

RCNFoundation
Supporting nursing and midwifery, improving care

Reducing Inequalities, Improving Lives:

The contribution, impact and value of learning disability nursing



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A word on terminology we have used in the report.

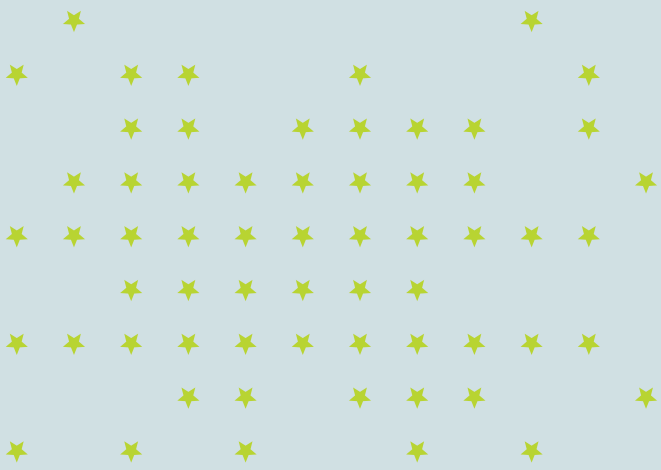
Learning disability nursing is a specialist field of nursing. It draws on expert knowledge, skill and understanding, underpinned by evidence, to support people with a learning disability to lead fulfilling, independent, healthy lives, which are free of health inequality, through person-centred care, advocacy, and health prevention. In this report, we have used learning disability nursing when discussing the field as a whole.

Registered Nurse – Learning Disability (RNLD) is an individual who is educated to at least degree level and is registered with the Nursing and Midwifery Council (NMC). RNLDs are a member of the wider multi-disciplinary team, and work in partnership with people with a learning disability and their families.

An RNLD draws on evidence-based practice specifically using expert communication skills to interpret and understand individual care needs to develop co-produced, person-centred plans of care. RNLDs practise across social care in residential, day and outreach services as well as in primary and secondary acute and tertiary care settings. They are experts at adapting the level of support they provide according to the complex needs of each individual with a learning disability, and their families and carers. Risk assessment, risk management and advocacy and the provision of holistic, biopsychosocial nursing care, are key features of the role, which empower people with a learning disability to exert their individual rights and choices.

RNLDs play a critical role in supporting equitable access to all community and public services. In this report, we have used RNLD when referring specifically to the role.

People with a learning disability experience a learning disability as a lifelong condition, which significantly affects their ability to carry out everyday activities, understand new or complex information and learn new skills (Mencap, 2026).



1. Introduction

1.1. A learning disability is a lifelong condition which significantly affects an individual's ability to carry out everyday activities, understand new or complex information and learn new skills (Mencap, 2026). There are currently 1.5 million people in the UK with a learning disability which accounts for 2.16% of adults and 2.5% of children (Office for National Statistics, 2024).

1.2. Research evidence has consistently demonstrated that people with a learning disability remain disadvantaged in terms of socio-economic and health outcomes (Office for Health Improvement and Disparities, 2025). They experience significant health inequalities, which the World Health Organization has described as unjust and avoidable differences in health outcomes across the population and between different societal groups (WHO, 2018).

1.3. According to data from the most recently published *Learning from Lives and Deaths – people with a learning disability and autistic people* (LeDeR) Report (Yu et al., 2026):

- people with learning disabilities die 19 years earlier than the general adult population
- 57% of people with a learning disability who die, do so before the age of 65, in comparison to 15% of the general adult population
- 39% of deaths are avoidable in comparison to 21% who do not have a learning disability
- leading causes of death include pneumonia, ischaemic heart disease and epilepsy
- effective and timely healthcare which addresses treatable mortality is the main difference between people with a learning disability who die from an avoidable death and people from the general population.

1.4. The LeDeR programme data (2026) identifies significant health disparities for this community, including that people with a learning disability died on average at 63 years old in comparison to 82 years old for the general population.

1.5. Alongside these significant health inequalities is a picture of a steep decline in the numbers of Registered Nurses – Learning Disability (RNLDs). The Nursing and Midwifery Council's (NMC) register indicated that there has been a 33% decrease across the UK in RNLDs since 2009. NMC data published in March 2026 showed there were 16,763 RNLDs on the register. This is a fall of 0.4% since March 2025, demonstrating that there continues to be an ongoing decline in numbers for the learning disability nursing field of practice. In contrast, there was an increase in the other three fields of registered nurses in the same period.

