

# 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 Paul and Doreen

He can also become 'flustered' when he is under pressure or facing unexpected events. In the past this has led him to throw objects and kick furniture. He often acts on impulse and is ashamed afterwards. He was once cautioned by the police after slapping some teenage boys who were taunting him – now he will not travel on public transport and can not drive, so Doreen pays for taxis for them to do their shopping.

Paul has never worked but he does buy films and action figures from the charity shops and sells them online to make 'pocket money'. He has tried volunteering several times but leaves when he feels criticised.

Paul hints at grief, loss and bereavement – this could be for his dad and/ or for the life he feels he wanted (which includes marriage, children and a job). He also can not bear to think about his mum's death.

As Doreen's health is deteriorating, they are both scared that they will be separated or forced to move into a care home.

## **What are the key challenges that Paul and Doreen face?**

Doreen coordinates the household and finances but relies on Paul to do all the 'physical' activities. They live off the widows pension that Paul's dad left, but they are struggling to make ends meet, and they are confused about whether or not they can claim benefits.

Doreen's health is deteriorating and she now has mobility problems and lacks confidence getting around. She needs further health examinations but does not want to leave Paul alone overnight. Their house is described as 'cluttered' by a community occupational therapist who came to give Doreen advice on falls prevention.

At the moment Paul has low level care needs, and is his mum's carer. However without early intervention and preventative support, Paul could require more support in the future and have to move into a residential care setting.

## Background to Paul and Doreen's life

Paul had a 'bad time' at school and changed schools several times. He stayed in school until he was 19 years old.

After school he went to a day service two days a week, but stopped after a few months as he was no longer eligible and started to argue with others there – his mum also needed more help at home. It is reported that he hit one of the staff but he can not bring himself to talk about this. There was no other day service available at the time suitable for Paul.

When Paul was 25 years old, his mum had a stroke and became weakened on one side with a paralysed left arm. Paul assumed a caring role as his dad was working (and later died) and her health is now deteriorating.

They have no family support. Paul's dad died 4 years ago of a heart attack in front of Paul, who  
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## What could Paul and Doreen's future look like with the right support?

With the right care and support Paul and Doreen can have a positive future. Here are some of the immediate interventions Paul and Doreen need.

Doreen gets home care for four to six weeks, to improve her mobility and build her confidence.

Paul and Doreen have a carers assessment.

They get funding and access to respite care so Doreen can have the medical tests she needs.

They get a care call alarm so they can call for help if needed.

Paul's doctor does a medication review. In the past Paul has had sedatives prescribed for big transitions such as hospital appointments. His GP reviews this for when Doreen is not at home.

Paul maintains his online friendships and hobbies.

Paul has a diagnostic assessment for autism and ADHD which helps him understand

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## What workforce do Paul and Doreen need?

To have a positive future, Paul and Doreen need the right workforce in place. Here are some suggestions.

Staff at housing scheme, including support workers and managers

Personal assistants (PAs)

Social worker who also acts as a care coordinator

Independent mental capacity advocate (IMCA)

GP

Community learning disability team (CLDT)

Positive behavioural support (PBS) consultant

Bereavement counsellor

Direct payment support team

Neighbours in the scheme and others in the community

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## What skills and knowledge does this workforce need?

Paul and Doreen'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 their workforce need to know or have skills around:

- active support
- understanding your caring role
- behaviours which challenge
- PBS level A\*
- PBS level B\*
- loss, grief and bereavement
- autism awareness
- practical life skills
- mental health
- person-centred planning
- digital skills.

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

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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 Paul and Doreen's day to day support team need since they would be selected to support them specifically.



	Days of training	Number of people	Cost each day of paid work	Direct cost of training	Total cost	Cost of updating annually	% of their time spent supporting them	Cost related to them over five years	Cost related to them over one year	Notes
<b>Paul</b>	8	1	£0	£0	£0	£0	100%	£0	£0	Direct costs included with support workers.
<b>Doreen</b>	7	1	£15	£0	£105	£30	50%	£68	£53	Direct costs included with support workers.
<b>Staff at housing scheme</b>	8	6	£135	£3200	£9860	£2000	30%	£3504	£2904	Direct costs included with support workers.
<b>Personal assistant</b>	8	3.5	£120	£0	£3360	£1200	75%	£3420	£2520	Direct costs included with support workers.
<b>Social worker</b>	6	1.5	£146	£0	£1313	£300	0.4%	£6	£5	Direct costs included with support workers.
<b>Independent advocate</b>	3	1.5	£175	£0	£788	£150	0.1%	£1	£1	Direct costs included with support workers.
<b>GP</b>	2	2.5	£563	£150	£2963	£100	0.4%	£12	£12	All dependant on prior expertise and experience.
<b>Community learning disability team</b>	2.5	3.5	£146	£0	£1276	£400	0.25%	£4	£3	Direct costs included with support workers.



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

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

Doreen falls and moves into a nursing home, and Paul has no support at home. He also gets no support with his bereavement or practical living. He can't afford to take the bus to see his mum, and becomes isolated. This sudden change leaves Paul feeling overwhelmed and anxious.

Paul has no understanding of household finances, day to day skills and self-management so he gets into debt and has the utilities cut off. His neighbours raise their concerns but he does not trust anyone so he refuses to let people into the house. He is deemed to have capacity to make these decisions so any safeguarding concerns appear to be 'self-neglect'.

This could lead to Paul becoming homeless or moving into a hospital inpatient unit which could be far away from his home.

His collectables are disposed of and he is not supported to continue with his interests and hobbies – he refuses support from medical professionals and with his personal care.

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