

Cheshire and Merseyside Learning Disabilities Network

Learning Disability Awareness Training

Foundation Level



Learning Disabilities Awareness Training.
Foundation Level 2017





Introduction

This is the Foundation Level Cheshire and Merseyside Learning Disabilities Network Awareness Training.

This training should take around 30 minutes to complete



The Foundation Level Training should give you an easy to understand, basic, mandatory level of training in relation to learning disability awareness.

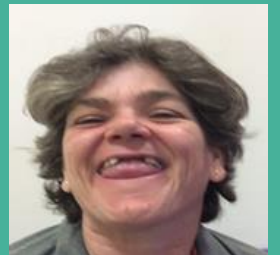
The training is aimed at **all** members of staff.

At the end of the presentation there will be an assessment containing 10 questions. You must answer 7 correct to pass. When this is completed a “Foundation Level Certificate” will be awarded.

The certificate can be added to your Personal Development Plan.

All photo testimonies in this training are from members of MENCAP Liverpool.

Good Luck!



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Learning Disability Definitions

Health professionals can struggle to identify what a learning disability is. This increases the likelihood of poor care outcomes.

Valuing People (2001) explains that a learning disability includes the presence of:

- **a significantly reduced ability to understand new or complex information or to learn new skills;**
- **a reduced ability to cope independently;**
- **an impairment that started before adulthood, with a lasting effect on development**

MENCAP (2002) define a learning disability as **‘a life-long condition acquired before, during or soon after birth that affects an individuals ability to learn’**.





What is a Learning Disability?

In the UK around **2%** of the population having a learning disability.

Indicator of learning disability: (Average IQ in UK – 100)

Mild	IQ	50-70
Moderate	IQ	35-50
Severe	IQ	20-25
Profound	IQ	<20.





Disability Vs Difficulty

There are people who are often considered to have Learning Disabilities but who, in fact, do **not** have one. They may have a learning difficulty.

In the UK, education services use the term 'learning difficulty' to also include people who have 'specific learning difficulties' but who do not have a significant general cognitive impairment.

What is learning difficulty?

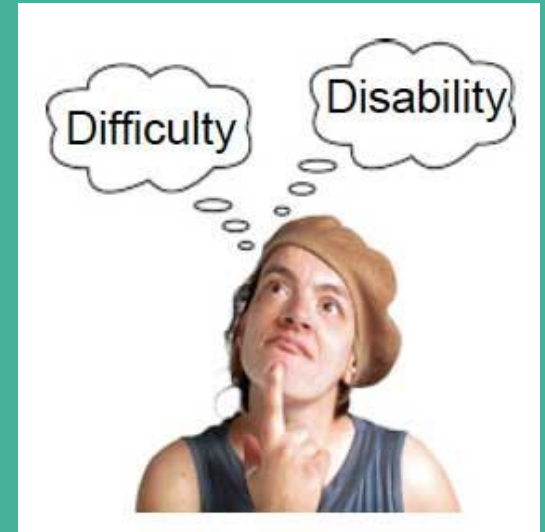
Dyslexia: a difficulty with words

Dysgraphia: writing difficulty

Dyspraxia: motor difficulties

Dyscalculia: a difficulty performing mathematical calculations.

Some people with learning disabilities prefer the term learning difficulties to describe them.





So is Dyslexia a Learning Disability?

NO

It is a learning difficulty.



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Labeling



Labels are just a rough guide, what matters is the **individual**.

Paul Staples





Commonly used terms

Although the defined term is 'Learning Disabilities', other words are commonly used to describe an individual.



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Kyle's Story



“

You can't always see a learning disability (people can see my wheelchair, **they can't see my learning disability**)

Having a learning disability **doesn't mean that I can't do things**, it can just take me a bit longer to learn.

”





Health Inequalities

People with learning disabilities have **poorer health** and more health related problems than the general population.



People with Learning Disabilities will need to access primary and secondary health care throughout their life.





