

**2011 NNLDN Networking Event: New Challenges - New Solutions**  
**"Working Differently Together in Austere Times"**  
**Monday 18<sup>th</sup> & Tuesday 19<sup>th</sup> July 2011 - Main Arts Building, Bangor University**

<b>NNLDN Networking Event Day 1 – Monday 18<sup>th</sup> July 2011</b>	
<b>All presentations will take place in the Main Lecture Theatre (MALT)</b>	
09:00	<b>NNLDN Chair's Welcome</b> Mark Gray, Chair of NNLDN
09:10	<b>Conference Opening</b> Professor John Hughes, Vice Chancellor, Bangor University
09:20	<b>Positive Choices/NNLDN Student Awards 2011 Fiona Law Memorial Awards</b> Helen Laverty, Health Lecturer, University of Nottingham
09:45	<b>2010 Student Award Winner Presentation</b> <b>The Benefits of Networking and Communication in Austere Times</b> Graham Burrell, University of Cumbria and Sandy Costall, University of Chester
10:00	<b>The Confidential Enquiry into Deaths of People with Learning Disabilities: Understanding the Inquiry from a Learning Disability Nursing Perspective</b> Lesley Russ, Lead Nurse and Emily Greentree, CI LD, Confidential Inquiry Team
10:30	Refreshments – Pritchard Jones Hall, University of Bangor
10:50	<b>Decision Making in Intellectual Disability Nursing Practice: Results from an All Wales Nursing Survey</b> Ruth Wyn Williams, Welsh Medium Teaching Fellow, Bangor University
11:20	<b>Best Practice Seminar 1</b> <b>Client Led Practice: Enabling a Client's Journey from 'Forensic' to Empowerment.</b> Lynn Ashton, Staff Nurse, Betsi Cadwaladr University Health Board  <b>Raising The Clients Narrative</b> Jane Maria Williams, Staff Nurse, and Avril Roberts, Support Worker, Gwynedd, North Wales
12:30	Lunch – Pritchard Jones Hall, University of Bangor
13:30	<b>Afternoon Chair – Andrew Luff, Treasurer, NNLDN</b>
13:35	<b>Best Practice Seminar 2</b> <b>Supporting Parents with Learning Disabilities: New Ways of Working and Early Intervention</b> Jan Line, Community Learning Disability Nurse, Special Parenting Service, Truro and Paul Thomas, Community Mental Health Nurse, Redruth, Cornwall  <b>Positive Behavioural Support - Paper into Practice</b> Colin MacPherson, Lecturer, School of Nursing, Midwifery & Social Care and Hazel Powell, Lecturer and Teaching Fellow, Learning Disabilities, Napier University
14:45	Refreshments and Networking – Pritchard Jones Hall
15:30	<b>Chief Nursing Officer's Presentation</b> Professor Jean White, Chief Nursing Officer, Department for Health, Social Services and Children, Welsh Government
16:00	<b>RCN Forum on LD Nursing</b> Ian Mansell, Senior Lecturer, University of Glamorgan
16:30	Close Day 1
16:45	NNLDN AGM – Main Lecture Theatre
19:00	NNLDN 2011 Networking Drinks Reception – Council Chamber, University of Bangor (ticket only)
19:45	NNLDN 2011 Networking Dinner – Powis Hall, University of Bangor (ticket only)

**NNLDN Networking Event Day 2 – Tuesday 19<sup>th</sup> July 2011****All presentations will take place in the Main Lecture Theatre (MALT)**