1.6. The educational provision of learning disability nursing is also reducing, with many higher education institutions pausing or withdrawing provision, resulting in a variable offer across the United Kingdom (Kowalczyk and Aurora, 2025).

1.7. There is also limited data about where RNLDs are practising. In 2023 there were 3,063 RNLDs in the NHS and community health services (Yang, 2025) and, whilst many work in social care, there is no accurate data for wider health and care settings and services (Women and Equalities Committee, 2024).

1.8. In reviewing the landscape for learning disability nursing, we recognise that work is taking place in the devolved nations of the UK. In Scotland, a ten-year strategy for learning disability nursing, *The Keys to Life* (NHS Scotland, 2013), was developed. A new strategy is currently in development with a proposed launch in 2027.

1.9. The Welsh Government and Health Education Improvement Wales (HEIW) are undertaking a co-ordinated approach to fund education to strengthen the RNLD workforce, reduce health inequalities, improve community-based support, and enhance outcomes for people with learning disabilities in Wales. *The Strategic Nursing Workforce Plan for Wales 2025-2030* (NHS Wales, 2025) encompasses all fields of nursing including learning disability, with the aim to grow, transform, and support the nursing workforce, ensuring that it is equipped to meet the evolving healthcare demands of the Welsh population. The Plan includes specific actions to boost the numbers of RNLDs in Wales.

1.10. In 2024, Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) and the Department of Health in Northern Ireland launched the *Equity of Access and Outcome* report (NIPEC and DH, 2024). The report outlined a future model to maximise the RNLD impact towards recognising the abilities and meeting the health and care needs of people with a learning disability across Northern Ireland. The proposed model strives to strengthen the nursing contribution across all sectors within the interdisciplinary team, recognises the RNLD contribution across the lifespan, and support the biological, psychological and social (also known as biopsychosocial) wellbeing of people with a learning disability from early years to the end of life.

1.11. In response to growing UK wide evidence of health inequalities for people with a learning disability (including poorer health outcomes and premature deaths), together with concerns related to the fall in numbers of RNLDs on the NMC's register, the RCN Foundation identified the need for action.

1.12. In 2019, the RCN Foundation commissioned a scoping review to identify RNLD interventions and their impact on the health of people with a learning disability (Mafuba et al., 2023). Findings from this review indicated the need for high-quality research to determine the impact of RNLD interventions across the lifespan. The RCN Foundation then undertook further engagement with relevant stakeholders, including people with a learning disability and their families and carers, to inform the programme of work required.

1.13. In order to address the health and care challenges faced by people with a learning disability, the RCN Foundation launched a £330K grant-making programme in 2024 entitled *Inclusive Health – Enhancing the Lives of Individuals with Learning Disabilities*. The aim of the programme was to enable RNLDs to reduce health inequality and enhance health related quality of life outcomes for people with a learning disability.

1.14. The grant programme consisted of ten research studies and a suite of education scholarships to develop Advanced Nurse Practitioners in learning disability nursing. The objectives of the grant programme were two-fold:

- to strengthen the evidence base underpinning learning disability nursing in order to reduce health inequality, premature death and enhance health related quality of life outcomes for people with a learning disability across diverse healthcare settings in the UK, through a programme of research led by people with a learning disability and RNLDs
- to enhance the knowledge, skill and competence of nurses and midwives caring for people with a learning disability through a programme of education grants.

1.15. This report seeks to:

- review and analyse outputs from three research studies within the grants programme, identifying key implications across the findings

  These studies are:-

  i. *Rapid review on the economic impact of learning disability nurses in the UK* (Knapp et al., London School of Economics, 2024)

  ii. *Inequality, workforce and outcome: what's the contribution of the Learning Disability Nurse?* (Bollard, University of Wolverhampton, 2025)

  iii. *Learning Disability Nurse Apprenticeship Scoping Review* (Moulster, 2026)
- align insights and findings to the current policy and practice context of learning disability nursing
- set out recommendations for consideration in relation to learning disability nursing within the UK.



2. What makes learning disability nursing distinctive and why it matters

2.1. Learning disability nursing is one of four fields of nursing in the UK developed to address the identified needs of people with a learning disability. This field of nursing has developed and adapted over time, undergoing name changes and moving from a more custodial model to a social model of practice (Mitchell, 2019; RCN, 2020).