Health Inequalities - Female

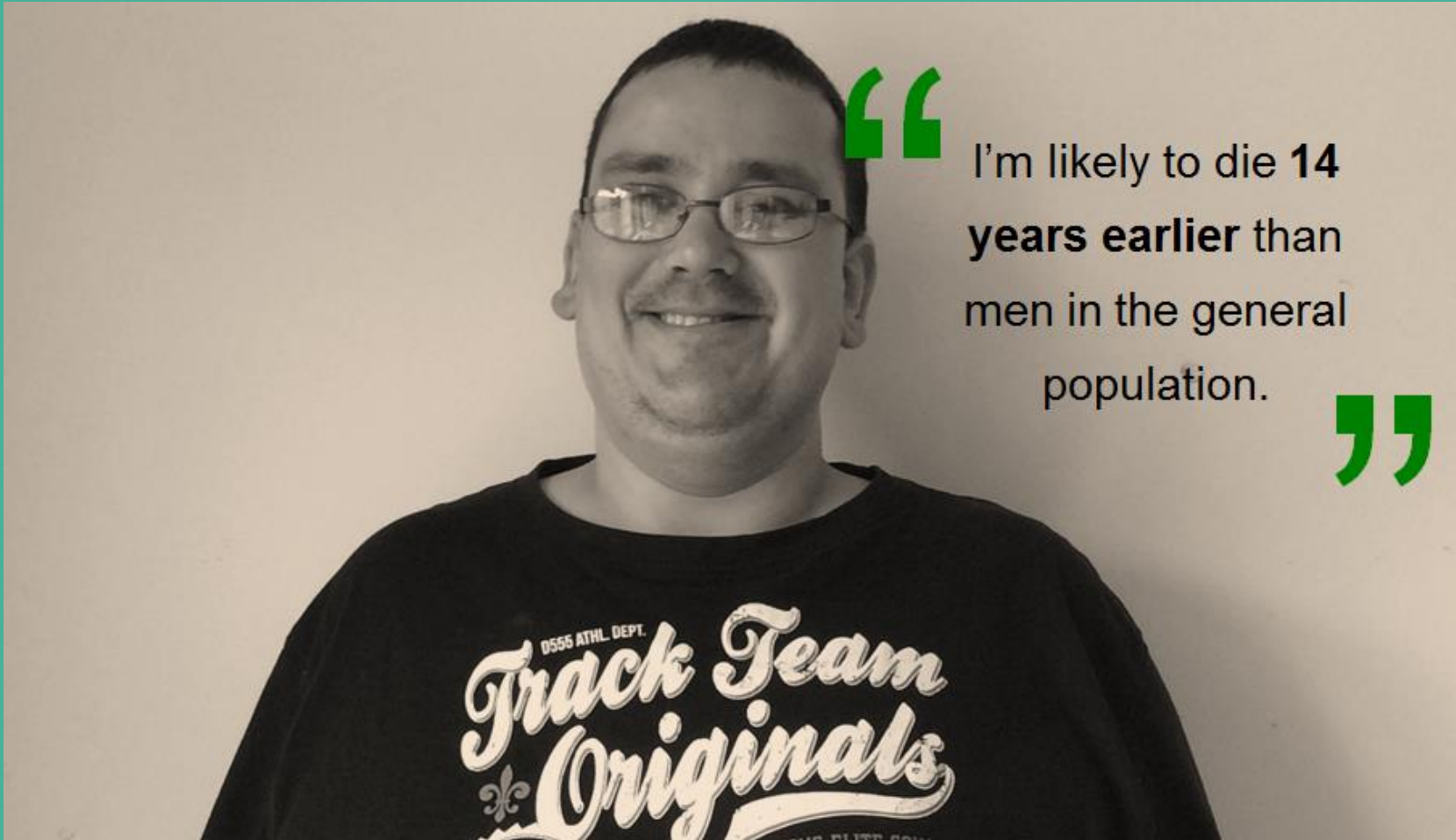


“ I’m likely to die **18 years earlier** because I’m a woman with a learning disability. ”





