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**CONSULTATION DRAFT**

**February 2019**

**Learning Disability, Autism or both**

**Advanced Clinical Practice Capabilities  
Framework**

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# Acknowledgements

To be completed

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# Foreword

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## Introduction and background

Health Education England commissioned the development of this framework to provide a definition of advanced clinical practice for Allied Health Professionals (AHPs) and Nursing staff in learning disabilities and autism services. The framework sets out the capabilities (including knowledge, skills and behaviours) characterised by a high degree of autonomy, complex decision making and management of risks.

In recent years, the learning disabilities and autism workforce has been the focus of much attention, not least as a result of the national Transforming Care Programme which aims to develop health and care services so that people with a learning disability and/or autism can live as independently as possible, with the right support, and close to home. More recently, the Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of preventable health inequalities and that people with a learning disability die, on average, 15-20 years sooner than people without a learning disability. The LeDeR programme has highlighted the need for:

- healthcare coordination for people with complex or multiple health conditions
- assurance that effective reasonable adjustments are being provided for people with a learning disability and their families
- mandatory learning disability awareness training for all staff supporting people with a learning disability

The launch of the NHS Long Term Plan (2019) has provided greater focus on actions the NHS will take to strengthen its contribution to prevention and health inequalities, including mechanisms to ensure that people with learning disability and/or autism get better support. It sets out actions to improve understanding of the needs of people with learning disability and autism, to improve their health and wellbeing and to tackle the causes of morbidity and preventable deaths.

Developing the workforce to meet these aims requires a review of roles, teams and associated education and training. The purpose of this framework is therefore to support development and planning of the current and future workforce, to inform the design of curricula and the delivery of education and training programmes – working in partnership with people with a learning disability and/or autism.

# Scope of the framework

The framework describes capabilities for **advanced clinical practice** delivered by AHPs and nursing staff in learning disabilities and autism services. For the purposes of this framework we are using the following definition of capability:

The attributes (skills, knowledge and behaviours) which people bring to the workplace. This includes the ability to be competent and beyond this, to manage change, be flexible, deal with situations which may be unpredictable and continue to improve performance (for further details, see **Appendix 1**).

Unless otherwise stated, reference to 'people' or 'a person' with a learning disability and/or autism includes children, young people and adults.

This framework is specifically for **advanced clinical practice** delivered by AHPs and nursing staff in learning disabilities and autism services. Capabilities for the wider workforce in learning disabilities and autism services are covered in other related frameworks due to launch during 2019:

- Learning Disabilities Core Capabilities Framework: [www.skillsforhealth.org.uk/LDframework](http://www.skillsforhealth.org.uk/LDframework)
- Autism Core Capabilities Framework: [www.skillsforhealth.org.uk/autism-framework](http://www.skillsforhealth.org.uk/autism-framework)
- DHSC/British Association of Social Workers Learning Disability and Autism Framework (due April 2019)

# Synergy with the Advanced Clinical Practice (ACP) Framework

This framework builds upon the definitions of advanced clinical practice provided by the Advanced Clinical Practice (ACP) Framework (2017)<sup>1</sup>.

*Advanced clinical practice is delivered by experienced, registered health and care practitioners. It is a level of practice characterised by a high degree of autonomy and complex decision making. This is underpinned by a master's level award or equivalent that encompasses the four pillars of clinical practice, leadership and management, education and research, with demonstration of core capabilities and area specific clinical competence.*

*Advanced clinical practice embodies the ability to manage clinical care in partnership with individuals, families and carers. It includes the analysis and synthesis of complex problems across a range of settings, enabling innovative solutions to enhance people's experience and improve outcomes.*

The ACP definition has been developed to provide clarity for employers, service leads, education providers and healthcare professionals, as well as potential ACPs practising at an advanced level.

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Advanced Clinical Practice Framework (2017); the capabilities are common across this level of practice enabling standardisation. As well as demonstrating that health and care professionals have developed to a defined level of practice, there is an expectation that this is sustained through organisational mechanisms such as appraisal, clinical supervision and support for continuing professional development.

As illustrated on the table below, the ACP capabilities specific to **Clinical Practice** for learning disabilities and autism are articulated in Domains A to E of this framework.

Domain F of this framework replicates the ACP capabilities for Leadership and Management, Education and Research, which apply to all models of advanced clinical practice across sectors, specialties and professions.

Pillars of the ACP Framework	Domains of Learning Disabilities and/or Autism Capabilities Framework
<b>1. Clinical Practice</b>	Domain A. Understanding learning disabilities and autism Domain B. Personalised and collaborative working Domain C. Health and wellbeing Domain D. Personalised care and support Domain E. Risk, legislation and safeguarding
<b>2. Leadership and Management</b>	Domain F. Leadership and management, education and research
<b>3. Education</b>	
<b>4. Research</b>	

<sup>1</sup> Ref: NHS (2017), Multi-professional framework for advanced clinical practice in England.

# Who is this framework for?

## Service commissioners

The framework enables commissioners of services to specify minimum standards for clinical employment/placement; it sets out clear expectations about advanced clinical practice delivered by Allied Health Professionals (AHPs) and Nursing staff in learning disabilities and autism services.

The capabilities support the development and planning of the workforce to meet local population need and support a common understanding and expectation of operating at this advanced level of practice, in order to facilitate the development and mobility of this workforce.

## Service providers

The framework enables managers to demonstrate that AHPs and nursing staff meet core capabilities or have developmental plans in place to meet the nationally recognised framework. This underpins the continuing professional development of practitioners to ensure their practice remains up-to-date, safe and effective and supports the process of quality assurance to ensure the safety and effectiveness of advanced clinical practice roles.

A further aspiration in providing this framework is to support service transformation i.e. that organisations use the framework to review their current arrangements for advanced clinical practice in learning disabilities and autism services and use the capabilities in developing roles and teams.

## Education and training providers

The framework helps those who design and deliver training and development opportunities to focus on the key capabilities that learners need to achieve, which in turn will guide the content to be included and the use of appropriate learning and teaching strategies.

Education providers can use the framework to inform the design of their curricula and the delivery of education, training and development programmes, including how they articulate their intended learning outcomes. This will ensure that their learning and development provision contributes to students and practitioners acquiring and demonstrating the full range of knowledge to support the capabilities required for advanced clinical practice in learning disabilities and autism services.

Use of this national framework also supports organisational and system wide effectiveness and efficiencies by encouraging the delivery of education and training that is focused on developing core capabilities and optimises opportunities for inter-professional learning. In so doing, it should help to increase consistency in knowledge and skills development, prevent unnecessary duplication in education and training delivery and strengthen skill mix and teamworking.



## Practitioners – people and teams

The framework sets out clear expectations for practitioners about the requirements of effective and safe extended practice roles and transferable skills. It can be used to review and recognise how capabilities are shared across teams and to conduct formal or informal appraisal and training needs analysis, comparing current skills and knowledge with required skills and knowledge. The framework also provides a structure for career progression and development in new and challenging clinical environments and engagement in continuing professional development.

Practitioners may have different starting points, due to their background, clinical training and scope of practice - most practitioners are already likely to meet all or some of the capabilities but may need to develop and orientate themselves to working in learning disabilities and autism services.

## Service users and the public

The framework can be used by service users and the public to understand the functions of the learning disabilities and autism workforce and to plan effectively for their own current and future care. In particular, the framework highlights that people must be able to make informed choices about their care and support and be assured that services are delivered safely and effectively alongside healthcare and other practitioners, i.e. to participate in shared decision-making.

## Structure of the framework

The framework begins with a description of the principles and values that underpin all the capabilities set out under the six domains that follow.

The domains of the framework are:

- Domain A. Understanding learning disabilities and autism
- Domain B. Personalised and collaborative working
- Domain C. Health and wellbeing
- Domain D. Personalised care and support
- Domain E. Risk, legislation and safeguarding
- Domain F. Leadership and management, education and research

Within the domains are a total of 27 capabilities. The capabilities are numbered for ease of reference. This does not indicate a prescribed pathway, process or hierarchy.

The capabilities should be interpreted and used as a framework for the collective expression of acquired skills, knowledge and attitudes rather than taken in isolation. Several capabilities in domains C and D are optional to allow for greater specialisation within the multi-disciplinary team.

The framework does not prescribe how individual practitioners' fulfilment of the capabilities should be demonstrated or assessed and assumes that cyclical appraisal, credentialing and CPD exist within a well governed clinical working environment. This will depend upon the context or setting where the framework is used, individual roles and how people have developed their capability.

Further information on the development of this framework is presented in **Appendix 4**.

# Principles and values

This framework has a guiding principle that people with a learning disability and/or autism should be treated with dignity and respect as equal members of our society and that they are entitled to enjoy the same rights and experiences as anyone would expect.

## Key principles

All professionals involved with services for people with learning disability and/or autism will need to understand basic ethical principles underlying health care and apply them for the benefit of the people using services. The Learning Disabilities Professional Senate (2014)<sup>2</sup> has set out a number of key principles to provide an ethical framework for decision-making and practice. These are summarised as follows:

- **Autonomy:** People with a learning disability may have impairment of their mental capacity and could face significant obstacles in developing and exercising their individual autonomy. For this reason, it becomes the responsibility of people commissioning and providing services that people are supported in making their own choices about the care they receive and be afforded this with dignity and respect.
- **Acting in best interests:** When working with people who may lack the capacity to make some informed choices, professionals may have to provide care and treatment in the person's best interests. This must be carried out within the framework of the Mental Capacity Act.
- **Doing good (beneficence):** Provision of care and treatment is focussed on enabling people to develop ways of behaving, interacting and communicating that support them to live fulfilling lives and enhance the quality of their lives.
- **Doing no harm:** The moral imperative to do no harm requires professionals to balance the risks and benefits of giving or withholding care and treatment. Consideration of harm would need to be balanced by the benefits of treatment with a reduction of challenging behaviour, an improvement in the quality of life and community participation as well as the increase of opportunities and the reduction of stigma and exclusion.

Rights and Equality Based Outcomes for People with a Learning Disability (Learning Disability Professional Senate) are presented in **Appendix 2**.

These principles and outcomes build on previous strategies such as Valuing People (2001)<sup>3</sup> and Valuing People Now (2009)<sup>4</sup> which set out key principles to underpin all care and support for people with a learning disability and that people with a learning disability and their families have the same rights as everyone else, as enshrined in the Human Rights Act (1998), the UN Convention on the Rights of Persons with Disabilities and Disability Discrimination Act (2005).

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<sup>2</sup> Learning Disabilities Professional Senate (2014): Statement of ethics for professionals who work in Learning Disability services post Winterbourne View

<sup>3</sup> *Valuing People: a new strategy for learning disability for the 21st century - a White Paper*. London: Department of Health 2001

<sup>4</sup> *Valuing People Now: a new three-year strategy for people with learning disabilities*. London: Department of Health, 2009

## Professional ethics, standards and codes of practice

All professionals are also accountable to the regulatory bodies for their practice. Each of the regulators sets out the expected standards of practice for individuals within their various codes of conduct. This includes (but is not limited to) the following:

### **Health & Care Professions Council (HCPC):**

Standards of conduct, performance and ethics at: <https://www.hcpc-uk.org/>

### **Nursing and Midwifery Council**

Professional standards of practice and behaviour for nurses, midwives and nursing associates at: <https://www.nmc.org.uk/standards/code/>

### **General Dental Council**

Standards for the Dental Team; standards of conduct, performance and ethics at: <https://www.gdc-uk.org/professionals/standards>

### **NHS Constitution**

Commitments to service users and staff, and the responsibilities that the public, service users and staff owe to one another to ensure that the NHS operates fairly and effectively at: <https://www.gov.uk/government/publications/the-nhs-constitution-for-england>

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# Domain A. Understanding learning disabilities and autism

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## Introduction

Children, young people and adults with a learning disability and/or autism have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives.

Advanced clinical practitioners in learning disability and autism have a key role in provision of care and support. They understand the characteristics and prevalence of learning disability and autism, adapt communication methods to meet people's needs and preferences and promote positive health and wellbeing.

Advanced clinical practitioners can lead and contribute to assessments for learning disability and/or autism and develop a formulation or differential diagnoses that will ensure most effective support and referral if needed. This includes demonstrating skills in problem-solving, critical thinking and evaluating the impact and outcomes of their interventions. They analyse and synthesise information, particularly in relation to unfamiliar contexts and presentations where information may be incomplete or contradictory.

Advanced clinical practitioners demonstrate safe, effective, autonomous and reflective practice, informed by available evidence and established best practice. They work effectively as part of a team, either as a leader or as a team member, contributing to multi-disciplinary team-working to optimise the quality of service and outcomes. They will support and encourage shared decision-making e.g. working together with people, family and carers to agree approaches to care and support based upon needs and informed preferences.

