

Connecting for Change: for the future of learning disability nursing

CLINICAL PROFESSIONAL RESOURCE



Foreword.....	4
About this publication	6
Learning disability nursing in the UK.....	8
Key health challenges for people with learning disabilities.....	11
Supporting people who present challenging behaviours	14
Supporting people who have committed or are at risk of committing offences.....	16
People with profound and multiple learning disabilities.....	18
Children and young people.....	20
Neglecting the human rights of people with learning disabilities.....	22
The impact of COVID-19 on people with learning disabilities.....	24
The UK policy context	25
Country-specific challenges and opportunities.....	26
England.....	26
Wales	27
Scotland.....	27
Northern Ireland.....	27

The word “challenging” gets used a lot in learning disability nursing. People we support may present with what may be considered “challenging behaviours” and COVID-19 has certainly presented “challenging times”.

Although challenges can sometimes be seen as uncomfortable, they are often challenges

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This publication focuses on registered nurses in learning disabilities. This is the smallest of the four fields of nursing, representing 2.3% of nurses on the Nursing and Midwifery Council's (NMC) register (Nursing and Midwifery Council, 2020a). The term learning disability nursing has been used throughout this publication to describe the field of practice of registered nurses in learning disabilities.


Learning disabilities are commonly defined by a severe impairment of intellectual functioning. This is generally accepted as having an IQ score below 70, although services are relying less on IQ scores in contemporary practice. A score of 70 indicates the person is in the lower second centile of normal distribution, so referring to 2% of the population. An IQ score alone does not define a learning disability. The needs must have been present before the age of 18, therefore affecting formative years. The person must also have significant adaptive skills deficits, needing support in order to survive (World Health Organization, 2010). The term learning disability has been used in the UK since the 1990s. Internationally, the term intellectual disability is used. Learning disability nursing is a unique field of nursing as a pre-registration pathway in the UK and Republic of Ireland, and most other countries do not benefit from this skilled professional field at point of registration.

In recent times, it has become commonplace to refer to “people with learning disabilities and/or autism”. The needs of people with autism who do not have a learning disability are very different to the needs of people with a learning disability. Discussing the needs of people with autism and the needs of people with learning disabilities together risks doing neither group justice. Both groups deserve their own individual attention. Whilst some learning disability nurses may be skilled in, and support, people with autism who do not have learning disabilities, many nurses are not. For this reason, we have avoided using that term throughout this publication in acknowledgement that this will not adequately address the experiences of people with autism when they do not have learning disabilities. This publication focuses on the work of learning disability nurses for people with learning disabilities, which may include people with autism who also have learning disabilities. It does not focus on the abilities and needs of anyone who does not have a learning disability unless specifically stated.

In 2016, the RCN's [report](#) (Royal College of Nursing, 2016) highlighted that the numbers of learning disability nurses employed by the NHS in England had fallen by 33% during the preceding five years. Five years on from that report, this downward trajectory has continued and since 2009 the number of learning disability nurses employed by the NHS in England has fallen by 42.1% (NHS Digital, 2021). We have also seen how the changes to the way students are funded in England threatened the future of learning disability nursing programmes and subsequently the future of the profession. The previous report only focused on challenges in England. This publication is reviewing issues in all four UK countries and aims to reflect challenges and opportunities across the UK.

