

20. LEARNING DISABILITIES

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20.2 Introduction

20.2.1 Here there is a failure of normal mental development. Mental subnormality was formerly called mental deficiency and is also referred to as mental retardation or mental handicap. However, the preferred term is learning disabilities.

20.3 Intelligence Quotient

20.3.1 Intelligence quotient [IQ] or mental age assessment was not designed for the purpose of assessing the needs of a person with learning disabilities and can be very misleading in this context. Persons with the same intelligence quotient or mental age may have very different attendance needs. The fact that a man of 30 years has a mental age of 5 years does not indicate that he has the same needs as a normal child of 5 years. Among specialists in the field of mental impairment/learning disabilities there are generally accepted dividing lines between moderate and severe impairment of intelligence and the level of disability which results. It is necessary to distinguish between the two because their likely care and mobility needs will differ.

20.4 Moderate Learning Disabilities in Adults

20.4.1 Care Needs

(i) The needs of people with moderate degrees of learning disabilities may not be clear cut. For example, three or four people with learning disabilities may be placed in a house together where they cope with the daily round without continual supervision. A social worker calls once or twice a week to check on them. Although they may not be capable of completely independent living, they may not necessarily require supervision to avoid substantial danger or frequent attention in relation to their bodily functions. A person with learning disabilities living at home may appear at first sight to have achieved a degree of independence in that he goes out alone. However, it may be that he goes only to a local shop where he is known.

Considerable training may have been required to enable him to do this; he may be unable to cope with any deviation from this routine. When a carefully structured and limited environment has been created in which a person with learning disabilities can operate with an apparent degree of independence, but cannot cope with any deviation from the routine, he is in effect requiring continual supervision even though he may be out of sight of the carer for short periods of time.

- (ii) A person with learning disabilities who has clearly established attendance needs, whether for supervision or attention to bodily functions by day, may not have the same needs at night. Such persons requiring attention or supervision by day may sleep peacefully throughout the night. Care and mobility needs may vary considerably between people with learning disabilities. Some may have such low levels of motivation that they would neglect to attend to bodily functions without prompting. Others may need supervision to avoid their being exploited by others.

20.4.2 Mobility Considerations

There may well be coexisting physical disabilities which make it difficult for the person to walk and get around. A person with moderate learning disabilities will not usually require guidance or supervision when out of doors. Each case will have to be considered individually in order to determine mobility requirements.

20.4.3 Further Evidence:

If required, further evidence may be obtained from a social worker or another professionally qualified person who is familiar with the person and their needs, to establish the degree of independence, the existence of other disabilities and whether there is a need for supervision/watching over.

20.5 Severe Learning Disabilities

20.5.1 Most people with very severe learning disabilities have been disabled from birth: either their brains did not develop properly, and will never do so, or they suffered brain damage at birth. Others have suffered brain damage later on as the result of an injury or accident.

20.5.2 Care Needs

- (i) People in this group usually need a very great deal of care: they are most unlikely to learn more than the most basic skills such as feeding, dressing, going to the toilet. Many will not reach even this level. They are likely to need help with most of, if not all, their bodily functions and in most cases they are unaware of danger, indoors and out. A large proportion have physical disabilities which exacerbate the need for care.
- (ii) Their needs for attention at night will vary from person to person: some sleep peacefully through the night; others do not and may need as much help, or be as likely to expose themselves to danger, as during the day.

20.5.3 Mobility Considerations and Behavioural Problems

People with severe learning disabilities may well need guidance and supervision when walking out of doors. Within this group of people there is a small number (thought to be between 10,000 and 12,000) who also have severe behavioural problems. Severe behavioural problems means extremely disruptive behaviour which may take many forms. Examples of this type of behaviour are uncontrolled temper tantrums, during which the person may hurt himself or others, or may sit down and refuse to move from a certain spot. In all such cases the behaviour is unpredictable, so that it is not possible to avoid situations that provoke it, nor to relax vigilance. People in this category who physically are able to walk would need a great deal of assistance and physical restraint.

20.5.4 Further Evidence

Expert advice will be needed about the degree of mental impairment. This is a complex specialist area, and not all health care professionals will have the necessary qualifications and expertise to provide it. A Medical Services doctor will be available to arrange for evidence to be obtained from a suitable source, normally a specialist in mental impairment familiar with the individual case.