09:00	<b>Morning Chair Opening Remarks</b> Jan Thomson, NNLDN Scotland
09:10	<b>Improving Health and Lives - What the Learning Disabilities Public Health Observatory Means for Nurses</b> Sue Turner, Improving Health and Lives Project Lead, National Development Team for Inclusion
09:40	<b>Best Practice Seminar 3</b> <b>An Auto Ethnographic Study of the Psychological Contracts of Health and Social Care Employees in a Learning Disability Service. Who is Contracting with Whom?</b> Delia Wainwright, Team Manager Flintshire Community Team/ Team Manager Health Liaison Team, Mold
10:10	Refreshments – Pritchard Jones Hall
10:40	<b>Best Practice Seminar 3 continued</b> <b>Person Centred Planning Let's Move On</b> Jeremy Shea, Community Learning Disability Nurse, Anglesey <b>"Looking to the Future"; Implications Related to the Use of Restrictive Practices for People with Learning Disabilities and Dementia.</b> James Ridley, Community Nurse, and Serena Jones, Down Syndrome Nurse, Mersey Care Liverpool
12:00	<b>New Opportunities for LD Nurses in the Changing Health and Social Care</b> Mark Gray, NNLDN Chair
12:30	Lunch – Pritchard Jones Hall
13:30	<b>Afternoon Chair Opening Remarks</b> Stephen Hughes NNLDN Wales
13:35	<b>Toolkits for Better Health – A Proactive Approach</b> Dr Sue Read, Reader in Learning Disability Nursing, School of Nursing & Midwifery, Keele University & Patsy Corcoran, Reach Project Co-Ordinator, Stoke on Trent
14:00	<b>Best Practice Seminar 4</b> <b>Monitoring and Review as a Prevention Strategy</b> Jaki Bell, Team Manger, Behavioural Support Team, Betsi Cadwaladr University Health Board Behavioural Support Team, Llwyn y Groes, Maelor Hospital, Wrexham <b>Cheltenham Ward: Working Towards A Democratic Therapeutic Community</b> Jon Taylor and Janice Christopher, Cheltenham Ward, Retford, Notts
15:00	<b>Chair's Closing Summary</b> 2011 Conference Resolutions and 2012 Conference Announcement
15:30	<b>Close of NNLDN 2011 Networking Event</b>



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	<b>NNLDN 2011 NETWORKING EVENT ABSTRACTS ACCEPTED FOR PRESENTATION</b>	<b>Name</b>
<b>1. Decision making in intellectual disability nursing practice: Results from an All Wales Nursing Survey.</b>	<p>Nurses are under increasing demands to base their decisions on the best available evidence. Yet, for learning disability (LD) nurses, the information is sparse about their use of evidence to support practice (Parahoo et al., 2000). The survey targeted all NHS nurses (n=465) working in LD services across Wales. The questionnaire consisted of items concerning the sources of information used to make decisions alongside an attitude towards person centeredness and nursing decision-making measure. The survey targeted all NHS nurses (n=465) working in LD services across Wales. The questionnaire consisted of items concerning the sources of information used to make decisions alongside an attitude towards person centeredness and nursing decision-making measure. The reliance on self and colleagues for information is consistent with other research (Estabrooks et al. 2005). However, it is unclear why LD nurses are more analytic and implications for practice are discussed in relation to the cognitive continuum theory.</p>	<p>Ruth Wyn Williams, Welsh Medium Teaching Fellow (Learning Disability), Bangor University</p>
<b>2. Client led practice: enabling a client's journey from 'forensic' to empowerment.</b>	<p>With an awareness of being "different", the client struggled with negative thoughts and feelings that manifested in behaviours that challenged the service. The client was admitted to a rehabilitation unit from an out of county forensic service. The outreach strategies used by a RNLD enabled the client to engage and disengage from the learning disability nursing service. The relationship between the client, the RNLD practice and learning disability policy drivers are highlight. In particular, privacy and record keeping from the client's perspective are examined. Further identifying lessons learned from the client's experience, that is, of having a learning disability label and being on the receiving end of nursing practice. Implications for nursing practice are drawn that emphasis the value of listening to and learning from the client, clinical supervision, teamwork, flexible working practice and evidence based practice.</p>	<p>Lynn Ashton, Staff Nurse, Betsi Cadwaladr University Health Board</p>
<b>3. Raising The Clients Narrative</b>	<p>There are formidable pressures on staff groups working with people with challenging behaviour. This juxtaposed with additional stigma that clients must overcome where their histories continue to haunt decision making long after risk assessments have disappeared. We perceived a need for an intervention which both supports staff roles and helps maintain staffs "person centred buoyancy" and one which allows clients to reframe themselves in terms of their own achievements. This is achieved by capturing liminal moments of client learning on DVD: a personal re-design which allows the client and those working with them to see significant moments of success in an intense presentation illustrating the possibilities of a new beginning through positive images of change. Still In its infancy, yet we hypothesise that where clients are increasingly motivated by images of their own success, it may be that these approaches may have an impact on relapse and recidivism.</p>	<p>Jane Maria Williams (Staff Nurse ) &amp; Avril Roberts (Support Worker )Gwynedd, North Wales</p>
<b>4. Supporting Parents with Learning Disabilities: New Ways of Working and Early Intervention</b>	<p>The Special Parenting Service is a long established specialist health service providing assessment and intervention to parents with learning disabilities across Cornwall. Local and national data suggests that 40 -60% of parents with learning disabilities have their children taken into care (McConnell et al 2002). These figures together with increasing waiting lists and unmet need, best practice guidance and recent findings, led to a revised service specification and model of service delivery. The presentation will describe an early intervention care pathway, where parents are identified by mid-wives prenatally and referred for early assessment and intervention.</p> <p>Tentative findings on the impact of early intervention on the knowledge, skills and outcomes for parents identified prenatally will be presented. The implications for multi-disciplinary and multi agency working, responding to safeguarding concerns, managing service capacity, early intervention and attachment will be discussed.</p>	<p>Jan Line Community Learning Disability Nurse Special Parenting Service, Truro</p> <p>Paul Thomas, Community Mental Health Nurse, Redruth, Cornwall</p>

