



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

LEARNING DISABILITY STRATEGY

SECTION 7 GUIDANCE ON SERVICE PRINCIPLES

AND

SERVICE RESPONSES

August 2004

**WELSH ASSEMBLY GOVERNMENT
LEARNING DISABILITIES STRATEGY
ADULTS AND OLDER PEOPLE WITH LEARNING DISABILITIES SECTION
7 GUIDANCE ON SERVICE PRINCIPLES AND SERVICE RESPONSES**

1. The 1983 Welsh Mental Handicap Strategy sought to enable people with learning disabilities to enjoy the full range of life opportunities and choices, have positive identities and roles in their families and communities, exercise choice and develop independence, self respect and self fulfillment. It articulated 3 principles to guide the way people with learning disabilities are supported. People with learning disabilities should have :

- The right to an ordinary pattern of life within the community
- The right to be treated as an individual; and
- The right to additional help and support in developing their maximum potential

These principles were confirmed in the 1994 guidance.

2. The Welsh Assembly Government endorses the continuing relevance of these principles as an expression of its vision:

- for all people with learning disabilities to be regarded as full citizens equal in status and value to other citizens of the same age; and
- for supporting people to live healthy and independent lives.

3. The 1994 Guidance set out a way forward for care and support to develop the roles of the various groups involved and how the Strategy's objectives should be met. This new guidance supplements and expands the 1994 Guidance and sets out the service principles and service responses that authorities should adopt across a range of issues affecting adults and older persons with learning disabilities. Section 1 of this guidance outlines some of the considerations and actions for authorities while Section 2 sets out the services principles and service responses for authorities to follow. Sections 1 and 2 taken together comprise the guidance.

4. The development of this guidance meets one of the Welsh Assembly Government's responses to the Learning Disability Advisory Group's report 'Fulfilling the Promises' and the associated consultation.

5. The main focus of this guidance is on the person with a learning disability rather than on their families or carers but ,where appropriate, families and carers are mentioned in the text. The contribution that families and carers can make to the unified assessment process is covered within that guidance and carers are, of course, entitled to their own assessment.

SECTION 1

PERSON-CENTRED APPROACHES TO INDIVIDUAL PLANNING

6. Good quality service and support should reflect an individual's needs and goals and take full account of the individual's expressed preferences. A failure to take full account of these matters tends to result in the provision of relatively generalised service and support, which may not be capable of adapting sufficiently to effectively address an individual's needs or goals. By focussing on the individual, individual planning should encourage service flexibility and innovation; inform an authority's strategic service planning and commissioning processes and achieve better outcomes for individuals.

7. The information available suggests that individual planning has not always met the aspirations of the 1994 Guidance. Individual plans were not always outcome focused, comprehensive in scope or sufficiently multi-disciplinary and multi-agency; and that individuals were not being fully and properly consulted about their needs, goals and preferences.

8. The Welsh Assembly Government and NHS Wales have issued joint Guidance entitled "Creating a Unified and Fair System for Assessing and Managing Care". The Guidance seeks to improve across Wales the consistency and quality of eligibility criteria, assessment, care management and care planning. The Unified Assessment process promotes a person-centred approach to managing care and constructs an over arching framework within which all adult assessment and care planning processes are integrated. It is proposed that Guidance will be issued by the Welsh Assembly Government to promote a person-centred approach with individuals who have a learning disability. This Guidance will relate to both the Unified Assessment and Children's Assessment frameworks.

9. The Unified Assessment Guidance requires authorities to place the user at the centre of their care assessment process and service planning and commissioning arrangements. This must be linked to Fair Access to Care Services Eligibility Criteria, the Unified Assessment process, free nursing care and continuing healthcare arrangements. In setting eligibility thresholds, local authorities should seek to enable individual's to develop their potential and promote inclusion within the community. Where required, a range of advocacy services should be available to facilitate communication with individuals

10. Existing Assembly guidance on Creating a Unified and Fair System for Assessing and Managing Care requires authorities to work closely together to prepare a single individual care plan. The approach of assessment and care planning is one that focuses on outcomes for service users and their carers. Services will need to become increasingly flexible to meet the unique needs of individuals. Ensuring that people are helped to remain as independent as possible and building on an individual's strengths is key to this. The Welsh Assembly Government places strong emphasis on the continuing support for service users and carers and the important role of the care coordinator. Local authorities and partners in care are developing appropriate protocols for joint

working. Joint commissioning protocols and arrangements will need to be developed to remove any potential obstacles in the care planning and service delivery process. The development of Statements of Purpose, (as required by the Unified Assessment Process and Care Standards Act Regulations), should encourage and underpin this development.