2.2. RNLDs are educated to provide specialist support to individuals with a learning disability, as well as their family and other members of the multi-disciplinary team, to maintain positive physical and mental health so that they can lead fulfilling lives (Health Education England, 2022). As the lives of people with a learning disability have evolved, so has the role of the RNLD. New roles have emerged including the acute liaison nurse within hospitals and the intensive support team nurse, who work to keep the individual in familiar environments and away from an acute care setting (RCN, 2021).

2.3. Advanced Nursing Practice in Learning Disability Nursing has been supported by the CIPOLD (Confidential Inquiry into Premature Deaths of People with Learning Disabilities) Report (Heslop et al., 2013) and the UCL Institute of Health Equity's *A Fair Supportive Society* report (Rickard and Donkin, 2018). Both reports proposed that an Advanced Nurse Practitioner (ANP) for learning disability would address the 38% of avoidable deaths due to delays or issues with diagnosis or treatment.

2.4. The ANP for people with a learning disability, is able to act as the named health professional to co-ordinate the care, supported by the annual health checks and health action plans recommended by CIPOLD (Heslop et al., 2013) and UCL (Rickard and Donkin, 2018). The ANP could co-ordinate and manage any long-term conditions and medication as a registered non-medical prescriber, whilst also drawing upon their specific expertise as an RNLD. The ANP would advocate on behalf of people with a learning disability to help them navigate healthcare services. Combined, this role would aim to address the health inequalities that this group faces and improve their health-related quality of life and life expectancy (Heslop et al., 2013; Rickard and Donkin, 2018).

2.5. However, despite the important role played by RNLDs, learning disability nursing has struggled with its image for a significant period of time, often referred to as a 'Cinderella service', and continues to remain under scrutiny regarding its continued survival as a pre-registration field (McAnelly et al., 2023). Ongoing recruitment and retention issues also raise questions about its future.

2.6. Unlike many nursing specialties that are centred on a medical condition or care setting, learning disability nursing is centred on a population group whose health needs are often affected by communication barriers, health inequalities and challenges in accessing services (Cooper et al., 2026). Its distinctiveness comes from the fact that it is a field of nursing focused on improving the health, independence, rights and quality of life of people with learning disabilities across the entire lifespan.

2.7. RNLDs have a strong focus on communication (NMC, 2018). Many people with learning disabilities communicate in different ways. RNLDs are skilled in adapting communication to individual needs, supporting people to express choices and make informed decisions and understanding behaviour as a form of communication, enabling them to participate more fully in decisions about their care (Bollard, 2025).

2.8. RNLDs are also powerful advocates for people with learning disabilities, playing a key role in promoting their human rights, inclusion and self-determination (RCN, 2026). In doing so, RNLDs are critically important in addressing some of the health inequalities outlined earlier in this report. The research funded by the RCN Foundation, and highlighted later in this report, sets out the impact of this aspect of their role and how they reduce avoidable health disparities.

2.9. The role of the RNLD extends beyond clinical care to include a holistic biopsychosocial approach to care, understanding the whole person – their family and social relationships, living circumstances, education, employment and community participation, and their mental and physical health needs (RCN, 2020). The specialty often involves developing sustained therapeutic relationships with individuals and families over many years, enabling them to better support life transitions, and build trust and continuity. In essence, RNLDs embody true holistic and person-centred nursing practice, helping to support people to live fulfilling lives rather than focusing solely on illness.

2.10. In short, learning disability nursing uniquely combines clinical expertise, communication skills, advocacy, and person-centred support to enable people with learning disabilities to achieve the best possible health, independence and quality of life. It is a field of nursing that not only delivers healthcare but also actively challenges the inequalities and barriers that people with learning disabilities continue to face and, in so doing, enhances quality, safety and patient experience.

2.11. Despite this, RNLDs report difficulties in relation to the understanding of their role by the public and other health and social care professionals. Their role is affected very much by the type of team they are in, and the part of the country in which they practise (Bollard, 2025).

2.12. The sections below explore the evidence from Foundation-funded studies that underpins much of what makes the RNLD role distinctive and the workforce issues facing the profession.

3. The contribution and impact of learning disability nursing: what the evidence tells us

3.1. The evidence from the studies undertaken by Knapp et al. (2024) and Bollard (2025) has highlighted the unique, important and indispensable impact of RNLDs on those that they support. The research evidence brought to light a number of key themes regarding the contribution and impact of learning disability nursing.

