Learning Disability Service Model

Consultation Response Document

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Are you responding on behalf of an organisation?	Yes *(delete as applicable)*
Organisation Royal College of Speech and Language Therapists Northern Ireland (RCSLT NI) *(if applicable)*	
Learning Disability Services provide care and support to individuals with unique and often complex support needs. The Learning Disability Service Model aims to enhance service delivery by ensuring that each person receives tailored, person-centred support, designed to enhance independence and maximise quality of life.	
1. **Principles underpinning the Learning Disability Service Model -** Do you agree with the ambitions underpinning the Learning Disability Service Model?	

Fully agree	Mostly agree	Neither agree or disagree	Mostly disagree	Fully disagree
	x			

Please add any comments:

RCSLT NI mostly agrees with the ambitions underpinning the Learning Disability Service Model, which seeks to deliver person-centred, equitable, and high-quality care for people with learning disabilities. However, we are disappointed that RCSLT NI members, the professional experts in communication, were not included in the development process, given that communication is fundamental to every aspect of the service design, delivery, safeguarding, and rights protection.

While the Learning Disability Service Model (LDSM) presents a strong and ambitious framework, it would benefit from more detailed guidance. We believe that its principles can only be realised if communication is placed at the heart of the model. Accordingly, we strongly recommend explicitly embedding the **RCSLT 5 Good Communication Standards**, as communication underpins assessment, care planning, decision-making, safeguarding, inclusion, and participation across the lifespan.

These standards were developed in response to the Winterbourne View scandal, which exposed systemic failure in communication and care for people with learning disabilities and autistic people. They define what good communication support should look like across health and social care, ensuring individuals are listened to, understood and able to make informed choices about their lives. In Northern Ireland, with the ongoing Muckamore inquiry, it is essential that these national standards are embedded into the LDSM will safeguard people's rights, promote dignity and ensure that such failing is never repeated.

Effective communication is a safeguarding measure. Ensuring that staff understand, document and respond appropriately to a person's communication is as vital to safety as physical health checks or safeguarding training.

These standards are: **RCSLT 5 Good Communication Standards**

Standard 1
There is a detailed description of how best to communicate with individuals.

Standard 2
Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.

Standard 3
Staff value and use competently the best approaches to communication with each individual they support.

Standard 4
Services create opportunities, relationships and environments that make individuals want to communicate.

Standard 5
Individuals are supported to understand and express their needs in relation to their health and well-being.

Incorporation of QNLD Standards for Inpatient Services

In addition to embedding the RCSLT 5 Good Communication Standards, we strongly recommend that the Learning Disability Service Model explicitly references and aligns with the **Quality Network for Learning Disability (QNLD) Standards** for Inpatient and Community Care. These standards, developed with input from service users, carers, clinicians, advocacy organisations and inpatient units, provide a comprehensive, rights-based framework for safe, effective, and person-centred inpatient care.

By integrating the QNLD Standards, the LDSM would strengthen its inpatient dimension through a recognised quality assurance framework that addresses workforce competencies, governance, therapeutic environments, safeguarding, communication, and person-led care pathways.

Specifically, we recommend that the LDSM:

- **Explicitly references the QNLD Standards** within the inpatient section to demonstrate commitment to high-quality, accredited care.

- **Ensures communication and swallowing needs** are embedded across all QNLD-aligned pathways, with SLTs recognised as core contributors to quality, safety and safeguarding.

- **Adopts QNLD indicators** as part of monitoring and evaluation, supporting transparency and continuous improvement.

- **Uses QNLD Standards** to guide staff training, supervision and audit, ensuring consistent delivery of safe, rights-affirming inpatient care.

Aligning the LDSM with both the RCSLT Communication Standards and the QNLD inpatient framework will create a coherent, cross-setting quality approach that supports safety, dignity and positive outcomes.

Communication is a human right, recognised by the UN Convention on the Rights of Persons with Disabilities (UNCRPD), and a key determinant of safety, well-being, and inclusion for people with learning disabilities.

People with learning disabilities, particularly those with speech, language and communication needs (SLCN), are at significantly higher risk of abuse, exploitation, and neglect. Multiple studies confirm that individuals with disabilities experience elevated rates of physical, emotional, and sexual abuse, and are often less able to report or disclose their experiences due to communication barriers (Sobsey et al., 1995; Smith & Harrell, 2013; Harrell, 2011). For example, Powers & Oschwald (2004) found that victims with communication difficulties face increased isolation and systemic barriers when seeking support or justice.

