

What helps people with learning disabilities have more control over their lives?

Evidence review

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1 Introduction

THE CURRENT EVIDENCE REVIEW was written as part of **research in practice for adults**' one-to-one support for Oxfordshire County Council.

Due to the vast amount of literature and research about supporting people with learning disabilities, this report focuses on a limited number of certain topics that relates to the transformation agenda of services and that were requested by our partner as a priority. Please see the contents above for a list of the topics covered¹.

¹This review does not cover children with learning disabilities and young people with learning disabilities in their transition to adulthood. For the latter, please see this excellent article ([MacIntyre, 2009](#))

The current report represents an overview and provides numerous links for further reference. It is more descriptive than analytical and does not raise claims which of the described approaches are better than others. The latter is a matter of local judgement dependent on the local circumstances.

2 *Valuing People: national policy overview*

THE NEW LABOUR GOVERNMENT put forward its learning disability strategy in 2001, in the White Paper *Valuing People* (Department of Health, 2001). This strategy was based on what the government defined as 'A New Vision' around four principles

1. *Legal and Civil Rights*: enforceable civil rights for disabled people in order to eradicate discrimination; right to a decent education, to grow up to vote, to marry and have a family, and to express their opinions, with help and support to do so where necessary.
2. *Independence*: while people's individual needs will differ, the starting presumption should be one of independence, rather than dependence, with public services providing the support needed to maximise this.
3. *Choice*: everyone should be able to make choices. This includes people with severe and profound disabilities who, with the right help and support, can make important choices and express preferences about their day-to-day lives.
4. *Inclusion*: enabling people with learning disabilities to do those ordinary things, make use of mainstream services and be fully included in the local community.

The legal base for implementing these values in the new strategy the government saw in the following legislation:

- the Human Rights Act 1998
- the Disability Discrimination Act 1995
- the Race Relations Act 1976
- the Race Relations (Amendment) Act 2000
- the Sex Discrimination Act 1975
- the UN Convention on the Rights of the Child, which was adopted in the UK in January 1992
- the work of the The Disability Rights Commission established in April 2000 (Department of Health, 2001)

Among the other key areas of the Strategy—transition into adult life, supporting carers, health, housing, employment², quality services and others—Chapter 4 is dedicated particularly on increasing *Choice and Control* for people with learning disabilities. Here are the ‘building blocks’ of this aspect of the Strategy:

²Some of these will be discussed in subsequent sections.

- *The Disability Rights Commission* was viewed to play an important role in helping individuals enforce their rights under the Disability Discrimination Act.
- *Self-advocacy*. Many people with learning disabilities were viewed as having potential to become effective self-advocates. Both self-advocacy and citizen advocacy need to be developed across the country.
- *Direct Payments*. Extending the eligibility for direct payments and seek for higher take-up.
- *Person-centred planning*. Issuing further guidance for the implementation of person-centred planning; planning should start with the individual (not with services), and take account of their wishes and aspirations.
- *Involvement*. People with learning disabilities should be fully involved in the decision making processes that affect their lives. This applies to decisions on day to day matters such as choice of activities, operational matters such as staff selection and strategic matters such as changes to eligibility criteria.
- *Communication and Equipment*. The Government expected organisations working with learning disabled people to develop communication policies and produce and disseminate information in accessible formats. Assistive technology was considered to increase people’s control, choice and independence ([Department of Health, 2001](#))

At the beginning of 2008 the New Labour government carried out the *Valuing People Now* consultation ([Department of Health, 2007](#)) with the view to develop a new three-year strategy in the context of the transformation agenda. The Strategy was published in January 2009³. In its rationale the authors acknowledge what had been achieved since the original Valuing People White Paper (2001) discussed above; for example

³This publication is a good reference for national demographics of people with learning disabilities.

- many people with learning disabilities now have a voice through the development of *advocacy*, the Regional and national Forums, and person centred planning
- family carers have a stronger voice through regional carers networks, the new national Valuing Families Forum, and more carers’ assessments

4 VALUING PEOPLE: NATIONAL POLICY OVERVIEW

- some people have person centred plans that have made a positive difference to their lives; inControl has shown that person centred planning leads to better outcomes if the money comes with it through a personal budget
- over 2,000 people with learning disabilities have Direct Payments
- more people are living in homes of their own, either in tenancies or through home ownership
- a few more people have paid work and many more people have opportunities to do things in the daytime other than attend day centres
- there is a Learning Disability Partnership Board in every local authority area and people with learning disabilities and family carers have places at these boards ([Department of Health, 2009b](#)).