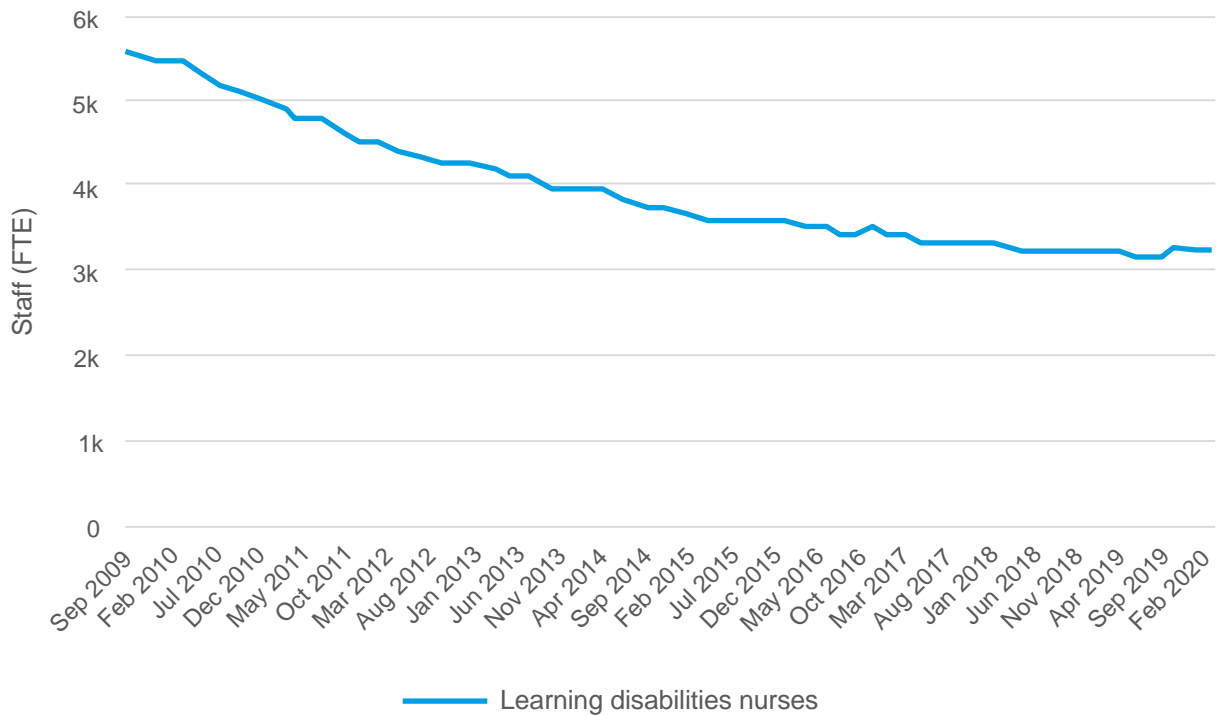
Whilst acknowledging the challenges learning disability nursing is facing, we must recognise that concerns about the falling numbers of learning disability nurses and learning disability nursing career pathways are being heard, and stakeholders are taking action. There are examples of positive action being taken by government departments across the UK, and these efforts are beginning to make a difference. This work is

2019 marked the centenary of learning disability nursing as a recognised and registered field of practice. Those 100 years have seen huge changes in how people with learning disabilities live their lives and the support and systems available to meet their needs. The support for people with learning disabilities has progressed from large congregated models of care towards prevention of admissions, integration into mainstream services, and community-based support. Similarly, the roles of learning disability nurses have also changed in conjunction with support redesign. This centenary was celebrated by learning disability nurses across the UK and highlighted the achievements of the profession in providing care and support to people with learning disabilities (for example, University of Chester, 2019).

Whilst there is a lot to celebrate, there are continuing concerns regarding the challenges that people with learning disabilities face and the future of learning disability nursing. The decline in the number of learning disability nurses has continued in the five years since the first RCN  report and we are now seeing 40% fewer learning disability nurses in the NHS in England since May 2010, from 5,368 in May 2010 to 3,217 in July 2020 (UK Parliament, 2020). Similarly, in Scotland, there has been a 25% reduction in learning disability nurses in NHS settings over the less than five-year period between March 2015 and December 2019 (from 1,399 to 1,048 nurses). This part of the nursing workforce in Scotland currently carries a 4.3% vacancy rate, a high percentage of which (13%) have been vacant for three months or more (TURAS Data Intelligence, 2020). Interestingly, these reductions have not been seen in Northern Ireland or Wales.

This pattern of decline in the learning disability nursing workforce goes back further than the last 10 years. A 2011 report to the Department of Health in England highlighted

Learning disability nurses working in the NHS in England



Recent data from the NMC (Nursing and Midwifery Council, 2021a) indicates that across the UK there has been a small decrease in the number of learning disability nurses registered to practice. There were 17,503 learning disability nurses in 2017, which reduced to 17,128 (-0.3%) in March 2021. This decrease is not consistent across the UK and is primarily seen in the data for England. Understanding the true extent of the challenge the learning disability nursing workforce is facing is further compounded by significant gaps in workforce data.