SLTs and communication support are therefore a **core safeguarding mechanism**. Tools such as the ***Keeping Safe Talking Mat*** have enabled adults with learning disabilities to express concerns and report abuse, with 89% of practitioners gaining new insights into individuals' wellbeing (Talking Mats, 2019). These accessible approaches should be embedded into the Learning Disability Service Model to uphold individuals' rights and safety (Robinson, 2012; Child Welfare Information Gateway, 2013). A cost benefit analysis of the keeping safe Talking Mats resource reported that for every £1 invested in training and the resource, there was a potential saving of £23 to services, principally by preventing escalation of risk, behavioural crises or costly placements.

The learning disability population has **significant and complex communication and swallowing needs**. Evidence highlights:

- Communication difficulties are highly prevalent and frequently overlooked. Between **70 and 90%** of this population have some degree of communication impairment, and many have little to no functional speech (RCSLT, learning disabilities position paper 2023). These needs profoundly affect access to healthcare, participation in decision making and safeguarding.

- **8.1–11.5%** prevalence of dysphagia among adults with learning disabilities, rising to **43.8% in those over 50** (reflecting an ageing population) (Robertson et al., 2018; Sanders et al., 2024).

- **40%** of adults with intellectual disabilities (ID) and dysphagia experience recurrent chest infections (Department of Health and Social Care, 2023).

- **17.3%** of adults with ID over 40 have a history of choking (Manduchi et al., 2021).

- National reports (LeDeR 2020, NPSA 2004) identify aspiration pneumonia and choking as leading causes of ***preventable death*** in this population.

Dysphagia is therefore a major patient safety concern and must be addressed within the Learning Disability Service Model as a regional and national strategic priority. Speech and Language Therapists (SLTs) have a critical preventative and life-preserving role in reducing choking, aspiration pneumonia, and avoidable deaths, bringing specialist knowledge and skills that are essential within the multidisciplinary team. SLTs play a vital role in **safeguarding individuals with swallowing and communication needs**, ensuring early identification, effective management, and high-quality, person-centred care that promotes safety, dignity, and quality of life.

Another overlooked area is the increased risk of contact with the criminal justice system for people with SLCN. Young people with unidentified needs are more likely to be known to youth justice services, over 60% are documented to have been found to have below-average SLCN scores (Bryan et al., 2007). This is supported by additional research conducted by Snow et al. (2015). A significant proportion of adults in prison have undiagnosed or unsupported communication needs (UK Parliament Committees, 2023). An estimated **20–30%** of people in contact with the justice system have a learning disability or borderline intellectual functioning (Hayes, 2007; Mottram, 2007). These individuals often struggle to understand legal processes or participate in rehabilitation, leading to poorer outcomes and higher recidivism. The Learning Disability Service Model recognises this intersection but must detail opportunities for cross-sector collaboration between LD and justice services, including investing in SLT involvement for police interviews, court support, and prevention work with at-risk individuals.

To ensure this model is effectively implemented and monitored, RCSLT NI strongly recommends that SLTs are represented on the Learning Disability Service Model Implementation Board or Steering Group and should be part of the core team. Given that communication and swallowing are foundational to health, autonomy,

and safety for this population, it is vital that SLTs are part of decision-making structures to embed these priorities consistently in practice.

RCSLT NI also emphasises that the Learning Disability Service Model applies specifically to people with learning disabilities (intellectual disabilities) and should not conflate this with the broader neurodevelopmental spectrum. While individuals may have co-occurring conditions such as autism or ADHD, these are distinct diagnostic entities with separate strategic pathways and service frameworks. The model should reflect this distinction to ensure clarity of purpose and appropriate resource allocation.

In summary, RCSLT NI mostly agrees with the principles of the Learning Disability Service Model but strongly recommends it is strengthened by the:

- **Inclusion of the RCSLT 5 Good Communication Standards** as a foundation for implementation, quality assurance and person-centred practice.

- **Incorporation of the QNLD Standards** to support safe, high-quality inpatient and community care.

- **Explicit recognition of communication and dysphagia as central to safety, inclusion, health equality and outcomes,** not peripheral considerations.

- **Representation of SLTs on the Learning Disability Service Model Implementation Board**, to uphold statutory safeguarding duties and ensure successful integration of communication and swallowing support.

