The Community Learning Disability Service for Adults who have a Learning Disability

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AIMS:

- To increase understanding about the diagnosis of a global learning disability
- To understand the referral, eligibility and screening process for CLDS
- To discuss some examples of integrated MDT interventions that are available for a person with a learning disability
Definition of a Learning Disability:

(DOH 2001)

- There is a significant impairment of cognitive functioning; **AND**
- There is a significant impairment in at least 2 domains of adaptive functioning/social competence (conceptual, social, practical), given the person’s age and culture; **AND**
- The impairment was acquired during the developmental period (before age 18 years).
Learning Disability is commonly confused with:

- Specific learning difficulties such as dyslexia
- Emotional difficulties impacting on learning
- Mental health problems impacting on learning
- Neurological conditions and dementia
- Autistic Spectrum Condition

However apart from specific learning difficulties, these can also be present and making a diagnosis, particularly after childhood, is a complex process.
Ways in which a person with a learning disability may appear different:

- Difficulty in following verbal instructions
- Difficulty in processing information particularly when requested to do this quickly
- Finding it hard to cope with more than one task at a time
- Difficulty in understanding abstract concepts such as time, distance, directions
- Finding it hard to plan & sequence their actions
- Repeating phrases in conversation without expanding on content
- Difficulty transferring skills from one situation to another
- **Because a person shows any one of these characteristics it does not mean they have a global learning disability**
Important things to remember

- A person with a learning disability is first and foremost an individual with their own history, needs and interests
- Assumptions about how a person with a learning disability may think, feel or behave will be as mistaken as for anyone else
- When someone with a learning disability has an additional physical or mental health condition this is likely to be expressed in a different way
Issues Affecting People with a Learning Disability

- Stigma, social exclusion and economic deprivation
- Increased social and personal vulnerability
- High rate of experiencing all forms of abuse
- At risk of not accessing health care when they need it
- Increased risk of early death compared to the general population
- Respiratory disease is leading cause of death
- Higher levels of mental health problems
- Epilepsy much more common
- Some syndromes carry specific health risks
- For many individuals we have no information concerning the aetiology and cause of their learning disability
Additional Health issues

- Dementia more common in older adults with learning disabilities and an increased risk of dementia, and at an earlier age, for people with Down Syndrome.
- Increased levels of fractures throughout the lifespan
- High levels of dental problems
- Higher levels of thyroid dysfunction
- People with learning disabilities are more likely to be either underweight or obese
- Much higher levels of hearing and sight impairment
- More likely to have unhealthy lifestyles eg. poor diet, lack of exercise
The Community Learning Disability Service (CLDS)

- CLDS works with adults with learning disabilities who require input from a specialist service as a consequence of their global learning disability, in addition to accessing mainstream health or social care services.
- CLDS is an integrated multi-disciplinary health and social care team with a wide range of professionals.
- We have developed protocols and care-pathways for assessment and intervention for a range of physical, sensory and mental health problems.
- We are aiming for coordinated multi-disciplinary and multi-agency assessments and interventions.
Interventions are person-centred and they may be offered to the individual, the family and carers and to peers, as appropriate.

We work with some people who are themselves parents or who have some other caring role.

Where mainstream interventions are accessed they often need “reasonable adjustments” as well as CLDS providing specialist support as required.

Within the CLDS, there can be a wide range of referrals to Clinical or Counselling Psychology, Art Therapy, Occupational Therapy, Speech and Language Therapy, Physiotherapy, Community Nursing, Social Work, Psychiatry and Bangladeshi Parent Advisors.
Referrals to CLDS

- If someone is reported to have a learning disability they may not in fact have a global learning disability and screening for eligibility in terms of diagnosis is always an important consideration.
- Screening aims to establish whether or not the three criteria for a global learning disability are met.
- However the diagnosis of a learning disability is only one of 3 relevant eligibility issues; eligibility for specialist health interventions and for social care (FACs) is also examined.
- We have developed a comprehensive referral form.
- The more comprehensive the information in the referral the more effectively and speedily it can be processed, an assessment arranged, eligibility established and interventions offered as appropriate.
Processing referrals to CLDS

• We check whether someone is already known to CLDS (some may be known and have been assessed as not having LD).

• We want wherever possible for the referrer to provide evidence as to why they think the person has a global learning disability including developmental and educational history, SEN, daily living skills and information on past assessments as appropriate.

• At present we spend a lot of time assessing people who do not have LD and this takes away resources from adults with LD and also delays people from getting the service they need whether or not they have a LD.
Referrals to CLDS

- When someone has a global learning disability they may not require specialist input from CLDS.
- It is important that people with learning disabilities access mainstream services wherever possible. Specialist input is required if mainstream services are not able to meet the complexity of their needs or when they need specialist support to receive a mainstream service.
- Some people with learning disabilities, particularly those with less complex needs in either health or social adaptation, only require input from CLDS at certain points in their life when things become difficult.
- People can access mainstream services throughout their lives despite having a global learning disability.
When would it be appropriate to seek advice from or refer to CLDS?

- It is clear from the documented information that the person has a global learning disability or there are clear indications that this is very likely **and**

  **Either**

  - The person has complex difficulties that require specialist intervention and integrated support

  **Or**

  - He/she is requires additional support to benefit from a mainstream service

  - The person is already open to CLDS
Please try to complete all sections of this form as this will enable us to deal with your referral speedily.

Section 1: Information about the person being referred.