- There are over **17,000** registered learning disability nurses on the NMC register.
- There are just over **3,000** of those working in the **NHS in England** .
- There are just over **1,000** in the **NHS in Scotland** .
- There are just over **400** in the **NHS in Wales** .
- There are just over **300** working in **health and social care in Northern Ireland** (HSCNI).
- **There is an absence of clear data** about where the remaining 12,300 registered learning disabilities are working .

There is limited other information available to identify where the nurses who do not work for the NHS/HSCNI are. We do not know if they remain in clinical practice or where they are currently employed. This incomplete picture limits opportunities to identify accurate workforce activity and needs. It means we do not have a genuine picture of what is really happening, and we cannot accurately describe the skills, knowledge, and competence



It is beyond the scope of this publication to detail all of the challenges people with learning disabilities may face. The focus here is on what we believe are some of the most common challenges and those with the largest impact on people's health and wellbeing.

Health inequalities

People with learning disabilities face shocking health inequalities that are difficult to comprehend in modern society.

- Life expectancy for women with learning disabilities is 27 years lower than for women in the general population and 23 years shorter for men.
- Only 38% of people with learning disability will live beyond the age of 65, compared to 85% of the general population.
- People with learning disabilities face increased risk of avoidable death, with 50% of deaths being from either a treatable condition or a preventable occurrence (University of Bristol, 2021).
- 97% of people with a learning disability have other co-existing conditions such as physical health conditions, mental health issues, epilepsy and physical impairments (National Institute for Health and Care Excellence, 2016).

There are some health needs that people with learning disabilities experience at a higher rate than the general population. These include:

- respiratory disorders
- constipation and other gastro-intestinal disorders
- endocrine disorders
- congenital heart problems
- certain cancers such as leukaemia
- premature aging including early onset dementia
- obesity.

Public health initiatives, such as the Improving Health and Lives Public Health Observatory (National Development Team for Inclusion, 2020), have supported research into the prevalence of these inequalities in order to identify health promotion initiatives to address these.

The causes of these health inequalities are complex and multi-faceted. Some causes of learning disabilities are accompanied by biological or genetic factors that increase health risks. A learning disability commonly affects someone's ability to understand communication and express themselves, with 90% of people with learning disability

Most people with learning disabilities will also experience multiple socio-economic risk markers that make them more vulnerable to health needs, such as being unemployed (Mencap, 2021) and relying upon benefits and having limited social networks. Health

Areas for improvement

- Community learning disability teams have faced significant cuts since austerity began in 2010 in the UK (Aikaterini Malli et al., 2018). This has led to the number of learning disability nurses employed in these teams being reduced, services being re-designed and nurses redeployed, and the activity of community teams changing its focus. It was previously commonplace for learning disability nurses in community teams to provide adapted health promotion interventions. Much of this work has been cut with the expectation on general health services to make reasonable adjustments without the expertise that learning disability nursing offers. Re-investment in these teams is needed to counteract the cuts these teams have faced over the past 12 years.
- The availability of learning disability liaison nurses remains inconsistent (Health Education England, 2020). There are differences in the availability of these roles, with many hospitals still not having access to this resource, and wide variations in provision for primary care services. Where they are available, there remains difference in the seniority these nurses are given, affecting the leadership these roles have. This must be addressed and was highlighted in the previous [report](#) where we called for liaison nurses in all hospitals.

Approximately 15-20% of people with learning disabilities who are known to learning disability services have presented with behaviours that can challenge others or affect their independence (Bowring et al., 2019). These can include physical harm to others, physical harm to themselves, intimidating/verbally challenging behaviours, and damage to property. The term “challenging behaviours” reflects that these behaviours are often to meet an unmet need and are not malicious in nature, whilst acknowledging they are challenging for the person themselves and those who experience them.

