RCSLT response to the LeDeR Report

16 July 2026

The LeDeR report 2024 published this week highlights the critical link between respiratory health, swallowing difficulties, and communication in the lives and deaths of people with a learning disability. The core components of managing dysphagia (eating, drinking, and swallowing needs) and communication are central to the report's findings and recommendations.

Respiratory health and swallowing (dysphagia)

Respiratory conditions are a leading cause of mortality and the primary driver of avoidable deaths for people with a learning disability.

- In 2024, diseases of the respiratory system accounted for 16.6% of all deaths among adults with a learning disability.
- Pneumonia remains the most common avoidable cause of death, representing 13.5% of all avoidable deaths in this population.
- A LeDeR "deep dive" into pneumonia deaths identified swallowing difficulties (dysphagia) as a major clinical risk factor.

LeDeR priorities:

- Care staff should receive standardised training to recognise signs of respiratory infection and deterioration, especially for individuals with known swallowing issues.

- For adults with Down syndrome, the report specifically recommends regular reviews of swallowing and aspiration risk to mitigate respiratory infections.

Speech, language and communication

This emphasis the ability to communicate needs effectively is a significant factor in the quality of care received.

- For individuals who cannot communicate with words, the report notes it is "extra important" to have the right support in hospital so that medical staff can understand their needs.
- People with severe or profound learning disabilities are more likely to have significant communication difficulties. This group experienced a median age at death significantly lower than those with mild disabilities (e.g., 40.7 years for profound learning disabilities vs. 64.9 years for mild learning disabililties).
- Autistic adults are characterised by differences in social communication and interaction. The report notes that when services are not tailored to these needs, individuals may disengage, leading to gaps in care and increased risk, including higher rates of suicide.

LeDeR priorities:

- Given the high levels of multimorbidity, particularly among adults with a severe or profound learning disability, there should be a strong focus on multidisciplinary approaches and care coordination across services, supported by clear communication between primary care, acute services, and social care. Specialist learning disability professionals have an important role in supporting this.

- Reasonable adjustments for autistic adults without a learning disability should be embedded into care pathways, including adaptations to communication, appointment structures, talking therapies and the physical environment as necessary.
- A targeted action plan to prevent suicide in autistic people should be considered, incorporating factors identified by LeDeR such as limited reasonable adjustments, poor communication, and a lack of coordinated care.

The RCSLT response

The RCSLT recognises the significant impact that eating, drinking and swallowing difficulties can have on respiratory health and overall quality of life for people with a learning disability. Speech and language therapists play a vital role in identifying, assessing and managing dysphagia risk, working alongside individuals, families, carers and wider health and social care teams.

The report also highlights the fundamental importance of communication in enabling people with a learning disability to express their needs, preferences and concerns, and in ensuring they receive safe, appropriate and person-centred care. Communication barriers can contribute to poorer experiences and outcomes, particularly when people require reasonable adjustments or alternative ways to communicate. Speech and language therapists play a key role in supporting communication needs including assessment, intervention and supporting others around the person to communicate effectively.

The RCSLT takes evidence-based clinical guidance seriously. Our Eating, Drinking and Swallowing Competency Framework (EDSCF) support speech and language

therapists, healthcare providers and carers to develop the knowledge, skills and confidence needed to identify and manage dysphagia risks effectively. Our clinical guidance also supports the workforce to recognise and address communication needs, helping to ensure people with a learning disability can express their needs, access appropriate support and receive person-centred care. Together, these approaches help to improve outcomes and reduce avoidable harm.

We will continue to support the workforce through evidence-based guidance and resources to ensure people with a learning disability receive safe, effective and person-centred support for their eating, drinking, swallowing and communication needs.

References

https://www.rcslt.org/members/clinical-guidance/learning-disabilities

https://www.rcslt.org/wp-content/uploads/2023/03/RCSLT-Learning-Disabilities-position-paper-2023.pdf

https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/

https://www.rcslt.org/members/clinical-guidance/eating-drinking-and-swallowing/eds-competency-framework-for-non-slts