11. The support that is delivered through the care plan should be provided in a way that helps the service user to achieve the identified outcomes within the prescribed timescales. Outcomes should include preventative and enablement outcomes that reflect the need to optimize autonomy, health and safety, the management of daily routines and involvement in work, education, learning, family life and social networks. The Unified Assessment Process Guidance requires that risk and contingency management should be incorporated into care plans and also specifies the minimum content that must appear within the plan.

12. Typically where an individual's needs are complex and require the input of several professionals and/or agencies, local agencies should consider nominating one professional as the care coordinator for both assessment and subsequent care planning. Agencies should agree local protocols for care coordination and what tasks are involved. Key to this process will be the ability of agencies and professionals to share person identifiable and aggregated information.

13. Authorities will need to determine the extent to which the individual gives informed consent for the sharing of information contained in an individual plan. Several matters need to be taken into account. First, there is the question of deciding whether an individual is capable of giving informed consent. Second, the plan may not meet its objectives if it is not shared between the agency professionals whose action is required to implement the plan. Third, family and advocates who may in practice represent the individual's interests may need to see the plan to check that it contains what was agreed.

INFORMATION PROVISION

14. The provision of information empowers users and carers to make informed decisions, access services and exercise their rights. The evidence presently available suggests that the provision of information to users and carers is not always available in a co-ordinated way; at the right time, with up to date information and in accessible formats.

15. Authorities must ensure that users and carers have timely access to comprehensive, clear, appropriate and helpful information, in a range of formats and languages. This should include information in minority languages as well as English and Welsh. Authorities should establish what format and language meets the information needs of each user and carer.

ADVOCACY

16. Authorities should ensure that access to an appropriate range of advocacy services is available to give a voice to individuals to ensure their views are fully taken into account in the individual planning process. The empowerment

of individuals so that they play a full role in decisions surrounding and affecting their lives is an important aspect of the 1994 Guidance.

17. Authorities will need to take into account that it may be necessary for an individual to make extensive use of advocacy services in order to assist their active participation in the individual assessment processes and to ensure that their views on their life are properly represented, understood and taken into account. In addition, clear and simple explanations of official decisions and policy can often best be made by an independent advocate. This may be particularly the case where an individual has communication difficulties.

JOINT WORKING - PARTNERSHIP IN PLANNING

18. Experience in many parts of Wales after the launch of the 1983 All Wales Strategy showed that joint working between local authority departments, health organisations, voluntary organisations, service users and carers had significantly improved. Effective partnerships in the planning, commissioning, development and monitoring/evaluation of services, led to decisions, which had common ownership, were better informed and were more sustainable.

19. The need for effective joint working has been promoted in subsequent National Assembly guidance to authorities and reinforces the necessity for the effective participation of service users, families and carers in the care planning process. However, evidence suggests that across Wales there are variations in the level of effective engagement of partners in the care planning process for people with learning disabilities. Effective planning arrangements will require fully developed, collaborative partnerships which empower service users, families and carers to make meaningful contributions to the planning, commissioning, development, monitoring and evaluation of services. This should be considered within the wider context of local Health, Social Care and Well Being Strategies and the opportunities provided by the Health Act 1999.

TRANSITION PLANNING

20. It is important for authorities to recognise that individuals will experience many important changes and phases during their life. For services, the main transitional changes are perhaps those for individuals moving from children to adult services and from adult services to older persons services. But there will be other transitional phases for individuals encompassing, for example, commencing independent living or employment. Authorities will need to effectively plan and co-ordinate these transitions to ensure that services and individuals are properly and appropriately prepared in advance to meet the challenges of these transitions.

21. While there are examples of good practice in respect of effective planning and preparation for services and individuals, this is not consistent across Wales. Links between social services, housing, education and health and their 'interface' with the individual are not always as effective as they need to be. Authorities should recognise that time and resources have to be applied to transition planning and preparation if it is to be undertaken successfully. Poor planning and ineffective co-ordination between agencies and poor

communication with the individual can often lead to (avoidable) trauma for the individual and inappropriate or adequate provision of support and services.

