LEARNING DISABILITIES

What’s the issue?

“A learning disability (LD) affects the way a person understands information and how they communicate. Around 1.5m people in the UK have one. This means they can have difficulty: understanding new or complex information; learning new skills; and/or coping independently. It is thought that up to 350,000 people have a severe LD. This figure is increasing” [307]. There are systems in place to identify children with a LD in school, and approach to their education can be modified to maximise educational attainment. There are varying degrees LD and definitions used, so different data sources and models often produce quite different estimates.

Following the Children and Families Act 2014, children (under the age of 25 years so covers early years, school age children and beyond) who have special educational needs will have an Education, Health and Care (EHC) plan, developed by all professionals and the family working together, to address all needs that a child or young person has within education, health and care. Prior to the Act, children were on School Action, School Action Plus or have SEN statements (three classifications in order of severity of additional need requirements). Within the Act, SEN Support replaces School Action and School Action Plus (in schools), and children with a learning disability assessment should have their EHC plan by September 2016 and children with statements should have their EHC by April 2018 (see the JSNA section on school age children, www.hullpublichealth.org/jsna2017.html#40 and the JSNA section on schools and educational attainment, www.hullpublichealth.org/jsna2017.html#41 for more information on SEN / EHC among school age children).

What’s our situation?

Practices in more deprived areas had significantly higher levels of LD in their practice populations. The 11 practices serving the patients living in the most deprived areas had a prevalence of 0.50% compared to 0.32% among the 11 practices serving the least deprived practices. Models from PANSI [308] and POPPI [309] estimate that for 2015 there are 4,847 residents (rather than registered patients) aged 18+ years with LD in Hull (including 248 with severe LD and 1,029 with moderate or severe LD), and 104 residents with Down’s syndrome, 74 with challenging behaviour, and 2,037 residents with Autistic Spectrum Disorder (ASD). From the Learning Disability Profiles 2016 [310], for 2014/15 there are 645 adults aged 18-64 years with LD who are getting long-term support from their local authority giving a rate of 3.9 per 1,000 population, which is similar to England (3.7). However the rate of LD in adults recorded by General Practices (1,457 (0.49%) patients for 2015/16 [93]) is lower than England (0.46%) and six of seven comparator areas (range 0.53% to 0.64% and 0.44% for Salford), with modelled estimates confirming that there may be much undiagnosed/unrecorded LD [94].

Using statistical modelling [94, 310, 311], it is estimated that there are around 84 pupils aged 7-15 years in Hull with severe LD, 29 with profound and multiple LD, 1,404 with moderate LD and 246 with ASD, although another model suggests the numbers with ASD might be more than double this at 563 [94]. From the Learning Disability Profiles 2016 [310], out of 38,784 school pupils, 810 pupils were known to have moderate LD (20.9 and 28.6 per 1,000 population for Hull and England respectively), 291 severe LD (rates 7.50 and 3.80), 30 profound and multiple LD (rates 0.77 and 1.29), 353 autism (rates 9.10 and 10.8), and 1,131 LD overall (rates 29.2 and 33.7).

In 2015/16, 490 (74.7%) of the 656 working-age learning disabled clients were living in stable and appropriate accommodation in Hull which was similar to England (75.4%), and slightly lower among women (201 out of 277; 72.6%) than men (289 out of 379; 76.3%). The rate had increased since 2011/12 for both Hull (from 66.4%) and England (from 70.0%) but at a faster rate in Hull [26, 27]. The inequalities gap in the percentage of the working-age population who were in employment for learning disabled clients compared to the general population in Hull was 66.0 percentage points.
which was similar to England (68.0) [26, 27]. As the employment rate of the general population was 66.9% in Hull and 73.9% in England (see the JSNA section on the labour market and benefit claimants, www.hullpublichealth.org/jsna2017.html#45), this means that the employment rate of learning disabled clients was as low as 1% in Hull but around 7% for England.

For more detailed information, see the JSNA Toolkit: Mental Health and Learning Disabilities report.

What are the strategic needs?

It is necessary to work with schools to identify children who need additional support so that the children are identified early and obtain the most appropriate help and support for their specific circumstances. The period of transition for young people who have a learning disability into adulthood is known to be a time of considerable change and often uncertainty. There needs to be a clear transition pathway identified with partners across adult social care, children’s services, education and health in order to facilitate a smooth transition into adulthood.

There is a need to work with partners to ensure that services are integrated, high quality and accessible in ways that offer people appropriate choices, and improving their health and wellbeing. Also working with partners to promote self-care, reablement or mutual support in community settings so this is viewed as the norm and reduce reliance on residential or home care, and where appropriate, ensure provision of specialist and adapted housing that is fit for purpose. Within Hull’s 2020 Programme, there is a Frailty and Isolation work stream, which aims to ensure “a range of services are provided across Hull to meet the needs of some of the most vulnerable in society, including those with learning disabilities” [312].

There is also a need to explore meaningful employment opportunities for people with a learning disability as the figures for Hull are considerably lower than the national and regional averages. Given the link between employment and wellbeing and between unemployment, poverty and impaired health, we could expect positive health and wellbeing outcomes to arise from improved employment opportunities.

Progress has been made across the health and care system to transform care for people with learning disabilities and/or autism who have a mental illness or whose behaviour challenges services, but it is recognised that much more needs to be done. Sir Stephen Bubb’s report commissioned by NHS England describes how to accelerate this transformation of care. “The work to be taken forward through this programme will be wide-ranging, and will be co-designed and co-produced in partnership with people with learning disabilities and/or autism, their families, clinicians, commissioners, providers, and other national organisations in the health and care system” [313].

References


