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**Myth-busting: The role of the Learning Disability Nurse.**

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**Overview**

There are 16,840 Registered Learning Disability Nurses (RNLDS) on the Nursing and Midwifery Council register (NHS Benchmarking Data, 2021). Whilst this constitutes a small part of the overall nursing workforce, RNLDs hold an unparalleled qualification with unique skills and competencies acquired through a 3-year university undergraduate degree.

RNLDs work in multiple settings across health and social care in a variety of organisations, in and outside of the NHS. The dispersed nature of the RNLD workforce makes it challenging to scope, track and evidence the contribution RNLDs make. Despite this, evidence does exist highlighting the difference RNLDs make in promoting holistic care (Cope and Shaw, 2019), providing specialist epilepsy interventions (Pennington et al., 2019), behavioural interventions (Dalgarno & Riordan, 2014) and in liaison roles in acute care (Brown et al. 2016) and primary care, through facilitating and organizing health checks (NHSE, 2023).

Mafuba et al., (2023) has demonstrated the importance of RNLDs and how they improve the health, healthcare experiences and quality of life of People with a Learning Disability. The nuanced and complex nature of RNLDs work has made it challenging for the profession to articulate its own unique contribution (Mafuba, et al., 2023) and importantly the key difference RNLDs make in terms of health-related outcomes to policy makers, commissioners and health professionals outside of the profession.

This document is an output from a 12-month funded project supported by the RCN Foundation. It aims to help demystify the role of the RNLD and is based on several co-created group meetings with People with a Learning Disability, four focus groups with experts in the field and practitioners primarily in acute and primary care liaison roles.

**Myth-busting**

**Myth 1 Learning Disability Nurses don’t carry out clinical skills.**

No. RNLDs are trained in the same basic physical care competencies as all fields of Nursing. RNLDs may not work specifically in specialised wards, such as Oncology, Respiratory Units or Emergency Departments, but do carry out clinical skills such as Percutaneous Endoscopic Gastrostomy feeds (PEG), depot injections and support enhanced mobility needs. RNLDs are also regarded as having enhanced communication skills, a core clinical skill when working with People with a Learning Disability. This key clinical skill ensures that reasonable adjustments are made on behalf of People with a Learning Disability. This scoping review link below gives examples of the importance of making reasonable adjustments for People with a Learning Disability and where RNLDs have supported reasonable adjustments to be made in acutecare.

[**https://bmjopen.bmj.com/content/bmjopen/11/2/e039647.full.pdf**](https://bmjopen.bmj.com/content/bmjopen/11/2/e039647.full.pdf)

**Myth 2 Learning Disability Nurses just facilitate social activities.**

No. Whilst RNLDs can support, signpost or oversee a package of care that may include social activities, RNLDs have a range of skills to promote the optimum health and care for People with a Learning Disability. RNLDs are trained in and can make a variety of different health assessments depending on need and specific associated health condition. These assessments range from, but are not exclusive to, dementia checklists, pain assessments and are often grounded in nursing frameworks that RNLDs have developed themselves- for example see this link:

<https://uk.jkp.com/products/the-moulster-and-griffiths-learning-disability-nursing-model>

RNLDs are also known for the person-centred holistic assessments and person-centred holistic practices they carry out. For more information see below:

<http://dx.doi.org/10.13140/RG.2.2.10852.27524>

**Myth 3 Learning Disability Nurses only take people to health appointments and administer medication.**

No. RNLDs work with a range of associated health support and key workers, as well as other health professionals. They are skilled health professionals and over time have acquired specialist skills in areas such as epilepsy. Research has indicated the impact and cost benefit of RNLDs working with People with epilepsy using an epilepsy competency framework- see the study below for more information: <https://doi.org/10.1111/jir.12679>

Behavioural management is another skill set domain that RNLDs possess, when working either directly with People with a Learning Disability, or in forensic services. See the following study link for more information: <https://doi.org/10.1108/JIDOB-11-2014-0017>

**Myth 4 Learning Disability nurses don’t work in advanced roles or carry out functions like prescribing different medicines.**

No. Many RNLDs work at an advanced level of practice across the four UK nations. Advanced practice is a higher level of practice which can involve, for example, RNLDs both prescribing medications and actively working to reduce the amount of medication people with a learning disability are on. An example of this is the active engagement of RNLDs through STOMP projects. STOMP stands for stop over-medicating people with learning disability, autism or both. For more information on the influence RNLDs working at an advanced level have made in this area see <https://www.tewv.nhs.uk/news/stomphc/>

