following as Absolutes in Best Practice Commissioning:

- ◆ **People must not be in psychiatric or specialist hospital unless assessment and care planning show that their needs cannot be met safely in the community AND all possibilities for doing so have been considered and exhausted. A plan exists for their future<sup>8</sup>**
- ◆ **The appropriate legislation must be used for the benefit of people ([see Quick Guide to Legal Literacy](#))**
- ◆ **The current key relevant legislative frameworks and their Codes of Practice in England include:**
  - Children Act 1989
  - Children and Families Act 2014
  - Children and Social Work Act 2017
  - Child with special education needs and disabilities (SEND) guidance
  - Mental Health Act 1983 (as amended 2007)
  - Human Rights Act 1998
  - UN Convention on the Rights of Persons with Disabilities (CRPD)
  - Mental Capacity Act 2005
  - Deprivation of Liberty Safeguards 2009
  - Autism Act 2009
  - Equality Act 2010
  - The Care Act 2014

<sup>8</sup> NICE Guideline; NG93, recommendation 1.8.1: [Learning disabilities and behaviour that challenges: service design and delivery](#)  
NICE Guideline NG93, recommendation 1.8.9: [Learning disabilities and behaviour that challenges: service design and delivery](#)

## Absolutes: Key Messages

- ◆ The voice of the young person and adult must be heard, valued and respected<sup>9</sup>
- ◆ Factors which act as barriers to people talking and being heard to be addressed
- ◆ There must be belief in family members and carers, who are treated as equal citizens and equal members of the care and support team<sup>10</sup>
- ◆ Critical duty to promote contact with family and loved ones that facilitates a growth perspective towards a return to living independently
- ◆ The use of restraint or isolation should always be seen as a failure of the system and care
- ◆ Adaptions and reasonable adjustments must be made to enable better support, tailored to the needs of individuals
- ◆ There must be a culture of inquiry to learn, reflect and improve<sup>11</sup>
- ◆ There must be a shared responsibility for people with high needs. This must be the norm, actively supported by robust multi-disciplinary arrangements<sup>12</sup>
- ◆ The right to statutory advocacy must be upheld<sup>13</sup>
- ◆ A radical approach needs to be taken with budgets where there is one budget holder, one lead authority having budgetary accountability and one clear allocation and budgetary approach
- ◆ There is a clear budget for autism services with an identified lead
- ◆ Person centred, flexible, responsive community and place- based support- the right support at the right time– if you don't have this it leads to crisis<sup>14</sup>
- ◆ Co-production must exist in all areas with evidence of how this is working for people<sup>15</sup>
- ◆ An all age autism specific service must exist in every area (providing diagnosis, assessment AND support). This leads to better outcomes for autistic people<sup>16</sup>  
Insert link to Appendix ONE document
- ◆ Acknowledge and seek to reduce the trauma of individuals and families- the human cost of getting it wrong or ignoring the situation.
- ◆ There must be person centred, skilful commissioning to co-produce community, place- based support with people, families and providers<sup>17</sup>
- ◆ Commissioners to move to strategic partnerships with relationships that value providers<sup>18</sup>

<sup>9</sup> NICE Guideline NG93 section 1.2: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>10</sup> NICE Guideline, NG93, recommendation 1.2.13: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>11</sup> NICE Guidelines, NG10, recommendations 1.4.53: [Violence and aggression: short-term management in mental health, health and community settings](#)

<sup>12</sup> NICE Guidelines, NG93, recommendation 1.1.1: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>13</sup> NICE Guidelines, NG93, 1.28 and 1.29 and recommendations 1.8.3 and 1.8.4: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>14</sup> NICE guideline NG93, section 1.2 Enabling person-centred care and support

[www.nice.org.uk/guidance/ng93/chapter/Recommendations#enabling-person-centred-care-and-support](http://www.nice.org.uk/guidance/ng93/chapter/Recommendations#enabling-person-centred-care-and-support)

<sup>15</sup> NICE Guideline, NG86, section 1.6: [People's experience in adult social care services: improving the experience of care and support for people using adult social care services](#)

<sup>16</sup> NICE CG170, recommendations 1.1.1 – 1.1.2: [Autism spectrum disorder in under 19s: support and management](#)

<sup>17</sup> NICE Guidelines, NG93, 1.1.6 and 1.1.8: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>18</sup> NICE Guidelines, NG93, 1.1.10 and 1.1.3: [Learning disabilities and behaviour that challenges: service design and delivery](#)