- **Collaboration with RCSLT NI and its members** in future development and implementation stages to ensure the model is truly holistic, evidence-based, and person-centred.

- **Acknowledgement of heightened risks** faced by those with SLCN in relation to abuse, justice system involvement, and preventable deaths, with proactive strategies embedded to address these.

- **Diagnostic clarity** that maintains a distinct, evidence-based focus on individuals with intellectual disabilities.

- **Develop a regional Communication Profile** embedded within service planning and delivery to promote equity, accessibility, and shared understanding of communication needs**.**

2. **Current Services: What aspects of our current Services are working well?**

There is a strong commitment and compassion across the Learning Disability workforce, with many teams delivering person-centred, community-based care. Existing SLT services demonstrate effective multidisciplinary working, particularly where communication and dysphagia are prioritised in care planning.

Where SLTs are embedded within integrated LD teams, outcomes are improved, including safer swallowing management, more effective communication support, and reduced risk of preventable hospital admissions.

SLTs also contribute significantly by developing Easy Read and accessible information resources and by delivering staff training to improve communication and swallowing safety.

These initiatives have a positive impact on understanding, engagement, and inclusion for adults with learning disabilities, empowering individuals to make informed choices and participate more fully in their care and community life.

However, the availability and implementation of such SLT-led initiatives vary across regions. To ensure equity and quality, these practices should be standardised and embedded as best practice across all Trusts within Northern Ireland.

3. **Current Services: What aspects of our current Services are not working well or could be improved?**

Despite many areas of good practice, there is inconsistency in access to SLT across Northern Ireland. Service provision for adults with learning disabilities is variable, and capacity often falls short of population need. Communication and dysphagia are not consistently prioritised at a strategic level, despite their direct links to safety, health inequalities, and quality of life.

People with learning disabilities are at significantly increased risk of developing dementia, often at a younger age and with higher prevalence than the general population (Strydom et al., 2010; McCarron et al., 2017). For people with Down syndrome, the risk of Alzheimer's disease is particularly high due to genetic factors (Wiseman et al., 2015; Lott & Head, 2019). Dementia is also frequently under-recognised or diagnosed late in this population due to variation in baseline functioning and communication barriers (Strydom et al., 2007; Watchman, 2014).

Early changes often present as communication decline, highlighting the essential role of speech and language therapists in establishing baselines, detecting change and supporting decision-making (Watchman et al., 2017). Dementia also substantially increases dysphagia risk, compounding existing health inequalities for this population (Humbert & Robbins, 2008; Sanders et al., 2024). Proactive,

communication-centred, multidisciplinary pathways are therefore critical to ensuring early identification, safety, and person-centred support.

There is also a limited understanding of the scale of speech, language, communication, and swallowing needs across adult LD populations. Dysphagia related risks including choking and aspiration pneumonia, remain high, with preventable deaths still reported in national data (LeDeR, 2020; Department of Health and Social Care, 2023).

Furthermore, the absence of consistent communication standards and data collection mechanisms means that outcomes related to communication, inclusion, and safety are not routinely monitored.

RCSLT NI members have also noted gaps in wider staff training, leading to variation in confidence and competence in supporting communication and swallowing needs across settings.

Embedding the **RCSLT 5 Good Communication Standards** in the Learning Disability Service Model would create consistency, improve equity of access, and ensure that communication is embedded in every part of service design, delivery, enable benchmarking and auditing of communication standards.

Consider adding a cross-cutting SLT role in all assessments, should be part of physical health review (dysphagia screening), mental health assessments (communication and medication-related swallowing risk), dementia screening (communication and swallowing baseline)
behavioural (functional communication),safety assessments communication vulnerability screening to inform safeguarding, risk management and hospital liaison.
capacity assessments (use of Talking Mats and accessible communication tools)

4. The Learning Disability Service Model outlines 6 Key Ambitions to improve services. Please rank order these Ambitions in order of priority (1 = most important; 6 = least important) and provide any comment(s) in relation to the Ambition

