

Supporting people with a learning disability and/ or autistic people

Worked examples to support learning and development

What are these worked examples?

These worked examples are based on real life scenarios of people with learning disabilities and/ or autistic people, who display or are at risk of displaying behaviours which challenge. Each worked example explains what workforce that individual needs, what skills and knowledge they need, and how much this training would cost. They can help adult social care commissioners and employers to plan support and provide the right learning and development.

Find out more and download other worked examples at www.skillsforcare.org.uk/workedexamples.



Meet Daniel

Daniel is 25 years old. He likes to look good and enjoys football, training at the gym and drinking. He is interested in motor mechanics and hanging about with 'the lads.'

Daniel left school with no qualifications and is assumed to have a mild learning disability. At school he had an action plan but not a full statement of special educational needs.

When he was 17 he got into trouble with the police for burglary - this escalated to aggravated burglary and rape. He was diagnosed with drug-induced psychosis. When he was sent to prison, he disclosed childhood sexual abuse and was transferred to a secure hospital for treatment because he was deemed to have a mental disorder that could be treated under the Mental Health Act; here he suffered sexual abuse from peers and bullying.

Daniel has been through a mental health tribunal and had a Care and Treatment Review (CTR) and is ready for discharge. He wants to move closer to his family but does not want to return to where the offences happened. He will be subject to ministry of justice restrictions, which restrict his access to alcohol and location, and he must take prescribed medication. He is frightened he will re-offend and feels vulnerable.

He has been assessed as not having capacity to decide about his community accommodation, care and support. His care coordinator will apply to the Court of Protection for approval of the decisions that have been made in his best interests.

What are the key challenges that Daniel faces?

Daniel is currently living in a secure hospital on section 37-41.

He is ready for discharge and has been through the sex offender programme. Daniel's team at the secure hospital have assessed his risk in terms of his reoffending behaviour as low.

Daniel has had some therapy about his own childhood sexual abuse, and this will need to continue. He will also continue with anger management support and training.

Daniel has been out on section 17 leave. Multi-agency public protection arrangements (MAPPA) are in place since he is on his way to conditional discharge (37-41).

What could Daniel's future look like with the right support?

With the right care and support Daniel can have a positive future. Here is how this could be achieved.

- Daniel gets a tenancy with support staff on the premises 24/7 (shared support at night) from a care provider who understands his specific offending behaviour and is person-centred in managing risk.
 - Daniel takes his prescribed medications, gets on a mechanics traineeship and joins a local gym.
 - He is happy to talk to his staff about his concerns. Daniel recognises his own offending behaviour and feels comfortable with managing this.
 - In the medium term, Daniel would like a girlfriend.
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What workforce does Daniel need to ensure he accesses the right care and support?

| | What staff does Daniel have now? | What staff does Daniel need to support a positive future? | What staff does Daniel need in the longer term? |
|-------------------------|--|--|--|
| Regular staff | <ul style="list-style-type: none"> ■ Hospital nursing team ■ Hospital care workers | <ul style="list-style-type: none"> ■ Care workers ■ PBS consultant ■ Gym staff ■ Behavioural advisor ■ Home support advisor ■ Community nurse ■ Advocacy worker ■ GP and primary care staff ■ Occupational therapist ■ Speech and language therapist | <ul style="list-style-type: none"> ■ A team of support workers ■ Supervisor or care manager ■ Neighbours and wider community ■ Family and close friends ■ Local community learning disability teams |
| Occasional staff | <ul style="list-style-type: none"> ■ Psychologist ■ Psychiatrist ■ Social worker ■ Health commissioner ■ Social care commissioner | <ul style="list-style-type: none"> ■ Local social care manager ■ Mental Capacity Act or best interest assessor ■ Community psychiatrist ■ Community psychologist ■ Social worker ■ Talking therapist ■ Social and health service commissioners ■ Police ■ Probation | <ul style="list-style-type: none"> ■ GP and primary care ■ Dentist ■ Counsellor or therapist ■ Mental Capacity Act (while under a section) and/ or best interest assessor (once section is ended) ■ Financial advisor ■ Community psychologist |

What skills and knowledge does this workforce need?

Daniel's workforce need to have the right skills and knowledge to provide high quality care and support. We think these are the key things that his workforce need to know or have skills around:

- person-centred care planning
- risk assessment and positive risk taking
- personal relationships, sexuality and the law
- trauma informed care
- Mental Capacity Act
- relevant legislation
- understanding sexual offending
- counselling skills
- mental health
- safeguarding
- forensics
- community development.



