



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).



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

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



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.



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



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.

- Ω Wilf is registered with his GP as having a learning disability and has an annual health check.
- Ω He has a Mental Capacity Act assessment to establish his capacity to make decisions about his care and support.
- Ω An occupational therapist supports Wilf to develop his basic life skills.
- Ω The psychologist from the community learning disability team develops and regularly reviews his positive behavioural support (PBS) plan.
- Ω 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.
- Ω Wilf is supported to understand the difference between inpatient and community support.
- Ω 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.

- Ω 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 no future funding

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

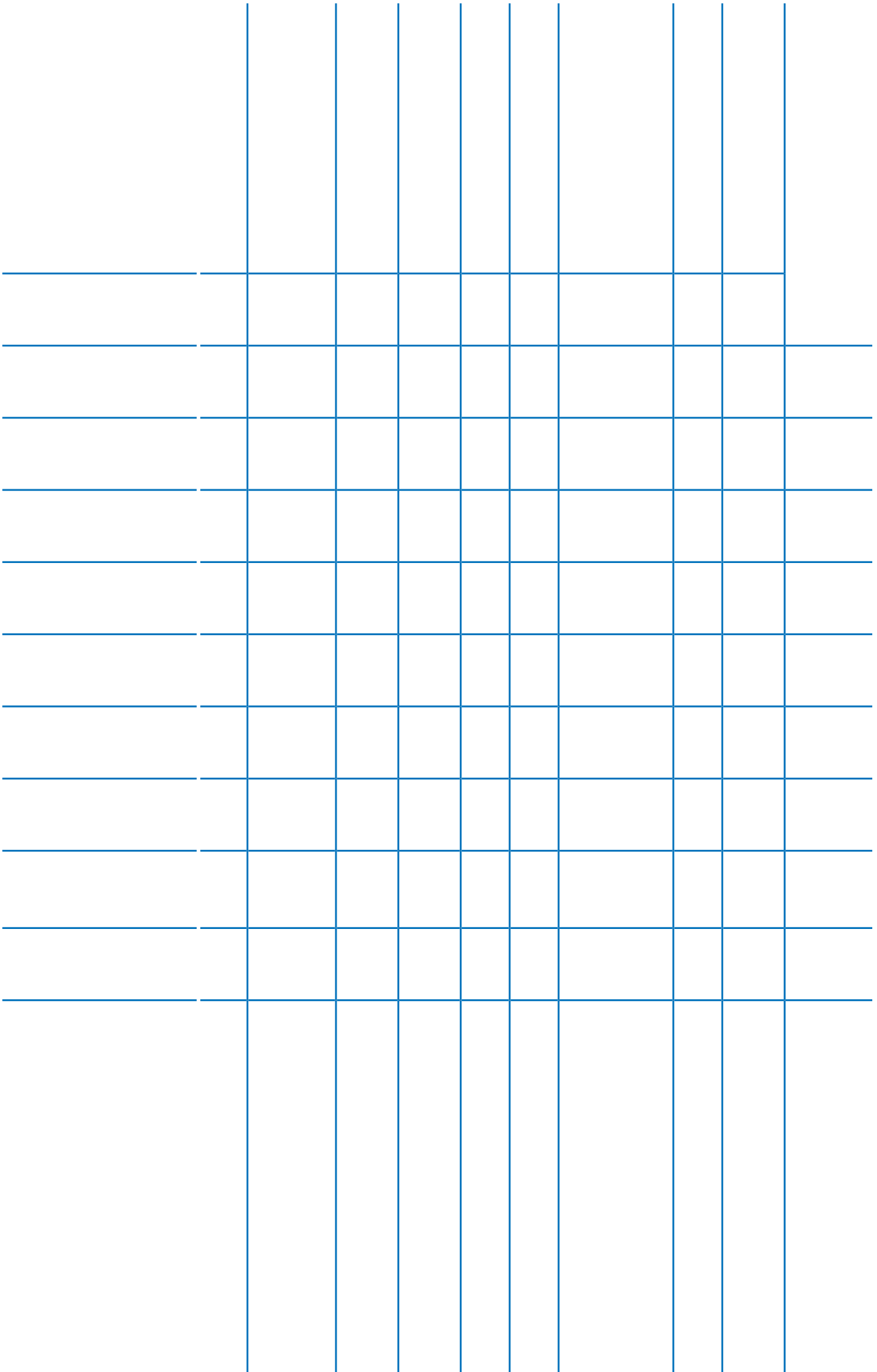
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			X							X					X					Trauma informed care	
F 			X						X						X						
D 			X							X					X						



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.

	5	1	£0	£0	£0	£200	100%	£200	£0	£0	£200	£0	Wilf should train alongside care team.
<b>C</b>	6	9	£120	£3000	£9840	£800	75%	£7710	£7710	£780	£0		
	4	3	£200	£1500	£3900	£500	20%	£880	£780	£0			
<b>F</b>	4	2	£0	£0	£0	£50	100%	£50	£0	£0	£0	£0	Direct costs included with care team.
<b>D</b>	1.5	3.75	£188	£1500	£2555	£500	4%	£122	£102	£102	£122	£102	Direct costs included with care team.
<b>CA</b>	4	1.5	£188	£0	£1125	£75	1%	£12	£11	£11	£12	£11	Direct costs included with care team.
<b>B</b>	2.5	1.4	£225	£0	£788	£75	2%	£17	£16	£16	£17	£16	Direct costs included with care team.





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

- Ω Wilf's discharge is delayed and he loses skills and confidence.
  - Ω 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.
  - Ω 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.
  - Ω 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.
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