22. Authorities must consider whether there should be a nominated agency with clear responsibility for co-ordinating the transition planning and preparation arrangements and whether a specific person should be identified as a 'single gateway' for the individual or their carer to communicate with about any issue relating to the transition planning and preparation arrangements.

COMMUNITY LIVING

23. The 1994 Guidance recognises that individuals with learning disabilities should have the same freedom as anyone else to choose where they live and whom they live with.

24. Community living extends to all ages and means living independently or with the support of family, friends or paid carers and playing a full part in the society in which we all live. It is not just a matter of accommodation standards, although these are important, but also the promotion of independence, citizenship, relationships and lifestyles. Social services, health, education, housing and provider organisations should be working together, in both planning terms and day-to-day provision, to facilitate the opportunities for lifestyle choices and ensuring the well being of an individual.

25. Successful community living requires a range of community services and supports to be available to and for services to be sensitive towards the needs and goals of people with learning disabilities. Accommodation, for example, should reflect a range of individual choices and preferences, and arrangements should help rather than hinder community life and offer individuals the same rights as are available to others. Authorities must consider whether models of service should be developed which allow tenancies to be granted as this would assist in providing the equality of opportunity that is desired.

26. Authorities should plan for some individuals to receive additional and appropriate help to sustain a satisfactory lifestyle in the community. Such additional and appropriate help may need to be provided flexibly and available at times when it is most needed rather than when provider organisations can deliver. Direct Payments with associated local support schemes could provide opportunities for a better match of care and support responses to individual needs and requirements.

27. Authorities should also recognise that some individuals may find it more difficult to use ordinarily available facilities because of aspects of their disability. Individuals with complex and challenging needs present particular challenges for authorities but they too should have the option to live in ordinary housing and access local community facilities. In some situations special arrangements may be required to manage the possible risks that individuals may pose to themselves and others.

28. There will also be situations, particularly at times of crisis, where sudden, short or longer-term interventions will be required and it is essential that authorities have the flexibility to respond appropriately in these situations. A successful outcome of such interventions will see the individual returning to community living.

EMPLOYMENT, FURTHER EDUCATION AND DAY ACTIVITIES

29. The opportunities for individuals to access employment or do other normal activities are acknowledged within the 1994 Guidance. It is important that authorities seek to maximise an individual's potential. Opportunities for employment, further education and other meaningful activities must be considered as part of the person's Individual or transition planning processes. These processes may need to involve, as appropriate, the individual college, Careers Wales; the Community Consortia for Education and Training or the Employment Service.

30. Many Welsh authorities are moving away from the large day centre approach and developing a wider range of alternative day activities, such as community enterprises, social firms, increased attendance at colleges of further education, supported employment and the provision of more localised supports to access community activities. Authorities should critically examine their range of day opportunities for people with learning disabilities and consider other alternatives.

31. Service models such as supported employment, which obtain jobs for people and then train them on site have been shown to be more effective for people with more severe learning disabilities and those with complex or challenging needs than more traditional employment training. Supported employment requires well-trained job finders and job coaches and extra training may be required to effectively support individuals with complex and challenging needs. While supported employment is one pathway; authorities should consider other routes to employment through, for example, social firms, and other meaningful day activities, such as community volunteering or individual occupational and training programmes.

GENERAL HEALTH NEEDS

32. There is strong evidence that people with learning disabilities have poorer general health and more specific health needs than the general population. The Health Evidence Bulletin-Wales indicates that there is increased illness in a number of areas, such as problems with hearing and eyesight, mental health and behavioural difficulties, epilepsy, thyroid disorders, heart disorders and dental problems. Specific health needs may also arise from some of the known causes of learning disability.

33. However, despite this increased need there is evidence to suggest that people with learning disabilities do not always receive the health provision they require. There may be a lack of recognition of common and treatable medical conditions, particularly if the individual has difficulty in communicating symptoms, and carers lack training in the identification of health problems.

34. Problems in providing adequate health care arise from:
- (a) lack of accessible information for service users and carers about health promotion,
 - (b) inadequate training of staff related to the needs of people with learning disabilities and addressing difficulties that may arise in communication, judging capacity and consent,
 - (c) difficulties in accessing services that may be available despite people with a learning disability having a right to the same level of service for physical or mental health services in primary and secondary care as any other individual living in Wales ; and
 - (d) inadequate identification of or lack of attention paid to health concerns when undertaking person centred approaches to individual planning .
35. Authorities should consider whether a programme of regular health checks (including oral health) of individuals should be introduced as these have been shown to assist in identifying unmet needs and requirements for action to address health problems.