It has been known for a long time that community support for people with learning disabilities is not good enough (Department of Health, 2007) and there have been many reports that state what services are needed (for example, NHS England, 2015a and 2015b).

The Care Quality Commission’s ~~2019~~ Report for 2019 (Care Quality Commission, 2019) highlighted the impact of shortages in nursing upon quality from their inspections in England. Focusing specifically on specialist hospital settings for people with learning disabilities, they found that quality of care was significantly impacted upon by shortages of learning disability nurses. Recruitment and retention continue to be a significant challenge in health and social care settings making it difficult to train and retain a skilled workforce. However, the registration and regulation of social care workers is believed to be improving retention in health and social care in Northern Ireland, Scotland, and Wales (Nuffield Trust, 2020).

In order to provide effective and lasting interventions for people with learning disabilities who demonstrate challenging behaviours we need a skilled workforce with an in-depth knowledge of learning disabilities, a sound understanding of behaviour science principles, and strong clinical leadership (PBS Academy, 2015). Without this people with learning disabilities will continue to receive inadequate social care and inappropriate hospital care. These inadequate services present risks of being unnecessarily and overly restrictive at best, and severely abusive at worst (Care Quality Commission, 2020). The appalling abuses that have been publicly uncovered at Winterbourne View, Muckamore Abbey Hospital, and Whorlton Hall bring much needed attention to the abuses that people with learning disabilities can face. They highlight vulnerabilities in the systems which can allow unsafe practices and abuse to flourish in some inpatient settings. Sadly, these are the latest in a long history of abusive exposés that people with learning disabilities have faced, and although these tragic situations are usually exposed in hospital settings, we know they can happen in all support settings.

Examples of learning disability nurses addressing this need

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People with learning disabilities account for 7% of the prison population in England and Wales, and over 30% of the prison population has learning disabilities or difficulties, with similar patterns apparent in Scotland and Northern Ireland (Prison Reform Trust, 2021). Prisons are mandated for the purpose of both justice and rehabilitation. Often prisons fail to meet their duty to provide rehabilitation for people with learning disabilities, with most of the offending behaviour programmes they offer requiring an IQ of 80 or above to participate (Her Majesty's Inspectorate of Probation, 2015).

People with learning disabilities are also extremely vulnerable in these settings (Foundation for People with Learning Disabilities, 2012) and often struggle to fulfil their rights in all criminal justice settings. For example, they can be vulnerable to suggestion, coercion and acquiescing during interviews, and they may not know how to instruct a solicitor.

People with learning disabilities may be diverted from criminal justice settings under mental health legislation to secure hospital settings. The number of secure inpatient beds has reduced as part of hospital closure plans, but the need for appropriate support for this vulnerable group remains (Royal College of Psychiatrists, 2013).

The line between what is offending behaviour and what is challenging behaviour can be grey, with intent to offend and mental capacity often the defining characteristics. Learning disabilities are often accompanied by social disabilities, with social rules and laws not being understood. This can result in their actions towards others being perceived as offensive. People can be vulnerable to suggestion and keen to please others, which can lead to them becoming involved in criminal activity. Poor socio-economic status and limited social networks can also impact upon these vulnerabilities.

Many areas have now developed services that provide earlier intervention through a roll out of liaison and diversion support models that can reconnect people to services and plan care to avoid imprisonment as a fi.3 (n)0.5 5.6 (e)2 (n)182((n t)22.1 (o pl)22.1 (e)1.8 (a)9.4 (s)4.9 (e o)2

Examples of learning disability nurses addressing this need

- Some health and justice liaison teams have appointed learning disability nurses to ensure they have the skills needed to address the needs of people with learning disabilities in custody and court settings and support appropriate diversion.
- Some community learning disability services include “forensic” teams that often include learning disability nurses. These teams may provide adapted offender

The abilities and needs of people with profound and multiple learning disabilities can be extremely complicated. They will have profound learning disabilities and frequently other complex conditions, such as physical disabilities, sensory impairments, sensory processing difficulties, complex health needs, and mental health needs (Doukas et al., 2017). There can be intensive and ongoing physical health needs requiring direct and delegated nursing tasks, such as:

- PEG feeding
- suctioning of oral secretions
- physiotherapy for respiratory and mobility needs
- urinary catheter management
- complex epilepsy management.

