

Introduction

The Care Certificate was introduced in 2015 to ensure that all social care and healthcare workers have the knowledge, skills and behaviours to provide compassionate, safe and high quality care and support.

Some of the standards have been contextualised to different working situations or services to help new workers, or workers new to a particular area of care, apply the content to their specific roles.

The Care Certificate has been contextualised into six areas:

- autism
- dementia
- end of life care
- learning disability
- lone working
- mental health.

This document includes the **learning disability** contextualised standards.

This resource doesn't cover all of the Care Certificate standards as not all need contextualising, some are universal and apply in the same way to all areas of work. For example, 'Standard 12 Basic life support' applies in the same way to all areas of care.

This resource is introductory level only and designed to be used in addition to, and to enhance, current Care Certificate delivery and resources, such as the Care Certificate workbooks and presentations. The resource can be used alongside other resources for example, 'Tailoring the CareCertificate: Supporting autistic people' when a worker is supporting people who are living with a learning disability and autism.

National trials are taking place with regards to Oliver McGowan Mandatory Training. When these are complete in 2022 we will review this resource in line with workforce induction requirements.

[Further Care Certificate resources can be found here.](#)

Who should use this resource?

[Tailoring the Care Certificate: Services for people with a learning disability](#) is designed to support workers new to this area of support to help contextualise the content of Care Certificate to their role. The resource can be used by learners, Care Certificate trainers and assessors.

How should the resource be used?

[Tailoring the Care Certificate: Services for people with a learning disability](#) is not a mandatory resource. It can be used in a number of ways, by a number of people, to enhance current Care Certificate learning and development. There are activities included throughout. These could be completed verbally or written down, or adapted to be included within a trainer's or assessor's other resources.

The resource could be used:

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There's a vast network of people and services available to support people with a learning disability and to help promote their independence. You will need to be aware of the different people and services involved in supporting each individual and understand your role within this support network to ensure the best outcomes.

These people may include:

family and loved ones	physiotherapist
friends	occupational therapist
GP	advocate
learning disability nurse	housing officer
neurologist	employment teams
speech and language therapist	social groups
social worker	self-advocacy groups.

The different services, roles and responsibilities may be confusing for the person you're supporting, so part of your role will be to help them understand these relationships and communicate clearly and professionally with them and those involved in their care and support.

Advocacy

Advocacy services are used across all services in social care but learning disability services make particular use of them to help ensure those with learning disabilities have their voices heard.

Example

You're a link worker for Lawrence and are working with him on developing his care and support plan. To ensure Lawrence can fully express his ideas, needs and opinions, you suggest involving an advocacy service, which he agrees to. You meet with him and his advocate regularly over the next few months to identify what is important to him and how he wants to be supported. His advocate is crucial in enabling him to articulate this. Together, you also discuss and agree how he would like his family to be involved in his support and in contributing to his care plan.

Discussion

Talk to the person you are supporting (and their immediate circle of support) to identify who is important to them and what their likes and dislikes are.

Standard 4: Equality and diversity

People with a learning disability may experience discrimination. This can be direct or indirect, for example:

- a person wanting to eat in the café however being asked to take their food away to eat
- an activity centre stating in their admission policy that only those in good health can use the facilities
- a hairdresser refusing to book an appointment in the salon for the person you support
- a bus driver refusing access to the transport as the person uses a mobility aid
- a person being told they don't have opportunity to vote as they can't complete the voting form
- a local college stating a course is not suitable for all people with disabilities.

You need to be able to recognise if or when someone you are supporting is discriminated against and know how to challenge discrimination. You'll need to remember that the person you're supporting may or may not want you to challenge it, may want to challenge it themselves, and should be offered access to independent advocacy to support them when appropriate.

Many people with a learning disability will experience discrimination. Discrimination against a person with a learning disability occurs when a person, or organisation, treats that individual differently and unfairly because of their learning disability. Discrimination is often obvious and 'direct, but it can also be subtle and 'indirect'.

Example

Direct discrimination: A person with a learning disability is refused service at a restaurant because of their learning disability.

Indirect discrimination: A restaurant refuses to help a person with a learning disability to understand their menu.

Discussion

Why do you think people might discriminate against those with a learning disability?

What acts of discrimination have you witnessed?

In the examples of direct and indirect discrimination above, why do you think the restaurant staff behaved as they did?



Supporting someone with a learning disability will involve enabling them to have equal opportunities – so that their learning disability does not stop them accessing the services, or participating in the activities, they want to.

Example

Joan is really interested in cooking. The service you work in organises regular cooking sessions for people, but Joan never gets involved. You talk to her and to your co-workers about why this is. It transpires that she would like to take part, but that co-workers haven't been encouraging her to do so because her learning disability means she has limited communication skills and limited mobility. They could be considered to have been unintentionally discriminating against her.