INDIVIDUALS WITH COMPLEX HEALTH NEEDS

36. Some people with learning disabilities have complex health care needs due to the co-occurrence of physical disabilities, hearing/eyesight problems, epilepsy, chest problems, swallowing problems, and other chronic medical conditions, mental health problems and or psychological problems.
37. Authorities may need to make particular specialist arrangements for people with complex health needs in order to ensure that their needs are met effectively and safely whilst still enabling the individuals to enjoy an ordinary life in their local communities.
38. Authorities should consider whether carers (both family and paid carers) could be trained to safely undertake specific clinical procedures using validated educational protocols. Individual clinical risk assessments should be undertaken and regularly reviewed on a case-by-case basis.

PEOPLE WITH LEARNING DISABILITIES WHO PRESENT CHALLENGING BEHAVIOUR

39. Some 12% to 17% of people with learning disabilities show challenging behaviour and of those 40% to 60% may show more severe problems. Many will have co existing mental health problems or autistic spectrum disorder. In addition to the regular services that people with learning disabilities require, those who have challenging needs also require health and social care authorities to consider what specialist input may be required :

- For early assessment, advice and support. This should involve professionals who have expertise in the analysis and design of intervention

procedures for people with challenging behaviour and or assessment of mental health needs including mental health problems. This can be provided from specialist challenging behaviour support teams or from community learning disability team professionals. The purpose of their work should be to reduce the challenging behaviour, design management strategies, help carers to develop coping skills, and develop a plan to promote the quality of life and community participation of the people concerned. Their work will also involve providing consultancy, training and support to regular carers and service providers.

- At times of acute crisis, where service provision should aim to ensure that people remain in their homes and local communities. Where this proves to be impossible to achieve, temporary alternative accommodation and residential support may be needed until they can return home or go to new long-term accommodation in the community.
- This may include the committing of criminal offences. The critical issues for authorities should focus on how best to meet the needs of these individuals effectively and safely whilst enabling the individuals to enjoy an ordinary life in their local communities and ensuring appropriate provision for those people who are detained under the Mental Health Act

40. If there is a need for long term treatment or management the authorities should ensure that appropriate arrangements are made. In cases where individuals have been transferred to hospitals or services outside of their local area this has sometimes created difficulties for the family to maintain contact. Authorities should take this into account when considering the appropriateness of arrangements.

41. There is evidence which suggests that authorities sometimes reach differing conclusions as to whether the provision of accommodation, residential support, respite services and day services for people with severe challenging behaviour should be considered to be "social care" (and be commissioned and funded by local authority social services departments) or "health care" (and be commissioned and funded by health authorities). The "health care" - "social care" split can sometimes prove to be a barrier to satisfactorily addressing the needs of individuals. Authorities must have in place agreed protocols to resolve such matters in a timely way and/or introduce a commissioning system involving the "pooling" of resources to overcome these potential difficulties.

