

# 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](http://www.skillsforcare.org.uk/workedexamples).



### Meet Francois

Francois is 32 years old. He lives in his own flat and has two hours a week of support to help him sort out his post and do some cleaning.

Francois' is gay and his main ambition is to find love and live with a partner. He also wants to find a job and earn some money. He had a part time job a few years ago but his employment support was taken away when the commissioners felt he could manage without it, and he got into trouble for arriving late and eventually left.

Francois likes chart and heavy metal music - he remembers lots of information about the charts and dates relating to music.



## **What are the key challenges that Francois faces?**

Francois is identified as an adult ‘at risk’ and is due to be made homeless soon. His landlord has given him notice of impending eviction as he says “the flat is filthy and other tenants in the building have complained about frequent visitors calling at all hours of the day and night.”

He has mental ill-health, depression, autism and possible ADHD; his IQ may be within the ‘normal’ range.

From his early teenage years he has a history of drink and drug misuse. He uses recreation drugs and is ‘self-medicating’ with marijuana and other drugs, which he buys on the internet. He has previously been arrested and convicted of assault while under the influence of substances and alcohol - this makes it difficult to find suitable accommodation or work.

He receives money through the benefits system but tends to spend it all as soon as he gets it, usually on clubbing. He is in debt which impacts on other areas of his life – for example he does not eat well and does not have money to get to appointments.

He is lonely and longs for a partner so he is meeting multiple sexual partners. He is also using sex to get more money.

He may be experiencing or vulnerable to ‘mate crime’ or ‘cuckooing’ (people using his flat for criminal purposes with him having little power to stop this), or to assault or sexual exploitation.

He needs help with addiction, housing and budgeting but may not be eligible for ‘care’ under the Care Act or at times, he may choose not to seek or accept help.

He is deemed to have capacity to make most decisions but there are concerns about his decisions relating to his housing responsibilities and social and sexual relationships. He will discuss and plan things but struggles to put them into action.

## Background to Francois's life



Francois is not sure of his background and has no contact with his family.

He thinks he came to the United Kingdom as a young child with his parents, but is unwilling or unable to explain this further. His consultant suspects that his background has included child poverty, possibly systematic child sexual abuse and/ or trafficking, but Francois says he can not remember.

After he was convicted of assault he was transferred to hospital for treatment under hospital order. In hospital he was diagnosed with autism and his consultant suspects he also has ADHD, depression and/ or anxiety. But Francois refused to answer 'any more questions' so they could not make a definitive diagnosis.

Three years ago he was conditionally discharged with Ministry of Justice (MOJ) restrictions regarding drugs and alcohol and locality of residence - this restricts the areas he can live in.

When he left hospital he was placed in an extra care housing scheme so he could have a 'light-touch' support network. In this scheme most of the other tenants were over 55, white and straight; Francois felt it was restrictive and he felt self-conscious and judged by them.

He felt so uncomfortable that he left and rented a flat privately. He is now being served notice because of failure to keep his flat clean and other anti-social behaviour including frequent visitors (one night stands/ clients). He is struggling to pay his bills and as a result, is getting into debt.

He has been evicted from his last two residencies for the same reasons. He sometimes says that life was easier in prison.

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

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

- Francois's care manager negotiates a delay to his eviction on the condition that a more robust support package is put in place.
- The commissioner arranges a package of regular support of between 2 and 25 hours a week – this is flexible according to Francois's changing needs and preferences. Francois is involved in his care planning so he feels comfortable with the people who support him. They also develop a wellbeing plan which includes self help – this includes a sensory integration plan and social stories to help him cope with autism.
- He has a carecall alarm fitted so he can get advice and support at a push of a button. He starts using a Facebook group for local gay autistic people.
- He has an assessment by a mental health doctor and starts cognitive behavioural therapy (CBT) which has been reasonably adjusted to take his autism and mild learning disability into account.
- His consultant and GP amend his medication to support his mood and mental health. His support team encourage him to take it and ensure he does not run out.
- He is supported to understand what his autism means to him and how to maintain positive sexual health and relationships, including education about setting boundaries.
- He accesses counselling and talking therapies when he feels they will be useful.
- Once Francois's life is more stable he has more assessments to clarify his diagnosis and ensure his support team can meet his needs. He can then have capacity assessments (and if necessary best interest decisions) as needed.
- In the longer term he is supported by a multi-disciplinary team including mental health nursing team, support team, housing management, his tenancy and practical help including with cleaning, nutrition and mealtimes. Importantly, this can be scaled back as Francois becomes more confident, but he can easily access more support when needed.
- He is supported back into part time employment working in a bar. He gets involved with a group of musicians and reduces his use of drugs and alcohol.
- Francois develops trusting relationships with some friends and begins to date someone special.