You agree with your co-workers that, if Joan wants to join in cooking sessions, the activities will be broken down into short, safe manageable tasks in which she can participate and be involved. She gets to touch, feel and smell the different ingredients, along with holding the mixing spoon and gets to taste the food once cooked. Action has been taken to involve Joan, promote her independence and provide her with the same opportunities her peers have, ensuring she is not discriminated against.

Hate crime and hate incidents:

A hate crime is a criminal offence, such as assault, fraud, or harassment that is considered by the victim, or someone else, to be motivated by:

disability

race

religion

transgender identity

sexual orientation.

People with a learning disability are at particular risk of hate crime and you should be aware of local reporting procedures. You can report hate crime through the [True Vision website](#) and access support from your local Citizens Advice Bureau.

Mate crime:

Mate crime occurs when someone, who appears to be a friend, takes advantage of a vulnerable person, for instance by asking for money, expecting to be bought things, or puts pressure on a vulnerable person to do something they don't want to. People with a learning disability are at particular risk of mate crime. They may not recognise they are a victim or may not feel able to speak up if someone they consider to be a friend is intimidating them.

Discussion:

Standard 5: Work in a person centred way

Understanding the individual is key to providing person-centred care. You'll need to learn about, and understand, what makes the people you support unique, as well as understanding their learning disability and associated symptoms.

Understanding someone's past is vital in understanding their present and supporting them plan for their future.

Example

Jacob lived in a large residential setting until a few years ago when he moved into supported accommodation. Jacob initially became distressed and anxious at mealtimes and your team found it difficult to support him during these periods.

By talking to those close to Jacob, you and your team established how difficult mealtimes were for him when he lived in the larger setting. His food would often be taken by others and wouldn't be replaced.

You have now been able to support Jacob and agree a person-centred approach to his support at mealtimes. This is having a positive impact and there are less frequent periods where Jacob is distressed and anxious.

Group living environments can make providing person-centred care more challenging as people's behaviours, preferences and choices impact on everyone in the residence. You should be aware of how changes, people, noise and situations may affect people differently and be on the lookout for subtle, or overt, changes in behaviour and mood as a result of group living.

Identity

Our identity is what makes us unique and is our sense of who we are. It encompasses personality, spirituality, sexuality, values and culture and is built from our beliefs and experiences.

Finding and understanding your identity can take time and experimentation – often, but not always, through adolescence and early adulthood. This can be a confusing, and perhaps scary, time.

It's vital that people with a learning disability are supported to explore and develop their own identity as it's so closely linked to self-esteem and self-worth. People with a learning disability may be more at risk of losing, or not forming, their identity; perhaps because those around them are trying to protect them, perhaps their need to express their identity.

Standard 6: Communication

Communicating with the person accessing care is an essential part of delivering person-centred care. People with a learning disability may experience barriers when communicating with others. For instance, others may:

- assume the person doesn't have capacity to communicate
- not understand and react appropriately to the way a person communicates
- use complex language or talk too quickly
- not understand or react appropriately to any cognitive impairment a person may have that inhibits their ability to understand a message.

When communicating with someone with a learning disability, you may need to use additional communication techniques to ensure you both fully understand each other, such as:

- ensuring language is straightforward and use the person's preferred communication method e.g. Makaton
- checking your understanding of what the person is telling you, and their understanding of what you're telling them
- asking others close to the person to help you learn to understand them better
- using body language and facial expressions to emphasise what you're saying or to check your understanding of what someone else is telling you
- being aware of any associated conditions that may further impact the way someone communicates, such as autism or cerebral palsy
- using communication aids.

Various communication aids and technologies are available to support people with a learning disability. The use of these should suit the preferences of the individual accessing care and support. Some examples include:

- signs/symbols
- photographs
- objects of reference**
- easy read systems
- Picture Exchange Communication System (PECS)
- photo or word boards
- passports/books
- talking mats.

An **object of reference** is something which signifies to the individual the next step, an activity or a choice. Objects of reference should be relevant to the individual, and different people may use different objects of reference to signify the same activity. For instance, one person's object of reference for going outside might be their house keys whereas someone else's reference might be their coat.

Discussion point

Jenny has a learning disability and has considerable difficulties communicating verbally. You're helping her make her breakfast, but she can't tell you verbally what she would like to eat.

How might Jenny tell you what she would like for breakfast?
What communication aids might you consider using to help Jenny communicate her preferences?



