

Principles of Working with Individuals with Learning Disabilities

Level 2

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Education

About the Level 2 Certificate in Principles of Working with Individuals with Learning Disabilities

This qualification will give you the knowledge required to work with individuals with learning disabilities. You will learn about what learning disabilities are, and the attitudes and beliefs that affect individuals with learning disabilities. You will learn about how to support individuals and explore the principles of safeguarding and positive risk-taking. You will also gain awareness of the autistic spectrum.

Individuals with learning disabilities require personalised care to meet their needs. They should be supported to live as independently as possible, and to make decisions and choices about their lives and lifestyles.

The qualification will help to prepare you for employment or support your existing role in the workplace working or interacting with individuals with learning disabilities.

Aims

The aims of the course are to develop knowledge and understanding of:

- the context of supporting individuals with learning disabilities;
- the principles of safeguarding and protection in health and social care;
- personalisation in social care and its importance;
- the importance of positive risk-taking for individuals with learning disabilities and how this can be achieved;
- the nature of autistic spectrum conditions and their link to learning disabilities;
- how to support individuals with learning disabilities to access and use the health care services they need.

Course content

This course has six units. These have been grouped together into the following two modules:

Module A

Understand the context of supporting individuals with learning disabilities (K/601/5315)

Principles of safeguarding and protection in health and social care (A/601/8574)

Introduction to personalisation in social care (K/601/9493)

Module B

Principles of positive risk-taking for individuals with disabilities (K/601/6285)

Introductory awareness of autistic spectrum conditions (M/601/5316)

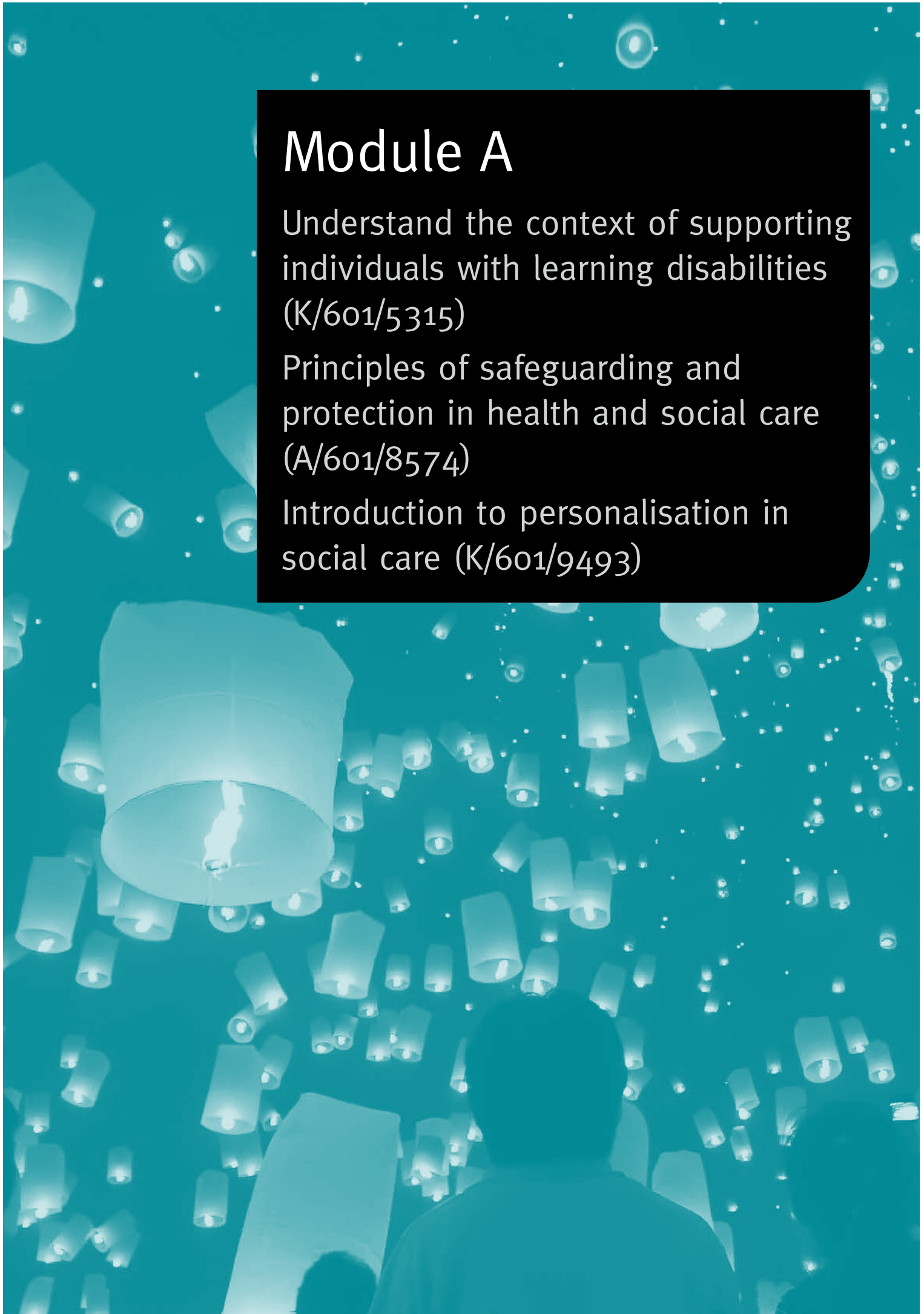
Principles of supporting individuals with a learning disability to access health care (T/601/8654)

