



# Learning Disability

**For action by:**

All staff

**Further details and Additional Copies from:**Practice Manager  
Patient Services Manager**Responsibility for dissemination to new staff:**Patient Services Manager  
Secretaries**Date of Approval at Partner's Meeting**11<sup>th</sup> December 2012**Amendments Summary:**

Amend No	Issued	Page	Subject	Action Date

**Schedule of Review**

Date of Review	Reviewed by	Comments Made	For Review

***Policy Written By***

Practice Manager

## **Introduction**

This Policy sets out the Practice's approach to the creation and management of the learning disability register and the patients on it

## **Nature of Learning Disability**

This definition comes from the DoH's Valuing People document:

<http://www.archive.official-documents.co.uk/document/cm50/5086/5086.htm>

**Learning disability includes the presence of:**

- ***a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;***
- ***a reduced ability to cope independently (impaired social functioning);***
- ***which started before adulthood, with a lasting effect on development.***

This definition encompasses people with a broad range of disabilities. The presence of a low intelligence quotient, for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support.

An assessment of social functioning and communication skills should also be taken into account when determining need. Many people with learning disabilities also have physical and/or sensory impairments.

Many people with learning disabilities prefer to use the term 'learning difficulty'. The two terms are interchangeable when used in the context of health and social care for adults. However, in UK education services, the term 'learning difficulty' also includes people who have 'specific learning difficulties' (e.g., dyslexia), but who do not have a significant general impairment in intelligence.

However, the Special Educational Needs (SEN) codes of 'moderate learning difficulty', 'severe learning difficulty' and 'profound multiple learning difficulty' all refer to generalised learning difficulty of varying severity. Taken together they can be considered to be interchangeable with the adult health and social care term 'learning disability'. However, people with specific learning difficulties such as dyslexia do not have 'learning disabilities'.

Some people with learning disabilities also have physical and/or sensory impairments mental health problems or other 'neurodevelopment disorders' such as autism. People who have learning disabilities and other conditions are included in the group of people with learning disabilities as long as they also have learning disabilities.

As such, people with Asperger's Syndrome are not included in this term as by definition they have average or above average intelligence. Further, people with brain injury or trauma sustained in adulthood would not fall within the definition of having learning disabilities.

People with learning disabilities have the right to the same level of medical and nursing care as that provided to the general population. This care must be flexible and responsive and any diagnosis or treatment must take into account any specific needs generated by their learning disability. Evidence suggests that those with a learning disability have more health problems than the general population.

Research has demonstrated that people with learning disabilities have greater health needs than the general population, may have difficulty accessing primary care and have lower uptake rates of routine screening than the general population.

## **Identifying People with Learning Disabilities: Practical Steps**

### **Children**

Children will be considered to have a learning disability if any of the following conditions are met:

1. They have been identified within education services as having a Special Educational Need (SEN) associated with 'moderate learning difficulty', 'severe learning difficulty' or 'profound multiple learning difficulty'. Children aged 7 or older should be at the School Action Plus stage of assessment or have a statement of SEN. Younger children should also be included if they are at the School Action stage of assessment of SEN.
2. They score lower than two standard deviations below the mean on a validated test of general cognitive functioning (equivalent to an IQ score of less than 70) or general development.

Care should, however, be taken when considering the results of tests carried out in English on children below the age of 7 living in bi-lingual households or households where English is not spoken.

3. They have been identified as having learning disabilities on locally held disability registers (including registers held by GP practices or Primary Care Trusts).

### **Adults**

Adults will be considered to have a learning disability if any of the following conditions are met:

1. When a child they were identified within education services as having a Special Educational Need (SEN) associated with 'moderate learning difficulty', 'severe learning difficulty' or 'profound multiple learning difficulty'.
2. They attended a special school or unit for children with 'moderate learning difficulty (or mental handicap)', 'severe learning difficulty (or mental handicap)' or 'profound multiple learning difficulty (or mental handicap)'.
3. When a child they scored lower than two standard deviations below the mean on a validated test of general cognitive functioning (equivalent to an IQ score of less than 70).
4. As an adult they scored lower than two standard deviations below the mean on a validated test of general cognitive functioning and there is good evidence to suggest that they have had difficulties in learning since childhood.  
Care should, however, be taken when considering the results of tests carried out in English on adults for whom English is not their first language, or where the person is experiencing disrupted mental health at the time of the test.
5. They have been identified as having learning disabilities on locally held disability registers (including registers held by GP practices or Primary Care Trusts) or by relevant Read Codes in health information systems.
6. They report having significant difficulties in literacy and numeracy and there is good evidence to suggest that they have had these difficulties since childhood.
7. They screen positive for learning disabilities using a validated screening test.
8. In response to survey questions, they identify themselves as having a long-term illness, health condition or disability associated with 'learning disabilities' (or

equivalent term) and have low educational attainment (equivalent to no GCSEs at grade C or above).

## **Protocol**

The Practice Clinical Lead for Learning Disabilities is Dr Andrew Cole

### **Identifying the Target Population.**

- The Practice will identify people with learning disabilities using the Practice list and record the details on a register of people with learning disabilities.

#### **The following points may indicate a learning disability:**

- Learning disability can be mild, moderate or severe;
- Specific Syndrome e.g. Down's, Fragile X, Angelman, Cri-Du-Chat, Prader-Willi, Edwards;
- It is useful to find out what sort of school the person attended;
- Problems with understanding;
- Has a Community Learning Disability Nurse;
- Has a Learning Disability Social Worker/Care Manager;
- Has been seen by Psychiatrist in Learning Disabilities;
- Former terminology – mental handicap, mental retardation, intellectual disability;
- People usually have a learning disability from birth or sometimes from early childhood;
- Lives in a residential or nursing home for people with learning disabilities;

#### **A learning disability is NOT**

- Dyslexia (learning difficulty in educational legislation);
- People who have a learning difficulty (educational term);
- Presence of physical disabilities only;
- Stroke victims;
- Presence of mental health problem only;
- ADHD;
- Cerebral palsy;

#### **Patients with the following diagnosis will be considered as suitable to be invited to join the register;**

- Asperger's Syndrome
  - Autism
  - Downs Syndrome
  - Educational difficulties
  - Turners Syndrome
  - Congenital abnormalities
- All members of staff and clinicians dealing with incoming post from allied agencies are tasked to bring to the attention of the Practice Clinical Lead for Learning Disabilities, any comments regarding learning disabilities and the conditions listed above.
  - Additionally, the Practice will cross-reference the Practice register with information held the following organisations, to identify individuals whom the Practice needs to include on their register:

- Community Learning Disability Team (CLDT)
- Local Social Services
- Social Education Centres