Section 2

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Person Centred Approaches to Individual Planning</p> <ul style="list-style-type: none"> • Each person with a learning disability has a right to be assessed in accordance with the guidance on Creating a Unified and Fair System for Accessing and Managing Care. • Any resulting individual plan should reflect the individual's needs, goals and preferences and, as appropriate, the care co-ordination arrangements. • Individual planning should provide a multi-disciplinary and comprehensive assessment of need for each person. • Each service user must be enabled to play an integral part in the planning of their own lives and have the opportunity to state his or her wishes and preferences and have these fully taken into account. • Where an individual's disabilities inhibit understanding of the issues involved in decision-making, they have should access to an appropriate range of advocacy services. <p>Individual planning should provide a future-planning perspective that considers/anticipates future or changing needs, seeks to forestall crises and allows individuals, families, carers and service agencies to plan well in advance, particularly at times of transition. This should set the occasion for continuity of service arrangements as individuals move from the care of one agency to another.</p>	<ul style="list-style-type: none"> • Agency responsibilities and commitments at different stages of a person's life need to be defined and clearly understood. Consideration should be given to relevant agencies pooling funding to provide a single multi-agency individual planning approach. • The resource costs of comprehensive implementation of individual plans for each of the years covered need to be calculated and an investment plan drawn up. These investment plans should be used to inform best value considerations and the strategic planning process. • Within the context of the Unified Assessment process, authorities should seek to agree best practice standards and other criteria to be applied to provide the basis for a uniform approach to individual planning. These should include: <ol style="list-style-type: none"> 1. A named care coordinator for the service user 2. Use of specialist assessors as necessary 3. Use of a person-centred approach 4. Review frequency. Normally, such reviews must be undertaken at least annually, although there may be circumstances when it is necessary for them to be more frequent. Each individual plan should specify a review date and plans should be presented in such a way that outcomes can be evaluated.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Person Centred Approaches to Individual Planning - Continued</p> <ul style="list-style-type: none"> • Individual care plans should have an agreed and regular review process • Information protection must be consistent with statutory requirements and relevant guidance • Individual planning and care management should take into account the costs of service provision in order to ensure best value is being provided. • Where appropriate, carers are entitled to a separate assessment of needs and should be offered this assessment in their own right. • The information obtained from the individual planning process should be used to contribute to local strategic service planning processes. 	<ol style="list-style-type: none"> 5. What support specialist learning disability services may need from other services in some areas of life e.g., employment, mental health needs) 6. Coverage of quality of life concerns: <ol style="list-style-type: none"> i) Health/appearance (my treatment) ii) Accommodation (my home, my family/fellow householders) iii) Support needs (my helpers) iv) Education (my skills, my independence) v) Domestic/Community lifestyle (my self-care, my household arrangements, my use of community amenities) vi) Leisure (my interests, my hobbies, my social activities) vii) Relationships (my family, my friends) viii) Development (my skills, my independence, my autonomy) ix) Finance/security (my income/benefits, my legal status/rights) x) Emotional wellbeing (my happiness, my self-image) <ul style="list-style-type: none"> • risk management issues • As appropriate, information and training should be made available to people with learning disabilities about individual planning to help them state preferences and formulate decisions. Attention should be given to enable people with limited communication skills to express their preferences. • Individual plans should reflect realistic time perspectives (for example, outcomes and objectives over the next five-years). • Inter agency guidelines and

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Person Centred Approaches to Individual Planning– Continued</p>	<p>protocols should be agreed about the sharing of information.</p> <ul style="list-style-type: none"> • As required under the Unified Assessment guidance, authorities should ensure that the cost of each element of service or support provision is calculated. The development of service unit costings may be an approach that will help authorities to develop cost-effective responses to meet identified needs or other support arrangements identified by the individual planning process and to inform the strategic planning/commissioning process. • Relevant information should be systematically abstracted from individual plans to inform the strategic planning/commissioning process. • Where appropriate, carers should be identified as part of the individual planning process and offered their own assessment.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Information Provision</p> <p>Service users and carers must receive good quality, accessible and timely information on the help and support available to them and how they can actively participate in the individual planning and wider strategic planning processes.</p>	<p>Authorities should ensure that there is accessible information on the full range of services and facilities available to meet the needs of service users. This information should be relevant, clear, up to date, timely and produced in a range of formats to ensure the most widespread and effective communication. Authorities should jointly consider how the range of information could be made available in a co-ordinated and relevant way.</p> <p>Authorities should provide accessible information on how users and carers can actively participate in an informed way in the individual planning and strategic planning processes.</p> <p>Individual plans should be provided in an accessible format and authorities should satisfy themselves that the individual understands what is in the individual plan.</p>

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Advocacy</p> <p>People with learning disabilities should be able to express their views and these should be listened to, understood and acted upon.</p>	<p>Authorities should take appropriate steps to ensure the local availability of a range of advocacy to meet the needs and preferences of people with learning disabilities.</p>

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Joint Working – Partnership in Planning</p> <ul style="list-style-type: none"> • All authorities must work closely and constructively with their partners to maintain and sustain a planning function for learning disability services which regularly appraises policies and the performance/appropriateness of existing services and develops as necessary new policies, objectives and service patterns. 	<ul style="list-style-type: none"> • Authorities must consider the breadth of stakeholder interests and develop processes and procedures in consultation with stakeholders to achieve their active participation in the planning function. • Local partnership planning arrangements should normally identify the strategic context (including demographic changes, service demand changes; and evidence based outcomes information) and set the strategic direction for local service development. The arrangements should: <ul style="list-style-type: none"> - Reflect user and carer views and perspectives on service requirements and summarise the nature of and the results from local consultations about needs for local services. - Identify the core aims and objectives and the strategic, financial and performance indicators/milestones for services over both the short and longer term. - Outline service and service development priorities and describe the basis on which they have been determined - Report on achievement against the services objectives and performance indicators/milestones and reflect users views of the services provided. <p>These arrangements must also be considered in the context of any other relevant Assembly guidance or other local strategic objectives and local joint planning initiatives.</p>