They may have challenging behaviours including self-injurious behaviours that serve as communication or sensory functions. Many people with profound and multiple learning disabilities die in childhood, though many are now living longer into adulthood, and as this trajectory continues to increase the number of people with complex needs continues to increase, with additional complexities as they age (University of Bristol, 2021).

Many people with profound and multiple learning disabilities have limited or unconventional methods of communication. Their life experiences, their needs, and what they need from their support system can be extremely different to those who are better able to express their needs. Mental health needs are suspected to be high for this group but diagnosis can be hard due to difficulties in conventional methods of displaying symptoms. Yet, when consulting with experts by experience there is often little recognition of the need to ensure the views of these people and their families is represented, meaning those with the highest levels of needs are at risk of being least heard (The Challenging Behaviour Foundation, 2021).

People with profound and multiple learning disabilities often require complex integrated support from health and social care services and strong partnership working with families in order to ensure they can live their lives to the fullest and have the optimum quality of life. Achieving a high quality of life includes meeting their complex health needs, promoting effective communication, providing meaningful engagement and enabling them to have an active role in their local communities (Doukas et al., 2017).

Identifying that a child has learning disabilities may happen prenatally, at birth, or as the child misses key developmental milestones. For some, a learning disability may be acquired, for example by trauma, before they reach 18 years old. For families, discovering that their child has learning disabilities can be a difficult time. They may feel a sense of grief for the loss of the hopes they had for their child and may struggle to achieve diagnosis and access the support they need for their child and themselves.

Health and social care systems can be complicated and difficult to navigate, so it can be hard for families to access the support that they need and the support their child needs to thrive. Children with learning disabilities may experience all of the health challenges mentioned in this report. They will experience the same health inequalities, with more children with complex needs living into adulthood. Children with learning disabilities will have needs relating to challenging behaviour and are disproportionately represented in criminal justice settings (Council for Disabled Children, 2017). Evidence has shown that early intervention can promote better outcomes in terms of long-term independence, better health outcomes, maintaining loving family home environments, and reductions in long-term support needs (Challenging Behaviour Foundation, 2021). Yet the provision of support is varied across the UK (Council for Disabled Children, 2017).

Many families find transitioning from children's services to adult's services extremely difficult (Brown et al., 2020). They experience care moving from being family-centred to being person-centred and the focus on parental involvement can shift. The structure of support is also very different when moving to adulthood meaning care can feel uncoordinated.

Examples of learning disability nurses addressing this need

- There are learning disability nurse-led respite and children's hospice provisions that provide essential breaks for families and provide reassurance that complex health needs can be met when their child is away from the family home.
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Areas for improvement

- The provision of children's community learning disability nursing support is inconsistent across the UK.
- There is often a lack of strategic direction for transition planning and, where it exists, the role of learning disability nursing in this is not clearly defined.
- School nursing provision is in need of review, and the role of learning disability nursing in this requires consideration and direction.

The abuses uncovered in settings such as Whorlton Hall and Muckamore Abbey Hospital highlight that the abuse and neglect of human rights for people with learning disabilities is a systemic issue. It is a cultural issue that is ingrained in society and becomes amplified in settings without strong leadership, that in turn fails to reflect the values and actions to promote human rights (Care Quality Commission, 2020). The scandal and exposure of abuse in learning disability services continues to recur time and time again.

Areas for improvement

- Strong and competent leadership skills are needed across the learning disability

The COVID-19 pandemic has brought into sharp focus the disadvantage and inequity experienced by people with learning disabilities. The numbers of people with learning disabilities dying due to COVID-19 was estimated to be six times the rate of the general population, and 30 times higher for those aged 18-35 (Public Health England, 2021). People with learning disabilities have also been dying at a younger age from COVID-19. Deaths have been spread more widely across the age range of the population with learning disabilities than the general population. The largest numbers linked to COVID-19 among people with learning disabilities was among those aged 55-64 compared to over 75 for the general population.

