Learning disabilities

A learning disability is a reduced intellectual ability and a difficulty with everyday activities (e.g. household tasks, socialising or managing money) which affects someone from childhood and throughout their life.

The term learning disability covers other terms such as intellectual disabilities, complex or special needs. This information does not cover specific learning disorders of reading (commonly known as dyslexia), written expression (dysgraphia) or maths (dyscalculia).

People with a learning disability tend to take longer to learn and may need support to develop new skills, understand complicated information and interact with other people. While not an illness, a learning disability may be accompanied by several physical, social, sensory or psychological difficulties. Children, young people and adults with learning disabilities can be supported to live safe, healthy and fulfilled lives in communities.

Around 1.5 million people in the UK have a learning disability. Up to 350,000 people have a severe learning disability. Those numbers are increasing, with a predicted 34% increase of people with severe learning disabilities by 2027 (Idriss et al, 2020). People with learning disabilities have a wide range of abilities and support needs. From childhood to late in life, communication is key for effective participation in daily life.

Lifelong communication difficulties are a core characteristic for people with a learning disability (NHS England 2018). Speech, language and communication needs (SLCN) are wide ranging, happen at different times in someone's life, and may be hidden or overlooked.

People with SLCN often face barriers to accessing quality education, health and social care, community and leisure services. They may experience reduced health literacy and understanding, being misunderstood, and/or being unable to express themselves. Social and environmental factors, including the skills of communication partners, also influence the success of communication for people with learning disabilities.

People with a learning disability are also at greater risk of eating, drinking and swallowing difficulties (dysphagia). The Learning Disabilities Mortality Review (LeDeR) programme named aspiration pneumonia as a cause, or contributory cause, of death (LeDeR, 2018).

Dysphagia leads to unsafe eating, drinking and swallowing (EDS) with a wide range of impacts – from reduced mealtime enjoyment, malnutrition and dehydration to chest infection or choking, and increased risk of early death.

Speech and Language Therapists (SLTs) have expertise in communication and dysphagia. They work with children, young people and adults with a learning disability, throughout their life.

Working together with people, their families and carers, alongside different professionals, SLTs ensure person-centred practice through:

- Enabling optimal support so people can eat and drink as safely and enjoyably as possible.
- Using communication expertise and strategies and working together with people, partners and environments, to support communication for greater quality of life, choices, participation and independence.

SLTs work with people with learning disabilities across a variety of contexts, in various services and settings, for example:

- people's own homes and communities
- education and employment
- community healthcare teams
- hospitals
- mental health services
- care providers
- within the criminal justice system.

SLTs collaborate with the person and their significant others to enable:

- Person-centred specialist assessment and intervention, tailored to the person, their partners and environments.
- Individual learning and development for families, carers, support staff and professionals.
- Sustainable improvements in knowledge and skills around supporting SLCN and EDS across services, systems and communities.
- Consideration of consent, capacity and least restrictive practice.

Some common speech and language therapy activities to support people with learning disabilities include:

- Working across whole communities to
    - Improve access and inclusion
    - Promote communication access and EDS awareness and knowledge
    - Enable reasonable adjustments across a range of agencies e.g. transport, leisure, retail, restaurants and cafes, employment, housing, religious and faith organisations.
- Maximising communication potential and improving access to quality services which support people at various points of their life in education, health and social care, through training, developing, mentoring and signposting.
- Supporting specialist learning disability services to ensure SLCN are core to supporting wellbeing. SLTs work within specialist learning disability services to:
    - Improve knowledge and skills of the workforce to understand and respond to people with learning disabilities who have SLCN and/or EDS difficulties.
    - Ensure environments meet the needs of people with SLCN and/or EDS difficulties.
    - Develop responsive environments that support inclusive communication and empower people.
    - Recognise the relationship between communication and behaviours of concern, and how to make reasonable adjustments for optimal care and support.
- Providing personalised plans for people with learning disabilities and complex SLCN and/or EDS difficulties to enable others to deliver wrap-around care and support.
- Working together with the person and their significant others to deliver screening, assessment, formulation, diagnosis, interventions, alongside learning and development. This enables behaviour change and the implementation of strategies to minimise SLCN and/or EDS difficulties and optimise strengths/assets.
- Using communication interventions that focus on enabling means, reasons and opportunities for meaningful interaction, paying attention to all health and social determinants and risks. This may include communication profiles, augmentative and alternative communication (AAC),

narrative, sensory and/or social interaction approaches.

- Using dysphagia (EDS) interventions that involve balancing quality of life alongside associated risks. SLTs will work in an individualised and holistic way, considering the social, health, communication, sensory and psychological needs of the person. Approaches may include compensatory strategies identified with the person and their support, rehabilitation and/or person-centred training: sharing the person's EDS needs and how best to meet these with their support network.

Health Education England film: **Clinical Lead Speech and Language Therapy in Learning Disabilities, Leeds and York Partnerships NHS Foundation Trust**

People with learning disabilities and their families face increased health and social inequalities. Multiple challenges create significant and preventable inequalities, in the areas of education, housing, employment, relationships and social participation. The consequences are significant and can include premature mortality (LeDeR 2018), increased ill health and lower quality of life.

SLTs focus on identifying needs and providing support, creating greater understanding and intervention (NDTI, 2013; Emerson & Baines, 2010). SLTs are well-placed to support a range of public health initiatives where communication disadvantage and/or EDS difficulties impact on inequalities.