Key Ambition	Priority ranking (1 - 6)	Comments
Life Changes	3	**RCSLT 5 Good Communication Standards** **Standard 1: There is a detailed description of how best to communicate with individuals** **Implementation in Practice:** Ensures staff know how best to communicate with the person as their needs evolve during change via provision of communication profiles/

		passports that outline how nest to support the individual's communication. **Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.** **Implementation in Practice:** Communication for decision-making is key during transitions (e.g. moving home, health decline). Strengthens autonomy. This can be achieved by building a capable workforce in the use of specialist communication supports e.g. Makaton and Talking Mats. **Standard 3: Staff value and use competently the best approaches to communication with each individual they support.** **Implementation in Practice:** Supports adaptable, compassionate communication to help individuals navigate and adjust to life changes. By training support/ staff and carers in the fundamentals of communication and communication strategies e.g. AAC / Objects of reference/ Makaton etc. **Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.** **Implementation in Practice:** Encourages environments and relationships that motivate people to keep communicating even in difficult times (e.g. after loss or transition). This ensures people with LD have the means, reasons and opportunities within their everyday environments to communicate via their preferred and unique method.
Health and Wellbeing	1	**RCSLT 5 Good Communication Standards** **Standard 1: There is a detailed description of how best to communicate with individuals.**

		Implementation in Practice: Effective communication underpins good health outcomes. Ensuring easy read materials to support attendance at appointments and accessible communication systems to aid sharing of health information and supporting the person to understand health advice eg visual pictures boards / pain charts. **Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.** **Implementation in Practice:** Informed decision-making about care. The wider healthcare team are trained in how to effectively communicate with people with LD. **Standard 3: Staff value and use competently the best approaches to communication with each individual they support.** **Implementation in Practice:** Quality care depends on good communication, lined with training the wider healthcare and specialist LD workforce regarding communication strategies. **Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing.** **Implementation in Practice:** Direct link to understanding and managing personal health.
Carers and Families	5	**RCSLT 5 Good Communication Standards** **Standard 1: There is a detailed description of how best to communicate with individuals.** **Implementation in Practice:** Ensures everyone involved understands how to communicate with the individual. This could be via communication profiles on Encompass. **Standard 2: Services demonstrate how they support individuals with**

		communication needs to be involved with decisions about their care and their services. **Implementation in Practice:** Reinforces partnership approach. **Standard 3: Staff value and use competently the best approaches to communication with each individual they support.** **Implementation in Practice:** Models best practice and consistency, in turn building a capable workforce.
Meaningful Lives and Citizenship	4	**RCSLT 5 Good Communication Standards** **Standard 2: Services demonstrate how they support individuals with communication needs to be involved with decisions about their care and their services.** **Implementation in Practice:** Participation and choice are core aspects of citizenship, empowering individuals to express opinions and influence decisions. This can only be achieved if people with LD are supported to communicate their needs, preferences and opinions. This may require skilled use of AAC. **Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.** **Implementation in Practice:** Communication fosters social connection, belonging, and active participation in community life. Creating opportunities for communication and socialisation can directly reduce mental health difficulties.
Home	6	**RCSLT 5 Good Communication Standards** **Standard 1: There is a detailed description of how best to communicate with individuals**

		Implementation in Practice: Supports consistent, person-centred communication in the person's daily environment. **Standard 3: Staff value and use competently the best approaches to communication with each individual they support.** **Implementation in Practice:** Competent communication in familiar settings promotes comfort, trust, and independence **Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.** **Implementation in Practice:** Supportive, stimulating environments encourage expression and interaction.
Mental Ill Health and Behaviours of concern or distress	2	**RCSLT 5 Good Communication Standards** **Standard 3: Staff value and use competently the best approaches to communication with each individual they support.** **Implementation in Practice:** Sensitive, skilled communication prevents distress and supports understanding. The research regarding the correlation between behaviour that challenges and communication difficulties and the positive impact that functional communication interventions can have on both reducing behaviours of concerns and mental health is vast. There are better outcome from psychological / talking therapies when appropriate communication supports are put in place. **Standard 4: Services create opportunities, relationships and environments that make individuals want to communicate.** **Implementation in Practice:** Positive relationships reduce isolation and distress.

		Standard 5: Individuals are supported to understand and express their needs in relation to their health and wellbeing. **Implementation in Practice:** Supports emotional expression, reduces distress, and promotes mental wellbeing.

Additional Outcomes – Are there additional outcomes which you feel should be included as a Key Ambition? Please outline details

Given that up to 90% of people with a learning disabilities experience communication difficulties and around 10% experience swallowing difficulties rising to 40% in over 50 years, embedding a dedicated communication and swallowing safety ambition would help ensure that no one is excluded from care or decision making due to communication barriers and would help reduce preventable deaths and health inequalities for people with swallow concerns.

