

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 Carol

Carol is a 75 year old British born Chinese woman. She has a learning disability and her notes frequently 'query autism', although she has never been diagnosed.

She has a strong personality – she can be feisty, has a wicked sense of humour and enjoys having fun. She knows who she likes - if she does not like someone, she does not often change her mind. She loves watching horse racing, eating out and watching Bonanza and old westerns.

Carol goes out in the community a lot and knows local people who work in the bookies, her local pub and takeaways. She has a fixed routine of places she goes and people she likes to see, and this works well for her.

For the past eight years Carol has lived in a supported living house called 'The Glades' with 10 others of a similar age. She really likes living there and it has been the longest place she has stayed in since she was a child. Carol takes pride in the house and enjoys doing the housework and buying flowers.

Recently, Carol has been experiencing shortness of breath and dizzy spells. She has been putting herself on the floor a lot when she is unhappy, and kicking people if they go near her or encourage her to get up. This puts her at risk of injury and in the past has resulted in her being admitted for treatment. She does not like hospitals or the doctors and each of these admissions has been traumatic for both Carol and the people around her. At the moment staff try and leave Carol alone when she does this until she seems calmer.

What are the key challenges that Carol faces?

Carol is at risk of an admission to hospital and/ or inpatient services.

Due to her dizzy spells, the care team need to ensure that the environment is safe for Carol and assess hazards around the home, such as the stairs.

They also need to explore why Carol is displaying these behaviours, possibly through a functional assessment, and how can they support her.

Background to Carol's life



When Carol first arrived at The Glades they did not have much information about her background - they only have real knowledge from the past eight years since she moved there.

Over the years Carol has lost touch with her family. She has spent a lot of years in and out of assessment and treatment units because her behaviour has 'apparently' resulted in harm to others – however no one knows what her past behaviours were.

She does not want to move out of the Glades, even though a couple of people she lives with annoy her. When she moved in they were all in their early sixties but now they are younger than her and it has a more 'vigorous' atmosphere.

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

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

- Carol's team work with her GP and district nurses to make reasonable adjustments so she can access the right health care and checks, for example home visits, and monitoring for dementia. She is supported to use a machine at home to monitor her blood pressure and blood sugar levels. She sends the results to her GP over the internet.
- Initial tests suggest that Carol is anaemic so she is prescribed 'iron' tablets. This could be a symptom of her long term anti-depressants so her GP changes this and her symptoms improve.
- Her GP refers her for a diagnostic assessment with the local autism team but Carol declines this assessment. She has a Mental Capacity Act assessment with an independent advocate who finds that Carol has the mental capacity to make this decision. Her support provider makes sure that staff know about autism and that Carol may or may not be autistic; the staff use what they know pragmatically to support her.
- The care team use a positive behavioural support (PBS) approach to collect data about incidents of behaviour. It suggests that incidents happen when she has been startled and she then kicks people who make her feel pressured to get up. They put a plan in place to reduce the times when Carol is startled and to let her lie there until she feels able to get up. This includes helping her house mates to understand things that startle her, fitting more cushioned flooring where this happens the most and investigating her hearing.
- Carol works with her support provider, social worker and advocate to plan for her future. They help Carol think about whether she wants to contact her family - Carol decides not to but they put together a presentation with some treasured photos and the things she does know about her history and family. She watches some YouTube videos about the history of the British Chinese community.
- The care team find out that Carol wants to stay at The Glades but the noise and activity level is getting to her. She swaps rooms with another resident so that she is near the back door which is quieter and means she can avoid the stairs.
- Staff realise that Carol does not have close friends in the home anymore and is lonely. They offer to support her when she goes out and a local volunteer helps her go to the pub and bookies.



What workforce does Carol need?

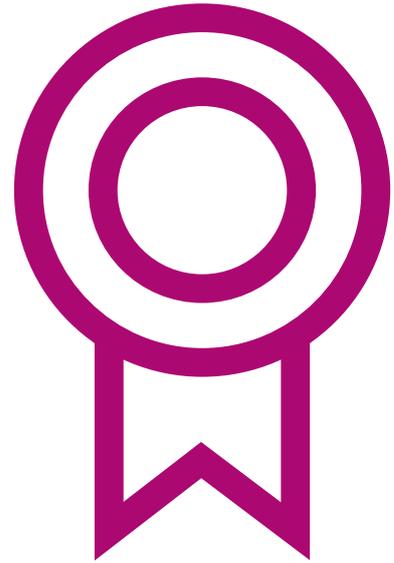
To have a positive future, Carol needs the right workforce in place. Here are some suggestions.

Workforce	Level of support
Care team at The Glades including direct care workers, supervisor, manager	Long term support
Independent mental capacity advocate (IMCA) to help her stay at The Glades	Short term input for the next few months
Social worker who also acts as a care coordinator	This could be a short term input for the next few months to support person-centred planning and then reduce this to regular monitoring
GP	Ongoing support and monitoring
Community learning disability team (CLDT)	Initial input to resolve current challenges and then reducing to occasional monitoring and advice
PBS consultant who is employed by the support provider	This could be a short term input for the next six months, then reducing to occasional monitoring
Psychotherapist for example talking, music or art therapy	Ongoing support
Assistive technology team to support Carol to access digital health monitoring	Support with the initial set up and then occasional monitoring
District nurse	Initial support and possibly occasionally in the future
Hospital teams	As and when Carol needs hospital treatment
Specialist autism services	Initial input to help Carol decide about an assessment
Befriending volunteer to support Carol to go out once or twice a week	Long term support
Local community, for example staff in local shops and pubs	Ongoing weekly support

What skills and knowledge does this workforce need?