SERVICE PRINCIPLE	SERVICE RESPONSE
<ul style="list-style-type: none"> • Joint Working – Partnership in Planning – Continued 	<ul style="list-style-type: none"> • Authorities should determine the support arrangements that may be required to ensure the active participation of stakeholders including whether they should meet the reasonable/appropriate costs of voluntary user and carer groups participating in the planning process.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Transition Planning</p> <p>Transition planning should aim to achieve a smooth and seamless change for individuals as they move between service boundaries/areas.</p>	<ul style="list-style-type: none"> • All involved services e.g. education, social services, health, housing should develop effective joint working arrangements for transition planning. These arrangements should normally cover: <ul style="list-style-type: none"> - Agreeing who the co-ordinating agency should be and the person to be identified as the 'single gateway' for the individual or their carer - What the transition arrangements are, any resource implications and the funding arrangements (including any joint funding), - The arrangements for sharing of information - The arrangements for preparing the individual and, if necessary, any carers for the transition - The timetable for the transition process. • The transition planning arrangements should commence at an early enough stage in advance to ensure that services and the individual/carers are properly prepared for the transition. • Transition arrangements should be consistent with the service principles/responses that apply to individual planning. • The arrangements must also be considered in the context of any other relevant Assembly guidance.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Community Living</p> <ul style="list-style-type: none"> • Subject to the outcomes of the assessment of needs, people with a learning disability, including people with complex and challenging needs, should normally be able to have the option to live in the community independent of the family home including having their own tenancy. • Accommodation arrangements should facilitate access to the local and wider community and the development of support networks for the individual should be encouraged. • People of all ages should receive services and support commensurate with their needs to enable them to live independently in their own homes or with their families. This will include people with complex or challenging needs. • Appropriate help must be available at times of crisis. 	<ul style="list-style-type: none"> • Social Services, housing services and housing providers should work together using their strategic planning processes to develop accommodation plans, which reflect the demographics of the locality. This will include assessing the accommodation and support needs of older people and people with complex and challenging needs. • Individuals should be consulted whenever possible about their housing, tenancy and support arrangements. • In considering accommodation options, due consideration should be given to compatibility issues, the neighbourhood and the accessibility of community activities and facilities, shops and public transport. • An appropriate range of flexible services and support arrangements should be available. These arrangements should include respite care options such as respite at home, family placements and other age-appropriate provision. • For times of crisis, a range of services and support should be available to help the individual to remain in their own home or with their families. Where this proves to be difficult or impossible to achieve, temporary residential

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Community Living – Continued</p>	<p>provision and support may be appropriate. The aim should be for an individual to be helped to return to their home (or to a new long-term home) or their family at the earliest opportunity.</p> <ul style="list-style-type: none"> • Authorities should work with support providers to explore opportunities to develop personal and local networks to meet an individual's support needs rather than relying exclusively on formal paid support