The RCSLT NI strongly advocates for the inclusion of the **RCSLT 5 Good Communication Standards** within the Learning Disability Service Model. This ensures communication is recognised as a fundamental human right and enabler across all ambitions, in line with the **United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, Articles 2, 9, 21, and 25)**. It aligns with the **Disability Discrimination Act 1995 (NI)**, the **Disability Strategy for Northern Ireland (2023–2028)**, and the **Bamford Vision**, promoting accessible information, total communication approaches, and environments where everyone can be heard, understood, and participate fully in their care and community.

International: United Nations Convention on the Rights of Persons with Disabilities (UNCRPD, 2006)

Northern Ireland is bound by the UNCRPD through the UK's ratification, and implementation is overseen locally by the **Equality Commission for Northern Ireland (ECNI)** and the **NI Human Rights Commission (NIHRC)**.

Key Articles relevant to SLCN:

UNCRPD Article	**Focus**	**Relevance to SLCN**
Article 2	Defines communication broadly, including AAC, sign, tactile, plain language, and accessible formats.	Recognises multiple forms of communication as equal.
Article 9	Accessibility.	Requires access to information and communication in all public services.
Article 21	Freedom of expression and opinion, and access to information.	Protects the right to be heard and to communicate through methods of choice.
Article 25	Health.	Mandates accessible communication to ensure

		informed consent and equal care.

Northern Ireland Legislation and Policy

Legislation / Strategy	Relevance
Disability Discrimination Act 1995 (DDA)	Prohibits discrimination and requires "reasonable adjustments," including accessible communication and information.
Human Rights Act 1998	Embeds *Article 8 (right to private and family life)* and *Article 10 (freedom of expression)* from the ECHR – protecting autonomy and communication rights.
The Disability Strategy for Northern Ireland (2023–2028)	Emphasises removing communication barriers and improving participation and accessibility for people with disabilities.
Delivering the Bamford Vision (Mental Health and Learning Disability Action Plan)	Prioritises person-centred, rights-based approaches and accessible communication in mental health and learning disability services.
Making Life Better (NI Public Health Framework)	Recognises communication and inclusion as key to wellbeing and participation.
Regional Communication Standards (e.g. RCSLT 5 Good Communication Standards)	Align with UK-wide best practice, ensuring communication is at the heart of learning disability support.

The Bamford Vision: Core Principles

The "Bamford Vision" describes a future where:

- People with **mental ill health or learning disabilities** are **valued citizens** with equal rights, responsibilities, and opportunities.
- Services are **person-centred**, **community-based**, and **focused on recovery and inclusion**.
- **Communication, participation, and choice** are essential — people should have a real voice in their care.
- Support should enable people to **live full and meaningful lives** within their communities, not isolated from them.

Implementation

Following the review, a series of government action plans were published, including:

- **Delivering the Bamford Vision (DHSSPSNI, 2009)** – the main implementation framework.
- **Transforming Your Care (2011)** – reinforced the Bamford principles.

- **Bamford Monitoring Reports (2012–2020)** – tracked progress across health, social care, education, and justice sectors.

These documents underpin current service models, including **Learning Disability Service Models**, **Regional Communication Standards**, and **Mental Health Strategies** in Northern Ireland.

Embedding the 5 Good Communication Standards within the Learning Disability Service Model would ensure that communication rights are upheld in practice — enabling inclusion, equality, and person-centred care in line with Northern Ireland's strategic vision and international obligations. Communication is a fundamental feature of humanity. The ability to communicate – to receive, process, store and produce messages – is central to human interaction and participation. To understand and to be understood not only enables expression of basic needs and wants; but also enables interaction and participation at a family, community, national and global level (McLeod 2018)

5. **Service Delivery Plan** – The Service Delivery Plan outlines a number of strategic actions designed to improve the delivery of services for adults with learning disabilities. What actions or innovative approaches do you believe should be made to make services better?

RCSLT NI recommends the following actions to strengthen delivery and outcomes:

- **Embed the 5 Good Communication Standards** into the Learning Disability Service Delivery Plan as a cross-cutting quality measure.

- **Mandate communication and dysphagia training** for all staff working with adults with learning disabilities, ensuring competence in communication support, safe eating and drinking, and choking prevention.