However, the authors acknowledge that there is still a lot to be achieved

- the social exclusion Task Force identified people with moderate and severe learning disabilities as one of the most excluded groups in our society
- only 15% of people have a home of their own
- more than 30% of people with learning disabilities live in residential care homes
- many people with learning disabilities are living with older family carers who have their own needs
- only one in ten of those known to social services has any form of paid employment, and of those only very few work more than 16 hours a week
- people with learning disabilities report that they are often the target of hate crime, that they are dependent on very limited and expensive public transport to get around, and that being lonely is one of the things they fear the most
- there is a continued and extensive failure of services and society to accord people with learning disabilities their basic rights
- there is a significant and ongoing inequalities in access to healthcare services and in the quality of services ([Department of Health, 2009b](#)).

The new strategy is put in the context of other *recent policy developments* since the original Valuing People document:

- Putting People First (2007)
- The Independent Living strategy (2008)
- Carers at the heart of 21st-century families and communities (2008)
- Aiming High for Disabled Children: transforming services for disabled children and their families (2007)
- The Children's Plan: building brighter futures (2007).

Here are the main aspects of the new strategy:

1. *Including everyone* and in particular people with more complex needs, people from black and minority ethnic groups and newly arrived communities, people with autistic spectrum conditions and offenders in custody and in the community.
2. *Personalisation* through person-centred planning and support planning based on improved *outcomes* in terms of social inclusion, empowerment and equality.
3. *Better health* through increased dignity and respect with which people with learning disabilities are treated by healthcare services.
4. *Housing*: Supporting People to increase the housing options available to people with learning disabilities.
5. *Employment*: A cross-government employment strategy published in spring 2009, which includes a significant expansion of employment opportunities for people with learning disabilities.
6. *Relationships and having a family*. People with learning disabilities have the right to become parents and the right for adequate support to sustain the family unit. There is evidence that people with learning disabilities have limited opportunities to build and maintain social networks and friendships ([Department of Health, 2009b](#)).

Valuing People Strategy: commissioned research

Prior to the launch of Valuing People (2001) the Department of Health initiated the Learning Disability Research Initiative (LDRI). It was linked to the implementation of Valuing People, consisted of 13 studies and was brought to a conclusion in November 2007 ([Grant & Ramcharan, 2009](#)). Here is a selection of the authors' findings—as of 2007—sorted by themes

- *Rights*. There is strong evidence on the growth of advocacy, particularly self-advocacy, and the increased opportunities for people with learning disabilities to participate in local, regional and national forums to influence decisions affecting their lives. However, one of the studies found that GPs adopted unnecessarily 'conservative' treatments that were atypical of what most women of a similar age would expect in regard to contraceptive or HRT advice. Basic primary health provision was too often absent; some people with learning disabilities were still not registered with GPs.
- *Choice*. One of the studies found out that those less likely to gain access to person-centred planning included people with mental

health or emotional or behavioural problems, people with autism, and those with other health problems or with restricted mobility. Effective delivery of person-centred planning was further shown to be shaped by organisational culture, values and commitment.

- *Independence.* It was found out that more people were in paid jobs or were being helped by supported employment initiatives, however this progress was slow. Access to such opportunities was still unequal; workplace inequalities were related to gender, disability label, being on benefits and the structure of supported employment itself. Moreover, getting and keeping employment was not enough—people were expressing the *desire for career progression as well*.
- *Inclusion.* Progress in securing employment was not necessarily matched by inclusion in the workplace. Workplace inclusion appeared to be shaped by the types of work role people had taken on. In the SE study, about half of those interviewed reported integration with colleagues at work, but others worked mainly on their own. Most got on well with their work colleagues, but 40% did not have what they regarded as close friends at work. Isolation was not uncommon, and bullying was reported by some people. This was shown to be more common where they felt they had little control over their job, lacked adequate supervision or had few natural supports (Grant & Ramcharan, 2009).

3 *Learning disabilities, choice and control*

The issue in choice-making for people with learning disabilities is not straightforward and is influenced by the capacity to make decisions as well as a subject of mental health legislation.

As Wilson points out

Situations arise such as the carer recognising his/her own limitation when offering well-informed choices to a person who has a learning disability. Or the carer discussing choices with a person for whom opportunities have been severely limited and preferences never identified (Wilson, 1992).

