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 Wilf

Wilf is 72 years old. We do not know much about his likes and dislikes, but he loves horticulture, animals and being outdoors.

Wilf has a mild learning disability and has lived in a specialist learning disability inpatient service for six years, in a locked ward. This was after he was involved in several incidents of arson.

He is generally settled on the ward and staff like him, but Wilf struggles with being around other people and tends to isolate himself. He gets anxious when something happens 'out of the norm' and can lash out. As a result he has damaged furniture on the ward – however he has not done this for over six months. His responsible clinician thinks he has had all the treatment he can benefit from in the service.

Wilf hates being an inpatient and worries that he may be there for ‘the rest of his life’. However he also expresses huge anxiety about what a life ‘outside’ might be like and whether he would be able to cope - he has lost lots of the skills he originally had in looking after himself.

His capacity to consent to his care and support fluctuates - there has been a suggestion that this might be dementia related but he has not had a formal diagnosis.

His niece Debbie feels he is safer in hospital because he is vulnerable himself, and she is frightened that allegations might be made against him. She is also concerned that Wilf’s care will be too much of a burden for her mother (his sister) Barbara; however they do want to maintain contact with him whatever happens.

What are the key challenges that Wilf faces?

Wilf has had multiple hospital admissions due to offending behaviour; mainly arson and aggression. He has been in and out of hospital throughout his life due to ‘learnt’ behaviours.

He has previously been sectioned under the Mental Health Act and has a history of arson. His psychiatrist says that Wilf feels safe in hospital and knows what to do to be put there.

He is due to be discharged from inpatient services and is at risk of re-admission if he does not get the right support. His advocate suggests he has lived in hospital for so long that he has little idea about what support is available or what he might like to do.

Background to Wilf's life

As a child, Wilf lived at home with his parents and he was an only child. Both his parents had a history of alcohol misuse and the relationship between them was violent. It is unclear whether the violence was ever directed towards Wilf himself.

Wilf shows very little attachment when he talks about his parents and he has not formed a real attachment with anyone else throughout his life.

He spent some time in care as a child and young teenager, and there is a suggestion that he was sexually abused by another young boy during this time – however the details are unclear.

As a young adult, Wilf had a job as a gardener for a few years. During this time he developed a fascination with fire – this started with him burning leaves and garden rubbish but became more serious when Wilf was involved in several incidents of arson, including one occasion in his own flat. He was prosecuted and received treatment in a secure environment. This meant he lost his tenancy and job.

Since then Wilf has had lots of long stays in hospital and has lost his skills to live independently. Whilst in hospital Wilf has made several allegations of being sexually abused by other patients who have also made counter allegations. These have been investigated but nothing has been proven.

In the past when Wilf has been discharged, he has not received the right care and support. Because he has a mild learning disability he has been assessed as not being eligible for significant support. He also has not had a consistent social worker and has lived in a variety of places - this means he has been unable to cope for more than a few months and those responsible for his support have not had a clear picture of what works for him and what his needs really are.

It has been suggested that Wilf could move into an older person's residential service but they felt he was unsuitable due to his behaviour posing a risk to other vulnerable residents.

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

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

There is a transition plan to support Wilf to move out of inpatient services.

- Wilf is registered with his GP as having a learning disability and has an annual health check.
- He has a Mental Capacity Act assessment to establish his capacity to make decisions about his care and support.
- An occupational therapist supports Wilf to develop his basic life skills.
- The psychologist from the community learning disability team develops and regularly reviews his positive behavioural support (PBS) plan.
- He has a dementia screening and although it is hard to identify if Wilf has a cognitive impairment, they can establish a baseline for him.
- Wilf is supported to understand the difference between inpatient and community support.
- Wilf receives funding for his care and support under section 117 of the Mental Health Act. In the long term he receives funding from health and social care commissioners – this is important so that his support is not reduced.

In the longer term, here is what could happen.

- Wilf moves into a self-contained flat or bungalow in sheltered accommodation – this would be future proofed so it could become his 'home for life'. He gets more involved in local activities, for example he takes responsibility for tidying the communal garden areas which improves his self-esteem.
- The housing provider makes environmental adaptations to reduce the risk of arson for him and others. For example, furnishings with enhanced fire resistance, hard wired smoke detectors that alert the fire brigade immediately and automatic extinguishers (sprinklers).
- His support team make contingency plans to manage crisis situations, before he leaves hospital.
- Wilf has a multi-disciplinary team who support him. At the start a support worker is responsible for ensuring he has the personal belongings to start his new life.
- He has one to one, 24/7 support for six months that focuses on Wilf regaining his personal and domestic care skills. This support decreases over time. In the long term Wilf would only need shared support with personal care, night staff and one to one support for specific activities. This support is commissioned as his needs change.

- He has ongoing psychological support and/ or therapy for his past traumatic experiences.

- Wilf learns how to use a touch screen video phone so that he can:
  - ask for help when he needs it
  - stay in touch with his family
  - plan his activities
  - get reminders of things like appointments and medication.

- Wilf's social worker and the manager of his support service work with a local community allotment scheme to enable Wilf to volunteer there. His self esteem improves as others notice his horticultural knowledge and skills.

- In time Wilf shows signs of confusion and memory impairment so he has an assessment which identifies he has mild cognitive impairment. His team are trained to support him and monitor this.

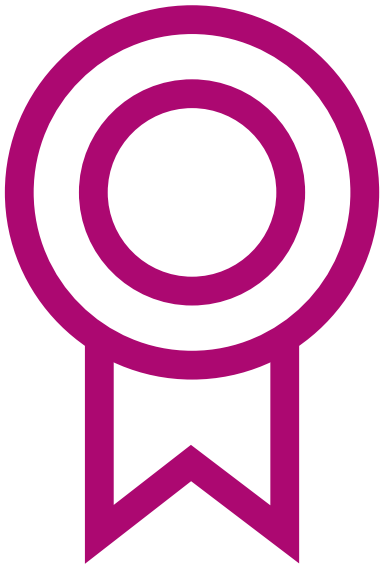
What workforce does Wilf need?