A 2020 report by Mencap (Mencap, 2020) highlighted the unclear and inconsistent guidance during

Health and care are devolved matters in the UK. The commissioning of learning disability services and workforce are the responsibilities of the individual countries. However, given

There are commonalities regarding the provision of learning disability nurses across the four UK nations. However, there are also important contextual differences. It is beyond the scope of this publication to provide in-depth analysis of the differences here, however key points are given to demonstrate some of the variety in activity and needs in each of the four countries.

England

When the bursary for nurse education was removed in 2016 in England, there was a decline in student applications for all fields of nursing but learning disability nursing was hardest hit. It has long been recognised across the UK that learning disability nursing student education applicants are typically older than applicants for other fields of nursing (Council of Deans, 2017) and therefore potentially have greater financial commitments. The more mature student group was felt to be hardest hit by the decision in England to remove the bursary (Stewart, 2018). Whilst the bursary type funding was subsequently reintroduced, costly university fees were believed to continue dissuading people from pursuing this career option.

In response to continuing concerns regarding declining numbers of learning disability nurses, Health-3 (0)221g disabling concern still oosatt bsou (a)758 (r£f l) (e23.9 (em r)6.4 (o J t) (i)09 (e).

Wales

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In Wales, nursing student numbers are decided by the Welsh Government. Unfortunately, the number of commissioned student learning disability nursing placements in Wales has remained static at 77 places for the last three years. There is only one learning disability consultant nurse in Wales and the RCN has called for this to be increased to ensure there is one such post in every health board. The RCN is calling for the Welsh Government to ensure a nursing workforce plan to accompany the strategic development of learning disability services in Wales over the next decade.

Scotland

The Scottish Government has an existing programme of work on autism and learning disabilities. This programme includes [Key Skills](#) (Scottish Government, 2019b) which is overseen by the Scottish Commission for People with Learning Disabilities. The programme also includes the [Plan for Learning Disabilities](#), which is approaching the end of a 10-year plan, with the latest update being the [Plan for Learning Disabilities](#) (Scottish Government, 2018).

The Scottish Learning Disability Observatory (University of Glasgow) also provides information on health issues for people with learning disabilities in Scotland, informing policy decisions and service improvements.

The Scottish Government and COSLA have recently published the [Report on Learning Disabilities](#) which builds on the existing programmes. It sets out a revised plan for the next two years based upon what challenges have arisen through the COVID-19 pandemic and what the engagement activities have taught them so far (Scottish Government, 2021a). This report commits to considering a commissioner for learning disabilities and piloting nurse consultant roles for autism and learning disabilities.

An independent review of learning disability and autism in the Mental Health Act in Scotland reported to Scottish Ministers on 18 December 2019. In the RCN's representation (Royal College of Nursing, 2019a) to the review, we highlighted the role of learning disability nursing, which provides crucial, specialist care, support and treatment in collaboration with people who have a learning disability, their carers and their families. Despite this, there has been a 10% reduction in learning disability nursing staff in NHS Scotland over the past two years. Learning disability nursing also currently carries a 3% vacancy rate (Royal College of Nursing, 2019a).

However, Scotland has continued to offer nurse training with no tuition fees and an increased bursary of £10,000 per annum. This has led to a 51% increase in student learning disability nurses in the last year (Scottish Government, 2021b).

Going forward, it is clear that learning disability nursing will have a key role to play in supporting people with learning disabilities. However, as we noted in our letter to the review, there are already vacancies in the current workforce, and it is not clear what the optimum workforce is to realise the ambitions of the various policies and reviews. The latest available NHS National Education for Scotland figures (to 1 December 2019) (TURAS Data Intelligence, 2020) show a 4.3% vacancy rate in NHS Scotland alone.