Health Inequalities - Male





Barriers to Healthcare - 1

Barriers to Healthcare	Overcoming Barriers
<p>Physical Barriers:</p>	<p>Equality Act (2010) requires public bodies to make 'reasonable adjustments' to their premises, policies and service delivery. Accessible signposting to location of services.</p>
<p>Personal Barriers:</p> <p>Communication difficulties.</p> <p>Complex behaviour/health needs</p> <p>Fear</p> <p>Anxiety</p> <p>distress</p> <p>Lack of knowledge and/or skills in relation to health and using health services</p>	<p>Accessible information (pictures, simple language)</p> <p>Identify any support needs from family, carers and patient.</p> <p>Make the required reasonable adjustments, person centred planning and approach, use of hospital passports.</p> <p>Enhance the health literacy of people with learning disabilities and of family carers and paid carers/supporters who play a critical role in promoting healthy lifestyles among many people with learning disabilities.</p>





Barriers to Healthcare - 2

Barriers to Healthcare

Overcoming Barriers

Organisational Barriers:

Rigid appointment times
Lack of domiciliary service
Reliance on written information

Making 'reasonable adjustments' in all areas of health promotion and healthcare in light of the specific needs of people with learning disabilities and acting within the legal framework of the Mental Capacity Act 2005.

Professional Barriers:

Negative stereotypes, and/or lack of knowledge and confidence in supporting people with learning disabilities

'Diagnostic Overshadowing' (e.g. symptoms of physical ill health being mistakenly attributed to either a mental health/behavioural problem or as being inherent in the person's learning disabilities).

Enhancing healthcare workers' knowledge and improving their skills for working with people with learning disabilities.

Monitoring progress towards the elimination of health inequalities faced by people with learning disabilities.





Experience of Healthcare

For people with learning disabilities going into hospital can be **frightening**, **confusing** and **stressful**. They are often unsure of what to expect or how they will cope .

The language used by doctors and nurses can be hard to understand. It is a time when the patient with learning disabilities may feel increasingly vulnerable.

People with learning disabilities can find it more difficult to communicate. They may not be able to explain any pain or discomfort they are in.

They may have difficulty in adjusting to the hospital environment and routines.

The hospital staff may not know all of their individual needs.



People with learning disabilities may have had poor experiences of healthcare in the past.

Such vulnerability is likely to be further increased by an individual's **complex needs**. For example epilepsy, mental illness, sensory impairment or communication difficulties. All of which are more common amongst people with learning disabilities.



Common Health Problems



Dementia

More likely to develop early onset Dementia, especially people with Down's syndrome.

Mental Health

Anxiety, Depression, Schizophrenia more common in LD than general population.

Diabetes

Higher rate of diabetes (link to obesity, poorer diet)

Epilepsy

1 in 3 in LD
1 in 100 General Population

Coronary heart disease

2nd highest cause of death



Respiratory Disease

Most common cause of death for people with LD.

Cancer

Gastrointestinal cancers twice as prevalent.
Lung, cervical, prostate, breast much lower

Obesity

More common in mild LD than general population

Dental problems

More likely to have tooth decay, loose teeth, untreated oral disease and gum disease.

Gastrointestinal problems

70% LD suffer with gastro problems.

Sensory impairments

40% have a vision problem
Similar numbers hearing

Swallowing and Eating

Swallowing far more common in Profound LD



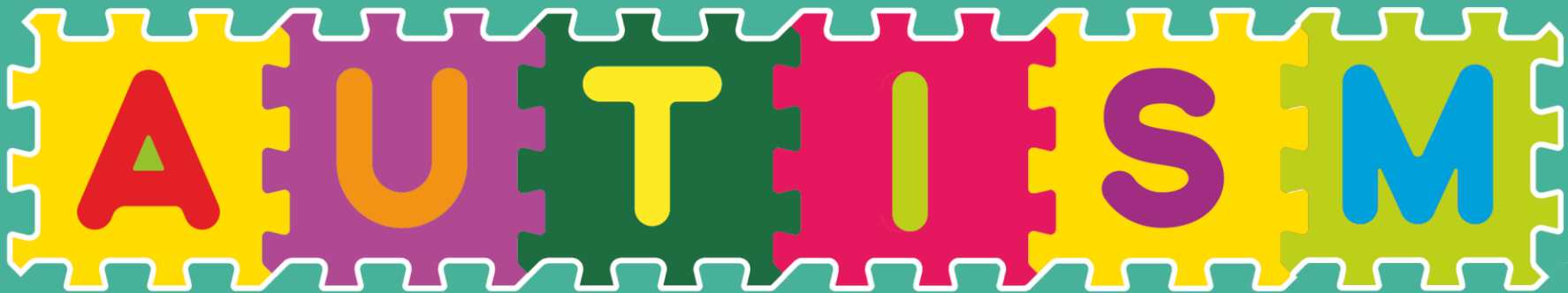


Autism

Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them.

