

Working in Learning Disabilities Services: Leadership within the MDT

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Learning Disabilities Services



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- In BCHFT, four localities sit within one Learning Division.
- We support adults with learning disabilities who mainstream services are not able to make sufficient reasonable adjustments for.
- Each locality operates as an multidisciplinary team including behaviour support team, nursing, occupational therapy, physiotherapy, psychiatry, psychology and speech and language therapy.



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What we do



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- Offer a range of psychological assessments and interventions, individualised to the person's needs and abilities.
- This can include individual, family and/or organisational work.
- Type of intervention is dependent on the person's choice, what will change most readily and the "fit" with the clinician.



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What inspires me



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- The people themselves!
- “Learning to Listen” by Herb Lovett
- Variety
- Plumbing (John Clements)



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Why Clinical Leadership is important

- The end goal is always improvement in care for service users, not about the profession.
- Leadership is multifaceted and about behaviours rather than just banding (NHS, 2010).
- The skills required for politics are:
 - Strategic Direction and Scanning
 - Building Alignment and Alliances
 - Reading People and Situations
 - Interpersonal Skills
 - Personal Skills (CMI, 2007)



What we do



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- Leading on pathway development (Positive Behaviour Support, Trauma-informed etc.).
- Leading on innovation – pathway development, quality improvement projects, service evaluation, Assessment Clinics
- Supporting our colleagues – staff debriefing, psychological containment for those we work alongside.



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How we do it



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- Be a team member (useful) first, psychologist second (Richardson, 2016)
- Formulating with the team – “Chipping in” (Christofides, et al., 2012)
- Important to/for
- Meeting the needs of the team
- Process, not the event
- Mindful of relationships and building connections



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Selected References



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