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Employment, Further Education and Day Activities</p> <ul style="list-style-type: none"> • People with learning disability should have equal access to government or other training schemes and other educational or life long learning opportunities, where this would help their personal development, career opportunities or to secure employment. • Day services should provide people with meaningful and rewarding activities, which reflect their interests and develop their confidence and skills. 	<ul style="list-style-type: none"> • Authorities should ensure that vocational training more closely reflects the available jobs market. Vocational training should normally result in individuals gaining a qualification recognised by employers. Appropriate records of achievement should be maintained for each individual. • Appropriate information, advice and counselling should be provided to all young people to inform the decision making process. • Each individual should normally have a learning portfolio, linked to their Individual Plan as part of the Unified Assessment process.. • Where people do not reach training/educational entry criteria they may be better served by place and train approaches to gaining paid employment (i.e., supported employment). • Authorities should assess the nature and level of support an individual may need to gain and sustain employment. Determining the nature and level of this support should be part of the Individual or Transition Planning process. • Effective links should be developed between local employers, supported employment services, social care day services and mainstream employment services to ensure a co-ordinated approach.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Employment, Further Education and Day Activities – Continued</p>	<ul style="list-style-type: none"> • Authorities should use their strategic planning processes to ensure that a range of options are available in local communities which are collectively sufficient to meet need. Options may include: social firms, community enterprises, local community bases, programmes of individual community-based activity, involvement in civic works and voluntary activity, and retirement schemes. • Authorities should consider how appropriate support might be provided to individuals as part of the service (e.g., within a social firm) or as an outreach programme from a local base (e.g., to a programme of community-based activity or voluntary placement). • Day activities should reflect people’s interests and ambitions. They need to link in with other leisure, social and educational activities in people’s lives. Co-ordination and forward planning should be achieved through the Person Centred Approaches to Individual Planning process outlined in this guidance. • Voluntary placements opportunities should be provided as something positive in their own right, not just as a simpler alternative to supporting a person in paid work. People should be linked to a mainstream volunteering scheme wherever possible.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Employment, Further Education and Day Activities – Continued</p>	<ul style="list-style-type: none"> • Authorities should systematically review and seek to increase the range of options available to people with complex or challenging needs. In so doing, authorities should ensure that there is a sufficiently skilled workforce, professional input and enhanced support that may include specialist equipment and environmental adaptations to meet peoples needs.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>General Health Needs</p> <ul style="list-style-type: none"> • People with a learning disability have an equal right of access to primary health care services and secondary and specialist health provision as appropriate. • People with a learning disability should have accessible evidenced based services for common and treatable medical conditions, particularly if the individual has difficulty in communicating symptoms, • All individuals with identified needs should have a multidisciplinary assessment in accordance with the Unified Assessment process to identify and plan for their health as well as social care needs • People with a learning disability who have mental health needs should be able to access a comprehensive range of generalist and specialist local mental health services. 	<ul style="list-style-type: none"> • Services must ensure that people with a learning disability have access to timely and up to date information in an accessible format to make informed choices about health and lifestyle issues. • Local enhanced services under the new contract may be one way LHBs would wish to address the issue of increasing recognition of the particular health problems experiences by people with learning difficulties. An enhanced service would normally include a practise based register and regular audited formalised health checks. • The Unified Assessment process will be used for people with a learning disability. • Mental health services must provide the same level and quality of service for all, regardless of whether a person has a learning disability. • Authorities need to assess the training required for all professional staff in primary and secondary health services to raise awareness and understanding of the needs of people with learning disabilities. <p>Local community learning disability teams will normally retain contact with their clients during periods when they are admitted to acute mental health units. Local community learning disability teams and their mental health colleagues should work collaboratively and learning disability teams should provide advice and support if and when access to other care services is needed.</p>

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>Individuals with complex health needs</p> <p>People with a learning disability, of all ages, who have complex physical and/or mental health needs should normally have their needs met at home or in their local community.</p>	<ul style="list-style-type: none"> • Community learning disability teams must provide a link between the home and primary care and secondary/ specialist health services. Teams should normally include a mix of staff skills, and include all relevant clinical disciplines. • The skills of carers should be developed by providing training, advice and support when specific procedures are required. • Learning disability services must review and, where necessary, strengthen their recruitment and retention strategies to ensure that specialist multi –disciplinary skills are available within the community. • Protocols must be developed to clarify standards, responsibilities and accountability concerning the administration of clinical procedures by unqualified staff and family carers. These protocols should include specific recommendations concerning administration of intrusive clinical procedures.

SERVICE PRINCIPLE	SERVICE RESPONSE
<p>People with learning disabilities who present challenging behaviour</p> <ul style="list-style-type: none"> • People with learning disabilities who present challenging behaviour should receive evidenced based care and treatment appropriate to their needs in their home or as close as possible to their home, irrespective of the severity of the level of challenge. • People who are detained under the Mental Health Act (1983), should be placed as close as possible to their home location. 	<ul style="list-style-type: none"> • Authorities are expected to ensure that there is access to staff with specialist expertise in the analysis of challenging behaviour who have a remit to provide a pro-active assessment, advice and support service. This service could be provided from specialist resource teams or from individual professionals in local community learning disability teams. The aim is to enhance the capacity of regular carers and service providers to meet the needs of people with severe challenging behaviour through the training and support provided. • Authorities should develop effective co-ordination links between the judicial, probation, health and social services in respect of individuals with a learning disability who have offended and are likely to be subject to the requirements of the courts and/or the Mental Health Act.