Economic impact

3.2. Knapp et al.'s (2024) work found that although the economic evidence base remains limited, available findings suggest that learning disability nursing can contribute to more efficient use of resources and prevention of costly interventions. Potential economic benefits included:

- reduced emergency admissions
- reduced avoidable hospital utilisation
- earlier identification of health needs
- better management of long-term conditions
- reduced reliance on more intensive services
- prevention of premature mortality.

3.3. Knapp et al. (2024) highlighted that particularly strong evidence exists in:

- epilepsy management, where specialist nursing interventions reduced costs and improved outcomes
- behaviour support services, where nurse-led interventions demonstrated cost-effectiveness and reduced service utilisation
- health promotion initiatives targeting obesity, sleep, screening uptake and chronic disease management.

3.4. The review concluded that it is essential to take a broader perspective and that investment in learning disability nursing delivers benefits at both individual and system levels. Addressing inequalities experienced by people with a learning disability, has the potential to improve outcomes, promote more proactive and preventative care, and reduce reliance on costly reactive services.

Reducing health inequalities

3.5. A central finding from both reports was the importance of the RNLD role in tackling health inequalities. Examples included:

- supporting access to GP appointments and primary care services
- increasing uptake of annual health checks and cancer screening
- promoting reasonable adjustments in acute healthcare settings
- supporting informed decision making around capacity, consent and best interests
- ensuring people are not excluded from healthcare pathways because of communication, cognitive or service barriers.

3.6. Bollard's (2025) study concluded that RNLDs directly influenced the reduction of health inequalities through liaison roles in primary and acute care.

Improving quality and safety of care

3.7. Bollard's (2025) study highlighted that RNLDs enhanced quality, safety and patient experience through:

- individualised assessment and care planning
- identification of health risks and unmet need
- health promotion and disease prevention
- co-ordination of care across agencies
- safeguarding and advocacy
- supporting the implementation of reasonable adjustments and health passports.

3.8. In hospital settings, RNLDs helped to reduce barriers to care, improved discharge planning, supported safer admissions and reduced avoidable harm.

Advocacy and person-centred care

3.9. The studies repeatedly identified advocacy as a defining feature of the role and found that RNLDs:

- helped people express their needs and preferences
- supported families and carers
- challenged inequitable practice
- influenced system change
- ensured services remain person-centred.

3.10. People with learning disabilities involved in the research highlighted the value of having nurses who could help explain their needs to other professionals and secure reasonable adjustments.

Supporting families and carers

3.11. Research evidence also demonstrated the positive impact on wider family wellbeing across a number of domains including education and health promotion; emotional support; advocacy; improved family functioning; and support with navigating complex systems.

3.12. Knapp et al.'s (2024) economic review found evidence that advocacy-related interventions can generate financial returns of between £1.20 and £2.40 for every £1 invested, alongside improved quality of life outcomes.

3.13. Bollard (2025) developed a concise practice framework to demonstrate the outcomes and impact of the RNLD role across primary care settings using the Logic Model. The Logic Model is a graphic representation of the theory of how an intervention produces its outcomes. This is the first time that the Logic Model has been used to develop a clear correlation between the RNLD role and its impact. The Logic Model developed by Bollard (2025) can be found in **Appendices 1 and 2**.



4. Education and workforce challenges: the current landscape

4.1. Despite clear evidence of impact, significant challenges remain in relation to education and workforce. These are highlighted in wider evidence (Kowalczyk and Aurora, 2025; RCN, 2026) as well as from Moulster's (2026) review of learning disability nursing apprenticeships.

Workforce pipeline and sustainability

4.2. Evidence suggests that it is becoming increasingly difficult to predict the future pipeline of learning disability nursing students. Whilst health and social care qualifications offered within further education, which include some T levels, provide a route into nurse education, it is unclear from the data how many of these students progress to become RNLDs.

4.3. What is clear is that health T levels are non-field specific, with a tendency to focus on supporting: the adult nursing team; the care of children and young people; the mental health team; the midwifery team; and the therapy team (Department of Education, 2026; Griffin, 2026).

4.4. Learning disability nursing is invisible in the Government's guidance on career progression for Health T level students (Department of Education, 2026). This appears to influence the ultimate route of training for T Level candidates, with few opting to follow the learning disability pathway (Skills for Care, 2026).