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

Workforce	Level of support
Care team including direct support workers, managers and activity workers	Initially one to one and decreasing in the longer term
Family and friends including his niece Debbie and his sister	Ongoing support
Social worker who also acts as a care coordinator	Intensive during transition and regular thereafter. Support to community allotment scheme is essential
Independent mental capacity advocate (IMCA)	Short term as needed
GP	Long term occasional as needed and for annual checks
Community learning disability team	Intensive during transition and then regular
PBS consultant	Intensive during transition and then occasional
Occupational therapist	Intensive during transition and then occasional
Police liaison officer	Intensive during transition
Community volunteers from the allotment	Ongoing
Dementia diagnostic team	Occasional
Fire services assessment team	Intensive during transition, occasional as needed thereafter

What skills and knowledge does this workforce need?

Wilf'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 planning
- understanding behaviours which challenge
- PBS level A*
- PBS level B*
- dementia awareness
- legal frameworks
- forensic risk assessment
- active support
- resilience and coping mechanisms
- learning disability awareness.

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 managerial (PBS level B) and 3. higher level behaviour specialist, organisational, consultant (PBS level C).

	Person-centred care	Understanding behaviours which challenge	PBS level A	PBS level B	Dementia awareness	Legal frameworks	Forensic risk assessment	Active support	Resilience and coping mechanisms	Learning disability awareness	Specialised skills and knowledge
Wilf	x	x	x		x	x	x	x	x	x	
Care team including support workers, managers and activity workers	x	x	x	x	x	x	x	x	x	x	
Family and friends including his niece Debbie and his sister	x	x					x		x	x	
Social worker who also acts as a care coordinator	x	x			x		x				
IMCA	x	x			x	x	x	x	x	x	
PBS consultant					x		x		x		PBS level C
GP		x			x		x			x	Able to identify age and non-age related health needs Health action planning
Occupational therapist	x	x					x			x	
Police liaison officer		x				x	x			x	Offending behaviours Risk management
Community forensic service	x				x		x	x		x	Liaison and diversion Forensic knowledge Fire setting prevention
Community volunteers at the allotment		x			x			x	x	x	

Therapist		x			x		x		x		Trauma informed care
Fire services assessment team		x			x					x	
Dementia diagnostic team		x			x					x	

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 Wilf'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	Direct cost of training	Total cost	Cost of updating annually	% of their time spent supporting Wilf	Cost related to Wilf over five years	Cost related to Wilf over one year	Notes
Wilf	5	1	£0	£0	£0	£200	100%	£200	£0	Wilf should train alongside care team.
Care team including support workers and activity workers	6	9	£120	£3000	£9840	£800	75%	£7710	£7710	
Supervisors and managers of care team	4	3	£200	£1500	£3900	£500	20%	£880	£780	
Family and friends including his niece Debbie and his sister	4	2	£0	£0	£0	£50	100%	£50	£0	Direct costs included with care team.
Social worker who also acts as a care coordinator	1.5	3.75	£188	£1500	£2555	£500	4%	£122	£102	Direct costs included with care team.
IMCA	4	1.5	£188	£0	£1125	£75	1%	£12	£11	Direct costs included with care team.
PBS consultant	2.5	1.4	£225	£0	£788	£75	2%	£17	£16	Direct costs included with care team.

GP	1.5	2.5	£167	£200	£825	£75	0.05%	£0	£0	Direct costs included with care team.
Occupational therapist	2	1.75	£167	£0	£583	£200	0.7%	£5	£4	Direct costs included with care team.
Police liaison officer	1.5	3	£167	£0	£750	£75	0.02%	£0	£0	Direct costs included with care team.
Community forensic service	2	3.5	£225	£0	£1575	£150	0.2%	£3	£3	Direct costs included with care team.
Community volunteers at the allotment	1.5	5	£0	£0	£0	£75	2%	£2	£0	Direct costs included with care team.
Housing staff	3	2.5	£175	£0	£1315	£75	2%	£28	£26	Direct costs included with care team.
Therapist	3	1.75	£225	£0	£1181	£50	1%	£12	£12	Direct costs included with care team.
Fire services assessment team	1.5	3	£133	£0	£600	£50	0.1%	£1	£1	Direct costs included with care team.
Dementia diagnostic team	1	2.5	£225	£0	£563	£200	0.5%	£4	£3	Direct costs included with care team.
Total costs related to Wilf								**£9034**	**£8056**	
Average per year related to Wilf								**£1807**		

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

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

- Wilf's discharge is delayed and he loses skills and confidence.
- When Wilf is discharged, his support is reduced too quickly (for example to a few hours a week) and it becomes task-focused, for example on shopping and budgeting, which does not allow for meaningful services and activities. This might mean he becomes unable to cope and could lead to anxiety, severe depression and suicidal thoughts.
- Wilf could become isolated and lonely which means his behaviour escalates and is at risk of re-offending with arson attempts, and he could end up back in hospital.
- If there is no service taking the lead for his care and assessment, his physical and mental health could deteriorate as it continues to be attributed to his learning disability.

Skills for Care
West Gate
6 Grace Street
Leeds
LS1 2RP

T: **0113 245 1716**
E: **info@skillsforcare.org.uk**

skillsforcare.org.uk

twitter.com/skillsforcare

facebook.com/skillsforcare

linkedin.com/company/skills-for-care