Example

Akio would like to be more independent when using public transport and doesn't want to always rely on a support worker. The two of you work together to create an independence plan that identifies any associated risks and ways to mitigate them and where and how he needs to gain confidence and understanding. This includes:

- accessing bus and train timetables
- learning the best routes to take
- learning how to purchase tickets
- knowing who to ask for help
- knowing how to keep safe when out in the community.

You should be aware of how your own personal views or experiences could restrict the choices of the person you are supporting or restrict their ability to actively participate in decision making.

Discussion point

Ava is a residential care worker where you work. She supports a group of residents to plan and organise a holiday. In a previous job, she organised a holiday to Scarborough which everyone appeared to enjoy. She suggests this would be good trip and encourages the group to book the same location. Ava thinks what she is doing is right because she believes the people she is supporting will have a great holiday there.

How do you think Ava's views are affecting her practice?
How do you think Ava could enable those she is supporting to actively participate in planning their holiday?



Standard 8: Fluids and nutrition

You will play a role in supporting the person to choose and prepare balanced meals, but also need to keep in mind that people have the right to make unhealthy choices. In these situations, it's your role to ensure the person has the information they need to make an informed decision providing they have the capacity to do so.

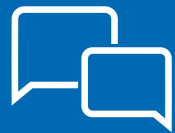
You could:

- help the person you're supporting plan and cook healthy meals
- access information about buying and cooking health food to share with the person, including easy-read information
- avoid using food and drinks as 'rewards'
- encourage the person to attend their annual health check
- ensure that assistive technology, such as adapted utensils or cooking equipment, is available and in working order.

Discussion point

Mim loves to talk about food and often tells you about the delicious meals her parents used to cook for her when she lived at home. Mim now lives in her own flat with regular visits from support workers. You notice that, despite her obvious interest in food, she never cooks. Instead she relies on instant noodles and chocolate. You are concerned about her diet.

How might you support Mim to explore healthy alternatives to her current diet?



Additional health conditions:

People with a learning disability may have additional health conditions that affects their ability to eat and drink well or increase the level of support they need with regards to their diet.

For instance:

- diabetes - this can lead to heart disease, stroke, sore or infected feet, or kidney problems
- constipation - the person may feel bloated and have stomach pain, prolonged constipation can lead to faecal compaction
- dysphagia - coughing or choking on food can lead to chest infections such as aspiration pneumonia.

People with learning disabilities experience inequalities in accessing health services and treatment, as well as inequalities in accessing jobs, housing and transport. This can all have a negative impact on someone's wellbeing, quality of life and life expectancy.

People who have a learning disability may also experience mental health issues or may develop dementia

People with a learning disability may experience additional health issues that can impact on their quality of life and life expectancy. These include an increased risk of dementia for people

Support relating to the health of people with a learning disability is developing. There are current initiatives which include:

- annual health checks through the GP's practice to help people stay well and detect any signs of ill health at an early stage

- STOMP (stopping over-medication of people with a learning disability) - a health campaign to stop the over-use of psychotropic medication to manage people's behaviour and enables social care providers to assess their own practices

- the Learning Disabilities Mortality Review (LeDeR) which looks at why people with a learning disability die, to understand how to make improvements to health and care services.

It's likely that your service will also have health action plans in place for the people you support with learning disabilities. These state what is needed for each individual to remain healthy. Healthcare passports are very useful if the person you are supporting is going into hospital.

[Find out more here](#)

Organisational abuse:

Best practice, and current policy, states that people with a learning disability should be accommodated within the community whenever possible, however many people still live in environments such as hospitals or assessment and treatment units. People with a learning disability are more vulnerable and prone to abuse than others, and when this happens in one of these large units it can manifest itself as **organisational abuse**.

Organisational abuse occurs when an individual's wellbeing is sacrificed for the smooth running of a service. Inadequate care and systematic poor practice affect the whole organisation and those accessing services. People with a learning disability are potentially more at risk of this of this kind of abuse because of some/all of the following factors:

- large, institutional, residential environments
- closed cultures**
- restrictive shift patterns
- inadequate staff training
- restrictive practices.

Sometimes, workers and organisations will not realise that their practice is restrictive. For instance, there might be restricted visiting hours, activities may stop at a certain time or someone's mobility aid might be out of reach.

Closed cultures

Closed cultures can arise wherever people may be less able to self-advocate (speak up for themselves) or are less likely to have their communication needs supported. This can place people more at risk of abuse and human rights breaches.

Whorlton Hall Hospital provided accommodation for people with a learning disability or Autism. In 2019, a BBC investigation exposed systematic abuse of the individuals accommodated there. People living there were mocked, intimidated and restrained by staff. The investigation reinforced how everyone involved in the care of people with a learning disability or autistic people has a role to play in identifying where abuse and human rights breaches may be taking place.