As a consequence, the author identifies two inappropriate ways in which carers deal with this situation

- The ‘over-caring’ practised by those not wishing to bother the person who ‘has enough problems already’
- Giving the illusion of choice by those carers who understand that a choice should be offered but are unskilled/uncertain how to go about it.

Wilson outlines a possible decision-making approach to support a person with learning disability to make a choice

1. Identification of the relevant courses of action among which the person may choose one option.
2. Identification of all the consequences that may arise as a result of choosing each option and determining all factors that affect choice.
3. Assessment of the likelihood of these consequences being realised.
4. Comparisons of the above, looking at values and regrets.
5. The integration of all these considerations in order to identify what appears to be the best option (Wilson, 1992).

A choice of an outing to a swimming pool or an afternoon in town shopping

1. Brief statements on past similar outings.
2. Reminders of who accompanied them.
3. People they met there, and any other memory joggers.
4. Clear photos of swimming pool and shops.
5. Situational cues i.e. bathing costume and towel, shopping bag and purse.
6. Role play (Wilson, 1992).

In 2003 Harris carried out an overview of the current understanding of the concept of choice. He concludes that

...our aspirations to promote choice for people with learning disability are undermined by conceptual confusion about the meaning of choice, inappropriate methods for helping people to make choices and an absence of applied research to guide practice in service settings (Harris, 2003).

Harris adopts Jenkinson's the concept of different models of choice

- *normative approach to choice*—describes how people make decisions to optimise their goals in idealised situations; however, in reality, the idealised situation rarely occurs, and choices are typically affected by cognitive and social factors, such as attention span, anxieties, etc.
- *descriptive models of choice* are concerned with how people choose in real-life settings, and recognise a range of internal and external influences on choice.

Harris makes a strong case—citing Grove—that choice can only be properly understood as a product of social practices derived from shared meanings and expectations. These social influences upon choice-making of people of learning disabilities the author describes as

- *environmental factors* including constraints arising from group living, service structures and resource limitations
- *staff behaviour*, such as instructing or prompting service users, helping service users identify the consequences of choices, and over-ruling choices if it is seemed likely that negative consequences would occur
- *service-user factors*, such as limited experience of making choices and failure to master relevant skills.

The author concludes that . . .

While choice is essentially a mental activity, choices are invariably made within a setting or context.

Support for choice should be focused on choices which are important rather than those which are trivial. . . However, there is little or no research to indicate what makes some choices more important than others (Harris, 2003).

The focus on the *context* in which a choice is made is also something that Smyth and Bell point out and in particular *the important role of the carer*—how the carer’s own, perhaps unconscious personal choices, beliefs and ideologies may have on the ‘choices’ made by people with learning disabilities, and more worryingly, on the ‘choices’ offered to them. On a different subject, the authors provide evidence for their concern that the wrong understanding of choice—by neglecting the duty of care or because of low ability to teach—may often encourage unhealthy food choices inadvertently (Smyth & Bell, 2006).

Research by Values into Action published by the Joseph Rowntree Foundations claimed that there is a number of *factors defining good support* to people with learning disabilities to make choices. According to the authors, these factors were

- ways of working that actively facilitated the ‘supported decision-making’ model, particularly around good communication and relationships
- a focus on the process of decision-making, rather than on assessments of capacity to decide;
- a rigorous approach to building evidence of the process, including careful and creative recording and monitoring (Joseph Rowntree Foundation, 2001).

At the same time, the authors identify a number of structural factors that can limit choice and control for people with learning disabilities

- Poor staffing levels, giving staff little time to develop communication and relationships with individuals.
- Fixed organisational procedures and paperwork, e. g. around money.
- Organisational culture that inhibited staff from taking risks.
- Lack of staff training and knowledge about person-centred techniques and the supported decision-making model.
- Lack of staff or family awareness about legal rights, the legal system, and how to challenge formal systems of decision-making.
- Lack of independent advocacy for people with learning difficulties (Joseph Rowntree Foundation, 2001).

