

Learning Disability

A learning disability is defined as: 'the presence of a significant intellectual impairment; deficits in social functioning or adaptive behaviour (everyday basic skills), which are present from childhood' (*Joint Commissioning Strategy for People with Learning Disabilities 2008*). There are many reasons why learning disability occurs. Impairments which cause or contribute to learning disability can happen before, during or after birth. Before birth or pre-natal causes are known as 'congenital' and include Down's syndrome or Fragile X syndrome. An example of a cause during birth or peri-natal includes oxygen deprivation resulting in a learning disability. After birth, or post natal, causes such as illnesses, injury or environmental conditions, e.g. meningitis, brain injury or children being deprived of attention to their basic needs - undernourished, neglected or physically abused. Currently there are over 1,000 adults with a learning disability and vulnerable adults known to Adult Services. This number has increased over the last few years and evidence suggests that it will continue to rise in the future. It is also recognised that not every person with a learning disability, or their parents/carers, would wish to be recorded on the Disability Register, so the figure underestimates the population.

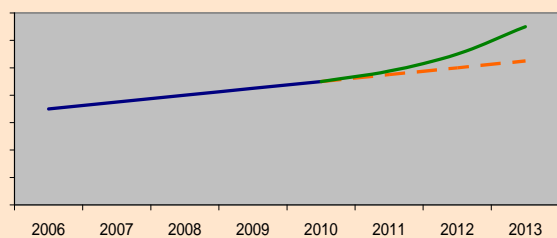
The World Health Organization defines adults with a learning disability as individuals who have an IQ of 69 or below; impaired adaptive behaviour and impaired social functioning; or onset prior to adulthood and global delay. The presence of a low IQ is not in itself a sufficient reason for deciding whether an individual should be provided with additional social care and health support. An assessment of social functioning and communication should also be taken into account when determining needs.

Services are provided for adults aged 18 upwards with a learning disability including those who have additional needs e.g. physical disabilities, mental health issues, dual diagnosis and autistic spectrum disorder. The values and principles of the Learning Disability Advisory Planning Group (APG) are guided by the *Welsh Mental Handicap Strategy 1983* which states that people with a learning disability have the right to an ordinary pattern of life within the community; the right to be treated as an individual; and the right to additional help and support in developing their maximum potential.

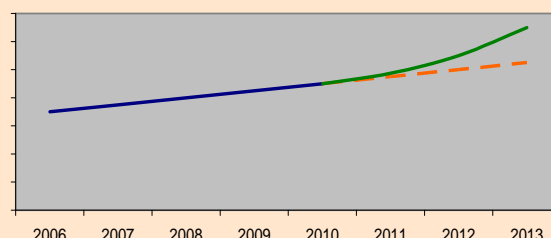
The Welsh Assembly Government has taken these principles forward through its 1994 guidance, *Fulfilling the Promise* and its 2005 and 2007 guidance *Service Principles and Service Responses*. Partnerships across Cardiff are underpinned by a commitment to the following values: all people with a learning disability are regarded as full citizens, equal in status and value to other citizens of the same age; people will be supported to live healthy and independent lives; people are recognised as individuals with rights and potential to learn and develop; and providers will aim to involve service users and their families or carers in all aspects of service delivery.

Headline Indicators and how are we doing?

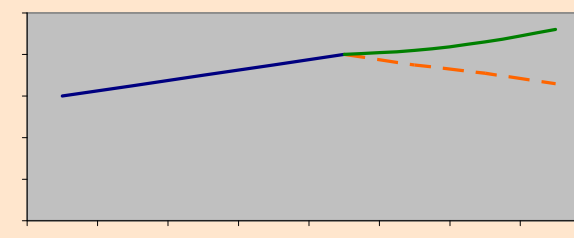
1. Life expectancy of people with a learning disability (LD) (Awaiting data)



2. Number of adults with LD accessing the Dementia Pathway (Awaiting data)

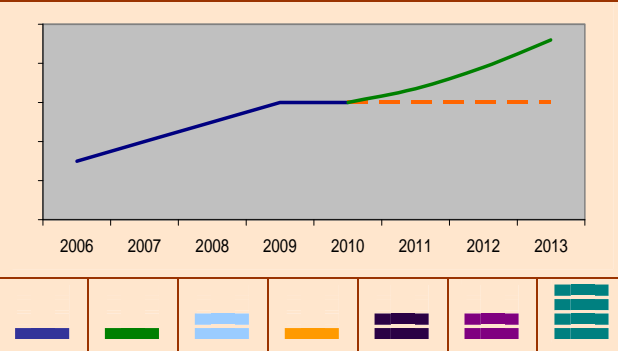


3. Number of adults with a LD in employment / social enterprise opportunity (Awaiting data)



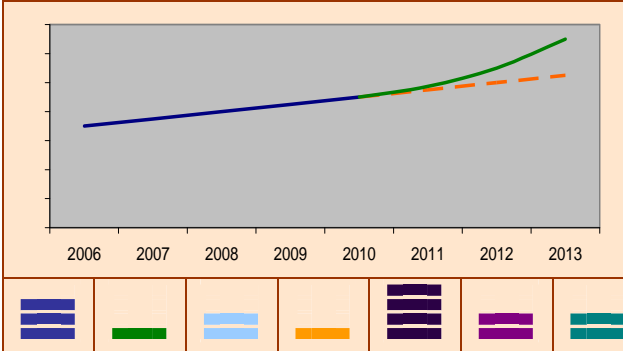
4. Number of organisations trained in practice of inclusive communication