# Capability 1: Awareness of learning disabilities and autism

## The person or practitioner will:

- a) articulate the common types and main causes of learning disability and the main characteristics of autism
- b) understand the prevalence of learning disabilities and autism
- c) critically appraise the key legislation, policy and guidelines relating to learning disability and autism care and support
- d) evaluate the positive and negative impact that caring for a person with a learning disability and/or autism in the family may have on relationships and family members' own wellbeing
- e) evaluate the socio-political background and context of learning disability and autism services including the development of an 'asset-based approach'; recognising the strengths and potential of individuals and communities
- f) advocate for and facilitate the timely identification and assessment of learning disabilities and/or autism
- g) adapt communication methods to meet the needs and preferences of people with a learning disability and/or autism
- h) promote and advocate for positive health and wellbeing for people with a learning disability and/or autism
- i) evaluate adjustments which may be necessary when supporting a person with a learning disability and/or autism and understand the purpose of health action plans / health passports in signposting critical adjustments
- j) anticipate that people with a learning disability and/or autism may need support when experiencing significant transitions in their lives and plan accordingly
- k) ensure a person-centred approach when working with people with a learning disability and/or autism
- l) promote the principles and practice of advocacy in supporting people with a learning disability and/or autism
- m) effectively co-ordinate access to other services and support for people with a learning disability and/or autism and their families and carers
- n) appraise how individuals and organisations work together to prevent abuse and neglect and to ensure the safety and wellbeing people with a learning disability and/or autism.

**NB.** These core outcomes for awareness of learning disabilities and autism underpin and are supplemented by the other capabilities in this framework. Learning disability and autism awareness also needs to be understood in conjunction with related statutory and mandatory capabilities as appropriate to role.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Autism Skills and Knowledge list, for workers in generic social care and health services, Skills for Care & Skills for Health \(2011\)](#)
- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)
- [Reasonable adjustments for people with a learning disability Guides on how reasonable adjustments to health services and adjustments to help people with learning disabilities to access services, Public Health England \(2018\)](#)
- [Learning Disabilities Mortality Review \(LeDeR\) Programme, University of Bristol \(2017\)](#)

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Care and Support statutory guidance \(2016\)](#)
- [Mental Capacity Act 2005 Code of Practice](#)

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## Capability 2: Identification, assessment, formulation and diagnosis

### The practitioner will:

- gather and synthesise information from appropriate sources (including previous histories and assessments), in partnership with a person with a learning disability and/or autism and others to facilitate person centred assessment
- conduct a comprehensive assessment for learning disability and/or autism utilising appropriate assessment tools
- listen, ask questions and obtain further information, with due sensitivity as part of a person-centred assessment that promotes social, emotional, cultural, spiritual and intellectual wellbeing
- appraise information obtained, taking account of potential associated conditions, for example, epilepsy; physical disabilities; and mental health problems
- critically appraise complex, incomplete, ambiguous and conflicting information, distilling and synthesising key factors from the appraisal, and identifying those elements that may need to be pursued further
- work with the multi-disciplinary team to develop a formulation based on all available data
- develop a differential diagnosis, recognising key diagnostic biases and common errors (including diagnostic overshadowing) and the issues relating to diagnosis in the face of ambiguity and incomplete data
- assess and plan for the needs of families and carers providing care and support for a person with a learning disability and/or autism
- recognise the experience of people with a learning disability and/or autism, their families and carers and communicate with sensitivity about the identification of a learning disability and/or autism and related implications
- support people with a learning disability and/or autism to access post-assessment support services and advanced care and support planning
- understand the prevalence of learning disabilities and autism and the importance of equal access to learning disabilities and/or autism assessment for people from diverse communities
- record the information gathered concisely and accurately for clinical management, and in compliance with local protocols, legal and professional requirements
- work effectively with colleagues and the multi- professional team, to collate and share data across organisations in compliance with local protocols, legal and professional requirements.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

To be completed...

## Indicative mapping to relevant national standards or frameworks

**Core Skills/Capabilities Frameworks** (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Learning Disability Capabilities Framework (2019): Capability #

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## Domain B. Personalised and collaborative working

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### Introduction

Advanced clinical practitioners in learning disability and autism have the interpersonal and communication skills to engage in effective, appropriate interactions with people, families, carers and colleagues in the clinical environments and roles in which they practise. They have the listening, information-processing and empathetic skills to ascertain, understand and respond to peoples' needs and concerns. They use appropriate language and media, are sensitive to individual preferences and needs, and uphold and safeguard peoples' interests.

Advanced clinical practitioners take account of peoples' specific needs, wants and circumstances to guide the care and support they offer. They respect peoples' expertise in their own life and embrace the principles of independence, choice, inclusion, equality and empowerment as the foundations of care and support. They work in partnership with families and carers enabling them to understand their options for care and support, sharing information on risks, benefits, consequences, and potential outcomes in a clear, open way to support shared decision making.

### Capability 3: Inclusive communication

#### The practitioner will:

- a) effectively utilise and advocate for a range of communication techniques (including visuals and sign supported speech) according to the different abilities and preferences of people with a learning disability and/or autism
- b) facilitate the development, implementation and review of individualised communication plans with people with a learning disability and/or autism
- c) analyse how communication is critical for supporting autonomy, wellbeing and quality of life and the role of supervision in supporting this
- d) appraise and support the use of assistive technology to enhance communication
- e) critically evaluate communication systems and practices to support positive outcomes for people with a learning disability and/or autism
- f) actively advise, support, develop and change communication systems for each person with a learning disability and/or autism
- g) support organisations to facilitate and role model individualised total communication packages
- h) utilise a range of augmentative and alternative communication methods and services that meet the functional communication needs of people with a learning disability and/or autism
- i) appraise the connection between behaviours that challenge, and the communication needs of people with a learning disability and/or autism



- j) understand the importance of teaching and supporting alternative behaviour matched to the functional needs of behaviours that challenge
- k) signpost to appropriate specialist speech and language therapy advice and make timely referrals where appropriate
- l) synthesise and advocate for adoption of the Accessible Information Standard for health and social care organisations including requirements for policy, procedures, human behaviour and where applicable, electronic systems. This includes the five-step process for:
  - i. Identification of needs
  - ii. Recording of needs
  - iii. Flagging of needs
  - iv. Sharing of needs
  - v. Meeting of needs.
- m) communicate effectively with colleagues using a variety of media (e.g. verbal, written and digital) to serve people's best interests
- n) communicate with colleagues in ways that build and sustain relationships, seeking, gathering and sharing information appropriately, efficiently and effectively to expedite and integrate people's care.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Accessible Information Standard - NHS England \(2017\)](#)
- [Five good communication standards: Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings - Royal College of Speech and Language Therapists \(2013\)](#)
- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS\) Academy \(May 2015\)](#)
- [Career & Development Framework for Learning Disability Nursing in Scotland, March 2013](#)

## Indicative mapping to relevant national standards or frameworks

**Core Skills/Capabilities Frameworks** (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Person-Centred Approaches: A Core Skills Education and Training Framework

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# Capability 4: Personalised care and support

## The practitioner will:

- a) synthesise the theory and principles that underpin personalised care and support for people with a learning disability and/or autism, including principles of behaviour change and activation
- b) critically evaluate the role of personalised care and support in therapeutic relationships and communication
- c) facilitate and role model personalised practice for people with a learning disability and/or autism
- d) synthesise how self-management and enablement may include recognising and helping people to manage their own levels of stress when dealing with choices and decision making
- e) critically evaluate the role of positive risk taking and duty of care in enabling personalised care and support
- f) work in partnership with people with a learning disability and/or autism and others to facilitate and support person-centred assessment
- g) develop and implement systems for goal-based, personalised outcome planning, implementing plans, and monitoring their impact
- h) promote and advocate for person-centred thinking and planning in the management and development of services, enabling people to maximise empowerment within the limits of their capability in complex systems with changing support
- i) advocate for and facilitate the use of co-production in the management and development of services
- j) utilise and support the implementation of relevant legislation and guidance for consent and shared decision-making (e.g. mental capacity legislation and NICE guidance).

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS\) Academy \(May 2015\)](#)
- [Accessible Information Standard - NHS England \(2017\)](#)

## Indicative mapping to relevant national standards or frameworks

**Core Skills/Capabilities Frameworks** (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Person-Centred Approaches: A Core Skills Education and Training Framework

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# Capability 5: Families and carers as partners in care and support

## The practitioner will:

- a) critically appraise the contribution that families and carers make in supporting people with a learning disability and/or autism
- b) explore and appraise the impact that caring for a person with a learning disability and/or autism in the family may have on relationships and family members' own wellbeing (including any psychological impact)
- c) work in partnership with families and carers providing care for a person with a learning disability and/or autism to assess their needs
- d) evaluate how family and carer relationships and needs may change over the life course and during periods of transition
- e) appraise the potential for dilemmas arising where there are differing needs between people with a learning disability and/or autism and their families and carers
- f) co-produce a plan to support families and carers providing care for a person with a learning disability and/or autism
- g) support access to carers' personal budgets, parental support groups, family support groups, and community groups
- h) actively promote the value of short breaks, and how to support access to them
- i) recognise the needs of the ageing family carer, and how to signpost them to sources of support
- j) help to create healthy psychological environments for people with a learning disability and/or autism by giving support and advice to carers and families
- k) implement recommendations that take into account communication needs of families and carers
- l) contribute to the development of practices and services that actively reflect the wishes and needs of families and carers
- m) understand and implement legislation relevant to families' and carers' rights and act as a source of further information for families and carers around legal issues (e.g. lasting power of attorney, mental capacity, deprivation of liberty)
- n) co-ordinate and contribute to reviewing partnership work with families and carers.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS Coalition UK, May 2015\)](#)
- [Department of Health \(2010\), Recognised, valued and supported: Next steps for the Carers Strategy](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Department of Health \(2014\), Care Act Factsheets, Factsheet 8: The law for carers](#)

## Indicative mapping to relevant national standards or frameworks

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## Domain C. Health and wellbeing

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### Introduction

People (children, young people and adults) with a learning disability and/or autism have a right to access good quality healthcare. Their health needs are often greater and more complex and often present differently from those without a learning disability and/or autism. There is clear evidence that people with a learning disability experience poorer access to healthcare and worse health outcomes. One of the starkest inequalities is that people with a learning disability experience very high rates of premature mortality. Most recently, the Learning Disabilities Mortality Review (LeDeR) Programme has highlighted the persistence of health inequalities and that people with a learning disability die, on average, 15-20 years sooner than people without a learning disability.

Advanced clinical practitioners support and encourage people to optimise their physical and mental health. They promote and implement reasonable adjustments to enable the health needs of people with a learning disability and/or autism to be met. They focus on how they can have a positive impact on physical and mental health, advise on interventions and therapies, and formulate and enable the development and implementation of management plans. They also have skills and knowledge in devising supports relating to behaviours that services may experience as challenging..

Advanced clinical practitioners demonstrate safe, effective, autonomous and reflective practice, informed by available evidence and established best practice. They work effectively as part of a team, either as a leader or as a team member, contributing to multi-disciplinary team-working to optimise the quality of service and outcomes. They will support and encourage shared decision-making e.g. working together with people, family and carers to agree approaches to health care and support based upon needs and informed preferences.

Capability in physical and mental health is needed by all advanced clinical practitioners as a minimum. In addition, the practitioner may have a greater level of capability related to some interventions depending on their professional scope of practice – these are the optional capabilities within this domain.