The table on the next page explains what skills and knowledge each worker needs. The boxes with a 'x' in suggest what that worker needs to know. The boxes which say 'some' indicates that some workers in this group would need this knowledge but not necessarily all of them.



Values

Everyone working in adult social care should have the right values. Values are the things that we believe to be important, and they influence how people behave in different situations. Recruiting people with the right values can help employers find people who know what it means to deliver high quality, person-centred care and support.

Our '[Example values and behaviours framework](#)' describes some of the values that are central to providing high quality care and support.

How much would this training cost over a five year period?

This table estimates how much it would cost to deliver this training. It is based on the training listed on the previous page and the costs are estimated for a five year period. We recommend that a lot of the training can be delivered together, with people from different roles.

We have NOT included the basic professional training that roles like GP, occupational therapist and social worker do.

We HAVE included basic training that Daniel's day to day support team need since they would be selected to support him specifically.

| | Days of training | Number of people | Cost each day of paid time | Direct cost of training | Total cost | Cost of updating annually | % of their time spent supporting Daniel | Cost related to Daniel over five years | Costs related to Daniel over one year | Notes |
|--|------------------|------------------|----------------------------|-------------------------|------------|---------------------------|---|--|---------------------------------------|---|
| Daniel | 10 | 1 | £0 | £500 | £500 | £120 | 100% | £1100 | £500 | |
| Hospital nursing team | 4 | 8 | £167 | £1500 | £6833 | £0 | 20% | £1367 | £1367 | |
| Hospital care workers | 4 | 8 | £142 | £1500 | £6033 | £0 | 20% | £1207 | £1207 | Some of this could be done with Daniel and support workers. |
| Support workers | 8 | 16 | £120 | £3000 | £18360 | £1000 | 80% | £15488 | £14688 | Some of this could be done with Daniel and support workers. |
| Supervisors/ managers of support workers | 3 | 2.5 | £125 | £500 | £1483 | £250 | 5% | £84 | £72 | |
| Health and social care commissioners | 2 | 4 | £229 | £498 | £2331 | £248 | 1% | £26 | £23 | |
| Hospital and community psychiatrist and psychologist | 2.5 | 4 | £250 | £499 | £2999 | £249 | 0.5% | £16 | £15 | Dependent on prior experience and expertise. |
| Social worker | 3 | 2.5 | £146 | £500 | £1594 | £350 | 2.5% | £49 | £40 | |
| Community nurse | 3 | 2.5 | £146 | £0 | £1094 | £150 | 2.5% | £31 | £27 | Direct costs including with CLDT or support workers. |

| | | | | | | | | | | |
|---|-----|-----|------|-------|--------|------|-------|---------------|---------------|--|
| GP | 1 | 2.5 | £563 | £150 | £1556 | £75 | 0.4% | £7 | £6 | |
| Gym workforce | 1.5 | 4 | £104 | £0 | £625 | £25 | 5% | £33 | £31 | Direct costs included with support workers. |
| Neighbours and community | 1.5 | 4 | £0 | £0 | £0 | £0 | 100% | £0 | £0 | Direct costs included with support workers. |
| Independent mental capacity assessor | 1.5 | 1.5 | £175 | £0 | £394 | £25 | 0.4% | £2 | £2 | Direct costs including with CLDT, support workers or police and social worker. |
| PBS consultant | 54 | 1.3 | £188 | £8000 | £21163 | £250 | 1.5% | £321 | £317 | |
| Talking therapist | 1.5 | 2.5 | £208 | £150 | £931 | £50 | 0.25% | £2 | £2 | |
| Police and/ or probation service | 1.5 | 2.5 | £175 | £250 | £906 | £50 | 0.1% | £1 | £1 | |
| Total costs related to Daniel | | | | | | | | £19733 | £18298 | |
| Average per year related to Daniel | | | | | | | | £3947 | £3660 | |

What could Daniel's future look like without this care and support?

Without the right care and support, these are the negative kinds of things that Daniel might experience.

- Daniel's care and support is not coordinated and he is discharged. He lives next to a school with no supervision. Lonely, he begins to groom young people by enticing them into his flat with alcohol. Daniel is attacked by frightened parents locally - he retaliates, injures someone and is sent to prison.
 - After serving his time he leaves prison and returns to a similar living situation – he manages to avoid getting into trouble by rarely leaving his flat and ringing the Samaritans and sex chat lines for company. He starts taking sedatives and lives a solitary and unhappy life. He alternates between hospital admissions and prison sentences.
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