SLTs have a duty to be non-discriminatory and inclusive, and understand their role in health promotion, health education and preventing ill-health. This includes SLTs understanding the need to make reasonable adjustments in their own and others' practice, and actively challenging barriers alongside supporting change where possible, in line with their Health and Care Professions Council (HCPC) registration. It also means empowering and enabling people to participate and co-produce their own health goals and outcomes.

A key role for SLTs is promoting accessible and inclusive communication environments for all people with learning disabilities. Inclusive communication recognises that the responsibility for communication support needs moves beyond the person who is having trouble to those communicating with them. Enabling communication partners to make reasonable adjustments and overcome communication barriers is the ultimate factor in reducing the impact of communication disability.

Compliance with the Disability Discrimination Act 1995, the Human Rights Act 1998, and the Equality Act 2010, all rely on communication. The following legal requirements ensure that people who have a disability, impairment or sensory loss get information in a format that they can access and understand, and receive the communication support that they need to do so (e.g. sign language interpreters):

- **Accessible Information Standard** (NHS England, 2015)
- **Accessible Information Formats** (Gov UK, 2021)
- **Creating accessible documents** (Welsh Gov, 2021)
- **All Wales Standards for Accessible Communication and Information for People with Sensory Loss** (NHS Wales, 2013)
- **Principles of Inclusive Communication: An information and self-assessment tool for public authorities** (Scottish Gov, 2011)

See also:

- **Communication Access UK** is an initiative aiming to improve the lives of people with communication difficulties. Organisations receive training to display the Communication Access Symbol – a new disability access symbol ensuring people with communication difficulties can use an organisation's services with greater confidence.
- **Five Good Communication Standards** highlights the need for services to strive for inclusive communication where everyone is aware of and values the different ways a person may communicate.

Resources

- **Easy Read version of our learning disabilities information**
- **Skills for Health Advanced Clinical Practice: Capabilities framework when working with people who have a learning disability and/or autism (2020)**
- **Skills for Health Core Capabilities Framework for Supporting People with a Learning Disability (2019)**
- **Oliver McGowan Learning Disability Training** – aims to ensure staff in England working in health and social care receive learning disability and autism training, at the right level for their role. They will have a better understanding of people's needs, resulting in better services and improved health and wellbeing outcomes.
- **Paul Ridd Learning Disability Education and Training Programme** – aims to reduce health inequalities for people with a learning disability through making learning disability awareness training mandatory for healthcare staff in Wales.
- **Welsh Health Profile for people with Learning Disabilities** – Health Profile, which has been rolled out across Wales, to help people with learning disabilities to get good, safe healthcare at the time they need it. The profile contains information about the person's health, care and support needs and communication. The profile is designed to be owned by the individual and if required a carer can help to complete it.
- **Reasonable adjustments for people with a learning disability** – Public Health England eGuides on how reasonable adjustments should be made to health services and adjustments to help people with learning disabilities to access services.
- **Disability Matters** – online training and e-learnings about disabilities.
- **Help Stop Choking** – Belfast Health and social Care Trust e-learning for staff regarding choking in adults with learning disabilities.
- **Mouth Care Matters** – Resources to support oral healthcare.
- **Down Syndrome Education** – Resources, research and training focused on early intervention and education for children with Down's Syndrome.
- **Easyhealth** – range of accessible health information sources.
- **Me First** – training resources for communicating with children, including those with learning disabilities.
- **Learning from Lives and Deaths – people with a learning disability and autistic people (LeDeR)**
- **Royal National Institute of Blind People (RNIB) Learning disability resources**
- **Preparing for Adulthood** – ensuring that young people with SEND achieve paid employment, independent living, housing options, good health, friendships, relationships and community inclusion.

- **What Works database** – supporting practitioners to deliver evidence-informed interventions to support children and young people with SLCN.
- **Makaton Friendly status** – a partnership programme which helps organisations and communities to improve accessibility for anyone living with learning or communication difficulties.
- **Mental capacity toolkit** – toolkit to support professionals working with individuals whose decision-making capacity is limited, fluctuating, absent or compromised.

- Addressing Health Inequalities
- Augmentative and Alternative communication (AAC)
- Autism
- Deafblindness
- Deafness
- Dementia
- Developmental Language Disorder (DLD)
- Dysphagia and eating, drinking and swallowing (EDS) needs
- Eating and drinking with acknowledged risks
- Inclusive Communication
- Looked after children
- Mental Health (adults)
- Motor disorders
- Social emotional mental health (children)
- Supported decision making and mental capacity

- All Wales People First
- Angelman UK
- British Academy of Childhood Disability
- British Institute of Learning Disabilities (BILD)
- Cerebra
- Challenging Behaviour Foundation
- Choice Support
- Communication Matters
- Contact
- Down's Syndrome Association
- Embracing Complexity
- INCLUDE
- Intensive Interaction Institute
- Learning Disability Wales
- The Makaton Charity
- Mencap
- National Network of Parent Carer Forums
- Non-Verbal Affective Care (NAC)
- Palliative care for people with Learning Disabilities
- People First
- People First (Scotland)
- Promoting a more inclusive society (PAMIS)
- Rett UK
- Scottish Commission for People with Learning Disabilities
- Self Advocacy Groups
- Signalong
- Support for offenders with learning disability and/or autism in the criminal justice system (SOLDA)
- Syndrome without a name (SWAN)
- Talking Mats

The RCSLT develops guidance to promote good clinical and professional practice in line with HCPC standards. Please read our statement on guidance to understand how it is developed and how to use it.