## Capability 6: Physical health

### The practitioner will:

- a) recognise the signs, symptoms, prevalence and potential impact on the lives of people with a learning disability and/or autism of health conditions including (but not limited to):
  - i. epilepsy
  - ii. dysphagia
  - iii. diabetes
  - iv. heart disease
  - v. constipation
  - vi. colorectal cancer
  - vii. sepsis
  - viii. respiratory issues
  - ix. visual impairment
  - x. auditory impairment
  - xi. dental conditions
- b) recognise and assess the needs of people with a learning disability considered to be at high-risk of respiratory problems and choking
- c) recognise and act upon the need for a balance between a nutritionally balanced diet and providing the opportunity for people with a learning disability and/or autism to enjoy the food and drink of their choice<sup>5</sup>
- d) promote the importance of people with a learning disability and/or autism maintaining good physical health through exercise, activities, movement and posture<sup>6</sup>
- e) take account of how sensory processing impacts learning, communication, sensory integration, self-regulation, oral motor, fine motor and gross motor control<sup>7</sup>
- f) understand the meaning of Profound and Multiple Learning Disabilities (PMLD) and the range of needs of people with PMLD<sup>8</sup>
- g) fulfil professional duties related to the prompting and/or safe administration of medication where appropriate
- h) recognise and act upon the consequences (including short-term and long-term side effects) of psychotropic medication and their potential impact on the lives of people with a learning disability and/or autism
- i) understand the role of families and carers in supporting the health and wellbeing of people with a learning disability and/or autism
- j) understand the complexity of ageing and co-morbidity in people with a learning disability and/or autism
- k) promote and advocate for reasonable adjustments and processes to support people with a learning disability and/or autism to access healthcare services

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<sup>5</sup> See Capability 11: Nutrition, hydration and dysphagia

<sup>6</sup> See Capability 12: Movement and posture

<sup>7</sup> See Capability 13: Sensory integration

<sup>8</sup> See Capability 15: Profound and Multiple Learning Disabilities

- l) support others to develop, implement, and monitor plans for healthcare and participate effectively in care and treatment reviews
- m) recognise the importance for people with a learning disability and/or autism to maintain good physical and mental health through nutrition, exercise and a healthy life style that includes social engagement
- n) suggest, encourage, support and promote healthy lifestyle options and make referral to services providing healthy lifestyle advice and options
- o) critically appraise the outcome of relevant research and use current evidence to underpin own practice and to inform that of others
- p) develop and disseminate health promotion information and advice
- q) monitor, evaluate and improve the effectiveness of health promotion activities
- r) identify the function of different healthcare services and the role of professionals within different healthcare services that people with a learning disability and/or autism may need to access
- s) refer people with a learning disability and/or autism to specialist healthcare services for assessment and diagnosis where appropriate.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)
- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Meeting the health needs of people with learning disabilities - Royal of College of Nursing \(2013\)](#)
- [Promoting access to healthcare for people with a learning disability – a guide for frontline NHS staff - NHS Quality Improvement Scotland \(2006\)](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

[Return to contents page](#)

# Capability 7: Mental health

## The practitioner will:

- a) recognise that people with a learning disability and/or autism experience similar mental health conditions to people without learning disabilities or autism
- b) recognise the signs, symptoms, prevalence and potential impact on the lives of people with a learning disability and/or autism of mental health conditions including (but not limited to):
  - i. psychoses
  - ii. neuroses and stress related disorders
  - iii. personality disorders
  - iv. other developmental conditions such as ADHD
  - v. mood disorders (including suicidality)
  - vi. substance misuse
  - vii. dementia and confusional states
  - viii. eating disorders
  - ix. sexual and gender identity disorders
- c) understand that people with a learning disability and/or autism can develop mental health conditions for the same reasons as people without learning disabilities and/or autism
- d) evaluate the importance of meaningful activity and social engagement as 'protective factors' in maintaining positive mental health
- e) analyse why people with a learning disability and/or autism are at increased risk of mental health conditions
- f) understand that people with a learning disability are at greater risk than people without learning disabilities or autism of developing dementia as they get older
- g) recognise that mental health conditions may develop and present in different ways from people without learning disabilities and/or autism, and recognise signs or symptoms e.g. repeated self-harm
- h) analyse why mental health conditions may be overlooked in people with a learning disability and/or autism e.g. due to complex or atypical presentations and/or diagnostic overshadowing
- i) explore and appraise the needs of people with a learning disability and/or autism and a mental health condition
- j) support a person with a learning disability and/or autism and mental health condition to access and use specialist and personalised assessment, and care, treatment and support, recognising that reasonable adjustments may be required to standard mental health assessments
- k) coordinate and communicate with key people and services in the life of the person with a learning disability and/or autism and a mental health condition.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [NICE Guidance: Mental health problems in people with learning disabilities: prevention, assessment and management \[NG54\] \(2016\)](#)

## Indicative mapping to relevant national standards or frameworks

**Core Skills/Capabilities Frameworks** (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))



- Mental Health Core Skills Education and Training Framework
- Dementia Training Standards Framework

To be completed...

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## Capability 8: Health equality and reasonable adjustments

### The practitioner will:

- evaluate how annual health checks underpin long term health and wellbeing for people with a learning disability and/or autism
- devise, implement and promote reasonable adjustments to meet people's support needs where this can lead to better outcomes for people, including greater independence and participation
- appraise how limited communication and health literacy may reduce the capacity for people with a learning disability and/or autism to convey health needs effectively to others
- advise on and implement reasonable adjustments to enable the health needs of people with a learning disability and/or autism to be met. Adjustments may include consideration around appointment times and duration, support required and ensuring information provided about medication and other treatments is in a format that is relevant to the person
- promote health passports, health action plans, hospital traffic lights or hospital passports and books and advise how these can provide important information about a person's communication and care needs and any potential hazards such as a risk of choking, known allergies and epilepsy
- synthesise and implement current guidelines and principles aimed at stopping the over-medication of people with a learning disability and/or autism
- work collaboratively across agencies and boundaries to improve inter-agency collaboration and communication
- promote and advocate for person-centred practice for people with a learning disability and/or autism, including coproduction in the development of services
- support and enable capacity building and partnership working to promote health equality and reasonable adjustments, challenging poor practice if appropriate
- implement and communicate current legislation, policies and guidance relevant to people with a learning disability and/or autism accessing healthcare
- promote and apply the Accessible Information Standard for health and social care organisations including requirements for policy, procedures, human behaviour and where applicable, electronic systems. This includes the five-step process for:
  - Identification of needs
  - Recording of needs
  - Flagging of needs
  - Sharing of needs

- v. Meeting of needs.
- l) actively promote sources of relevant local or national guidance, information and support.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health, Public Health England \(2017\)](#)
- [Reasonable adjustments for people with a learning disability Guides on how reasonable adjustments to health services and adjustments to help people with learning disabilities to access services, Public Health England \(2018\)](#)
- [Learning Disabilities Mortality Review \(LeDeR\) Programme, University of Bristol \(2017\)](#)
- [Accessible Information Standard - NHS England \(2017\)](#)
- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [The Health Equality Framework and Commissioning Guide](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

[Return to contents page](#)

# Capability 9: Nutrition, hydration and dysphagia

### The practitioner will:

- a) support and advocate for a balance between a nutritionally balanced diet and providing the opportunity for people with a learning disability and/or autism to enjoy the food and drink of their choice
- b) evaluate how to improve the provision of nutrition and hydration through monitoring food and drink intake using appropriate tools and the evaluating factors that influence a positive mealtime experience
- c) develop person-centred management approaches together with people with a learning disability and/or autism; recommendations may include advice about:
  - i. food textures
  - ii. high risk foods
  - iii. the best posture or positioning
  - iv. utensils
  - v. pace of eating
  - vi. the best environment in which to eat and drink.

- d) involve a person's family and/or care staff if the person lacks capacity to work with professionals to develop their own management approaches
- e) recognise that adults with a learning disability are a high-risk group for deaths from respiratory problems
- f) actively identify groups of people with a learning disability and/or autism who are at a particularly high risk for dysphagia including those who are getting older, use particular medications, are unwell or living with dementia
- g) advise on the main clinical causes of dysphagia
- h) critically evaluate how other health conditions have been associated with dysphagia e.g. urinary tract infections, headaches, constipation, oesophagitis and reduced ability to fight infections
- i) refer people with dysphagia to specialised multi-disciplinary assessment to ensure their needs are fully addressed in a timely manner.

**The specialist practitioner will:**

- j) conduct detailed and accurate assessment of dysphagia, which may be observational or instrumental, such as Video Fluoroscopic Swallow Study (VFSS) or Fiberoptic Endoscopic Evaluation of Swallowing (FEES)
- k) understand swallow mechanisms and prescribe exercises or techniques that may help people eat and drink more successfully
- l) recognise when dysphagia is severe and evaluate other methods of getting adequate nutrition and hydration, such as enteral feeding
- m) evaluate decisions regarding methods of getting adequate nutrition and hydration with the person themselves and if possible, their family, care team, core professionals, the GP, and specialist professionals
- n) develop a personalised care plan for people with a learning disability and/or autism and dysphagia to ensure their needs are fully addressed in a timely manner.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Dysphagia and people with learning disabilities, Public Health England \(2016\)](#)

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

- CHS159 Provide support to individuals to develop their skills in managing dysphagia
- CHS160 Assist others to monitor individuals' attempts at managing dysphagia
- DYS1 Undertake protocol-guided swallow screening / Assessments
- DYS2 Undertake a comprehensive dysphagia assessment
- DYS3 Undertake a specialist dysphagia assessment
- DYS4 Develop a dysphagia care plan.

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# Capability 10: Positive behaviour support

## The practitioner will:

- a) fully involve people with a learning disability and/or autism in the process of understanding and coproducing supports relating to behaviours that challenge
- b) co-produce with people and the appropriate members of the multi-disciplinary team, functional positive behaviour support plans
- c) actively support families and carers in supporting people at risk of behaviours that challenge in addition to the full involvement of the person themselves
- d) synthesise information obtained to develop an individual formulation regarding the context and causes of behaviours that challenge
- e) devise and contribute to a functional assessment of a person at risk of behaviours that challenge
- f) gather and synthesise data to create an overview of the skills and needs of a person at risk of behaviours that challenge
- g) construct evidence-based formulations that explain the functions of behaviour and how behaviour is maintained
- h) implement multi-element evidence-based support strategies based on the overview and individualised evidence
- i) support the development of functionally related equivalent behaviours that can support the replacement of behaviours that may be perceived as challenging
- j) formulate and advocate for appropriate reactive strategies that are person centred and evidence based
- k) actively be involved in the formulation of evidence based, least restrictive positive behaviour support plans
- l) promote, teach and support skills that will facilitate person centred positive behaviour support plans
- m) provide supervision to colleagues and teams following an intervention, recognising the impact of behaviours that challenge on a person's mediators
- n) monitor the delivery of a behaviour support plan and contribute to the evaluation/review of its effectiveness.

**NB.** Other capabilities in this framework are also relevant to positive behaviour support for example, communication, meaningful activity, sensory integration etc.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Reducing Restrictive Intervention of Children and Young People \(The Challenging Behaviour Foundation, 2019\)](#)
- [Restrictive interventions in in-patient intellectual disability services: How to record, monitor and regulate \(RC Psych, 2018\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS Coalition UKAcademy, May 2015\)](#)
- [Learning disabilities: challenging behaviour NICE Quality Standard Published: 8 October 2015](#)
- [NICE Challenging behaviour and learning disabilities pathway \(2015\)](#)
- [HSC 3065 – Implement the Positive Behavioural Support model \(level 4, ref: T/601/9738\)](#)
- [Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges.](#)
- [Stopping over medication of people with a learning disability, autism or both \(STOMP\)](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

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# Capability 11: Communication - speech, language and communication needs (optional)

### The practitioner will:

- a) comprehensively assess the communication needs and preferences of people with a learning disability and/or autism
- b) evaluate how limited communication and health literacy may reduce the capacity for people with a learning disability and/or autism to convey health needs effectively to others
- c) actively support and involve people with a learning disability and/or autism in developing a clear and detailed description of their communication needs and the best methods of promoting their interaction and involvement
- d) develop communication interventions, including the design and provision of individualised communication support strategies and resources
- e) provide ongoing supervision to support staff in adapting their communication and building up their understanding of the communication needs of the people they work with
- f) role model supervision which is embedded in psychologically minded practice i.e. staff are supported to be interested and recognise their own feelings in relation to the people they work with and how they communicate with them
- g) actively promote and develop a strategy for good communication, either across an environment or an organisation
- h) critically evaluate a range of communication strategies to underpin effective shared decision making and capacity assessments
- i) ensure a focus on communication is embedded in learning and development processes e.g. in development plans, supervision and/or appraisals
- j) gather and synthesise the views of people with a learning disability and/or autism by building up an understanding of their likes and dislikes and reviewing their preferences over time
- k) proactively seek feedback from friends, carers, families and other professionals to build a more complete picture of a person's views and preferences
- l) share information about people's information and communication needs with others, when they have consent or permission to do so.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Five good communication standards: Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings - Royal College of Speech and Language Therapists \(2013\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS\) Academy \(May 2015\)](#)

## Indicative mapping to relevant national standards or frameworks

### Core Skills/Capabilities Frameworks (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Person-Centred Approaches: A Core Skills Education and Training Framework

To be completed...

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## Capability 12: Movement and posture (optional)

### The practitioner will:

- actively promote the importance for people with a learning disability and/or autism to maintain good physical health through exercise, activities, movement and posture
- understand the impact of poor posture on a person's health and the impact of interventions to reduce poor posture, for example on the respiratory system
- support a person with a learning disability and/or autism to optimise their movement and posture
- support a person with a learning disability and/or autism in looking after their feet
- provide postural care for people with profound learning disabilities who are unable to change their own body position
- anticipate the need for consistently supporting posture throughout the day and night in order to reduce the risk of complications associated with severe physical disability e.g. pain, pressure sores, spinal deformity, joint contractures and respiratory infection
- actively create opportunities enabling people and their carers to carry out physiotherapy and follow protocols for follow up
- recognise when people have difficulties or changes with their posture and when to access further help or advice
- know the details of any local specialist postural-care therapists and other professionals involved in care and how they should be identified in the person's Health Action Plan (HAP)

### The specialist practitioner will:

- conduct a comprehensive assessment of positioning and posture
- appraise how people with a learning disability and/or autism and their family and carers are involved with assessment, selection and issue of equipment and review to ensure equipment and guidelines are acceptable and 'fit' with family life
- evaluate and review the use of postural-care guidelines and equipment as part of an annual review of health needs
- critically evaluate how any prescribed postural-care equipment improves quality of life

- n) make referrals to the GP for medication review or other services such as orthotics and wheelchair services.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

[Postural Care and people with learning disabilities guidance, Public Health England \(2018\)](#)

To be completed...