Module A

Understand the context of supporting individuals with learning disabilities
(K/601/5315)

Principles of safeguarding and protection in health and social care
(A/601/8574)

Introduction to personalisation in social care (K/601/9493)



Welcome

Welcome to Module A of your course. There are three units in this module as follows:

Understand the context of supporting individuals with learning disabilities (K/601/5315)

Principles of safeguarding and protection in health and social care (A/601/8574)

Introduction to personalisation in social care (K/601/9493)


Assessment

Each unit in this course is split into a number of sections. Within each section there are learning **activities** for you to complete. These are intended to help you reflect upon particular issues and your own practice.

At the end of each section you will be asked to complete the **assessment** questions for that section. These questions can be found in a separate assessment booklet.

When you have completed all the assessment questions for this module, you should submit them to your tutor/assessor for marking and feedback.

Good luck with your studies!

A young person with short dark hair is swimming in a pool, their head and shoulders above water. They are looking towards the left. In the background, a building with a gabled roof is visible through the water. The entire image has a teal color overlay.

Understand the context of supporting individuals with learning disabilities

K/601/5315

In this unit you will learn about what it means to have a learning disability and issues relating to the support of individuals with learning disabilities. You will look at attitudes to and beliefs about learning disabilities and how they affect individuals. You will also learn about the legislation and policies that promote equality and protect the rights of individuals with learning disabilities.

Aims

When you have worked through this unit you will know:

- the nature and characteristics of learning disability;
- the historical context of support for individuals with learning disabilities;
- the legislation and policies that support human rights and the inclusion of individuals with learning disabilities;
- the principles and practice of advocacy, empowerment and active participation in relation to individuals with learning disabilities;
- how the views and attitudes of others affect those with learning disabilities;
- how to promote communication with individuals with learning disabilities.

Content

This unit contains three sections:

Section 1: The nature of learning disabilities

Section 2: The historical and legal context of learning disabilities

Section 3: Supporting individuals with learning disabilities

Section 1

The nature of learning disabilities

In this section you will learn about:

- The nature of learning disabilities
- Causes of learning disabilities
- Models of disability
- The impact on families

The nature of learning disabilities

The term **'learning disability'** can be confusing because there are a number of definitions that are used. However, in 2001 the Department of Health published a report about learning disabilities (*Valuing People*) that defines it as:

- 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.

In practice this means that a person with a learning disability may find everyday tasks more difficult, may have problems with communication and may find it hard to assess the risks in everyday situations.

You may also come across the term **'cognitive impairment'**. Cognitive refers to the ability to remember, learn new things, concentrate and make decisions. Impairment means damaged or weaker.

The term **'learning difficulty'** is sometimes used to describe learning disabilities.

An alternative term for learning disabilities that is growing in use in the United States and some parts of Europe is **'intellectual disability'**.

As with any health condition, learning disabilities can vary in seriousness. You may come across the following terms that describe the seriousness of learning disabilities:

- **Mild learning disability** – Individuals with mild learning disabilities can communicate their needs, can hold a conversation and have basic reading and writing skills, though they may need support with more complex ideas and tasks. Individuals usually live independently and may often be undiagnosed.
- **Moderate learning disability** – Individuals with moderate learning disabilities have some language skills and the ability to carry out most day-to-day tasks but may need some additional support to properly care for themselves.
- **Severe learning disability** – Individuals with severe learning disabilities need a high level of support and may have mobility needs. They may communicate using basic words and gestures, and are sometimes able to take care of their own personal needs.
- **Profound learning disability** – Individuals with profound learning disabilities need the highest level of support and may have complex health needs and physical disabilities such as sight or hearing loss in addition to their learning disabilities. They have limited understanding, difficulties in communicating and often have challenging behaviour.



Of course, it is always difficult to put people in categories and learning disabilities are actually on a scale from mild to profound, sometimes called a spectrum or continuum. Medical definitions of the scale of learning difficulties have traditionally used measurement of IQ (intelligence quotient) as follows: mild – IQ of 50–70; moderate – IQ of 35–49; severe – IQ of 20–34; profound – IQ of less than 20.

In more modern approaches, IQ is seen as inadequate as it does not provide a full picture of an individual's abilities and needs. It is important to remember that every individual is different and that the level of support must always be assessed in relation to an individual's particular needs and not a category of disability.