Northern Ireland

Northern Ireland developed a [Nursing Strategy](#) (Department of Health, Social Services and Public Safety, 2014) as part of the Strengthening the Commitment work, alongside a [Nursing Strategy](#) (Department of Health, Social Services and Public Safety, 2015). In support of this work, a regional collaborative for learning disability nurses was set up by the CNO and a professional development forum has been established. Both these groups have representation from statutory and independent sector providers. The regional collaborative issues regular communiques and has undertaken a number of projects which include developing a [Nursing Strategy](#) (Department of Health, Social Services and Public Safety, 2014) an outcome-based resource pack for learning disability nurses, and draft key performance indicators for people supported by learning disability nurses (Department of Health, Social Services and Public Safety, 2015).

The four country report [highlighted](#) that in Northern Ireland, the number of people pursuing learning disability nursing degrees increased by 33% in 2018-19 and by a further 25% in 2019-20 (Scottish Government, 2020). Nursing bursaries have been maintained in Northern Ireland.

An independent review of learning disability nursing has been commissioned in Northern Ireland and the Foundation of Nursing Studies has facilitated a bespoke [Nursing Strategy](#) (Foundation of Nursing Studies).

Following reviews of governance and leadership at Muckamore Abbey Hospital

Registered nurses in learning disabilities began in the large hospital settings of the early 20th century. As the health and social care sector has evolved, so have learning disability nurses. However, whilst we only know for sure where a small proportion of learning disability nurses are working, can we know for sure what learning disability nurses in the 21st century are doing?

NHS England's [Learning Disability Nursing Strategy](#) detailed that they intended to close 50% of specialist learning disability nursing hospital beds (NHS England, 2015b). Many learning disability nurses work in these settings, and whilst there is clear direction of the services that are not wanted, there is a lack of clear plans for where learning disability nurses' skills are intended to be used instead. There is a lack of a clear road map for the

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One of the challenges for learning disability nursing today is the breadth of roles they fulfil and the small number of nurses in these roles (Rose, 2021). Often there are regional variations to their scope, remit, and function which makes it increasingly difficult to define learning disability nursing and plan its progression. Greater clarity in the role and career pathways is needed to support the recruitment to learning disability nursing (Council of Deans, 2017).

The knowledge, skills, and values of learning disability nurses have been embraced by a wide range of health and social care settings, many of which are in services that are not specifically for people with learning disabilities (Rose, 2021). This could include further diversifying the role of learning disability nurses. Learning disability nurses are already seen in autism services, support for people with acquired brain injuries, dementia, stroke, and mental health services. If this diversity of learning disability nurse roles is to be expanded upon formally, pre-registration education will need to ensure students are consistently provided with education and experiences to achieve competency.

Learning disability nursing in the UK is at a critical phase in terms of workforce development, leadership and education. Learning disability nurses at times feel that their contribution, to both the population they serve and nursing more broadly, is overlooked (National Development Team for Inclusion, 2020). This is at least in part because they are the smallest of the four fields of nursing in the UK. Based on the number of NMC registrants they represent just 2.3% of nurses registered and their numbers are decreasing (Nursing and Midwifery Council, 2020b). Learning disability nurses report their roles are at risk of being misunderstood, undervalued and under-represented nationally (National Development Team for Inclusion, 2020).

The nursing workforce in general is facing a staffing crisis. Recent figures indicate there are over 43,000 vacancies in the NHS across the UK (National Audit Office, 2020) and there is no readily available corresponding data concerning the private and independent sectors. These workforce shortages result in unsafe staffing levels, impacting on patient safety and the safety and wellbeing of nurses (Mid Staffs NHS Foundation Trust Public Inquiry, 2013). Governments across the UK must urgently invest in attracting increased numbers of entrants into the profession, as well as retaining those experienced staff, to address the severe and increasing staffing shortages. Learning disability nursing represents a significantly at-risk section of the nursing workforce, and by reviewing the variations in approaches to funding for learning disability nurse education across the UK can highlight what is working and what increases risks to recruitment.

Current workforce planning needs to improve its effectiveness, While Scotland, Wales and Northern Ireland already have safer staffing legislation, this does not extend to England. All UK countries need to ensure health and social care providers understand and are accountable for the workforce decisions they make. This should include all types of health and social care provision, both within and outside the NHS/HSCNI. The RCN has recently published [RCN, 2021](#)) to support nurses and employers to review what is required for safe nursing practice in their setting. This will be a valuable resource for supporting workforce decisions.