<p><b>5. Positive Behavioural Support - Paper into Practice</b></p>	<p>In 2010 a pilot educational programme on Positive Behavioral Support was commissioned by NHS Education for Scotland. Edinburgh Napier University lead this programme in collaboration with the Learning Disability Managed Care Network and The Forensic Network. This paper will describe the educational programme and the full evaluation that was undertaken. The programme was delivered to Experienced Learning Disability Nurses and it is unusual in that it is intended that this programme will change practice for the better by giving the participants the tools to use Positive Behavioural Support. The programme consisted of five face to face days that were interspersed by practice. The content was delivered by experts and was backed up by workbooks which were given to participants either before or after the face to face sessions. These workbooks contained exercises that had to be completed in practice under the supervision of a psychologist. Each participant identified a person with a learning disability in conjunction with their supervisor. After learning the relevant theory in the face to face sessions they then undertook a full assessment of that person and then developed a multi-element support plan. The programme was evaluated via a variety of tools by everyone that had been involved including the supervisors and the presenters. It is apparent that the programme has energised and motivated these very experienced nurses and has led to new ways of working that will lead to more positive outcomes for people with learning disability. The collaborative team have been able to really ensure that ways of working that are evidenced based can be transferred from paper to practice.</p>	<p>Elaine Kwiatek Project Manager (Models of Care Project) Learning Disability Managed Care Network, Stirling</p>
<p><b>6. Person Centred Planning Let's move on</b></p>	<p>PCP has been the dominant philosophy for our services for a number of years. But is it driving high quality services or simply a distraction? It's time to open the debate and challenge PCP! A recent PCP inspired transition project on Anglesey revealed some serious flaws, among others: Many of our clients are unable to contribute to the process. If we're not talking to the person it's not PCP - It's time consuming; we don't need reams of information - Many PCP plans remain unused because there's no focus whatever on the service providers - PCP creates a conflict for anyone with an eye on resource management - I wouldn't even want it done to me! PCP's not good enough, let's consider other ideas like 'Relationship Centred Planning' that integrate people with learning disabilities with the real world.</p>	<p>Jeremy Shea, Community Learning Disability Nurse, Anglesey</p>
<p><b>7. Models of Care Project</b></p>	<p>The Learning Disability Managed Care Network (LD MCN) covers four health boards and nine local authorities in the South East of Scotland. It had become apparent that across the LD MCN that current learning disability services needed continued development to provide appropriate levels of care and support to people with complex care needs. There are a small but increasing number of people who require different service models to ensure that their needs are effectively met in the future. The current models of provision are not able currently to respond to the needs of these small numbers of people. The Models of Care Project is a two year project which was commissioned by the Scottish Government and commenced in May 2010. The anticipated outcomes of the project are the development and costing of a full spectrum of care for these very complex people. This paper will explore the outcomes of the first year of the project and the anticipated actions for the second year of the project. It will outline the methodology of the project and also the full spectrum of care that is required to meet both current and future needs. It is clear that these new service models will require staff to have new skill sets and these will be described. The issues with transitions from child to adult services and out of area placements will also be explored so that these can be managed more effectively in the future. The paper will conclude with a look at the second year of the project which will explore integrated commissioning and training and education to skill up the workforce. It is apparent that this project will change the nature of provision for people with a learning disability and complex care needs in the South East of Scotland and will lead to better outcomes for these individuals.</p>	<p>Elaine Kwiatek, Project Manager (Models of Care Project) Learning Disability Managed Care Network Stirling</p>
<p><b>8. An auto ethnographic study of the psychological contracts of health and social care employees in a learning disability service. Who is contracting with whom?</b></p>	<p>Rationale: A well managed psychological contract (PC) can lead to positive organisational outcomes and has few financial implications. Outcomes include increased levels of commitment (Guzzo, Noonan and Elron 1994); demonstration of extra-role behaviour (Guest and Conway 2000), lower levels of turnover, absenteeism and conflict (Guest &amp; Peccei 2001), knowledge sharing behaviours and innovative performance (Thompson and Heron 2006). Methodology: An auto ethnographic approach. Data collection Methods: qualitative questionnaires, document analysis and semi-structured interviews. Findings: Identification of obligations and expectations</p> <p>Within the study setting there are multiple contracts between multiple parties. Implications for practice: By gaining awareness of implicit expectations and obligations managers may be better able to formulate successful PCs with others within the organisation.</p>	<p>Delia Wainwright Team Manager Flintshire Community Team/ Team Manager Health Liaison Team, Mold</p>