Section 2

The historical and legal context of learning disabilities

In this section you will learn about:

- The historical context of learning disabilities
- Key changes affecting individuals with learning disabilities
- Legislation and policies

The historical context of learning disabilities

Prior to Elizabethan times, there was no real government recognition of people with learning disabilities in England. Individuals with mental conditions were either cared for within their communities or persecuted and left to fend for themselves. The **Elizabethan Poor Laws** made provision for people with no resources to be given food and clothing or money to live on in their community, and this often included individuals who suffered from mental illness or learning disabilities. This remained the case until 1834 when **the Poor Law Amendment Act set up workhouses**, and there began a long period of institutionalisation for those with learning disabilities.

At first, people with learning disabilities who were seen as unable to provide for themselves were sent to the workhouses. In the 1850s and 1860s, **asylums** were opened. These were effectively hospitals where individuals were supposed to be cared for, but in reality they were often abused and neglected. In the early 1900s colonies (hospitals) were opened for people with learning disabilities to live in, and the first text on 'mental deficiency', as it was then known, was published.

? Did you know? ? ? ? ?

A.F. Tredgold published the first edition of his book *Mental Deficiency* in 1908. It recommended the separation of individuals with 'mental deficiency' from society and was the main text for training doctors and nurses for the next 50 years.

Society felt the need to separate people with learning disabilities from others, and made individuals live in institutions. 'Mental deficiency' was something to be feared and there was even a suggestion that individuals with learning disabilities should be sterilised to prevent them passing on their disability.

The idea of **community care** was put forward in the 1950s and 1960s, but it wasn't until the 1970s that the Government forced the closing of mental hospitals and really began the process of trying to support individuals in the community. The **1970 Education Act** stated that children with learning disabilities must be educated, and the 1981 Act stated that they should be educated in mainstream schools wherever possible. The **National Health Service and Community Care Act in 1990** stated that individuals should be moved into the community. Following this, people were moved into smaller residential homes where they could live in the community with support services or lived at home with their families, with care to support their individual needs.

Since then, legislation has tried to improve community care with personalised services that emphasise the rights of all individuals, and the involvement of individuals in **making choices about their own care**.

Unfortunately, people with learning disabilities may still experience exclusion and fear as a result of poor or inadequate services. Whilst the best care offers choices and individualised support, instances still occur where individuals are denied their rights and may be taken advantage of and abused. The Winterbourne View care home case in 2011, where staff members were convicted of abuse and neglect, shows that there are still services that fail individuals and there are still inequalities in health care, education and generally in society for people with learning disabilities.



Communication and learning disabilities

You may need to **adapt how you communicate** when you are interacting with individuals who have learning disabilities. Learning disabilities can cause individuals difficulties with communication where they:

- do not understand what is being said;
- are not able to express their thoughts or feelings;
- do not know how to respond appropriately in social situations.

You can support communication by finding out about the communication needs of individuals, making sure the environment is not too noisy or distracting and **taking your lead from the individual**. Don't be afraid to ask the individual's carers or family members for help.

You can adapt verbal communication in these ways:

- **Take time** to communicate and do so at a pace the individual is comfortable with. This may mean speaking more slowly or pausing to allow time for them to understand you, as well as taking the time to listen.
- Use **short sentences** that don't test memory span.
- Use **visual prompts** – pictures, touch, gestures and expressions – to support what you are saying.
- **Repeat** what you have said.



- **Ask individuals to repeat** what you have said.
- **Watch individuals** to see what you can pick up from their expressions and body language.
- Use **sign language** such as Makaton – this is based on British Sign Language (BSL) and can be used on its own or to support speech. It uses signs or picture symbols. Many people will only use a few signs or symbols, making it easy to learn them quickly.

You can adapt non-verbal communication in these ways:

- Use Makaton (as described above) or other suitable **signs or symbols**.
- Watch and use **body language** – gestures, expressions and movement can be a good way to communicate where speech is not possible or not understood. Pointing at things, exaggerated facial expressions, turning towards or turning away, or using eye contact are all ways to convey meaning.
- Draw or **use pictures** or the Picture Exchange Communication System (PECS) where individuals exchange a picture for something they want.
- Listen carefully and learn to **interpret different sounds** that the individual can make – these may not be words but they may be used to convey meaning by varying pitch or volume, for example.

Activity A8

Look up Makaton and write a brief explanation of how it works and how it helps people to communicate (www.makaton.org).

Understand the context of supporting individuals with learning disabilities:

Key points

- Individuals with learning disabilities will have difficulty in understanding information and learning new skills.
- All learning disabilities occur **before or during birth or develop in childhood**.
- The **social model of disability** encourages a more positive and more inclusive view of disability in society.
- Having a family member with learning disabilities can impact on the whole family.
- In the 1970s mental hospitals were forced to close and individuals with learning disabilities went to **live in the community**.
- In the last ten years or so, **legislation and government policy has transformed the landscape of care** for those with learning disabilities to try to ensure they are valued in society and are at the centre of care planning.
- Advocacy ensures that **the rights of individuals with learning disabilities are upheld** and their interests are represented when they are unable to speak for themselves.
- **Empowerment and active participation** enable individuals to be in control of their own care.
- It is important to **challenge discrimination and negative attitudes** to learning disabilities to ensure individuals are properly included in society.
- Individuals can communicate in a wide range of ways and it is important to identify these and **adapt your own communication** to support them.