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TRAINING SOLUTIONS

Learning Disability Awareness

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Learning Disability Awareness

Contents

N.B: We are aware that official practice is to use the terms “service users” or “people using this service” to describe those receiving care. We prefer the term “client” and use it throughout our training package.

Key:

worksheet

important

example

Learning Disability Awareness

Learning outcomes.

- **Understand what is meant by learning disability.**
- **Recognise the different causes of learning disability.**
- **Support person centred thinking and planning.**
- **Support clients in their relationships.**
- **Support communication.**
- **Enable clients with behavioural difficulties to develop strategies to change their behaviour.**
- **Understand the need for independent advocacy.**

Fundamental standards.

The fundamental standards are the standards by which CQC will inspect social care. The standards are based on the regulations from the Care Act 2014 and CQC have changed the focus for the purposes of inspection.

The fundamental standards are those standards that no care setting must fall below.

The standards are based on five areas as follows:

Safe.	People are protected from abuse and avoidable harm.
Effective.	People's care, treatment and support show quality of life and promote good outcomes, and providers should show evidence to prove it.
Caring.	Care should be person centred involving dignity and respect, and compassion.
Responsive.	Following correct working procedures as agreed by your workplace and as set out in the client's care plan.
Well led.	Management leadership and governance should ensure all of the above happens. Staff training should be recognised and openness and fairness be apparent.

These areas are known as key lines of enquiry or KLOES. Each KLOE has a set of criteria which CQC use to check whether the fundamental standards are being met.

Learning Disability Awareness

The fundamental standards are as follows:

Person centred care.	Ensuring that those receiving the care are at the centre of all decisions.
Dignity and respect.	Providing the client with dignity and respect in all aspects of their care.
Need for consent.	Asking the client's permission before carrying out tasks that affect them.
Safe care and treatment.	Following correct working procedures as agreed by your workplace and the client's care plan.
Safeguarding service users from abuse.	Following agreed working and safeguarding procedures and being aware of signs and symptoms.
Meeting nutritional needs.	Being aware of dietary needs, working with the care plan, ensuring clients have the right equipment and conditions to eat.
Cleanliness, safety and suitability of premises and equipment.	Carrying out required checks of premises and equipment, implementing cleaning rotas and carrying out safety checks.
Receiving and acting on complaints.	Having a complaints policy and procedure in place that is accessible to all and act in accordance with the policy when dealing with complaints.
Good governance.	Ensuring that all aspects of the workplace is overseen and policies and procedures are implemented and monitored regularly.
Staffing.	Fit and proper persons employed. Fit and proper person requirement for Directors is followed.
Duty of candour.	Relevant information must be volunteered to all persons who have or may have been harmed by the provision of services, whether or not the information has been requested and whether or not a complaint or a report about that provision has been made.

Our Redcrier manuals will provide your staff with training to support attainment of the fundamental standards.

Learning Disability Awareness

Introduction.

Less than 1 in 5 people with a learning disability work, compared with 1 in 2 disabled people. We know that at least 65% of people with a learning disability want to work. Of those that do work most only work part time and are generally low paid. Just 1 in 3 people, with a learning disability, will take part in some form of education or training.

At least half of all adults with a learning disability live in the family home. This can mean that the need to gain independence, learn key skills and make choices about their own lives is seen as less important. Less than a third of people with a learning disability have some choice of who they live with, and less than half have some choice over where they live.

29,000 adults with a learning disability live with parents aged 70 or over, many of whom are too old or frail to continue in their caring role. In only 1 in 4 of these cases have local authorities planned alternative housing.

As at 2016 there were 58,000 people, with a learning disability, that were supported by day care services.

People with a learning disability are 58 times more likely to die under 50 years old, than people without a learning disability. Four times as many people with a learning disability die of preventable causes as people in the general population.

The history of learning disabilities.

Before the 1970's not much was understood about people with learning disabilities. They were often thought to be of feeble mind and many ended up in institutions, because it was thought they may be a danger to themselves or others.

During the 1970's people started thinking that there should be better services for them in the community. It had become apparent that institutions were not meeting their needs. Often there was sharing of clothes, lack of activities and the institutions were organised to run smoothly rather than to meet the needs of those living there.

In 1986 the Audit Commission published a report: "*Making a reality of community care*". This report outlined the advantages of domiciliary care and looked at a more cost effective way of caring for those with learning and other disabilities.

Institutions then began to close as small homes in the community began to appear. Initially these homes were often a smaller version of the institution they replaced because the people living in them had come from an institution and that was all they knew. Gradually over time these homes changed to become more representative of a "*normal"* home. The last institution closed in 2009.

Learning Disability Awareness

In May 2011 a documentary, on the BBC's Panorama, exposed criminal abuse happening at Winterbourne View; a hospital near Bristol. The home was closed and the residents placed in other settings. South Gloucestershire Safeguarding Adults board set up a case review. The Police launched their own investigations and the Care Quality Commission (CQC) began a health check of learning disability services across England.

Winterbourne View opened in December 2006. It was a private hospital owned and run by Castlebeck Care Limited. It was designed to accommodate 24 patients in two separate wards and was registered as a hospital providing assessment, treatment and rehabilitation for people with learning disabilities.

The Government set up a review led by the Department of Health to look into the failings of Winterbourne View. The report was published in December 2012.