<p><b>9. "Looking to the Future"; Implications related to the use of restrictive practices for people with learning disabilities and dementia.</b></p>	<p>Using the Human rights based framework can support positive risk taking and a person centred view, enabling services to plan proactively rather than reactively. This enables risks associated with the use of restrictive practices. The use of restrictive practices in the general care of people with dementia has been identified by some as inevitable, but "How do practices differ when caring for people with dementia; from practices already used for people with learning disabilities". Estimates suggest that 75% of the population in residential care is populated by people with dementia, half of whom present with behavioural problems. The assessment and justification of restrictive practices within general dementia services would appear to suggest that these practices are a "Front Line" intervention, and are not supported by a comprehensive assessment.</p>	<p>James Ridley (Community Nurse, Specialising in supporting individuals with complex behaviours)</p> <p>Serena Jones (Down Syndrome Nurse, Specialising in dementia care. Mersey Care Liverpool)</p>
<p><b>10. Monitoring and Review as a Prevention Strategy.</b></p>	<p>This presentation will discuss how The Behavioural Support Team introduced a system of monitoring and review as a prevention strategy. When a complex piece of work has been completed involving assessment, intervention, implementation of Active Support and Behavioural Support Plan instead of the case being closed the service user moves on to the monitoring and review case list. A behavioural Support Worker is assigned and meaningful activity are conducted. The Behavioural Support Plan and elements of Active Support including daily schedule and support protocols are also reviewed. Following the review a number of options are available to ensure the service user continues to be effectively supported including Behavioural Support Worker input to assist support staff, more training or the case could be placed on the Active case list and a Behaviour Analyst assigned to conduct further assessment.</p>	<p>Jaki Bell, Team Manger, Behavioural Support Team Betsi Cadwaladr University Health Board</p> <p>Behavioural Support Team, Llwyn y Groes, Maelor Hospital, Wrexham</p>
<p><b>11. Cheltenham Ward: Working Towards A Democratic Therapeutic Community.</b></p>	<p>A Therapeutic Community (TC) is a place whose primary aim is to help people with their emotional and interpersonal problems. The way this help is structured is guided by a set of values and beliefs about the way people should treat each other and be treated, based on self-awareness, interdependence, deep mutual respect and assumption of personal responsibility. These shape the principles which underpin TC practice. Members tend to learn much through the routine interactions of daily life, and the experience of being therapeutic for each other. The goal is to improve members' interpersonal functioning; first within the therapeutic community, and ultimately in the wider community. Feedback from peers enables members to reflect on the way their conduct affects others, and members may practice new behaviours and ways of relating and begin to gain increased self-esteem and knowledge of themselves. Central to all TCs is the belief that people can change, and that in order to realise their potential as individuals and active citizens, they require an environment that fosters personal growth.</p>	<p>Jon Taylor and Janice Christopher Cheltenham Ward, Retford, Notts</p>



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