- **Implement a regional MDT pneumonia and choking pathway led by SLT** ensuring timely access to assessment, intervention, and prevention strategies. To address national and regional priorities to reduce preventable deaths from aspiration pneumonia and choking.

- SLTs play a central role in making information accessible for ALD. SLTs should co-train the workforce alongside ALD to produce easy read materials and visual supports.

- Services should be audited on their information to ensure Easy Read materials, visual supports and other reasonable communication adjustments.
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- **SLTs should lead on creating a public facing quality assured easy read library of resources. Easy read resources should be co-produced with ALD. The library would to reduce duplication and ensure consistent, accessible information across services.**

Easy read translation services employing adults with learning disabilities, with SLT input, should be scaled regionally to ensure equitable access and meaningful participation.

- **Establish a regional communication access framework**, promoting communication-friendly environments and accessible information standards across all services. Ensure all staff complete communication access training Home - Communication Access UK

- **Introduce standardised data collection and outcome measures** for communication, swallowing safety, and participation to inform service planning.

- **Strengthen multidisciplinary collaboration and early intervention**, ensuring SLTs are integral to care planning and risk management across settings, including acute, community, residential, and supported living services.

- **Co-produce service developments** with people with learning disabilities, their carers, and professional bodies (including RCSLT NI) to ensure the model reflects lived experience and professional expertise.

- **Address safeguarding inequalities** by recognising that individuals with speech, language and communication needs (SLCN) are at increased risk of abuse and exploitation. Tools such as **Keeping Safe Talking Mats** have been shown to help individuals with learning disabilities express concerns and disclose harm. Implement a training strategy to ensure all staff have Talking Mats foundation training and key staff have advanced Talking Mats Keeping Safe. Embedding proactive communication tools and trauma-informed practice will strengthen safeguarding across all services.

- **Acknowledge the high prevalence of unrecognised SLCN among people with LD in contact with the criminal justice system**. Supporting communication from an early stage can reduce the risk of offending and ensure appropriate, trauma-informed responses to behaviours of concern. The model should establish strong links with justice services to promote early identification, SLT referral, and reasonable adjustments.

Innovation should focus on prevention, safety, inclusion, and accessibility.

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6. **Additional suggestions or recommendations to strengthen the Learning Disability Service Model and Delivery Plan**

RCSLT NI recommends that the final Learning Disability Service Model and Delivery Plan:

- **Formally recognise communication as a fundamental human right**, aligning with the **UN Convention on the Rights of Persons with Disabilities (UNCRPD, Articles 2, 9, 21, 25)**.

- **Include a dedicated "Communication and swallowing Safety" ambition** or cross-cutting outcome to reflect its centrality to all care domains.

- **Ensure explicit SLT involvement in the Learning Disability Implementation Board or equivalent strategic governance group.** SLTs bring essential expertise in communication and dysphagia, which are fundamental to service quality, safeguarding, and person-centred care. Including core SLT representation will help embed the RCSLT 5 Good Communication Standards across all ambitions and ensure communication and swallowing outcomes are monitored and prioritised.

- **Address workforce planning and capacity**, ensuring equitable SLT provision across all Trusts and care settings.

- **Clarify terminology** to distinguish learning disability (intellectual disability) from the broader neurodevelopmental spectrum (autism, ADHD), while acknowledging co-occurrence where appropriate.

- **Align the model with regional strategies**, including *Delivering the Bamford Vision*, *Making Life Better*, and *The Disability Strategy for Northern Ireland (2023–2028)*, to ensure coherence across health, social care, and equality frameworks.

Embedding communication throughout all ambitions would safeguard individuals, reduce inequalities, and ensure that every person with a learning disability can be heard, understood, and supported to live a safe and meaningful life.

7. Do you have any additional suggestions or recommendations to help strengthen the Learning Disability Service Model and Delivery Plan? We welcome your ideas on how we can improve services and better meet the needs of adults with learning disabilities.

Quality monitor adverse incidents related to dysphagia (choking) or communication breakdown.

Implementation of communication reasonable adjustments during hospital stays.

Allocate adequate resources for SLT staffing and service delivery.

SLT and acute hospital liaison collaboration is essential for ensuring specialist input on communication.

Please send your completed questionnaires to us by post or email.

Post them to us at Learning Disability and Autism Unit, Department of Health, Room D2, Castle Buildings, Stormont, Belfast BT4 3SQ or email to: ldsm@health-ni.gov.uk

You must send us your answers by 5pm, 25 November 2025.