(National Autistic Society (NAS), 2016)

Autism is a **spectrum condition**. When professionals discuss Autism they may use the abbreviations ASC or ASD.





What is Asperger Syndrome?

Asperger Syndrome is a form of Autism.

People with Asperger Syndrome are often of average or above average intelligence. They are also referred to as having 'High Functioning Autism'.

They have fewer problems with speech but may still have difficulties with understanding and processing language



ASPERGER





The Austistic Spectrum



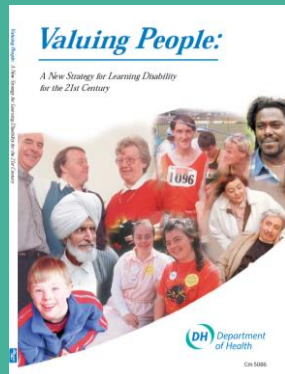
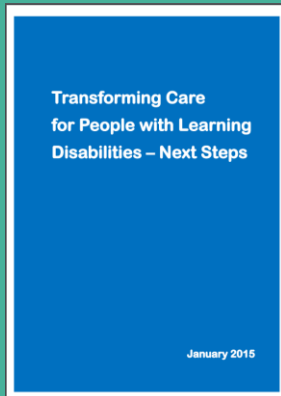
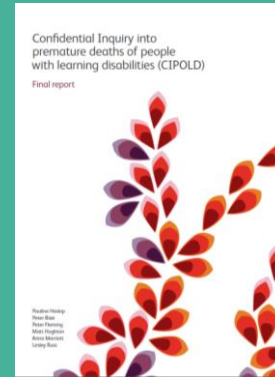
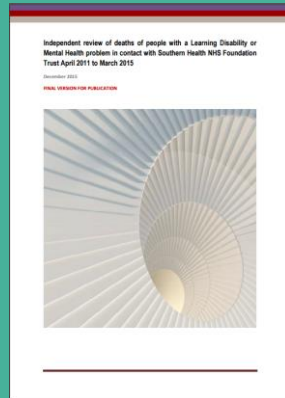
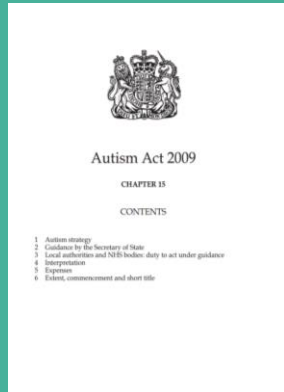
Extreme ability in some areas	Above average IQ	Average IQ	Mild learning disability	Moderate learning disability	Severe learning disability
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Legislation

Each document can be read by clicking on the front covers



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Reasonable Adjustments

Health and care services are legally required to make 'reasonable adjustments' for people with learning disabilities under the **Equality Act (2010)**, ensuring equal and fair treatment.