In 2008 Finlay, Walton and Antaki published an article based on a nine-month ethnographic study of three residential services. They

outline a range of obstacles to the promotion of choice and control for people with learning disabilities in residential setting

1. *Choice.* 'Choice' may seem like a straightforward concept but what it means in practice can be a source of confusion. . . some members of staff, particularly those who worked with individuals with severe communication difficulties, thought 'choice' meant that they were not supposed to make choices on behalf of someone else (e.g., though one resident could not indicate her choice of holiday destination staff felt they could not decide on her behalf). The result of this was often inertia: established routines would dominate the residents' lives because staff could not see how valid 'choices' could be offered or expressed. . .
2. *Health and Safety.* In two services in the study, food hygiene and health and safety concerns were given by members of staff to justify the exclusion of service users from the kitchen, and from activities such as the preparation of drinks and food. In another service, a CSCI report noted that food packets were being stored in the fridge without their date of opening being properly recorded, something the residents could not do without help.
3. *Physical contact.* In one home, residents all displayed severe communication problems and many would approach staff for a hug or would want to sit holding hands. Given that they had little functional speech, this was one of the few ways they could sustain social interaction⁶. Although some staff saw no problem with this, others considered it inappropriate and believed it was contrary to guidelines relating to the protection of vulnerable adults or to notions of 'age-appropriateness' and professionalism. For the residents, it was deeply disempowering, since it made their most effective methods of participation ineffective (Finlay, Walton & Antaki, 2008).

However, the authors do not blame staff. They conclude that

We need to recognise the difficulties poorly paid and often poorly trained staff face when we present choice and control as if they were straightforward goals. For the people in the units participating in our research they usually were not. They often conflict with the many other values and goals of the services and conflict with the ways in which staff 'do' being competent workers. Promoting empowerment is about changing what it means to be a good worker, changing what it means to have a well-run day service or home and having the skills and strategies available to workers in order to realistically offer choice in situations where understanding and communication are at issue (Finlay, Walton & Antaki, 2008).

The above resources demonstrate the complex nature of promoting choice and control in practice, and the needed structural changes to make this change possible. The resources quoted above contain extensive practical advice on the subject with numerous examples and reading them in full is highly recommended.

A further good practical advice is available in Nora Fry's report commissioned by SCIE, which dedicates a chapter on the subject (Williams, Jepson, Tarleton, Marriott & Ponting, 2008)⁴ *Reading the full chapter is highly recommended.*

⁴Available online http://www.scie.org.uk/publications/mca/files/norahfry_report.pdf.

4 *Learning disabilities and Adult Protection*

In 2007 Fyson and Kitson publish an article that reflects on the abuse of people with learning disabilities in Cornwall. The authors claim that "... the abuse of people with learning disabilities can only be minimized by policies that reflect an understanding that choice and independence must necessarily be mediated by effective adult protection measures". Fyson and Kitson quote Gillinson and colleagues that some of "... those who promote this agenda of choice and independence often do so in a manner that assumes that there is no difference between a learning disability and a physical or sensory impairment" (Fyson & Kitson, 2007).

Fyson and Kitson's key argument is not against the political notion of 'Choice' per se but in their urge to acknowledge the needed existence of institutional control

... the pretence that such support does not also include an element of control leaves a dangerous gap in which abusers may find an all too comfortable niche. The fact that much of the abuse in Cornwall occurred in supported living services – which are supposedly the most emancipated form of provision – demonstrates to us that it is not safe to presume that any service can afford to ignore the need for effective adult protection systems (Fyson & Kitson, 2007).

Fyson develops this notion in a further article of 2009 exploring a range of adult abuse cases and also looking at—inconclusive—findings from the IBSEN⁵ evaluation on the subject matter, and a CSCI study (2008). She concludes that

⁵National evaluation of the Individual Budgets Pilot Projects 2006-2008 <http://php.york.ac.uk/inst/spru/research/summs/ibsen.php>.

Awareness of vulnerability should be as fundamental as the promotion of rights, independence, choice and social inclusion when planning services for people with learning disabilities (Fyson, 2009).

However, how does this all apply to the notion of positive risk taking? Methven comments that

Sometimes those in the circle of support, whether relatives or paid supporters, will not wish to expose the person supported to the risk of harm, or failure or hurt, although this is inherent in the nature of positive risk-taking (Methven, 2009).

The authors makes the following recommendations to social care providers that have the hard job to balance the protection of vulnerable adults, positive risk enablement and promoting choice and control:

- make explicit their encouragement of staff to explore what's important to the people they are paid to support, and to take managed risks to make progress
- make it clear in risk management policies that staff engaged in reasonable risk-taking are acting under their employer's instructions
- provide sincere, swift and whole-hearted support for staff when positive risk-taking results in injury or harm (Methven, 2009).