## Indicative mapping to relevant national standards or frameworks

### National Occupational Standards

CHS135 Implement programmes and treatments with individuals who have restricted movement / mobility

CHS136 Assist in the implementation of programmes and treatments with individuals who have severely restricted movement / mobility

CHS137 Implement mobility and movement programmes for individuals to restore optimum movement

CHS138 Assist in the implementation of mobility and movement programmes for individuals to restore optimum movement and functional independence

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## Capability 13: Sensory processing and integration (optional)

### The practitioner will:

- a) synthesise the neuroscience and evidence base underpinning sensory integration theory
- b) explore and appraise problems with sensory integration that may be relevant to people with a learning disability and/or autism including:
  - i. problems with sensory modulation
  - ii. sensory discrimination and perceptual problems
  - iii. vestibular-bilateral functional problems
  - iv. praxis problems
- c) appraise how sensory integration impacts learning, communication, sensory processing, self-regulation, oral motor, fine motor and gross motor control
- d) assess difficulties with sensory integration using a standardised assessment tool and using clinical reasoning
- e) synthesise case history and assessment data in order to set appropriate goals and plan interventions
- f) select, plan and evidence the need for interventions for development of sensory integration, including selection of appropriate outcome measures

- g) critically evaluate interventions and adjustments (e.g. to the environment or activities) to help manage problems with sensory integration.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

To be completed...

## Indicative mapping to relevant national standards or frameworks

To be completed...

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# Capability 14: Epilepsy (optional)

### The practitioner will:

- a) demonstrate a comprehensive understanding of the classification of seizures and be able to differentiate, through appropriate use of history taking and assessment tools, the type of seizure and syndrome
- b) synthesise current national guidelines in relation to assessment and treatment of epilepsy
- c) evaluate the complexity and comorbidity of epilepsy in people with a learning disability and/or autism and support them to reduce health inequalities as a result of this complexity and comorbidity
- d) evaluate how epilepsy may develop and present in different ways in people with a learning disability, and that the usual signs or symptoms may not be observable or reportable
- e) proactively assess and manage risk related to epilepsy in people with a learning disability and/or autism
- f) initiate and evaluate the use of appropriate rescue medication
- g) recognise and articulate the link between the epilepsy syndrome and the aetiology of learning disabilities in order to more effectively manage the person's condition to improve their quality of life
- h) synthesise data to create a formulation for a person with a learning disability and/or autism and epilepsy and devise appropriate care and support plans
- i) fully involve the person with a learning disability and/or autism and epilepsy in the process of understanding and devising supports relating to their epilepsy
- j) know what health services are available and how to refer people with a learning disability and/or autism to improve their biopsychosocial outcomes in relation to the epilepsy
- k) initiate, monitor and evaluate epilepsy treatment, including knowing the specific idiosyncratic effects in people with a learning disability and/or autism and the need to take into account potential comorbidities such as dysphagia
- l) proactively develop and disseminate health promotion advice to people with a learning disability and/or autism, their families and carers in relation to epilepsy.



## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

[Management of epilepsy in adults with intellectual disability, Royal College of Psychiatrists \(2017\), Good Practice Guide CR203](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

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# Capability 15: Profound and Multiple Learning Disabilities (optional)

### The practitioner will:

- a) demonstrate a comprehensive understanding of the meaning of Profound and Multiple Learning Disabilities (PMLD) and the range of needs of people with PMLD
- b) recognise that people with PMLD are more likely to have the following conditions; respiratory disease, epilepsy, coronary heart disease, gastrointestinal reflux, diabetes, helicobacter pylori, osteoporosis
- c) recognise signs of when someone with PMLD is in pain and manage this effectively
- d) work collaboratively with other professionals who can offer support and advice to people with PMLD and their families and carers
- e) evaluate the adjustments that can be made to ensure that people with PMLD can access support and services
- f) appraise the resources available to help people with PMLD have a positive experience in hospital and community settings
- g) recognise the importance of eye care and vision for people with PMLD
- h) evaluate the effects of communication needs on people with PMLD and their families and carers and adapt communication practice to meet their needs
- i) recognise and evaluate how sensory differences affect people with PMLD
- j) anticipate the importance of consistently supporting posture throughout the day and night in order to reduce the risk of complications associated with severe physical disability e.g. pain, pressure sores, spinal deformity, joint contractures and respiratory infection
- k) know the details of local specialist postural-care therapists and other professionals involved in care and how they should be identified in the person's Health Action Plan (HAP)
- l) actively support and involve people with PMLD, their family and carers with the assessment, selection and issue of equipment and review to ensure equipment and guidelines are acceptable and 'fit' with family life
- m) evaluate and review the use of postural-care guidelines and equipment as part of an annual review of health needs

- n) critically evaluate how any prescribed postural-care equipment improves quality of life.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Communication and people with the most complex needs: What works and why this is essential, Mencap \(July 2010\)](#)
- [See What I Mean: Guidelines to Aid Understanding of Communication by People with Severe and Profound Learning Disabilities by Grove N., Bunning K., Porter J., Morgan M. \(2000\). Kidderminster: BILD/Mencap.](#)
- [Top tips for supporting people with profound & multiple learning disabilities, published by NHS Midlands and East](#)
- [Department of Health \(2010\), Raising our sights: services for adults with profound intellectual and multiple disabilities](#)
- [Supporting people with profound and multiple learning disabilities core and essential service standards \(Nov 2017\)](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

[Return to contents page](#)

## Capability 16: End of life care (optional)

### The practitioner will:

- a) proactively work with people with a learning disability and/or autism and others to develop a person-centred end of life care plan that balances treatment with care and support needs and preferences
- b) demonstrate a comprehensive understanding of the processes involved in deciding when a person with a learning disability and/or autism is deemed to be at end of life
- c) synthesise guidance, risks and benefits, and ethical considerations associated with individual's food and drink related needs, including that related to clinically assisted nutrition and hydration
- d) share information, including that which relates to the wishes of people with a learning disability and/or autism, in a timely and appropriate manner with those involved in end of life care
- e) understand referral criteria and initiate processes for referral to specialist services to meet the needs of people with a learning disability and/or autism and those important to them
- f) critically evaluate ways to overcome potential barriers people with a learning disability and/or autism may face in accessing end of life care
- g) advocate for reviews of death of people with a learning disability and know which organisations should be contacted following the death of a person with a learning disability

- h) contribute to the development of practices and services that meet the end of life needs of people with a learning disability and/or autism.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Care and support of people growing older with learning disabilities, NICE Guideline \[NG96\] \(2018\)](#)
- [How social care staff can support palliative and end of life care for people with learning disabilities, Public Health England \(2017\)](#)
- [Learning Disabilities Mortality Review \(LeDeR\) Programme, University of Bristol \(2017\)](#)
- [Delivering high quality end of life care for people with learning disabilities, NHSE \(2017\)](#)

## Indicative mapping to relevant national standards or frameworks

**Core Skills/Capabilities Frameworks** (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- End of Life Care Core Skills Education and Training Framework

To be completed...

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## Domain D. Personalised care and support

Insert image

### Introduction

People (children, young people and adults) with a learning disability and/or autism have a right to live independent and fulfilling lives, including choice and control over any care and support they may need; access to housing, education, employment, leisure, transport opportunities; and, participation in family and community life. This includes the right to develop friendships and relationships.

Advanced clinical practitioners support people with a learning disability and/or autism to have the same choice and control in their lives as other people – recognising that their needs and abilities may change over time.

Whilst it is important to understand duty of care in relation to risk-taking the focus should always be on a person's right to take positive risks, so they can engage in meaningful activity. It is important for people with a learning disability and/or autism to be active in daily life as it affects health, wellbeing and quality of life.

### Capability 17: Wellbeing and independence

#### The practitioner will:

- a) advocate for personalisation in care and support for people with a learning disability and/or autism
- b) actively assist people with a learning disability and/or autism to develop support plans to meet their identified needs, interests and right to make choices. This may include support to:
  - i. maintain and develop skills for everyday life
  - ii. access services and facilities including housing, transport, community and leisure services
  - iii. access education, training and employment
- c) evaluate the value of a broad range of assistive living technologies (new and emerging) in developing a support plan for people with a learning disability and/or autism
- d) facilitate the implementation of support plans led by the person with a learning disability and/or autism and working with others including family members and those in mainstream health and social care services
- e) facilitate a person-centred review of support plans in partnership with the person with a learning disability and/or autism and others
- f) support people with a learning disability and/or autism to manage their finances as appropriate, including how to use their personal budget to help them live well and take part in meaningful activities
- g) demonstrate a comprehensive understanding of how to signpost and refer to professional advice services
- h) synthesise and respond to the cultural, religious and spiritual needs of a person with a learning disability and/or autism

- i) proactively support people with a learning disability and/or autism to manage setbacks and personal difficulties by drawing on their strengths and assets
- j) critically evaluate the role of positive risk taking and duty of care in enabling a person-centred approach
- k) synthesise the theories and principles that underpin outcome-based practice for people with a learning disability and/or autism
- l) promote and contribute to the development of practices and services that meet the individual needs of people with a learning disability and/or autism.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Positive Behavioural Support: A Competence Framework - Positive Behavioural Support \(PBS\) Coalition UK \(May 2015\)](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

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# Capability 18: Relationships, sexuality and sexual health

## The practitioner will:

- a) support people with a learning disability and or autism to identify positive relationships, develop new relationships and to maintain existing relationships
- b) evaluate factors that can influence the process of a relationship and work with people with a learning disability and/or autism to review the support they need to maintain and develop relationships
- c) evaluate factors affecting the capacity of people with a learning disability and/or autism to develop and/or maintain relationships
- d) appraise the relevance of relationship theories to learning disability care and support
- e) recognise the need for friendships and relationships and the impact of relationships and social networks on wellbeing and self-esteem
- f) actively promote and support people with a learning disability or autism participating in their local community or social network
- g) appraise how the sexual development of people with a learning disability and/or autism can differ
- h) identify and evaluate issues of sexual health and how these can be supported
- i) evaluate the impact of social and family contextual factors on the sexual and sexual health needs of adults with a learning disability and/or autism
- j) synthesise relevant legislation influencing the support of sexuality and sexual health for adults with a learning disability and/or autism
- k) be able to support the sexual expression of an adult with a learning disability and/or autism
- l) appraise the potential for adults with a learning disability and/or autism to be at risk of entering the criminal justice system due to perceived inappropriate sexual behaviour
- m) support an adult with a learning disability and/or autism to identify, access and use services to meet their sexual and sexual health needs
- n) support adults with a learning disability and/or autism to consent to sex, marriage and civil partnerships
- o) enable adults with a learning disability and/or autism who are parents to develop parenting skills and access appropriate support
- p) enable people with a learning disability and/or autism to recognise abuse, sexual offences and hate crime if they have the capacity.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Family Planning Association \(2017\), Learning disabilities, sex and the law; a practical guide](#)

## Indicative mapping to relevant national standards or frameworks

To be completed...

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# Capability 19: Navigation through life stages

### The practitioner will:

- a) appraise types of change that may occur in the life stages of a person with a learning disability and/or autism and how their needs and abilities may change over time
- b) provide information, advice and support for people with a learning disability and/or autism, their families and carers to enable involvement, choice and control at times of change. For example, practical and emotional support may relate to finances, education, employment, retirement, bereavement, palliative or end of life care and other life changes
- c) analyse factors that may make change a positive or a negative experience
- d) analyse approaches likely to enhance a person's capacity to manage change and experience change positively
- e) identify recent or imminent changes affecting people and support them to assess the implications and likely impacts of the change identified
- f) support people to express preferences and anxieties when going through change and adapt support methods to take account of preferences or anxieties
- g) recognise and promote the value of early intervention on the lives of children and young people with a learning disability and their families
- h) be able to support a young person with a learning disability and their family and carers to reflect on the transition into adulthood
- i) evaluate the impact of age-related changes on older people with a learning disability, including dementia and how it affects people with a learning disability
- j) recognise the importance of identifying and assessing the changing health and social care needs of people with a learning disability and/or autism
- k) identify how and when to seek additional expertise and advice when supporting a person through change
- l) evaluate the support provided during a period of change, working with the person and others to identify positive and negative aspects of a change.

### Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce, Health Education England \(2015\)](#)
- [Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children \(HM Government, July 2018\)](#)

- NICE Guideline (2018), Care and support of people growing older with learning disabilities.
- Public Health England (2017), Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health.

## Indicative mapping to relevant national standards or frameworks

To be completed...

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## Capability 20: Meaningful activity (optional)

### The practitioner will:

- gather and synthesise information from appropriate sources (e.g. review of documents, discussion and/or interview) in partnership with a person with a learning disability and/or autism and others to facilitate person centred assessment
- be creative and flexible in using a range of communication techniques according to the needs of each person, including those who do not communicate verbally
- use observation to gather information and assess the activity and participation abilities and needs of people with a learning disability and/or autism
- conduct a comprehensive assessment to identify activity and occupational needs utilising appropriate assessment tools
- analyse and critically evaluate the information obtained
- evaluate different approaches and models of providing meaningful activity and develop intervention plans, or recommendations, based upon the activity and occupational needs, choices and aspirations of people with a learning disability and/or autism
- ensure people with a learning disability and/or autism can exercise their right to make choices over their activities
- advocate for the value of engagement in training, education and employment for people with a learning disability and/or autism
- demonstrate a comprehensive understanding of how legislation, guidance and codes of practice support people with a learning disability and/or autism to access training, education and employment and the support available to access training, education and employment
- work in partnership with people with a learning disability and/or autism and others (including family members, other members of the multidisciplinary team and those in mainstream health and social care services) to facilitate person-centred activity and occupation and to maximise the outcomes of interventions
- ensure that others recognise the value and importance of activity and occupation and that this is reflected in people's care plans
- support people with a learning disability and/or autism to manage setbacks and personal difficulties by drawing on their strengths and assets
- critically evaluate the role of positive risk taking and duty of care in enabling a person-centred approach



- n) evaluate the full range of occupations and activities used in intervention and how these reflect the person's activity and occupational needs and outcomes
- o) maintain and facilitate records that are fit for purpose and in compliance with local protocols, legal and professional requirements.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- Professional Standards for Occupational Therapy Practice, Royal College of Occupational Therapists (2018).
- Occupational therapy and people with learning disabilities: Findings from a research study, Royal College of Occupational Therapists (2010).
- Standards of Proficiency: Occupational Therapists, Health & Care Professions Council (2013).

## Indicative mapping to relevant national standards or frameworks

To be completed...

[Return to contents page](#)

# Capability 21: Meaningful activity – therapeutic (optional)

### The practitioner will:

- a) gather and synthesise information from appropriate sources (e.g. review of documents, discussion and/or interview) in partnership with a person with a learning disability and/or autism and others to facilitate person centred assessment
- b) be creative and flexible in using a range of communication techniques according to the needs of each person, including those who do not communicate verbally
- c) use observation to gather information and assess the abilities and therapeutic needs of people with a learning disability and/or autism
- d) conduct a comprehensive assessment to identify therapeutic needs utilising appropriate assessment techniques
- e) analyse and critically evaluate the information obtained
- f) evaluate different approaches and models of providing meaningful activity and develop intervention plans, or recommendations, based upon the therapeutic needs and choices of people with a learning disability and/or autism
- g) initiate a range of therapeutic techniques, relevant to your scope of practice which may include:
  - o art and art-making materials and techniques
  - o dramatic concepts, techniques and procedures including games, activities, styles, structures and improvisation

- music and music-making techniques including structured musical activities, listening approaches and improvisation
- h) ensure people with a learning disability and/or autism can exercise their right to make choices over their therapeutic activities
- i) work in partnership with people with a learning disability and/or autism and others (including family members, other members of the multidisciplinary team and those in mainstream health and social care services) to facilitate person-centred therapeutic activities and to maximise the outcomes of interventions
- j) ensure that others recognise the value and importance of therapeutic activities and that this is reflected in people's care plans
- k) support people with a learning disability and/or autism to manage setbacks and personal difficulties by drawing on their strengths and assets
- l) critically evaluate the role of positive risk taking and duty of care in enabling a person-centred approach
- m) evaluate the full range of therapeutic activities used in intervention and how these reflect the abilities and therapeutic needs of people with a learning disability and/or autism
- n) keep records that are fit for purpose and in compliance with local protocols, legal and professional requirements.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- Standards of Proficiency: Arts Therapists, Health & Care Professions Council (2013).
- Occupational therapy and people with learning disabilities: Findings from a research study, Royal College of Occupational Therapists (2010).

## Indicative mapping to relevant national standards or frameworks

To be completed...

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## Domain E. Risk, legislation and safeguarding

Insert image

### Introduction

Advanced clinical practitioners in learning disability and autism are fully aware of their duty of care, particularly where they may be required to make decisions in situations where people are unable to make decisions for themselves. This is likely to include ethical issues such as the need to balance a person's safety with their right to independence, a positive, person-centred approach to risk and deciding the best interests for the person (e.g. when making decisions about consent to treatment). It is also recognising that a person's needs and preferences may sometimes conflict with the needs of others, especially their families and carers.

People with a learning disability and/or autism may also be vulnerable to situations where they could suffer neglect, harm or exploitation. In recent years a number of high-profile cases have highlighted distressing examples where there have been failings in the duty of care as documented in the Francis Report (2013) and Transforming care: A national response to Winterbourne View Hospital (2012). These cases serve to highlight the vital importance of raising concerns and acting on them before it is too late.

Learning disabilities and autism affect people from all cultural and ethnic backgrounds. Issues of cultural and ethnic diversity may have an impact on how people experience a learning disability and/or autism, including the acceptance of the condition within their family or community. In addition, many of the characteristics covered by the Equality Act and related to the wider determinants of health can have a significant bearing on experiences of learning disabilities and/or autism, including but not limited to a person's sexuality, gender or geographical location.

# Capability 22: Law, ethics and safeguarding

## The practitioner will:

- a) synthesise key legislation relevant to mental capacity, deprivation of liberty, equality and human rights
- b) analyse implications for practice of key legal and ethical issues, including how different areas of legislation may interact and impact
- c) appraise the legislation, regulations and policies that underpin the protection of people with a learning disability and/or autism
- d) evaluate the options available when informed consent may be compromised
- e) lead service provision that protects people with a learning disability and/or autism at risk of harm or abuse
- f) manage inter-agency, joint or integrated working in order to protect people with a learning disability and/or autism at risk of harm or abuse
- g) monitor and evaluate the systems, processes and practice that safeguards people with a learning disability and/or autism at risk of harm or abuse
- h) demonstrate a comprehensive understanding of the roles and responsibilities of the different agencies involved in investigating allegations of harm or abuse
- i) initiate and promote the appropriate sharing of safeguarding information with the relevant agencies
- j) recognise the actions to take if there are barriers to alerting the relevant agencies
- k) critically evaluate the role of self and others when supporting people with a learning disability and/or autism who have experienced harm or abuse
- l) effectively support people with a learning disability and/or autism to disclose harm or abuse
- m) initiate support for people with a learning disability and/or autism who have experienced harm or abuse
- n) recognise disability hate crime and how to report such incidents
- o) actively challenge others who are not behaving in an ethical way

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Department of Health \(2009\), Reference guide to consent for examination or treatment](#)
- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)
- [Making Safeguarding Personal \(Local Government Association\)](#)
- [Working Together to Safeguarding Children: A guide to inter-agency working to safeguard and promote the welfare of children \(HM Government, July 2018\)](#)

## Indicative mapping to relevant national standards or frameworks

### Core Skills/Capabilities Frameworks (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Statutory/Mandatory Core Skills Education and Training Framework

To be completed...

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# Capability 23: Equality, diversity and inclusion

## The practitioner will:

- a) understand legislation relevant to equality, diversity and human rights
- b) analyse the impact that discrimination, stigma and unconscious bias may have on the life of a person with a learning disability and/or autism, their family and carers, including those for whom a number of protected characteristics may be applicable
- c) lead practice and an organisational culture that values and respects equality, inclusion and the diversity of people with a learning disability and/or autism
- d) develop, promote and co-produce systems and processes that promote diversity, equality and inclusion
- e) recognise when own or others' behaviour undermines equality, diversity and human rights and take rectifying action.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [Department of Health \(2014\), Care and Support Statutory Guidance: Issued under the Care Act 2014](#)

## Indicative mapping to relevant national standards or frameworks

### Core Skills/Capabilities Frameworks (at: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf))

- Statutory/Mandatory Core Skills Education and Training Framework

To be completed...

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# Capability 24: Positive risk taking

## The practitioner will:

- a) appraise ways in which risk is an integral part of everyday life
- b) evaluate the links between risk-taking and responsibility, empowerment and social inclusion
- c) analyse why people with a learning disability and/or autism may have been discouraged or prevented from taking risks
- d) promote the importance of a positive, person-centred approach to risk assessment and how to apply the principles and methods of a person-centred approach to the process of risk assessment
- e) evaluate how a service focused approach to risk assessment would differ from a person-centred approach
- f) synthesise the legal and policy framework underpinning an individual's right to make decisions and take risks
- g) support people with a learning disability and/or autism to balance choices with their own and others' health, safety and wellbeing
- h) review and revise risk assessments with people with a learning disability and/or autism and evaluate how taking the identified risk has contributed to their well being
- i) explore and appraise how the principle of duty of care can be maintained while supporting individuals to take risks
- j) demonstrate a critical self-awareness of how one's values, belief systems and experiences may affect working practice when supporting people to take risks
- k) record discussions and decisions made relating to supporting the individual to take risks.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

Positive Risk Taking for Individuals with Disabilities: A Care Quality Guide for health and social care staff and carers, Pavilion (2014)

To be completed...

## Indicative mapping to relevant national standards or frameworks

To be completed...

[Return to contents page](#)

## Domain F. Leadership and management, education and research

Insert image

### Introduction

All health and care professionals working at the level of advanced clinical practice should have developed their skills and knowledge to the standard outlined in the Multi-Professional Framework for Advanced Clinical Practice Framework (2017); the capabilities are common across this level of practice enabling standardisation.

The four pillars that underpin this practice are:

1. Clinical Practice
2. Leadership and Management
3. Education
4. Research

The knowledge, skills and behaviours specific to **advanced clinical practice for learning disabilities and autism** are articulated in Domains A to E of this framework.

The capabilities for Leadership and Management, Education and Research, which apply to all models of advanced clinical practice across sectors, specialties and professions are presented in this domain.

The Multi-Professional Framework for Advanced Clinical Practice Framework in England (2017)<sup>9</sup> builds upon the Framework for Advanced Nursing, Midwifery and Allied Health Professional Practice in Wales (2010)<sup>10</sup> and Supporting the Development of Advanced Nursing Practice (Scottish Government 2008, reviewed 2013)<sup>11</sup>.

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<sup>9</sup> <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>

<sup>10</sup> <https://www.wales.nhs.uk/sitesplus/documents/829/NLIAH%20Advanced%20Practice%20Framework.pdf>

<sup>11</sup> <http://www.advancedpractice.scot.nhs.uk/media/1371/supporting%20the%20development%20of%20advanced%20nursing%20practice.pdf>

# Capability 25: Leadership and management

## Advanced Clinical Practice Pillar 2

### The practitioner will:

- a) pro-actively initiate and develop effective relationships, fostering clarity of roles within teams, to encourage productive working
- b) role model the values of their organisation/place of work, demonstrating a person-centred approach to service delivery and development
- c) evaluate own practice, and participate in multi-disciplinary service and team evaluation, demonstrating the impact of advanced clinical practice on service function and effectiveness, and quality (i.e. outcomes of care, experience and safety)
- d) actively engage in peer review to inform own and other's practice, formulating and implementing strategies to act on learning and make improvements
- e) lead new practice and service redesign solutions in response to feedback, evaluation and need, working across boundaries and broadening sphere of influence
- f) actively seek feedback and involvement from individuals, families, carers, communities and colleagues in the co-production of service improvements
- g) critically apply advanced clinical expertise in appropriate facilitatory ways to provide consultancy across professional and service boundaries, influencing clinical practice to enhance quality, reduce unwarranted variation and promote the sharing and adoption of best practice
- h) demonstrate team leadership, resilience and determination, managing situations that are unfamiliar, complex or unpredictable and seeking to build confidence in others
- i) continually develop practice in response to changing population health need, engaging in horizon scanning for future developments (e.g. impacts of genomics, new treatments and changing social challenges)
- j) demonstrate receptiveness to challenge and preparedness to constructively challenge others, escalating concerns that affect individuals, families, carers, communities and colleagues' safety and well-being when necessary
- k) negotiate an individual scope of practice within legal, ethical, professional and organisational policies, governance and procedures, with a focus on managing risk and upholding safety.