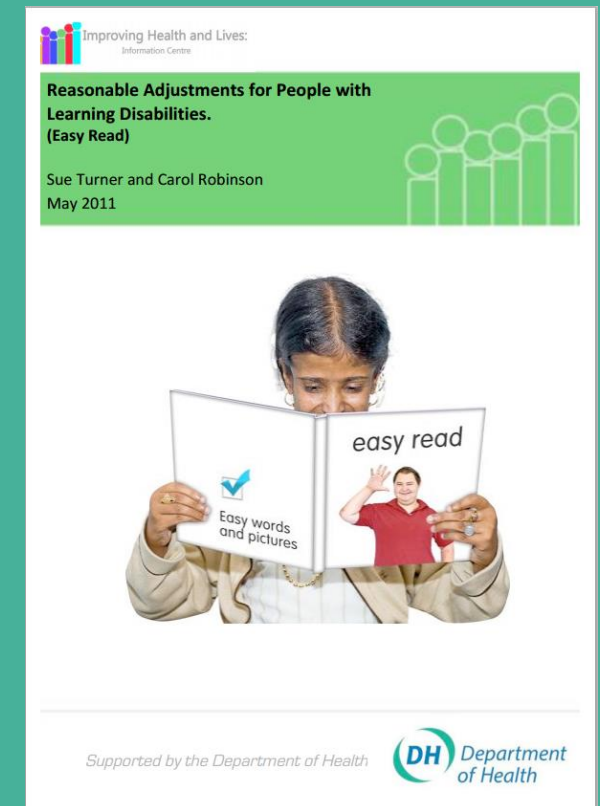


Some examples of **reasonable adjustments** in a hospital setting include:

- Providing **easy-read information** to people with learning disabilities
- Giving **longer appointment times** with doctors and nurses
- **Flexible Visiting Hours** for parents/carers.
- **Appropriate/ Convenient times** for meetings, procedures and investigations.

Health professionals should listen to the families and support staff of people with learning disabilities.

Families usually know most about the patient and the support they need, and can help complete the Hospital Passports.



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Mental Capacity

All individuals should be deemed to have capacity.

Please do not assume people with Learning Disabilities lack capacity.

Mental Capacity Act (2005)

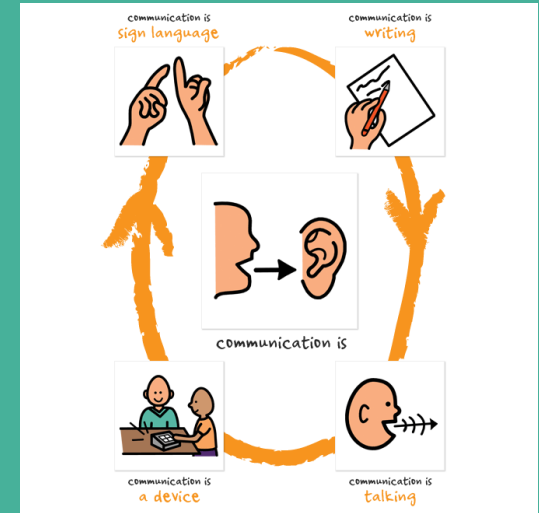


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Communication

- Talk to the patient directly using their preferred name.
- Think about the environment. Reduce any distractions.
- Use everyday words and short sentences.
- Give the person **time** to respond, **LISTEN** to them.
- Look for non verbal responses as well as verbal responses, e.g. body language.
- Encourage the person to 'show you' as well as 'tell you' what they think.





Communication Tools

- You can find lots of easy read leaflets, letters and other resources on <http://www.easyhealth.org.uk/>
- You may also find useful information about how a person likes to communicate in their hospital passports / one page profiles if they have one.
- Use pictures and props - think about what you have to hand.
- Some people may use British sign language or Makaton.





Easy Read Documents

“ Long documents with lots of writing are difficult for me to understand- I throw them in the bin!

I need documents to be written using short sentences and pictures - **we call this Easy Read.**”





Rephrasing



“

Do not assume someone has understood just because they agree with you, nod or smile.

Try rephrasing what you said to check understanding.

”





Person Centred Care





Please watch me...



<https://www.youtube.com/watch?v=3yvZYyeWE20>

Mencap: What is a learning disability?
(Approx 2 minutes)



<https://www.youtube.com/watch?v=hQXzcDbaVxc>

Confidential Inquiry - with Misfits Theatre Group
(Approx 15 minutes)



<https://www.youtube.com/watch?v=oZdZ2taxSlo>

Death of patients with learning disabilities.
(Approx 5 minutes)





The LHCH Team

Joanne Shaw

(Lead Nurse for PFCC and Safeguarding)

Tina Kenny
Matron – Surgery

Julie Roy
Matron – Medicine

Lisa Gurrell
Patient and family support team

Please inform the team if a patient is known to have LD.

