S

V

He has lived in a range of settings, including children's homes and foster care. One to one placements, such as foster care, have been more successful, but these have broken down due to his behaviour.

He now lives in supported living with ve other people – he has his own at but shares a kitchen and lounge with others. Most of the time he enjoys living here, but recently the number of incidents of behaviours which challenge have increased. This could be due to staff leaving and him getting a new house mate. He does not have any known friends but seems to engage well with female staff.

His support provider feels he is at risk of admission to inpatient services as his behaviour can be too challenging.

### W

J

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Jake is at risk of admission to inpatient services which could reduce the quality of his health and wellbeing, and lead to more incidents of his behaviours.

He also has unstable diabetes and is overweight which requires close monitoring – he needs the right support and monitoring to control these. When Jake needs his insulin or blood glucose test, he becomes anxious and this can trigger his behaviours.

He has had no functional analysis of his behaviour so his team can't develop a positive behavioural support (PBS) plan.

## W J '

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

- $\Omega$  Jake would have a clear care plan that meets all his support needs.
- Ω He is supported to nd his own home where he has his own space to deal with things when they overwhelm him. This could be in a small but friendly village with good transport links to a bigger town or city. There is a local shop and pub with live music where he can go.
- Ω He has a bespoke care team that is trained to meet his individual needs. He has one to one support through the day and one person sleeping on site.
- Ω His care team work to build relationships, trust and independence which improves his health and wellbeing, and reduces his need for medication.
- $\Omega$  He could start volunteering in the local community in a music shop.

### W

### J ?

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

- Ω Care team
- Ω Social worker who also acts as a care coordinator
- Ω Independent mental capacity act advocate
- Ω GP
- Ω Community learning disability team (CLDT)
- Ω PBS consultant
- Ω District nurse
- Ω Occupational therapist
- $\Omega$  Speech and language therapist
- Ω Diabetes nurse or consultant
- Ω Epilepsy nurse or consultant
- Ω Psychiatrist
- Ω Dietician

Jake'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:

- Ω person-centred planning
- $\Omega$  understanding behaviours which challenge
- Ω PBS level A\*
- $\Omega \quad \mathsf{PBS} \text{ level } \mathsf{B}^*$
- Ω diabetes care
- Ω active support
- Ω resilience and coping mechanisms
- $\Omega$  learning disability awareness.

The table on the next page explains what skills and knowledge each worker needs. The boxes with a 'x' in

#### ÷**T**

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 ve 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 Jake's day to day support team need since they would be selected to support him speci cally.

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## W J' ?

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

- Ω Jake could be admitted to an inpatient service where he is not able to do the things he enjoys. He becomes more anxious because he does not have his own space and can not listen to his music loudly.
- Ω The number of incidents of behaviours which challenge increase and this leads to increased use of medication.

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