## Leadership and management in learning disabilities and autism

### The practitioner will:

- l) evaluate key drivers and policies which influence national learning disability and/or autism strategy and service development and analyse how these can be used to improve service delivery
- m) advocate for the rights of people with a learning disability and/or autism and for reasonable adjustments to meet their needs in the planning and development of services
- n) promote a culture where needs and risks are balanced with health and safety practice in learning disability and/or autism care and support
- o) collate and share data across organisations in compliance with local protocols, legal and professional requirements
- p) develop relationships with service commissioners to develop the capacity and capability for an integrated care system.



## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- [The Leadership Qualities Framework For Adult Social Care \(NSA\)](#)
- [Positive Behavioural Support A Competence Framework - Positive Behavioural Support \(PBS\) Coalition UK \(May 2015\)](#)
- [NHS Leadership Academy](#)

## Indicative mapping to relevant national standards or frameworks

### **Multi-professional framework for advanced clinical practice in England (NHS 2017)**

- Pillar 2. Leadership and Management

To be completed...

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# Capability 26: Education and personal development

## Advanced Clinical Practice Pillar 3

### The practitioner will:

- a) critically assess and address own learning needs, negotiating a personal development plan that reflects the breadth of ongoing professional development across the four pillars of advanced clinical practice
- b) engage in self-directed learning, critically reflecting to maximise clinical skills and knowledge, as well as own potential to lead and develop both care and services
- c) engage with, appraise and respond to people's motivation, development stage and capacity, working collaboratively to support health literacy and empower people to participate in decisions about their care and to maximise their health and well-being
- d) advocate for and contribute to a culture of organisational learning to inspire future and existing staff
- e) facilitate collaboration of the wider team and support peer review processes to identify individual and team learning
- f) identify further developmental needs for the individual and the wider team and supporting them to address these
- g) support the wider team to build capacity and capability through work-based and interprofessional learning, and the application of learning to practice
- h) act as a role model, educator, supervisor, coach and mentor, seeking to instil and develop the confidence of others.

### Education in learning disabilities and autism

#### The practitioner will:

- i) support and enable the development of others, including students, parents and carers
- j) facilitate the coproduction (design and delivery) of education and training, working in partnership with people with a learning disability and/or autism
- k) evaluate the effectiveness of teaching and learning interventions.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

To be completed...

## Indicative mapping to relevant national standards or frameworks

### Multi-professional framework for advanced clinical practice in England (NHS 2017)

- Pillar 3. Education

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# Capability 27: Research, audit and evaluation

## Advanced Clinical Practice Pillar 4

### The practitioner will:

- a) critically engage in research activity, adhering to good, ethical research practice guidance, so that evidence-based strategies are developed and applied to enhance quality, safety, productivity and value for money
- b) evaluate and audit own and others' clinical practice, selecting and applying valid, reliable methods, then acting on the findings
- c) critically appraise and synthesise the outcome of relevant research, evaluation and audit, using the results to underpin own practice and to inform that of others
- d) take a critical approach to identify gaps in the evidence base and its application to practice, alerting appropriate individuals and organisations to these and how they might be addressed in a safe and pragmatic way
- e) actively identify potential need for further research to strengthen evidence for best practice. This may involve acting as an educator, leader, innovator and contributor to research activity and/or seeking out and applying for research funding
- f) develop and implement robust governance systems and systematic documentation processes, keeping the need for modifications under critical review
- g) disseminate best practice research findings and quality improvement projects through appropriate media and fora (e.g. presentations and peer review research publications)
- h) facilitate collaborative links between clinical practice and research through proactive engagement, networking with academic, clinical and other active researchers.

### Research in learning disabilities and autism

#### The practitioner will:

- i) coproduce approaches to evaluating services and measuring impact, including the use of outcomes reported by people with a learning disability and/or autism, their families and carers
- j) promote a systematic approach to using and developing outcome measures to underpin current and future practice
- k) advocate for reasonable adaptations to enable people with a learning disability and/or autism to participate in audit, evaluation and research
- l) ensure research materials and processes are accessible for people with a learning disability and/or autism where appropriate
- m) critically appraise the ethical issues and influence processes related to conducting research with people with a learning disability and/or autism, including gaining consent to their participation.

## Key guidance

Sources of further guidance are shown in the appendices. Examples of national guidance or legislation with specific relevance to this capability are shown below:

- Learning Disability Professional Senate: Rights and Equality Based Outcomes for Learning Disability Services
- [The National Institute for Health and Care Excellence \(NICE\)](#) provides national guidance and advice to improve health and social care. They do this by:
  - Producing evidence-based guidance and advice for health, public health and social care practitioners

- Developing quality standards and performance metrics for those providing and commissioning health, public health and social care services
- Providing a range of informational services for commissioners, practitioners and managers across the spectrum of health and social care
- Research and evaluation
- Sharing knowledge and good practice.

## Indicative mapping to relevant national standards or frameworks

### **Multi-professional framework for advanced clinical practice in England (NHS 2017)**

- Pillar 4. Research

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# Appendix 1. About ‘capabilities’

**Capabilities** are the attributes (skills, knowledge and behaviours) which individuals bring to the workplace. This includes the ability to be competent and beyond this, to:

- manage change
- be flexible
- deal with situations which may be complex or unpredictable and,
- continue to improve performance.

Therefore, ‘capability’ can be more than ‘competence’. To be competent is to consistently perform to defined standards required in the workplace – usually focused on the outputs of work and observable performance. Competence tends to describe practice in stable environments with familiar problems. Whereas ‘capabilities’ describe the ability to be competent, and beyond this, to work effectively in situations which may be complex and require flexibility and creativity.

In practice, the terms ‘capability’ and ‘competence’ and are both widely used in educational and workforce development literature and they have often been used interchangeably, with little clear distinction between the two. Both capability and competence:

- are about ‘what people can do’
- describe knowledge, skills and behaviours
- can be the outcome of education, training or experience.

However, for the purposes of this framework we are using the term ‘Capabilities’ as this describes the ability to be competent, and *beyond this*, to work effectively in situations which may require flexibility and creativity.

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## Appendix 2: Rights and equality-based outcomes for people with a learning disability

The following principles have been derived from the Human Rights Act, the Equalities Act, the European Convention on the Rights of the Disabled, the UN Convention on the Rights of the Disabled, the NHS England service Model (Building the Right Support), current Department of Health policy development along with existing outcome measures. The majority of these principles apply to both children and adults although some are more applicable to adults. (Ref: *Learning Disability Professional Senate: Rights and Equality Based Outcomes for Learning Disability Services*)

### **I am respected:**

I am recognised and respected as the person I am

I am free from discrimination and my difference is recognised, accepted and respected

### **I am safe:**

I am free from abuse and harm

I am free from degrading, inhuman or cruel treatment

I am treated fairly by the criminal justice system

### **I make choices:**

I am supported to be understood and to understand the world around me and the choices I have. I have information that I understand to help with this

My choices and opinions are respected (even if others do not agree)

I am supported to participate in democratic processes

### **I have a place of my own:**

I live in the community of my choice, with privacy and contact with those I choose

My living standard is adequate for my needs

I am supported to be part of my community and culture

I have possessions and property that are my own and are respected

I am able to go where I want

### **I am active:**

I am supported to develop and learn

I have opportunities to engage in meaningful activities, including work

I have time and support to rest and relax and to do things that help with this

### **I have fulfilling relationships**

I have a range of relationships of my choosing including personal and intimate relationships

My rights to family life are recognised and supported including marriage

### **I am supported to access services – which are reasonably adjusted to meet my needs**

My health needs are met / managed in a way that reduces likely inequality and reflects my choice

My social care needs are met / managed in a way that reduces inequality and reflects my choice

My psychological and emotional needs are met / managed in a way that reduces inequality and reflects my choice

# Appendix 2: Related standards and frameworks

## National Occupational Standards (NOS)

National Occupational Standards (NOS) are statements of the standards of performance for individuals when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding. NOS are developed for employers by employers through the relevant Sector Skills Council or Standards Setting Organisation.

All national occupational standards are available from the [NOS Directory](#)

Competence search tools are also available from the [Skills for Health Tools web site](#).

## Regulated Qualification Framework (RQF)

The Regulated Qualification Framework (RQF) sets out the general and vocational qualifications in England (and Northern Ireland) and how they relate to each other. Its intention is to improve consistency around how awarding organisations describe the size and challenge, or demand, of the qualifications they offer.

Regulated qualifications of particular relevance to learning disabilities and autism are:

- Learning disability pathways in level 2 and level 3 diplomas

- Level 2 Award in Supporting Individuals with Learning Disabilities

- Level 2 Certificate in Supporting Individuals with Learning Disabilities

- Level 3 Award in Supporting Individuals with Learning Disabilities

- Level 3 Certificate Supporting Individuals with Learning Disabilities

- Level 4 Diploma in Adult Care (England)

- Level 5 Diplomas in Leadership In Health And Social Care And Children And Young People's Services

The Register of Regulated Qualifications can be searched at: <https://www.gov.uk/find-a-regulated-qualification>

## Core Skills Training Frameworks

Skills for Health originally developed the UK Core Skills Training Framework which sets out the expected learning outcomes and standards for delivery of training related to the most common statutory and mandatory training subjects within the health sector. The aim is to help ensure the quality and consistency of such training, and to help prevent unnecessary duplication of training.

In addition, a range of other core skills/capabilities frameworks are now offered as guidance and good practice for development of the current and future workforce, including this framework for Learning Disability and others for, Dementia; Mental Health; End of Life Care; Person-centred Approaches; Musculoskeletal and Frailty.

All core skills/capabilities frameworks can be accessed from: [www.skillsforhealth.org.uk/cstf](http://www.skillsforhealth.org.uk/cstf).

## Appendix 3: Suggested standards for training delivery

The employing organisation should be assured that learning facilitators have the appropriate experience and background to deliver training to a satisfactory standard. For guidance, this may include the following:

- a current and thorough knowledge of the relevant subject
- experience of teaching and learning, including the ability to meet the competences expected for [LSILADD04 Plan and prepare specific learning and development opportunities](#).

The organisation should also ensure that they have put in place a quality assurance mechanism, whereby the accuracy of the content and the effectiveness of its delivery has been quality assured and is subject to periodic observation.

Where e-learning is used, the organisation must ensure the accuracy of the content and its coverage of the required learning outcomes.

### Co-producing training

The LeDeR programme recommended that learning disability awareness training should be delivered in conjunction with people with a learning disability and their families. As well as articulating the experiences and perspectives of people with a learning disability, co-production demonstrates the wider positive strengths, contributions and impact that they can make.

Therefore, the active involvement of people with a learning disability, family and carers is central to effective training delivery and where possible, sessions should be co-designed to model person-centred approaches and to meet learning outcomes.

People with a learning disability may also contribute by sharing their story (either in person, or through a medium such as video or podcast) while others may wish to actively co-deliver as much as possible.

*It is important to recognize that how people train is as important as what is taught. Education should include training that is co-designed and co-delivered by people with lived experience, in community settings” (Realising the Value 2016<sup>12</sup>)*

The [Education Outcomes Framework \(Department of Health 2013\)](#) provides further guidance on the quality of training with a focus on improvements in patient care, health outcomes and addressing variation in standards.

The [Health Education England \(HEE\) Strategic Framework 15](#) provides the context and strategic direction for the education and training of the current and future healthcare workforce.

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## Appendix 4: How this framework was developed

To be completed...

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<sup>12</sup> Realising the Value, The Health Foundation (2016) at: <https://www.health.org.uk/collection/realising-value>



## Appendix 5: Sources of further guidance and information

The following are some suggested sources of further guidance and information (this list is not exhaustive). Click on the links below to access the relevant web sites:

- [Ambitious about Autism](#)
- [Autism Alliance UK](#)
- [Autism Plus](#)
- [British Institute of Learning Disabilities \(BILD\)](#)
- [British Psychological Society](#)
- [Challenging Behaviour Foundation](#)
- [Chartered Society of Physiotherapists](#)
- [Disability Matters / Autism Spectrum Matters](#)
- [Down's Syndrome Association](#)
- [Foundation for people with learning disabilities](#)
- [General Medical Council \(GMC\) / Learning Disabilities](#)
- [Health Education England \(HEE\) / Learning disability](#)
- [Mencap](#)
- [National Autistic Society](#)
- [National Development Team for Inclusion](#)
- [National Learning Disability Professional Senate](#)
- [NICE](#)
- [NHS Leadership Academy](#)
- [NHS England / Learning Disabilities](#)
- [NHS England / Accessible Information Standard / Resources](#)
- [PBS Academy](#)
- [PHE Learning Disabilities Observatory \(IHaL\)](#)
- [Royal College of General Practitioners / Health checks for people with learning disabilities toolkit](#)
- [Royal College of Nursing](#)
- [Royal College of Occupational Therapists](#)
- [Royal College of Psychiatrists](#)
- [Royal College of Speech and Language Therapists](#)
- [Sensory Integration Education](#)
- [Scope](#)
- [Social Care Institute for Excellence \(SCIE\)](#)
- [Skills for Care](#)
- [Skills for Health](#)
- [University of Bristol, Learning Disabilities Mortality Review \(LeDeR\) Programme](#)

# Appendix 6. Relevant policy and legislation

## Learning disability and autism - strategy and policy

### [Valuing People: A New Strategy for Learning Disability for the 21st Century \(2001\)](#)

This White Paper in 2001 set out the Government's proposals for improving the lives of people with a learning disability and their families and carers, based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.