All services must make reasonable adjustments for people with learning disabilities. Learning disability nursing is clearly a reasonable adjustment that can ensure people with learning disabilities have equity in access to health and social care and their human rights

are upheld. To ignore the role of learning disability nurses is discrimination by proxy. Commitment is required to ensure the role of the learning disability nurse is understood and a planned part of future provisions.

The RCN is committed to working within the RCN strategic framework focusing on:

- staffing for safe and effective care and the nursing workforce standards
- the independent health and social care strategy
- RCN education strategy.

As part of this work the RCN:

- commits to developing with stakeholders a career framework for learning disability nurses. This needs to include competency standards aligned to different roles. Priorities for competency standards include:

- primary and secondary liaison learning disability nursing
 - positive behaviour support
 - supporting people who are in contact with health and justice services
 - specialist learning disability inpatient nursing
 - children's learning disability nursing and transition to adulthood
 - leadership and human rights-based nursing.
- is committed to promoting and producing evidence of the impact of learning disability nursing roles and practice

- nursing

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- will ensure equity of emphasis on members working in all settings to reflect the learning disability workforce and represent their views fully. This will be done through proactive engagement with members and employers across health and social care
 - will influence and collaborate with system leaders and devolved governments to lead on learning disability nursing specific pre-registration recruitment and retention, supporting universities and health and social care providers
 - will highlight the need for leadership and career pathways in the profession, and the impact on reductions in leadership roles. This will be essential in leading positive human rights-based cultures, supporting clinical governance, quality assurance, safe and effective practices, and career development. This will include support for current leaders, developments in the current workforce, and plans for leaders of the future.

- **Human rights**

Current systems permit the abuses seen at places such as Winterbourne View and Muckamore Abbey Hospital to repeat again and again. Government administrations in all four UK countries must progress learning disability strategy directives to take urgent action to address the systemic breaches to human rights that people with learning disabilities face.

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- **Ministerial leadership**

Government administrations in all four countries should identify a responsible minister and/or commissioner for to take responsibility for the agenda of addressing the needs of people with learning disabilities. This has already been called for by charities in Scotland who are calling for a commissioner for learning disabilities (Our Voice Our Rights). A report in England post-Winterbourne View called for the same (NHS England, 2014), whilst the CQC has called for a single point of ministerial leadership (Care Quality Commission, 2020).

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- **Learning disability nurse career framework**

Strategic planning is urgently needed for where learning disability nursing skills are required, including consideration for the diversity of roles for where learning disability roles are now and where they may be in the future. This needs to be across health and social care settings, in both NHS/HSCNI settings and private/independent settings. It is essential that each country continues to strategically plan how the needs of people with learning disabilities will be addressed, and what the roles are for learning disability nurses in these plans.

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- **Social care planning**

Greater emphasis should be given to the role identity and progression for learning disability nurses working in nursing roles in social care settings. The majority of learning disability support has now transferred from health to social care and the funding and skills from these health settings must follow. Further strategic planning to increase the availability of nurse led social care and adequate social care funding is required to ensure these services are purchased.

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- **Social care nursing development**

Social care providers must commit to supporting nurse registration requirements,

- **Nursing student funding**


Government administrations must continue to effectively fund academic preparation to become a learning disability nurse. Apprenticeship schemes and enhanced bursary grants for student learning disability nurses in England are demonstrating that they can revive attraction to become a learning disability nurse, particularly for mature students, and they support health and social care providers to be able to offer career development opportunities to their employees.





- **Nurse leadership development**

Leadership development must be urgently addressed in pre-registration training and as a post-registration requirement. This needs to be competency based to ensure that

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RCN quality assurance

Publication

This is an RCN practice guidance. Practice guidance are evidence-based consensus documents, used to guide decisions about appropriate care of an individual, family or population in a specific context.

Description

This publication explores contemporary issues concerning the field of learning disability nursing and sets out a series of recommendations and priorities that the UK government and devolved administrations must address. It also identifies priorities for the RCN to take forward.

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