5 *Learning disabilities and advocacy*

As discussed in Section 2, self-advocacy and citizen advocacy is one of the cornerstones in the governmental Valuing People strategy.

In 2009 the Social Care Institute for Excellence published a review by Annie Lawton of the evidence on advocacy and its practice for people with learning disabilities (Lawton, 2009).

The author identified a limited number of literature resources and finds out that

1. There appears to be little evidence of evaluation of outcomes for people supported by advocacy services, and especially self-advocacy, but widespread recognition of inherent difficulties in attempting evaluation. Perceptions about the influence of people who use services with high support needs on service development is that they have often not been included due to lack of ability to speak for themselves, by being in segregated services, or of the impossible burden on relatives and carers to take this on on users' behalf.
2. Current issues for attention in developing self-advocacy for people with high support needs
 - Reasons for the relative delays of development of advocacy services appear to be coming from perceptions about the (low) capability of people with high support needs to make decisions, weaker evidence on the potential for effectiveness of support and a lack of advocacy service plans at local levels.

- Difficulties in communication with people who do not use formal language create significant challenges to supporting people with high support needs. Methods of supporting communication and providing supported decision making have been examined, with some indications of success in enabling people's involvement in planning their care and social inclusion through techniques such as multimedia and storytelling.
- There is a lower uptake of direct payments among people with high support needs. This suggests a clear need for advocacy to ensure they have the same opportunities and support to manage direct payments or individual budgets.
- It appears black and minority ethnic (BME) people who use services are at further disadvantage of exclusion from advocacy services due to low levels of provision of BME-focused services, in spite of higher incidence of high support needs (Lawton, 2009).

Based on the literature review and on a practice survey carried out in five practice sites made up of seven services supporting people with learning disabilities and high support needs, Lawton outlines five directions for future development

1. Develop service cultures around enabling people to reach the full potential of capabilities and to maximise their achievements, to enable self-directed support, involvement in shaping their own services and wider service development.
2. Build the evidence base for advocacy for people with learning disabilities and high support needs, particularly through researching the effectiveness of various approaches and communication modalities, developing a stronger focus on outcomes and systematic commissioning of research on key gaps in the knowledge base.
3. Develop services in line with the evidence base, focusing on reliable evidence and best practice where possible, and including individualised assessment, personcentred planning and collaboration with families and carers.
4. Local advocacy workforce strategies should use the Adult social care workforce strategy (DH, 2009) to build in personalisation to the education and development opportunities provided to local advocacy services and practitioners by:
 - identifying roles required locally to facilitate self-directed support through advocacy for people with learning disabilities and high support needs
 - clarifying a framework by which advocacy development happens

- raising the profile of the evidence base
 - using collaborative development commissioning based on local service needs and evidence.
5. Service commissioning should use world-class commissioning principles so services are based on a local needs assessment, including views of people who use services and carers given the necessary support to become involved, the best evidence of effectiveness, with funding regimes that support reliability of services and their development (Lawton, 2009).

In 2009 Gilmartin and Slevin publish an interesting article exploring the experiences of thirteen people who were members of a self-advocacy groups. The authors provide a wealth of anecdotal examples and quotes and reach the conclusion that

membership of the group promoted and enhanced the participants' personal development. A greater sense of self-determination and autonomy was evident in the participants' lives by the opportunities afforded to the self-advocacy group members to make choices. Empowerment occurred for the participants' and recounted how they perceived a positive change in their own personal identity (Gilmartin & Slevin, 2009).

Gilmartin and Slevin recommend to service providers that supporting self-advocacy group initiatives—particularly for people who are not attending day services—has the potential to contribute positively to person centred approaches.

6 *Learning disabilities and employment*

In 2009 the government published *Valuing Employment Now: real jobs for people with learning disabilities*. In this document the government sets the goal that

...by 2025 any disabled person⁶ who wants a job, and needs support to get a job, should be able to do so (Department of Health, 2009a).

⁶in this case with a learning disability

The goal thus stated will be achieved by working in the following areas

1. Growing the presumption of employability
2. Joint working to create employment paths for individuals Where people with moderate and severe learning
3. Better work preparation at school, college and adult learning Work aspirations need to be reinforced through

4. The role of personal budgets and social care
5. Increasing high quality job coaching
6. Clearing up confusion about the benefits system
7. Promoting self-employment
8. Encouraging employers to see the business case
9. Transport to get to work
10. Addressing barriers with where people live
11. Better support for the most excluded adults with learning disabilities
12. People with learning disabilities and their families leading the way
13. Better data and performance management ([Department of Health, 2009a](#)).