### [Putting people first: a shared vision and commitment to the transformation of adult social care \(2007\)](#)

The cross-government concordat, Putting People First (2007) set out a vision for social care services that support people to live independently, stay healthy and have the best possible quality of life, irrespective of illness and disability. It confirmed a shift in emphasis towards greater personalisation.

### [Valuing People Now: a new three year strategy for people with learning disabilities \(2009\)](#)

Valuing People Now (2009) reaffirmed the principles of the original Valuing People strategy (2001) and introduced a stronger emphasis on:

- Improving opportunities for people with learning disabilities to make an informed choice about where, and with whom, they live;
- Addressing social exclusion;
- Increasing the number of people with learning disabilities in paid employment;
- Improving support for people with complex needs;
- Improving healthcare outcomes; and
- Improving support for family carers.

In addition to those providing health and social care to people with a learning disability, others who come into contact with them and their families and carers need to have an awareness and understanding of their specific needs and those of their families and carers.

### [Autism Act \(2009\)](#)

The Autism Act (2009) put a duty on the Government to produce a strategy for autistic adults in England, which was published in March 2010: [Fulfilling and Rewarding Lives \(2010\)](#).

Building on the themes in Fulfilling and Rewarding Lives (2010), a new strategy, [Think Autism](#), was then published in April 2014. Think Autism set out a programme of action the Department of Health and other government departments will take to improve the lives of autistic people.

One of the key goals of the autism strategy is a commitment to increasing understanding of autism by improving autism awareness training for all frontline public service staff, in line with the needs of their job, and developing specialist training for staff in health and social care.

### [Transforming Care Programme](#)

Transforming care is a programme with the aim to develop health and care services so that more people with a learning disability and/ or autistic people can live in the community, with the right support, and close to home. This means that fewer people will need to go into hospital for their care.

There is a national plan about how to do this called '[Building the right support](#)' (October 2015), and there are 48 transforming care partnerships (TCPs) across England to support this.

### [Learning Disabilities Mortality Review \(LeDeR\) Programme \(2015-2019\)](#)

The Learning Disabilities Mortality Review (LeDeR) Programme is the first national programme of its kind aimed at making improvements to the lives of people with a learning disability. The Programme is developing and rolling out a review process for the deaths of people with a learning disability, helping to promote and implement the new review process, and providing support to local areas to take forward the lessons learned in the reviews in order to make improvements to service provision.

### [Accessible Information Standard](#)

All organisations that provide NHS care and/or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

## Other relevant strategy and policy

### [Disability Discrimination Act \(1995\)](#)

An Act to make it unlawful to discriminate against disabled persons in connection with employment, the provision of goods, facilities and services or the disposal or management of premises; to make provision about the employment of disabled persons; and to establish a National Disability Council.

### [Human Rights Act \(1998\)](#)

The Human Rights Act gives effect to the human rights set out in the European Convention on Human Rights. These rights are called Convention rights. Examples of Convention or human rights include:

- the right to life
- the right to respect for private and family life
- the right to freedom of religion and belief.

The Human Rights Act means you can take action in the UK courts if your human rights have been breached.

### [Mental Capacity Act \(2005\)](#)

The Mental Capacity Act (MCA) has been in force since 2007 and applies to England and Wales. The primary purpose of the MCA is to promote and safeguard decision-making within a legal framework. It does this in two ways:

- by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process
- by allowing people to plan ahead for a time in the future when they might lack the capacity, for any number

### [Equality Act \(2010\)](#)

The Equality Act 2010 legally protects people from discrimination in the workplace and in wider society. It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it's unlawful to treat someone.

### [Care Act \(2014\)](#)

The Care Act brings together care and support legislation in England with the principle of well-being at its heart. The Care Act changes the way councils, care providers and user organisations work. It changes peoples' roles in the delivery of care, and the expectations and duties placed on people.

### [Children and Families Act \(2014\)](#)

An Act to make provision about children, families, and people with special educational needs or disabilities; to make provision about the right to request flexible working; and for connected purposes.

### [NHS England \(2014\), Five Year Forward View](#)

The NHS Five Year Forward View was published on 23 October 2014 and sets out a new shared vision for the future of the NHS based around the new models of care. It has been developed by the partner organisations that deliver and oversee health and care services including Care Quality Commission, Public Health England and NHS Improvement (previously Monitor and National Trust Development Authority).

### [NHS \(2015\), The NHS Constitution](#)

In March 2011, the Department of Health published the NHS Constitution. It sets out the guiding principles of the NHS and your rights as an NHS patient. The seven key principles guide the NHS in all it does. They are underpinned by core values which have been derived from extensive discussions with staff, patients and the public.

### [Integrated Care Systems](#)

In 2016, NHS organisations and local councils came together to form 44 sustainability and transformation partnerships (STPs) covering the whole of England and set out their proposals to improve health and care for patients.

In some areas, a partnership will evolve to form an integrated care system, a new type of even closer collaboration. In an integrated care system, NHS organisations, in partnership with local councils and others, take collective responsibility for managing resources, delivering NHS standards, and improving the health of the population they serve.

### [NHS Long Term Plan](#)

The NHS Long Term Plan sets out a strategy for development of the NHS over the next 10 years, recognising that as medicine advances, health needs change and society develops, so the NHS has to continually move forward. It aims to give everyone the best start in life; deliver world-class care for major health problems, such as cancer and heart disease, and help people age well.

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## Appendix 7: Bibliography

ADASS, CQC, DH, HEE, LGA and NHS England (2015) *Transforming Care for People with Learning Disabilities- Next Steps*. <http://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

BILD (2014) *BILD Code of Practice for minimizing the use of restrictive physical interventions: planning, developing and delivering training*. (4th edition) <http://www.bild.org.uk/our-services/books/positive-behaviour-support/bild-code-of-practice/>

British Institute for Human Rights and Department of Health, *Human Rights in Healthcare – a framework for local action*, 2007

Centre for the Advancement of Positive Behaviour Support (2016): *Organisational and Workforce Development Framework*.

Commissioning Board Chief Nursing Officer and DH Chief Nursing Adviser December (2012) *Compassion in Practice Nursing, Midwifery and Care Staff Our Vision and Strategy*,

DH (2015), *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values. A mandate from the Government to Health Education England: April 2015 to March 2016*: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/411200/HEE\\_Mandate.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/411200/HEE_Mandate.pdf)

Department of Health (2001) *Valuing People: a new strategy for learning disability for the 21st century - a White Paper*. London: Department of Health. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/250877/5086.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf)

Department of Health (2002) *Action for Health, Health Action Plans and Health Facilitation: detailed good practice guidance on implementation for learning disability partnership boards*. London: Department of Health. [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005503](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005503)

Department of Health (2007) *Services for people with learning disabilities and challenging behaviour or mental health needs. (Revised edition)* London: Department of Health. [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_080128.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_080128.pdf)

Department of Health (2007) *Good Practice in Learning Disability Nursing*. London: Department of Health. [http://www.hscbusiness.hscni.net/pdf/DH\\_Good\\_practice\\_in\\_learning\\_disability\\_nursing-2007\\_pdf.pdf](http://www.hscbusiness.hscni.net/pdf/DH_Good_practice_in_learning_disability_nursing-2007_pdf.pdf)

Department of Health (2008) *Healthcare for All: report of the independent inquiry into access to healthcare for people with learning disabilities*. London: Department of Health. [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digitalassets/@dh/@en/documents/digitalasset/dh\\_106126.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_106126.pdf)

Department of Health (2009) *Valuing People Now: a new three-year strategy for people with learning disabilities*. London: Department of Health. [http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_093377](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377)

Department of Health (2009) *World Class Commissioning for the Health and Wellbeing of People with Learning Disabilities*. London: Department of Health.

Department of Health (2009) *The Bradley Report: Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system*. London: Department of Health. [http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_2009.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_2009.pdf)

Department of Health/Department for Children, Schools and Families (2009) *Healthy Lives, Brighter Futures. The strategy for children and young people's health*. London: Department of Health.  
[http://www.ncb.org.uk/media/42243/healthy\\_lives\\_brighter\\_futures\\_vcs\\_brief.pdf](http://www.ncb.org.uk/media/42243/healthy_lives_brighter_futures_vcs_brief.pdf)

Department of Health (2010) *Raising Our Sights: services for adults with profound intellectual and multiple disabilities. A report by Professor Jim Mansell*.  
London: Department of Health. [https://kar.kent.ac.uk/24356/1/DH\\_2010\\_Raising\\_our\\_sights.pdf](https://kar.kent.ac.uk/24356/1/DH_2010_Raising_our_sights.pdf)

Department of Health (2011) *Government Response to Raising our Sights: services for adults with profound intellectual and multiple disabilities – A response by Professor Jim Mansell*. London: Department of Health.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/216273/dh\\_124256.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216273/dh_124256.pdf)

Department of Health (2012) *Caring for Our Future: reforming care and support*. London: Department of Health.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf)

Department of Health (2012) *Transforming Care, the Department of Health Review into Winterbourne View Hospital*. London: Department of Health.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf)

Department of Health (2012) *Winterbourne View Review: Concordat: Programme of Action*. London: Department of Health. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213217/Concordat.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf)

DH, DHSSPS, LC, SG (2012) *Strengthening the commitment. The report of the UK Modernising Learning Disabilities Nursing Review*. Edinburgh: The Scottish Government. <http://www.gov.scot/Resource/0039/00391946.pdf>

Department of Work and Pensions (2013) *Fulfilling Potential: making it happen*. London: Department of Work and Pensions. [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/320745/making-it-happen.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/320745/making-it-happen.pdf)

Department of Health (2014) *Positive and Proactive Care: reducing the need for restrictive interventions*.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/300293/JRA\\_DoH\\_Guidance\\_on\\_RP\\_web\\_accessible.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/300293/JRA_DoH_Guidance_on_RP_web_accessible.pdf)

Department of Health (2015) *No voice unheard, no right ignored – a consultation for people with learning disabilities, autism and mental health conditions*. London: Department of Health.  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/409816/Document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/409816/Document.pdf)

Department of Health (2015), *Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy*. <https://www.gov.uk/government/publications/adult-autism-strategy-statutory-guidance>

Department of Health & Social Care / NHS England (2018), *The Government response to the Learning Disabilities Mortality Review (LeDeR) Programme Second Annual Report*.  
<https://www.gov.uk/government/publications/government-response-to-the-learning-disabilities-mortality-review-leder-programme-2nd-annual-report>

Disability Rights Commission (2006) *Equal Treatment: Closing the Gap. A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems*. London: Disability Rights Commission. <http://disability-studies.leeds.ac.uk/files/library/DRC-Health-FI-main.pdf>

Doukas Dr T, Fergusson A, Fullerton M, Grace J (2017), *Supporting people with profound and multiple learning disabilities: Core & Essential Service Standards*

Durcan, G., Saunders, A. Gadsby, B. and Hazard, A. (2014) *The Bradley Report five years on: an independent review of progress to date and priorities for further development*. Centre for Mental Health.  
[http://www.centreformentalhealth.org.uk/pdfs/Bradley\\_report\\_five\\_years\\_on.pdf](http://www.centreformentalhealth.org.uk/pdfs/Bradley_report_five_years_on.pdf)

Emerson, E., Baines, S., Allerton, L., Welch, V. (2011) *Health Inequalities & People with Learning Disabilities in the UK: 2011*. Improving Health and Lives: Learning Disabilities Observatory.

<https://www.improvinghealthandlives.org.uk/projects/particularhealthproblems>

Family Planning Association (2009), *Learning disabilities, sex and the law; a practical guide*

Gates, B. (2011) *Learning Disability Nursing: task and finish group: report for the Professional and Advisory Board for Nursing and Midwifery*. London: Department of Health.

<http://uhra.herts.ac.uk/bitstream/handle/2299/6289/Gates3.pdf?sequence=1>

Hardy, S. et al. (2013) *Dignity in health care for people with learning disabilities*. RCN guidance (second edition). London: Royal College of Nursing. [https://www.rcn.org.uk/\\_data/assets/pdf\\_file/0010/296209/004439.pdf](https://www.rcn.org.uk/_data/assets/pdf_file/0010/296209/004439.pdf)

Health Education England (2018), *Modernising the Learning Disability Workforce: AHP Workforce Task and Finish Group* (May 2018)

Heslop, P. et al. (2013) *Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD)*

Bristol: Norah Fry Research Centre. <http://www.bristol.ac.uk/media-library/sites/cipold/migrated/documents/fullfinalreport.pdf>

HCPC (Health & Care Professions Council) (2013), *Standards of Proficiency: Occupational Therapists*.