Title: First Name(s), Surname  Address  Postcode
Telephone Number(s)  NHS Number (if known)
Date of Birth:  Male  □  Female  □
First Language Other Languages
Factors relevant to visiting: (e.g. times at home, religious commitments)
Will an interpreter be required at any visit?  Yes  □  No  □
Have you asked the person if they are in agreement for this referral to be made?  Yes  □  No  □
If NO please explain why:-
Are there safe guarding issues?  Yes  □  No  □
Referral Form

Section 2: Reason for Referral.
a) Please describe the person’s present circumstances.
Please state the reason you are making this referral and what you would like the CLDS to do.
b. In your view is this personal vulnerable?  Yes ☐  No ☐
c. SELF CARE ☐ Yes  ☐ No
Can they maintain a clean and tidy appearance by themselves?  Do they need help to
toilet themselves or with other personal care?  Do they need to help feed themselves appropriately?
d. UNDERSTANDING COMMUNICATION ☐ Yes  ☐ No  ☐
Do they have difficulty understanding complex or abstract communication?
Can they listen to and answer questions using “why” and “how”?  
Can they follow instructions using 4 or more key words?
Can they understand instructions without help?
Can they give a chronological account of events?
Can they recount events from the more distant past?
Do they give over simplified information about basic facts?
e. FRIENDSHIPS AND SOCIAL RELATIONSHIPS
Do they have any friends?  Yes  ☐  No  ☐
Can they manage friendships independently?
Do they need support to socialise with friends?
f. Why do you think this person has a learning disability?

SPECIAL EDUCATIONAL NEEDS

EXISTING DIAGNOSIS OF LEARNING DISABILITY

SPECIALIST REPORT AVAILABLE?

g. How does their LD impact on their lives?

h. Please provide any supporting evidence and attach relevant reports

i. Does the person you are referring see him/herself as having a learning disability?

j. Risks – Are there any un-met needs that you are aware of?
Referral Form continued

- **Section 3: Details of Main Carer**
  - Name:Address:Telephone Number:Postcode:Relationship to client:DOB:
  - Brief description of caring role and difficulties:

- **Section 4: Details of person’s GP**
  - Name:Address:Telephone Number:Postcode:

- **Section 5: Other key people**
  Please give details of anyone else who knows the person well or is involved in their care (e.g. family member, friend, day centre worker, child development team)
  - Name Contact/Address Details Role
Referral Form continued

- Section 6: About you
- Name: Address: Telephone Number: Postcode:
- Your Role:
- Best times to contact you (if needed):
- Your Name (please print):
  ____________________________________________________________
  ______
- Your Signature:
  ____________________________________________________________
  __________________________
- Date: _________________________
Present CLDS Process

- Screening of referral and offer of Single Assessment if LD is clear or clear indications that it is likely.
- Single Assessment before entry to the team. Further consideration of eligibility information, identification of main issues in a range of areas including health and social care, comprehensive formulation of client need, recommendations for interventions and services, eg. referrals within CLDS, referrals or signposting to appropriate services (mainstream or other specialist service).
- If eligibility is unclear there may be referral within the team for a comprehensive diagnostic and eligibility assessment.
- Internal referrals are screened and prioritised by the relevant disciplines within CLDS and there may be a waiting list.
- Fast Track where urgent health and/or social care needs.
Integrated MDT Interventions

Case example 1 Presentation

Woman in her 50’s new to TH now living with sibling. History of extreme abuse and trauma since childhood. Presenting with emotional and aggressive outbursts; running away, involvement of police and A and E. Emergency psychiatric assessment found no mental illness. Putting herself and others at risk, intense social vulnerability. Assessment established via documentation that prior diagnosis of global LD.
Case Example 1, Intervention

- Referral to CLDS Specialist Psychological Therapies for initial work concerning strategies to cope with intense emotions. Psychotherapeutic work to be offered in longer-term.

- Referral to CLDS Social Work: personal social care and Carer’s needs

- Referral to CLDS Community Nursing: physical health including sexual health

- Referral to CLDS Psychiatry for medication review

- Coordinated interventions including joint working
Case Example 2, Presentation

- Young man in his early 20’s with a learning disability and autism.
- Recently began attending college.
- Borough policy of encouraging independence therefore transport not available and individual travel training offered.
- Client presented with acute anxiety concerning journey. Additional animal phobia. Stopped attending college.
- High level of parental anxiety
Case Example 2, Intervention

- Coordinating planning by CLDS Social Work and Psychological Therapies. Negotiation that borough transport to college reinstated whilst psychological intervention underway.

- Clinical Psychology assessment of range and intensity of client’s anxieties with concomitant assessment of parental anxieties. Relevance of autism, LD, and attachment issues/separation anxieties.

- Psychological intervention working systemically with client, family, college and involved agencies.

- Focused individual work concerning coping strategies.

- Referral to Speech and Language Therapy concerning communication needs being considered.
56 years old woman with Down Syndrome living with sibling since mother died 10 years ago.  

Well-established care package including day service, respite and some individual support.  

History of 3 year gradual decline of function in all areas. Specialist assessment by Clinical Psychology and Psychiatry and using adapted measures such as CAMDEX-DS confirmed meets criteria for Alzheimer’s Type Dementia. Acute episodes of deterioration, brain scan confirmed additional vascular events.  

Several acute hospital admissions for pneumonia.  

Family carer becoming exhausted.
Case example 3, Intervention

- Coordinated MDT interventions.
- Regular meetings involving all agencies to anticipate new difficulties and plan approach. Use of QOMID (Quality Outcome Measure for Individuals with Dementia) to evaluate effectiveness of interventions.
- Psychological work with carer concerning acceptance of diagnosis and acceptance of increased support.
- Occupational Therapy concerning safety on stairs and adaptations.
- Speech and Language Therapy concerning dysphagia and communication needs.
- Physiotherapy concerning mobility and transfers.
- Community Nursing concerning liaison with hospital care, physical health and NHS Continuing Care.
- Social Work concerning increasing 1:1 support.
- Palliative Care and End-of-Life planning to be initiated.