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 Doris

Doris is 55 years old. She enjoys animal programmes on TV and often indicates that she would like a pet dog; she owns a dog collar, lead and a dog grooming brush.

Doris has a learning disability and she does not use verbal speech; she can use a few Makaton signs and expresses herself very well using vocalisation, facial expression and clearly indicating 'yes' and 'no'. She uses a manual wheelchair and can push herself around indoors. She can take a few steps with things to hold onto, but needs support when going outdoors or long distances.

She can wash and dress herself if things are put in her reach and prefers to do this herself, but she enjoys having her hair done for her.

Doris is currently an in-patient in an acute treatment unit (ATU).

Background to Doris's life

Doris was initially admitted to hospital when she was 15 when her Mum, who supported her, died suddenly. She did not have any other family so she found herself homeless.

She has lived in a variety of learning disability hospitals, often moving as hospitals closed. She lived in one hospital in the North East (which is 200 miles away from where she was born in the Midlands) from 1997 to 2012. When this hospital closed she moved into a small residential home. She stayed here for five years and at first she seemed happy and started using a few words.

However 18 months ago she stopped coming out of her room, became disengaged and stopped eating. She began to scream out loud and wheel her wheelchair at people and walls, possibly as a form of self-harm.

Around a year ago Doris was admitted as an emergency to a mental health ATU where she was diagnosed as having depression and dementia – a full health check showed she has no physical conditions. She does not enjoy living in the ATU and has become more depressed.

What are the key challenges that Doris faces?

The cause of Doris's distress in unknown, and with one 'failed' discharge behind her, it might be hard to find services to support Doris in the community.

After discharge, Doris is at risk of a re-admission to hospital and/or inpatient services. Due to her 'behaviour' the care team need to ensure that her environment is safe for her and other people.

She is at risk of losing the relationships she has built with others prior to her admission to the ATU.

She is at risk of losing her everyday living skills and independence.

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

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

- Her GP, dentist, physiotherapist and speech and language therapist do a complete reassessment to identify if there are any underlying but undetected medical, dental, movement or swallowing needs masked by her condition. This includes considering the impact of the loss and trauma that Doris may have experienced.

- In the short term, Doris is supported with her depression, possibly taking some medication, until other changes start to have an effect. The medication is gradually reduced as Doris gets better.

- Doris participates in psychotherapy using movement and the arts rather than talking therapy, to help her come to terms with the trauma, grief and loss which she has experienced.

- She is supported to develop a life plan to identify how and where she wants to live, who she wants to live with, how she wants to be supported and by who.

- Doris moves into a supporting living service where she has her own wheelchair accessible flat, some communal space and a dedicated group of support staff. Initially she has 2:1 support for most of the day with 1:1 overnight support with additional staff on call.

- The care team support Doris to do things she enjoys such as pet therapy, art/dance/drama and to go to bingo. They support Doris to develop other interests. In the long term she is supported to volunteer at a dog shelter.

- She is able to use public transport and the housing scheme has an accessible vehicle so she can go out in the community.

- The care team use positive behavioural support (PBS) and the number of incidents of behaviours which challenge decreases.

- The care team have a clear communication care plan for supporting Doris.

- Her care team do regular reviews which are flexible, so the care provider can quickly adapt to Doris's changing needs.

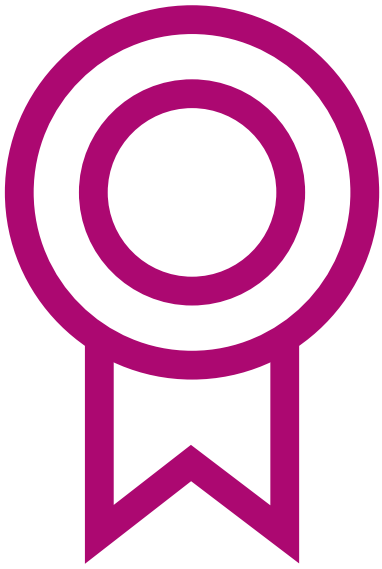
What workforce does Doris need?