<http://www.hpc-uk.org/aboutregistration/standards/standardsofproficiency/>

HCPC (Health & Care Professions Council) (2013), *Standards of Proficiency: Arts Therapists*, <http://www.hpc-uk.org/aboutregistration/standards/standardsofproficiency/>

HM Government (2012) *Caring for our future: reforming care and support*.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/136422/White-Paper-Caring-for-our-future-reforming-care-and-support-PDF-1580K.pdf)

HM Government (2014) *Think Autism: fulfilling and rewarding lives, the strategy for adults with autism in England: an update*. London: HM Government.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/299866/Autism\\_Strategy.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf)

Joint Commissioning Panel for Mental Health (2013) *Guidance for commissioners of mental health services for people with learning disabilities*. <http://www.jcpmh.info/wp-content/uploads/jcpmh-learningdisabilities-guide.pdf>

Learning Disability Consultant Nurse Network (2006) *Shaping the Future: a vision for learning disability nursing*.

London: LDCNN.

[http://www.rcn.org.uk/\\_data/assets/pdf\\_file/0009/354384/Shaping\\_the\\_Future\\_Vision\\_document\\_July\\_2006.pdf](http://www.rcn.org.uk/_data/assets/pdf_file/0009/354384/Shaping_the_Future_Vision_document_July_2006.pdf)

Local Government Association and NHS England (2014) *Ensuring quality services. Core principles for the commissioning of services for children, young people, adults and older people with learning disabilities and/or autism who display or are at risk of displaying behavior that challenges*. London: LGA. [https://www.networks.nhs.uk/nhs-networks/south-transforming-care/documents/ensuring-quality-services/file\\_popview](https://www.networks.nhs.uk/nhs-networks/south-transforming-care/documents/ensuring-quality-services/file_popview)

Michael, J. (2008) *Healthcare for all: report of the independent inquiry into access to healthcare for people with learning disabilities*, London: Aldridge Press.

[http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod\\_consum\\_dh/groups/dh\\_digital\\_assets/@dh/@en/documents/digitalasset/dh\\_106126.pdf](http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digital_assets/@dh/@en/documents/digitalasset/dh_106126.pdf)

National Autistic Society (2012), *Good Practice in Autism Training: A code of Practice*.

National Autistic Society (2016) *Improving Care for People Living with Autism*

<http://www.skillsforhealth.org.uk/news/blog/item/406-improving-care-for-people-living-with-autism>

National LD Professional Senate (2015), *Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers*.

National Quality Board (2018), *Safe, sustainable and productive staffing: An improvement resource for learning disability services*. [https://improvement.nhs.uk/documents/588/LD\\_safe\\_staffing20171031\\_proofed.pdf](https://improvement.nhs.uk/documents/588/LD_safe_staffing20171031_proofed.pdf)

NHS England (2017), Accessible Information Standard. <https://www.england.nhs.uk/ourwork/accessibleinfo/>

NHS England (2017), Allied Health Professions into Action: Using Allied Health Professionals to transform health, care and wellbeing. <https://www.england.nhs.uk/wp-content/uploads/2017/01/ahp-action-transform-hlth.pdf>

NHS England, Dysphagia pathway for people with a learning disability

NHS England (2013) *Everyone Counts: Planning for Patients 2014/15-2018-19*. (p.19)  
<http://www.england.nhs.uk/wp-content/uploads/2013/12/5yr-strat-plann-guid-wa.pdf>

NHS England (2019) Long Term Plan: <https://www.england.nhs.uk/long-term-plan/>

NHS England, LGA, ADASS (2015), Building the right support, <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

NHS (2017), Multi-professional framework for advanced clinical practice in England: <https://www.hee.nhs.uk/our-work/advanced-clinical-practice/multi-professional-framework>

NHS England (2015), Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-serv-model-er.pdf>

NHS England and System Partners (2015) Transforming Care for People with Learning Disabilities – Next Steps. <http://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf>

NHS England (2018), Step Together: Integrating care for people with epilepsy and a learning disability.

NHS England (2018), Step Together: Integrating care for people with epilepsy and a learning disability. A commissioning guide

NHS Improvement (2018), The learning disability improvement standards for NHS trusts. [https://improvement.nhs.uk/documents/2926/v1.17\\_Improvement\\_Standards\\_added\\_note.pdf](https://improvement.nhs.uk/documents/2926/v1.17_Improvement_Standards_added_note.pdf)

NHS RightCare (2017), NHS RightCare Pathway: Diabetes; Reasonable adjustments for people with a learning disability who have diabetes: <https://www.england.nhs.uk/rightcare/products/pathways/diabetes-pathway/>

NHS RightCare (2018), Dysphagia service guidance for people living with a learning disability

NICE Guidance / People with learning disabilities... <https://www.nice.org.uk/guidance/population-groups/people-with-learning-disabilities#panel-pathways>

NICE Guideline (2018), Care and support of people growing older with learning disabilities. <https://www.nice.org.uk/guidance/ng96>

PBS Academy (2017), Improving the quality of Positive Behavioural Support (PBS): The standards for training. <http://pbsacademy.org.uk/wp-content/uploads/2017/10/PBS-Standards-for-Training-Oct-2017.pdf>

Public Health England (2017), Improving healthcare access for people with learning disabilities: Guidance for social care staff on how to help people with learning disabilities get better access to medical services to improve their health. <https://www.gov.uk/government/publications/improving-healthcare-access-for-people-with-learning-disabilities>

Public Health England (2018), Reasonable adjustments for people with a learning disability Guides on how reasonable adjustments to health services and adjustments to help people with learning disabilities to access services. <https://www.gov.uk/government/collections/reasonable-adjustments-for-people-with-a-learning-disability>

Royal College of Nursing (2014 update) *Learning from the past – setting out the future: Developing learning disability nursing in the United Kingdom*, RCN, London. [https://matrix.rcn.org.uk/\\_data/assets/pdf\\_file/0007/359359/PosState\\_Disability\\_170314b\\_2.pdf](https://matrix.rcn.org.uk/_data/assets/pdf_file/0007/359359/PosState_Disability_170314b_2.pdf)

Royal College of Nursing (2016), Connect for Change: an update on learning disability services in England. <https://www.rcn.org.uk/professional-development/publications/pub-005525>



RCPm BPS and RCSLT (2007) *Challenging Behaviour: A unified approach*.

[http://www.bps.org.uk/sites/default/files/documents/challenging\\_behaviour\\_-\\_a\\_unified\\_approach.pdf](http://www.bps.org.uk/sites/default/files/documents/challenging_behaviour_-_a_unified_approach.pdf)

Royal College of Occupational Therapists (2010), Occupational therapy and people with learning disabilities: Findings from a research study.

Royal College of Occupational Therapists (2018), Professional Standards for Occupational Therapy Practice. <file:///C:/Users/cwright/Downloads/Professional%20standards%202018%20update.pdf>

Royal College of Occupational Therapists (2017), The Career Development Framework: Guiding Principles for Occupational Therapy.

Royal College of Occupational Therapists (2017), The Career Development Framework: Guiding Principles for Occupational Therapy. Implementation Guide

Royal College of Speech & Language Therapists (2013, updated 2016), Five good communication standards: Reasonable adjustments to communication that individuals with learning disabilities and/or autism should expect in specialist hospital and residential settings.

Royal College of Speech & Language Therapists (2016), Position Paper: Inclusive Communication and the Role of Speech and Language Therapy

Royal College of Speech & Language Therapists (2010), Adults with learning disabilities (ALD), Position Paper.

Royal College of Psychiatrists (2017), Good Practice Guide CR203: Management of epilepsy in adults with intellectual disability. <https://www.rcpsych.ac.uk/usefulresources/publications/collegereports/cr/cr203.aspx>

Skills for Care & Skills for Health (2011), Autism Skills and Knowledge list, for workers in generic social care and health services. <http://www.skillsforhealth.org.uk/images/resource-section/service-area/autism/autism-skills-and-knowledge-list-05-2011.pdf>

Skills for Care & Skills for Health (2011), Implementing the Autism Skills and Knowledge list through staff training and development. <https://www.skillsforcare.org.uk/Documents/Topics/Autism/Implementing-the-autism-skills-and-knowledge-list-through-staff-training-and-development.pdf>

Skills for Health/Health Education England, Degree Apprenticeship Standard Advanced Clinical Practitioner – level 7: <https://haso.skillsforhealth.org.uk/wp-content/uploads/2017/04/2017.11.14-Advanced-Clinical-Practice-Apprenticeship-Standard-Final.pdf>

Skills for Health & Skills for Care (2013) Code of Conduct for Healthcare Support Workers and Adult Social Care Workers in England

Transforming Care and Commissioning Steering Group (2014) *Winterbourne View – Time for Change. Transforming the commissioning of services for people with learning disabilities and/or autism*. <http://www.england.nhs.uk/wp-content/uploads/2014/11/transforming-commissioning-services.pdf>

University of Bristol (2017), The Learning Disabilities Mortality Review (LeDeR) Programme, Annual Report December 2017. <https://www.hqip.org.uk/wp-content/uploads/2018/05/LeDeR-annual-report-2016-2017-Final-6.pdf>

Scior, Dr K (2015), Proposal for Integrated LD Core Curriculum

Welsh Assembly Government (2009) *A Community Nursing Strategy for Wales*. Cardiff: Welsh Assembly Government. <https://www.wales.nhs.uk/documents/090323communityen.pdf>

Westminster Commission on Autism (2016), A spectrum of Obstacles: an inquiry into access to healthcare for autistic people. [https://westminsterautismcommission.files.wordpress.com/2016/03/ar1011\\_ncg-autism-report-july-2016.pdf](https://westminsterautismcommission.files.wordpress.com/2016/03/ar1011_ncg-autism-report-july-2016.pdf)

## Competence frameworks

NHS Education for Scotland (2013) *Career and Development Framework for Learning Disability Nursing in Scotland*. <http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/mental-health-and-learning-disabilities/publications-and-resources/publications-repository/career-and-development-framework-for-learning-disability-nursing-in-scotland.aspx>

NHS Education for Scotland (2013) *National Framework for Pre-registration Learning Disability Nursing Filed Programmes in Scotland*  
[http://www.nes.scot.nhs.uk/media/1905665/national\\_framework\\_for\\_prereg\\_ld\\_nursing\\_field\\_progs.pdf](http://www.nes.scot.nhs.uk/media/1905665/national_framework_for_prereg_ld_nursing_field_progs.pdf)

National Assembly for Wales (2002) *Inclusion, Partnership and Innovation: a framework for realizing the potential of learning disability nursing in Wales (Realising the potential briefing paper)*. Cardiff: National Assembly for Wales.  
<http://www.worldcat.org/title/inclusion-partnership-and-innovation-a-framework-for-realising-the-potential-of-learning-disability-nursing-in-wales/oclc/50007415>

Positive Behavioural Support (PBS) Coalition UK (2015), *Positive Behavioural Support: A competence framework*.  
<http://www.skillsforcare.org.uk/Document-library/Skills/People-whose-behaviour-challenges/Positive-Behavioural-Support-Competence-Framework.pdf>

RCP (2010) *A Competency Based Curriculum for Specialist Training in Psychiatry. Specialists in the Psychiatry of Learning Disability*. (updated 2014) [http://www.gmc-uk.org/Learning\\_disability\\_October\\_2010\\_Oct14Update.pdf\\_58455928.pdf](http://www.gmc-uk.org/Learning_disability_October_2010_Oct14Update.pdf_58455928.pdf)

Health Education England (2015) *Generic Service Interventions Pathway: A competency framework to support development of the learning disability workforce*  
<https://www.hee.nhs.uk/sites/default/files/documents/Generic%20service%20interventions%20pathway.pdf>

Health Education England, Learning Disabilities Transition Pathway Competency Framework. [https://g-care.glos.nhs.uk/uploads/files/Transition%20pathway%20Final\(1\).pdf](https://g-care.glos.nhs.uk/uploads/files/Transition%20pathway%20Final(1).pdf)

Health Education England, Transferable Role Template Career Framework Level 7: Learning Disability Community Teams Advanced Practitioner. <https://www.hee.nhs.uk/our-work/learning-disability/workforce-capability>

Welsh Assembly Government (2009) *Post Registration Career Framework for Nurses in Wales*. Cardiff: Welsh Assembly Government.  
<http://www.wales.nhs.uk/sites3/documents/580/Post%20Registration%20Career%20Framework%20for%20Nurses%20in%20Wales.pdf>

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