For more information on the purpose of STOMP see the following link: <https://www.england.nhs.uk/learning-disabilities/improving-health/stomp-stamp/>

**Myth 5 Learning Disability Nurses do everything related to the person with a learning disability to help mainstream health services.**

Not strictly true, but in some localities where there are not the resources to support mainstream services, Community Teams, or an acute liaison RNLD, may facilitate mainstream health services and help individual People with a Learning Disability. Localities which have invested in RNLDs working in acute and primary care, or where mainstream services have employed RNLDs directly, RNLDs make a difference to reducing inequalities and improving the health outcomes of People with a Learning Disability. RNLDs operating at varying levels of practice will utilise diplomacy and negotiation skills to highlight the significant health needs People with a Learning Disability have. This ensures reasonable adjustments are made and access to the required service is achieved and monitored against benchmark data. The project summary below provides an oversight of some of the activities liaison nurses do and some of the challenges they face in carrying out such activities:

[Learning+Disability+Liaison+Nursing+Report+Summary+2020+(1).pdf](file:///C:\Users\u25747\OneDrive%20-%20University%20of%20Wolverhampton\RCN%20Foundation\Learning+Disability+Liaison+Nursing+Report+Summary+2020+(1).pdf)

**Myth 6 Learning Disability Nurses only arrange discharges and social care related activities.**

No. There is more complexity to the role of the RNLDs outside of these two activities. RNLDs will be involved in facilitating discharges from a variety of settings including mainstream hospitals. Within these hospitals, RNLDs can be involved in the case management of individuals from admission through to discharge. This can involve preparing People with a Learning Disability for an or surgery, specific work on aspiration pathways, or ensuring acute care staff are making the necessary reasonable adjustments for People with a Learning Disability. In some cases, the discharge package may involve adjustment to social care activities.

**Myth 7 Learning Disability Nurses work with People with autism who don’t have a learning disability.**

Yes and No. This very much depends on the different eligibility criteria local service providers have and if there is an Autism pathway on offer. Fifty-four per cent of People with a Learning Disability also have Autism. RNLDs have built up transferrable skills to work with People with a Learning Disability who also have an autism diagnosis. Some RNLDs work within only autism services too. Overall, RNLDs are a finite workforce resource where the professionally led focus tends to be specifically working with People with a Learning Disability. To understand this situation in more detail, you can read the blog below:

<https://www.rcn.org.uk/news-and-events/Blogs/registered-nurse-in-learning-disabilities-221123>

**Myth 8 Only Learning Disability Nurses complete mental capacity assessments for People with a Learning Disability.**

No. It is the responsibility of every clinician to ensure they adhere to the rights of People with a Learning Disability under the Mental Capacity Act (2005). However, RNLDs working in acute hospitals, for example, have a key role educating and supporting mainstream staff to make the necessary reasonable adjustments under the Equality Act (2010) before treatment decisions are made. Mainstream healthcare staff can have difficulties communicating with People with a Learning Disability. RNLDs have an essential role in promoting the impact of health outcomes using documents such as the Hospital passports. For more information about the importance of promoting safety outcomes in acute hospitals for People with a Learning Disability see below:

<https://bmjopen.bmj.com/content/bmjopen/11/5/e047102.full.pdf>

**Myth 9 Learning Disability Nurses only work in the NHS and social care organisations.**

No. RNLDs are a dispersed workforce where their skills are valued by many different organisations. RNLDs make a strong contribution in and across NHS and social care settings but also work in prisons, private forensic environments and run their own social enterprises involving People with a Learning Disability. A key part of the RNLDs role is the co-ordination of care across multi-professional teams. RNLDs are often involved in complex safeguarding cases and are instrumental in using the Care Programme Approach (CPA). In the first instance, RNLDs will adopt holistic assessment practices and will then facilitate care decisions on behalf of the Person with Learning Disability, alongside GPs, secondary care professionals and psychiatrists.

**Myth 10 Learning Disability Nurses work with people who have dyslexia.**

No. Dyslexia is a special educational need and sits outside of the diagnostic categories associated with Learning Disability. RNLDs do not work in education settings, but can work alongside other children and young people’s services such a CAMHS. RNLDs can make important contributions to the assessment of learning disability in individuals. RNLDs also play a critical role in working with parents and children and young people with a Learning Disability at the point of transition into adult services. For more information see link below.

<https://researchonline.gcu.ac.uk/ws/portalfiles/portal/93200101/93200007.pdf>

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