## What workforce does Francois need?

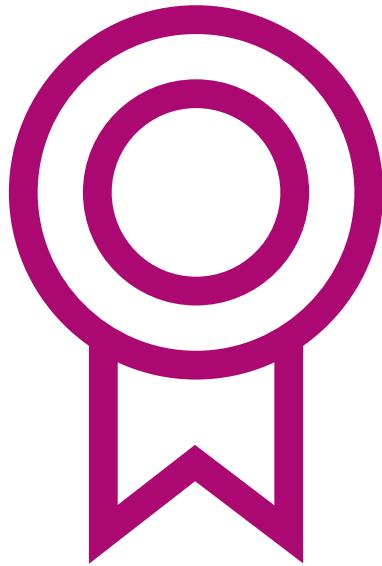
To have a positive future, Francois needs the right workforce in place. Here are some suggestions.

What staff does Francois need right now to achieve a positive future?	What staff does Francois need ongoing in the longer term?
<ul style="list-style-type: none"><li>■ Support workers</li><li>■ Housing advisor</li><li>■ Landlord</li><li>■ Neighbours</li><li>■ Friends</li><li>■ Community nurse</li><li>■ Social worker</li><li>■ Advocacy worker</li><li>■ Cognitive behavioural therapy (CBT) therapist</li><li>■ Psychologist or psychiatrist</li><li>■ GP</li><li>■ Occupational therapist</li><li>■ Social worker</li><li>■ Social and health service</li><li>■ Commissioners</li><li>■ Police</li><li>■ Probation service</li></ul>	<ul style="list-style-type: none"><li>■ Support workers</li><li>■ Neighbours and close friends</li><li>■ Local community learning disability team (CLDT)</li><li>■ Pharmacist</li><li>■ Mental Capacity Act or best interest assessor</li><li>■ GP</li><li>■ Counsellor or therapist</li><li>■ Budget and/or benefits advice</li><li>■ Community psychologist</li><li>■ Community psychiatrist</li><li>■ Drug and alcohol misuse support services</li><li>■ Sexual health advice</li></ul>

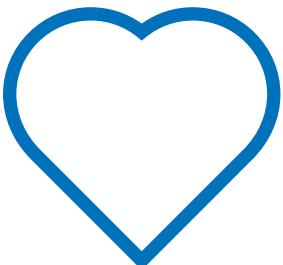
## What skills and knowledge does this workforce need?

Francois'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
- autism and ADHD awareness
- LGBT support and awareness
- awareness of Francois's black, Asian and ethnic minority people (BAME) background
- relevant legislation
- personal budgeting and household management
- mental health
- Mental Capacity Act
- MOJ restrictions
- 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.

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



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## **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 Francois's day to day support team need since they would be selected to support him specifically.

Francois	6	1	£0	£0	£0	Cost related to Francois over one year
His neighbours, landlord and friends	2	3	£15	£0	£90	Cost related to Francois over five years
Care manager and/ or social worker	2.5	3.5	£146	£0	£1276	Total cost of training annually
Commissioners	1.5	2.5	£229	£0	£859	Cost of updating Francois spent supporting workers.
Support workers	6	8	£120	£4000	£9760	Cost related to Francois over one year
Drug and substance misuse service and sexual health team	2	2.5	£175	£0	£875	Direct costs included with support workers.
Community psychiatrist	1.5	2.5	£250	£0	£563	Direct costs included with support workers.
Occupational therapist	2	1.5	£146	£0	£438	Dependant on prior expertise and experience.

<b>Local mental health team</b>	1.5	4	£146	£0	£875	£200	2.5%	£27	£22	Direct costs included with support workers.
<b>Police and probation service</b>	1.5	2.5	£175	£0	£656	£180	0.1%	£1	£1	Direct costs included with support workers.
<b>Housing advisor and benefits or budgeting advisor</b>	2.5	2.5	£175	£0	£1094	£250	0.4%	£5	£4	Direct costs included with support workers.
<b>Talking therapist</b>	2	1.5	£208	£0	£625	£180	0.25%	£2	£2	Direct costs included with support workers.
<b>GP</b>	1.5	3.5	£563	£0	£2953	£600	0.4%	£14	£12	All dependant on prior expertise and experience.
<b>Advocate and independent mental capacity act assessor</b>	3	2.5	£175	£0	£1313	£250	0.4%	£6	£5	Direct costs included with support workers.
<b>Total costs related to Francois</b>								<b>£9768</b>	<b>£8453</b>	
<b>Average per year related to Francois</b>									<b>£1954</b>	

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

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

- Francois could be evicted from his flat. He stays in a hostel where his drug misuse gets worse and he starts stealing to fund his addiction. His mental health deteriorates and he regularly turns up at Accident and Emergency after being found semi-conscious or the victim of violence.
  - One day, he gets agitated and upset with himself for not being able to 'score' and 'kicks off' in a supermarket. When the police get there they do not fully understand his background and think he is drunk and disorderly. At the police station there is no safe custody suite and he is put in a cell. He gets upset and does not understand what is going on, so he lashes out and hurts himself and police staff. He is admitted to an inpatient service and prosecuted for assault of a police officer.
  - Francois has multiple care and support needs so he does not fit neatly into any 'patient pathway'. This puts him at risk of being seen by lots of different services, none of whom can offer the right support, and whose staff do not have the right skills and knowledge to support him. Without the right individualised support he is likely to have an unhappy and shortened life.
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