The report identified the following:

- Patients at Winterbourne View were there for long periods of time, over a year in some cases, and had little contact with their family or carers because of the distance from their own home.
- There was an extremely high rate of physical intervention; including the use of restraints.
- Warning signs were not identified e.g. frequent visits to A&E, Police visits to the hospital and safeguarding concerns reported to South Gloucestershire District Council.
- Management was failing with no registered manager in post, poor recruitment practices and limited training for staff.
- A closed culture had developed, examples of which include families and visitors being allowed only limited access to the building.

In 2013 the joint partnership between the Department of Health, NHS England, Local Government Association, Association of Directors of Adult Social Services, CQC and the National Forum of People with Learning Disabilities issued a statement:

- *Our commitment to making the lives of people with learning disabilities better and safer, and improving their health and care is paramount.*
- *Since the onset of community homes there has been a gradual evolvement into independent living homes with personalised care for each resident, allowing them to live a full life which supports their needs and enables their development within safe boundaries.*
- *Independent living empowers the individual with greater choice and control in directing their own life. It gives them the same range of choices as a non disabled person enabling them to make informed decisions about the practical support they require for everyday life.*
- *Independent living enables those with a learning disability to live independently without the dependency created by institutions.*

Unit One

What is a learning disability?

There is often confusion over terms used to describe a learning disability and what is meant by learning disability.

The Department of Health in England (DH 2001) defined learning disability as a significantly reduced ability to understand new or complex information and learn new skills (impaired intelligence) along with a reduced ability to cope independently (impaired social functioning). The onset of disability is considered to have started before adulthood, with a lasting effect on development. This translates as a reduced intellectual ability with difficulty carrying out everyday tasks, including social interactions, which began in childhood.

The definition above includes Intelligence Quota (IQ) and functional aspects that make it distinct from the use of the term “learning difficulties” which has a far wider application in education (DH 2001). The term learning difficulties is often used in education to cover Dyslexia, Dyspraxia or Attention Deficit Hyperactivity Disorder. With these conditions general intelligence is not affected. Because of this it may not be immediately obvious to others and therefore it is not possible to say how many people in the UK may be affected.

You may find that some people with a learning disability prefer to use the term learning difficulty rather than disability. In reality they are both only a collective term to describe a condition not the individual. The individual is a person who has many of the same needs as you or I that need to be met in ways, relevant to them.

Many people who have a learning disability also have other specific conditions such as Autism or Downs Syndrome.

There are currently two models for supporting those with disabilities.

Medical model of disability.

The medical model of disability says that individuals are disabled by their impairments or differences. The medical model generally looks at what is wrong with the person and how to fix it with treatment. Sometimes looking at the medical condition an individual may have can create low expectations, leading to loss of independence, choice and control of their lives.

Social model of disability.

The social model of disability looks at the way the community, in which the individual lives, is organised and what barriers are causing the individual to have restriction on life choices and independence. These barriers can then be addressed and in many cases the needs of

the individual met in an acceptable way, through promoting positive health and wellbeing. The social model also works well with individuals who have a learning disability. It enables them to develop confidence and skills to promote their independence within their own community.

In your own words describe what is meant by the term learning disability.

Causes of learning disability.

A learning disability occurs when the brain is still developing. There are four critical times when a learning disability could become present:

Before birth.

Chromosomal:	Abnormalities in chromosones.
Maternal factors:	Some infections caught by the mother may be passed onto the unborn child. Other maternal factors include diet deficiencies and excessive alcohol consumption.
Metabolic disorders:	A common metabolic disorder is phenylketonuria, which is lack of an enzyme that breaks down amino acids. It can be detected shortly after birth and can be controlled through diet. However if it is undetected or uncontrolled it can cause severe learning disabilities.

During birth. If a baby's oxygen supply is interrupted for a long period or if the baby is born prematurely and becomes ill shortly after birth then a learning disability may result.

Events after birth. Some childhood infections can affect the brain, causing learning disability. The most common are Encephalitis and Meningitis.

Social and environmental factors such as poor housing conditions, poor diet and / or healthcare, malnutrition, lack of stimulation and all forms of child abuse may lead to a learning disability.

Inherited genes.

A child may be born with a learning disability when certain genes are passed on by a parent. This is called inherited learning disability. The two most common conditions which involve inherited genes are Fragile X syndrome and Down's syndrome. Children with these conditions are more likely to have a learning disability too.

Describe the social model of disability.

How can it promote positive attitudes?

The importance of early detection.

It is important to have a diagnosis as it can take away the uncertainty of why certain behaviours may be present and help with forward planning of care and support for the individual. Knowing why the individual acts in certain ways and how situations may appear to them will also help you in your dealings with them. Spending time with them, finding out their likes and dislikes, will give you a greater insight into their view of the world. This in turn will help you to support them in their journey through life.

To diagnose a learning disability during childhood, a number of tests may be carried out including:

- A medical examination to include a neurological test. This can identify, or rule out, other possible causes of the child's difficulties including: emotional disorders, intellectual and developmental disabilities, and brain diseases.
- Tests to look at the individual's development, how they react socially and their school performance.
- Tests of academic achievement and a psychological assessment.
- It is also useful to look at the child's family history.

The above tests will give a good indication of whether a learning disability is present. Some individuals reach adulthood before they are diagnosed and may have missed out on getting the correct support they need.

Identifying the needs of an individual is paramount. These needs may have differences even though on the surface it may look as though the person has the same impairment as the next person. For example if two people both need glasses the type of glasses they need may well be different. One of them may be able to read fine print with their glasses but the other person needs bigger print even with glasses. They may both need different styles of glasses because of differences in their eyes or because of the shape of their face.

Knowing a person has a learning disability may help you to access any support they need, but it won't identify what their needs are. Adopting a person centred approach will.

Why is early detection of a learning disability important?