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

Workforce	Level of support
Staff in the hospital	Short term support
Care team at supported living scheme including direct care workers, supervisor and manager	Long term support
Independent mental capacity advocate (IMCA)	If Doris is assessed as eligible for an IMCA, they can support her to have her voice heard in regard to moving accommodation and her care plan
Social worker	This could be a short term input for the next few months to support person-centred planning and then reduced to regular monitoring
GP	Initial assessment, possible referral for further testing, and then ongoing support and monitoring
Local community learning disability team (CLDT)	This could be a short term input for the next few months to support person-centred planning and then reduced to regular monitoring
Positive behavioural support (PBS) consultant who is employed by the support provider	This could be a short term input for the next six months, then reduced to occasional monitoring
Psychotherapist to do talking, music or art therapy	Intensive in the hospital setting and assisting Doris as she moves, planning to complete interventions in 12–18 months
Befriending volunteer to support Doris to go to the bingo and dog walking	Ongoing
Speech and language therapist	Initial assessment and care plan recommendations, and then ongoing monitoring
District nurse	Occasional ongoing monitoring
Dementia specialist or dementia nurse (who also knows about learning disabilities)	Initial assessment and care plan recommendations, and then ongoing monitoring
Occupational therapist and wheelchair services	Initial assessment and care plan recommendations, and then ongoing monitoring

What skills and knowledge does this workforce need?

Doris'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
- effective communication
- PBS level A*
- depression and mental health
- dementia and people with learning disabilities
- safeguarding and managing risk
- activity coordination
- resilience
- Mental Capacity Act and Mental Health Act.

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 Doris's needs, interests and preferences.

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	Understanding behaviours which challenge	Effective communication	PBS level A	Depression and mental health	Dementia	Safeguarding and managing risk	Activity coordination	Resilience	Mental Capacity Act and Mental Health Act
Doris	x	x	x		x	x	x	x	x	x
Support workers	x	x	x	x	x	x	x	x	x	x
Manager at new accommodation	x	x	x	x	x	x	x	x	x	x
IMCA		x	x		x	x	x			x
Social worker	x	x	x		x	x	x	x		x
GP		Some	x		x	x	Some			x
PBS consultant			x		x	x	x			
Psychotherapist			x		x	x	x		x	
Befriending volunteer	x	x	x		x	x	x	x	x	
Speech and language therapist		x			x	x				
District nurse						x				
Dementia specialist or dementia nurse		x				x				
Occupational therapist and wheelchair services		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 Doris's day to day support team need since they would be selected to support her specifically.

Other training that might help

- Dysphagia
- Moving and handling, including wheelchair use
- Communication training in the systems Doris uses, including assistive technology
- Trauma informed care
- Nutrition and diet
- Sexuality and sexual health
- Physical disability - the effects of this on equality, diversity and inclusion

	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 Doris	Cost related to Doris over five years	Cost related to Doris over one year	Notes
Doris	10	1	£0	£0	£0	£50	100%	£50	£0	Doris should be involved in all training.
Friends	8	2	£0	£0	£0	£50	100%	£50	£0	
Support workers	10	8	£120	£5000	£14600	£800	75%	£11550	£10950	Direct costs included with support workers.
Manager at new accommodation	4	3	£192	£1500	£3800	£500	20%	£860	£760	
IMCA	2.5	2.75	£204	£0	£1404	£75	1%	£15	£14	Direct costs included with support workers.
Social worker	4	3.75	£208	£1500	£4625	£500	4%	£205	£185	
GP	1.5	2.5	£250	£200	£1138	£75	0.05%	£1	£1	2182 is average number of patients each GP has.
PBS consultant	3	1.4	£225	£0	£945	£75	2%	£20	£19	Direct costs included with support workers.
Psychotherapist	3.5	1.75	£213	£0	£1302	£200	0.7%	£11	£9	Direct costs included with support workers.

Befriending volunteer	4	2	£15	£0	£120	£50	50%	£85	£60	Direct costs included with support workers.
Speech and language therapist	1.5	1.3	£208	£0	£406	£75	4%	£19	£16	Direct costs included with support workers.
District nurse	0.5	1.3	£208	£0	£135	£75	0.5%	£1	£1	Direct costs included with support workers.
Dementia specialist or dementia nurse	1	1.3	£208	£0	£271	£75	0.5%	£2	£1	Direct costs included with support workers.
Occupational therapist and wheelchair services	1.5	1.3	£208	£0	£406	£75	0.5%	£2	£2	Direct costs included with support workers.
Total costs related to Doris								**£12,761**	**£11,938**	
Average per year related to Doris								**£2,552**		

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

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

- The reason for her distress is not investigated and her undiagnosed health conditions are left untreated. The trauma and loss which she has experienced continues to be overlooked, ignored or dismissed.
- Doris's team are not supported to identify how she communicates. This means she cannot tell them how she wants to be supported, and this leads to further depression.
- The severity and frequency of her behaviour increases and this has a negative effect on the staff team, who find it hard to work with Doris, and either leave or transfer.
- The staff team do not understand depression or dementia, and do not provide the right support or access more specialist support.
- Doris's care and support is not reviewed and she stays in hospital where her physical and mental health deteriorate. Or she moves into a residential home which is unsuitable – for example it has poor wheelchair access and no transport – and this leads to her becoming isolated.

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