## We propose the following as a set Principles:

- ◆ Professionals involved in placing people into care and/or treatment should continue to be actively involved in their care and/or treatment
- ◆ Need to look at commissioning that prevents people being admitted to hospital and commissioning to get people out of hospitals
- ◆ Focus on person centred commissioning, involvement of all partners, shared responsibility and partnership working with providers<sup>19</sup>
- ◆ A lifespan approach to be taken in the design, development and delivery of services that provide assessment, treatment and support<sup>20</sup>
- ◆ Commissioning to be as near to the person as possible- co-production<sup>21</sup>
- ◆ Hospital is not and should not be seen as containment<sup>22</sup>
- ◆ Discussions about budgets should never get in the way of providing support. People should always be at the centre of decision-making. 'Funding to meet the needs of the person without prejudice'<sup>23</sup>
- ◆ For there to be a straightforward way of getting things approved – flexible system, reduced bureaucracy
- ◆ Shared risk and decision making with all involved- responsiveness, agreement about how decisions will be made and reviewed<sup>24</sup>
- ◆ Transparency and flexibility- commitment to meeting the needs of the person first
- ◆ Collaboration – multi-disciplinary and multi-agency approach – support and services need to be organised in such a way that they are preventative<sup>25</sup>
- ◆ Supportive – support each other through difficult times – nobody pointing fingers or apportioning blame, sharing the responsibility
- ◆ Commissioning within a human rights-based framework that acknowledges people's autonomy and legal rights<sup>26</sup>
- ◆ Encouraging innovation, encourage development and social capital<sup>27</sup>



<sup>19</sup> NICE Guidelines, NG93, 1.1.3, 1.1.5 and 1.1.7: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>20</sup> NICE Guidelines, NG93, 1.1.2: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>21</sup> NICE Guidelines, NG93, 1.1.7: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>22</sup> NICE Guidelines, NG93, 1.8.9: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>23</sup> NICE Guidelines, NG93, 1.13 and 1.14: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>24</sup> NICE Guidelines, NG93, 1.1.9: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>25</sup> NICE Guidelines, NG93, 1.3 and 1.4: [Learning disabilities and behaviour that challenges: service design and delivery](#)

<sup>26</sup> NICE Guidelines, NG10, recommendations 1.1.5 & recommendation 1.1.11: [Violence and aggression: short-term management in mental health, health and community settings](#)

<sup>27</sup> NICE Guidelines, NG44, 1.2 & 1.4 [Community engagement: improving health and wellbeing and reducing health inequalities](#)

# Recommendations

- 1** The absolutes and principles set out in this document are to be endorsed, shared, promoted and implemented by DHSC, DfE, NHSE, Commissioners, organisational leaders, practitioners and all other stakeholders.
- 2** A national review of existing commissioning arrangements for autistic people and people with learning disabilities.
- 3** To use these absolutes and principles as a benchmark for national and local review of commissioning arrangements and services.
- 4** Use the best practice examples of commissioning services for people with learning disabilities and autistic people to review and problem solve ([see Appendix 1](#)).
- 5** **Support for a national and local Lead commissioner** – identify who this person is. It needs to be someone that has specialist knowledge and the skills for the role and to maintain oversight with a holistic view of the person and their situation.
- 6** **Learning and Development for Commissioners – To incorporate these absolutes and principles** in all Social care, NHS England and Health Education England workforce development.
- 7** **To incorporate these absolutes and principles in Skills for Care** pilot course for specialist commissioners who are supporting people with Learning Disabilities and Autistic people: Commissioning for Wellbeing.
- 8** **To incorporate these absolutes and principles in all training and workforce development in National Competency Frameworks for autism and learning disabilities** – using the Oliver McGowan mandatory training. Tier 3 pilot mandatory training for Commissioners likely to be piloted in 2022.
- 9** To be incorporated into future NICE guidelines and Quick guides that can be woven into Tier 3 training<sup>28</sup>

<sup>28</sup> Relevant NICE Quick Guides: [Arranging services for people with a learning disability and behaviour that challenges](#) – a quick guide commissioners that arrange services for those with a learning disability

[Enabling positive lives for autistic adults](#) – a quick guide for social workers

[Assessment and diagnosis of autism: what to expect](#) – a quick guide for young people and their families

[Reducing the risk of violent and aggressive behaviours](#) – a quick guide for managers of mental health services for young people

[Evidence for strength and asset-based outcomes](#) – a quick guide for social workers

[Improving young people's experiences in transition to and from inpatient mental health settings](#) – a quick guide for mental health Practitioners supporting young people

[Person-centred future planning](#) – a quick guide for practitioners supporting people growing older with learning disabilities



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