The team can provide support and guidance to all patients and families with :

- Hospital passports
- Communication Aids
- Accessible information
- Videos in easy read
- Easy read letters and welcome booklets
- Best interest meetings
- Mental capacity assessments and Dols



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LD Champion Network

We want a Learning Disabilities Champion in **every area** of our hospitals.

From any staffing level.

If you are interested please get in touch with Joanne Shaw 1857 or email:
Joanne.shaw@lhch.nhs.uk



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Why is Nutrition important?

OVERWEIGHT

People with learning disabilities are often more obese than the general population.

21% of women and 17% of men were obese in general population.
59% of women and 28% of men with learning disabilities.

People with learning disabilities are more likely to lead sedentary lives, eat through boredom (“comfort eat”) and lack of nutritional knowledge. Obese persons with a learning disability are more likely to be the object of social prejudice because of the social stigma associated with having both additional needs and obesity.

REGURGITATION, VOMITING AND RUMINATION

Regurgitation occurs when stomach contents return to the mouth. Vomiting is the projection of stomach contents out of the mouth. Rumination is the regurgitation of previously swallowed food back into the mouth where it is then re-swallowed or ejected.

It can be difficult to find out what triggers these symptoms because they often occur in those with a severe learning disability who possibly cannot communicate verbally.

UNDERWEIGHT

People with a learning disability are more prone to becoming seriously underweight, and incidence is higher than in the general population.

Looking more closely at the degree of learning disability, seriously underweight individuals are more likely to have a severe or profound learning disability and often when associated with a physical disability.

CONSTIPATION

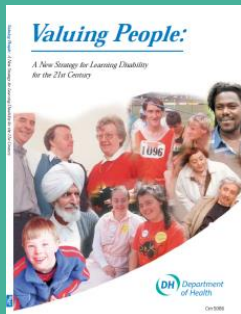
This is still unfortunately, commonly seen among those with physical and learning disabilities. Constipation itself may not be considered a particularly worrying health issue, but it has a knock-on effect where other issues are concerned e.g. challenging behaviour, abdominal pain, appetite, and lack of general well-being.

SWALLOWING PROBLEMS

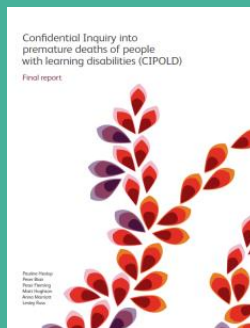
It is good practice to identify clients most at risk of swallowing difficulties and ensure a care plan or mealtime programme is produced for the client. This care plan, or programme should be renewed regularly with all the health professionals involved.



Reference List



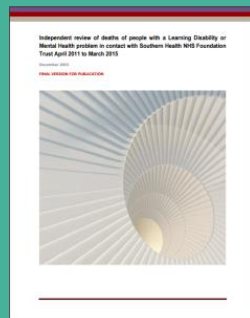
Valuing People (2001)



Confidential Inquiry into the Premature Deaths of people with Learning Disabilities (2013)



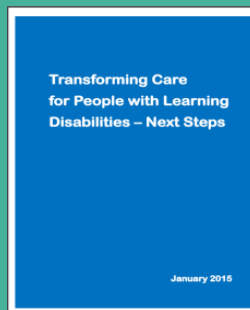
Death by Indifference (MENCAP, 2007)



Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust from April 2011 to March 2015 (Mazars)



74 lives and counting (MENCAP, 2012)



Transforming Care for People with Learning Disabilities – Next Steps (2015)



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Assessment

Please take the assessment for the
Foundation Level Learning Disabilities
Awareness Training.

Certificate when completed.

Advanced Level to follow.....

THANK YOU



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Acknowledgements

This training was written by the **Cheshire and Merseyside Learning Disability Network** and reviewed by members of **Mencap Liverpool**, who added their images, experiences and opinions to make sure it reflected what they wanted you to know!

Therefore special thanks go to **Mencap Liverpool's members**: Kyle Wallace, Jess Steers, Paul Staples, Lewis Scott, Joseph Collister, Adam Edwards, Derek Connellan, Sue Wignall, Sophie Gallagher, Gary Southern, Martin Boyd, Matthew Mellor and Anne Marie Occomore, for their time and expertise.

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Thank you.