A separate delivery plan sets out how this strategy will be delivered and the key priorities for 2010 and 2011. It also gives a grid of all the actions. At local level, Learning Disability Partnership Boards will include employment as a key part of Valuing People Now, and their annual reports to Regional Boards will include progress on this strategy.

There is a range of research in the area of learning disabilities and employment. In 2008 Jahoda and colleagues publish a paper on the socio-emotional impact of supported employment on people with learning disabilities.

The review points to positive outcomes for people with intellectual disabilities entering employment, particularly in terms of QOL⁷, well-being and autonomy. However, the picture was less clear in relation to the social outcomes of work, where the increased social contacts and interactions with work peers did not seem to translate into a sense of belonging or reciprocal relationships⁸. This underlines the sense that work offers the opportunity for positive social and emotional outcomes but that a considerable range of individual experience was reported ([Jahoda, Kemp, Riddell & Banks, 2008](#)).

Jahoda and colleagues reach to the conclusion that a greater sensitivity from employers and fellow employees is needed but that also it is important to explore the person's motivation to enter work. The authors point to evidence that for at least some people with learning disabilities that enter employment achieving social inclusion is not the main priority but rather the 'instrumental benefits' of work leading to greater autonomy and ability to develop activities.

⁷Quality of life

⁸This was also pointed out in *Valuing People Now: a new three-year strategy for people with learning disabilities* ([Department of Health, 2009b](#)).

This is very similar to what Cramm and colleagues found out when exploring the views of eighteen people with learning disabilities in a supported employment programme:

Two views on the impact of supported employment on social integration were observed: *'work as participation'* and *'work as structure'*. The first placed greater value on participation, task variety, belonging, and feeling appreciated; the second placed greater value on working independently, clear working agreements, and friendly co-workers. The views indicate two distinct approaches to effecting a positive relationship between supported employment and social integration (Cramm, Finkenflügel, Kuijsten & van Exel, 2009).

The authors conclude that supported employment contributes to self-development and has a positive effect on well-being, *albeit in different ways for the individual groups*.

For a most recent policy update on employment support for people with disabilities and in particular about *Work Choice*—the DWP's new disability employment programme—please visit <http://www.communitycare.co.uk/Articles/2010/08/20/115130/the-future-of-employment-support-for-people-with-disabilities.htm>.

7 Other themes and resources

What follows is a number of signposts to additional resources to certain other themes related to learning disabilities, choice and control

- Studies of how people with learning disabilities view the choices they make in everyday life (Hart, Shane, Spencer & Still, 2007; Bond & Hurst, 2009)
- As the above; a particularly interesting and up-to-date study (Graham, 2010)
- A person-centred approach and learning disabilities case study (Beadle-Brown, Hutchinson & Whelton, 2008)
- An 'independent living' CSIP case study (CSIP, 2008)
- Assistive technology for ageing people with learning disabilities (Mirza & Hammel, 2009)
- A literature review on autonomy in relation to health (Wullink, Widdershoven, van Schrojenstein Lantman-de Valk, Metsemakers & Dinant, 2009)
- Learning disabilities, sexuality and contraception (Hollomotz & The Speakup Committee, 2008; McCarthy, 2009)

The North Lanarkshire supported employment service

On referral, everyone has their income checked to ascertain whether they are receiving all the social security benefits to which they are entitled. Where any shortfalls are identified, appropriate claims are made...

The next stage in the process is to conduct an in-depth vocational profile which highlights the person's skills, attributes and preferences. During the profiling exercise it is possible that work-tasting opportunities may be pursued...

Once it has been established what type of employment is suitable for the person, the task of finding employment is undertaken. Job searching involves the usual sources: Job Centre Plus, media advertisements and calling individual employers.

When the disabled person is successful in getting a job, the job coach works alongside the individual until they and the employer are satisfied that they can discharge the duties of the post; if necessary, this process can take several months. Thereafter there is a programme of regular monitoring. The monitoring arrangements remain in place as long as the person is in employment; in short, the service provides support for life...

When employment is taken up, the second stage of the income-maximising process takes place to ensure that all in-work benefits are put in place. In the main, this normally means claims for tax credits (McInally, 2008).

- Tizard report on quality services for people with intellectual and multiple disabilities (Mansell, 2010).

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