Carol'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 her workforce need to know or have skills around:

- person-centred care planning
- understanding behaviours which challenge
- PBS level A*
- PBS level B*
- autism awareness
- active support
- resilience.



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.

All training should be delivered in the context of Carol's needs, interests and preferences – some workers might also need training to understand Carol's Chinese culture and what this means to her.



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.

*PBS levels A, B and C refer to the competency levels in the PBS Academy competence framework. The framework outlines the things that you need to know and do when delivering best practice PBS. It explains the competencies at three different levels: 1. direct contact (PBS level A), 2. behaviour specialist, supervisory or managerial (PBS level B) and 3. higher level behaviour specialist, organisational, consultant (PBS level C).

	Person-centred care planning	Behaviours which challenge	PBS level A	PBS level B	Autism awareness	Active support	Resilience	Specialist skills and knowledge
Carol	x	x			x	x	x	
Direct care workers	Some	x	x	Some	x	Some	x	Care Certificate standards Digital skills to support telehealth
Supervisors	x	x	x	x	x	x	x	
Independent mental capacity advocate (IMCA)	Some	x			Some			Mental Capacity Act level B1
Social worker	x		x		x	x		Care Act
GP		x			Some			
Community learning disability team (CLDT)	x	x	Some	Some				Speech and language therapy and sensory profiling
PBS consultant	x				x	x		PBS level C
Psychotherapist		x						
Assistive technology team		Some						
District nurse		x			Some			
Hospital teams		x			Some			Minimising restrictive practices
Specialist autism services		Some						Autism diagnostic
Befriending volunteer		x			x	x	x	
Key people in the local community					Some			

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 Carol's day to day support team need since they would be selected to support her specifically.

Other training that might help

- A 'keep safe' or 'safe places' scheme for the shops and local amenities Carol uses.
- Peer review.
- A practice nurse or district nurse could deliver some of the training.
- Mental Capacity Act training for care workers specifically around behaviour and what to do when Carol refuses care and support.

	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 Carol	Cost related to Carol over five years	Cost related to Carol over one year	Notes
Carol	4	1	£0	£50	£50	£25	100%	£175	£50	Part of care worker training.
Direct care workers	8	24	£120	£3000	£26040	£1000	6.25%	£1690	£1628	
Supervisors	4	3	£150	£500	£2300	£250	6.25%	£159	£172	
Independent mental capacity advocate (IMCA)	1.5	1.5	£150	£0	£338	£25	0.02%	£0	£0	Direct costs included with CLDT or The Glades.
Social worker	5	2.5	£213	£2600	£5256	£350	4%	£224	£210	
GP	1	4	£563	£0	£2250	£150	0.4%	£10	£9	Direct costs included with CLDT or The Glades.
Community learning disability team (CLDT)	5	3.5	£213	£5000	£5000	£700	4%	£228	£200	
PBS consultant	54	1.3	£213	£8000	£22918	£250	1.5%	£348	£344	Initial PBS level C training will equip the consultant for more than 5 years.
Psychotherapist	2.5	3	£213	£0	£1594	£50	0.25%	£4	£4	Direct costs included with CLDT or The Glades.
Assistive technology team	0.5	1.4	£150	£0	£105	£25	0.4%	£1	£0	Direct costs included with CLDT or The Glades.

District nurse	1	2.5	£213	£0	£531	£150	0.4%	£3	£2	Direct costs included with CLDT or The Glades.
Hospital teams	2	10	£150	£500	£3500	£250	0.02%	£1	£1	
Specialist autism services	0.5	3	£213	£50	£369	£25	0.02%	£0	£0	Direct costs included with family.
Befriending volunteer	3	2.5	£25	£0	£188	£50	100%	£238	£188	Direct costs included with CLDT or The Glades.
Key people in the local community	0.5	4	£0	£0	£0	£0	100%	£0	£0	Direct costs included with CLDT or The Glades.
Total costs related to Carol								£3108	£2807	
Average per year related to Carol								£622	£561	

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

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

- Carol's undiagnosed health problems could lead to more frequent falls and minor injuries (for example broken fingers, cuts and bruises). This might result in hospital treatment which Carol finds very upsetting and could lead to more incidents.
 - Carol's relationship with care staff deteriorates and she avoids the communal areas of her home. She becomes more withdrawn and loses interest in going out or doing housework.
 - Carol continues to 'fall' to the floor and sometimes this happens on the stairs. Her behaviour continues to be a concern so she is prescribed sedatives which have other side effects.
 - She is at increased risk of osteoarthritis and after a risk assessment she is moved to a residential home for older people. This home is not near her local community so she can not go out and she becomes inactive and uncommunicative.
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