(Awaiting data)



5. Number of young people receiving early planning intervention when transferring adult service

(Awaiting data)



Data Development:

Consider how to develop data to reflect:

- Social inclusion and integration
- Availability of accessible information
- Development of social networks
- Application of inclusive communication training
- Outcome of respite provision for clients and carers/families

Key:

— — — — — The route we will take if we do nothing ————— The curve we want to turn

The bars under each graph represent how the indicator impacts on the seven Cardiff outcomes for the city as seen below:

| | | | | | | |
|---------|-------------|------|-----------------------|----------------|-------------------|-------------------------|
| Healthy | Environment | Safe | Thriving & Prosperous | Full Potential | Live, Work & Play | Fair, Just, & Inclusive |
|---------|-------------|------|-----------------------|----------------|-------------------|-------------------------|

Story behind the baselines

- In 1995, Local Authorities were required to make plans for the resettlement of those individuals residing inappropriately in long-stay mental handicap hospitals. The 1996 approval of the South Glamorgan Ely Hospital resettlement plan and thereafter Hensol Hospital led to resettlement of adults across Cardiff and the Vale of Glamorgan. The resettlement process resulted in a marked growth in the independent sector, and the development of new patterns of innovative support services. In addition, the health authority developed a range of plans for the re-provision of specific specialist health care services to support the resettlement programme and to maintain continuing healthcare patients within the community. Ring-fenced funding was allocated to the NHS to meet the needs of those individuals assessed as meeting the eligibility for Continuing NHS Health Care, and to provide for the health needs of those resettled into Cardiff.
- Historically there have been inequalities within the majority of mainstream services for adults with a learning disability. These relate to access, response and quality of service. This is true for Health Services and has resulted in the development of a limited range of 'specialist' services to cater for the needs of people with a learning disability instead of developing mainstream services that are accessible to everyone. Evidence also suggests that there has been of a lack of understanding and awareness of needs amongst health staff which has resulted in inequities in the services received and in some cases discrimination in accessing certain health services.
- In recent years adults with a learning disability have been provided with access to a GP Health Check. There are ongoing issues with privacy and confidentiality because support needs require family members or support staff to be present at appointments.
- People are limited to specialist services relating to education and work as many employers are not aware of needs so overall access is limited.
- Information provided by services is often not in accessible formats.
- Targeted health promotion initiatives have been used to improve well being and prevent illness such as Fit 4 Wales and Venture Out.
- There has been a focus on social inclusion within accessible services resulting in improvements but further work is required. A lack of understanding

within society in the past has led to segregation and stigmatisation which has created barriers to genuine integration.

- While modern technology (e.g. mobile phones, social networking websites) has improved opportunities for social interaction, it has also created an increase in vulnerability to victimisation and abuse.
- There is a need for increased support for adults with a learning disability due to victimisation. For example, when travelling on public transport, people with a visible disability may be more vulnerable to abuse.
- The Protection of Vulnerable Adults (POVA) legislation has raised awareness of public protection. This has led to a positive increase in POVA cases because people are more aware of the issues and the importance of safeguarding vulnerable groups.
- While much emphasis has been put on supporting adults with a learning disability to realise their potential and progress has been made, there are still barriers to achieving this such as lack of access to mainstream services
- Adults with a learning disability often need to be supported to travel, which restricts their ability to live independently and to be spontaneous.
- Accommodation needs continue to be a priority so that there is greater choice, diversity, flexibility and better locations.
- Many people with a learning disability have been limited by financial constraints because the majority are living on benefits. Changes to the Independent Living Fund are likely to have major implications.
- Person centred planning has been a key priority for many years to enable people to be supported to make right decisions. Some questions remain as to how consistently these processes are used across services.
- Advocacy services and access to self advocacy training are particularly important and further work is required to ensure there is adequate provision.

Partners with a role to play

- | | | | |
|------------------------------------------|-------------------------------|---------------------|-------------------------------------|
| • Cardiff Council | ○ Public Health Wales | • Third Sector | • Respite providers |
| • NHS | ○ Speech and Language Therapy | • Social enterprise | • Disability Advisory Resource Team |
| ○ Cardiff & Vale University Health Board | • Service users | • Residential homes | • Supported living |
| ○ Physiotherapy | • Families and carers | • Care homes | • Emergency accommodation |
| | • Cardiff Health Alliance | • Advocacy services | • Vocational training services |

What are we going to do?

- Investment in preventative safeguarding measures in order to reduce the number of POVA cases.
- POVA training and awareness raising for staff, service users, carers and members of the public.
- Focus on the original reasons for putting safeguarding packages in place to monitor that they have been successful in achieving the original aim.
- Promotion of inclusive opportunities including sport, the arts, culture, education and social opportunities will reduce the need for 'specialist' services.
- Dedicated work to improve the quality of dementia service provision for adults with a learning disability.
- Further involvement with social enterprise initiatives including vocational training.
- Continue promotion of the GP health checks with further work to monitor the quality and results for individuals.
- Further promotion and investment in providing information in accessible formats.
- Further promotion and use of Traffic Light Systems when accessing health services, along with evaluation of the effectiveness and best practise.
- Learning disability awareness raising for professionals.
- Investment in services for longer term health gains such as health promotion initiatives e.g. for physical activity, healthy eating etc.
- Apply good practise from the Transitions Protocol to address transitions in different areas of life (e.g. into older age).