4.5. Similarly unclear is the status of the future pipeline of RNLDs served by the registered nurse degree apprenticeship (RNDA). Moulster (2026) reported that there remains no centralised reporting of apprenticeship enrolments and completions by nursing field. As a result, the scale of learning disability nursing apprenticeships cannot be reliably identified.

4.6. Moulster's (2026) review found that:

- learning disability nursing apprenticeship provision was entirely employer led, which is often late, inconsistent or absent, making cohort planning difficult
- some NHS healthcare providers reported no staff interest in learning disability pathways; others reported high interest but insufficient funding to release staff
- RNDA provision was fragile, with significant regional variation and many higher education institutions not offering learning disability RNDAs. Several NHS healthcare providers had no learning disability RNDA pathway because no higher education Institutions in their region offered an NMC approved learning disability RNDA
- apprenticeship numbers were small and inconsistent with often only between one and five apprentices per cohort
- NHS healthcare providers showed variable engagement, heavily influenced by funding and the ability to fund 'backfill' when NHSE funding for this ceased in 2024
- placement capacity was also influenced by funding. Social care is not accessing levy funding as they cannot afford to make use of the levy, thereby limiting

workforce development

- UK wide providers showed growth, suggesting potential for scalable models. These included accelerated routes for Nursing Associates and distance learning programmes, organisations able to provide 'backfill' and innovative programmes such as ASPIRE-to-MSc pathways.

4.7. Moulster (2026) concluded that with strategic intervention, the system has clear potential to stabilise and grow. Providers are willing to collaborate, NHS healthcare providers are eager to develop their workforce and innovative models already exist. What is needed now is national co-ordination to harness this momentum and build a sustainable learning disability nursing pipeline for the future. A number of Moulster's (2026) suggested interventions are featured in the recommendations of this report.

4.8. The learning disability nursing apprenticeship landscape is at a critical juncture. NHS healthcare providers and higher education institutions demonstrate strong commitment to the field, but provision remains fragile, inconsistent, and heavily dependent on employer demand and funding availability. Without co-ordinated national leadership, particularly around employer engagement, funding models, and visibility of learning disability nursing, the sector risks further contraction.

Limited public understanding

4.9. Despite RNLDs being able to articulate their contribution across health and social care (Bollard, 2025), all the studies in contrast identified a persistent lack of public awareness and understanding about what RNLDs do, where they work and the outcomes they achieve. This lack of visibility affects recruitment, workforce planning and recognition of the profession's contribution.

5. What the evidence is telling us

5.1. Across health, social care and community settings, RNLDs provide a distinctive contribution that cannot be easily replicated by other professionals. They improve access, promote and advocate for equity and human rights, facilitate reasonable adjustments, support families and help prevent poorer outcomes and avoidable deaths. RNLDs understand the person with a learning disability from a truly holistic and biopsychosocial perspective. The evidence indicates that learning disability nursing is not simply a specialist field of nursing but a key component of an equitable health and care system for people with learning disabilities. Sustained investment in the profession is likely to deliver significant benefits for individuals, families, services and the wider health and care economy. Based on evidence from the research studies presented here, there are a number of clear conclusions.

5.2. **RNLDs are critical to reducing health inequalities experienced by people with learning disabilities**. People with learning disabilities continue to experience significant and persistent health inequalities, including poorer physical and mental health outcomes, reduced access to healthcare services and avoidable premature mortality. RNLDs play a critical role in addressing these inequalities through their specialist expertise in person-centred care, communication, advocacy, behavioural support, health facilitation and reasonable adjustments. RNLDs work across health and social care settings to identify unmet health needs, advocate for individuals and families, promote access to screening and preventative services and ensure that care is delivered in ways that are accessible and responsive to individual needs.

5.3. Their unique understanding of the complex interplay between learning disability, physical health, mental health and the social determinants of health enables them to reduce barriers to care, improve health outcomes and support people with learning disabilities to lead healthier and more independent lives. As health systems seek to tackle inequity and improve population health, the contribution of RNLDs is essential in ensuring that people with learning disabilities receive equitable, high-quality care and are not left behind.

5.4. **The RNLD contribution extends beyond direct care into advocacy, system leadership, prevention, service improvement and workforce development**. As skilled advocates, RNLDs champion the rights, voices and choices of people with learning disabilities, helping to ensure that individuals can access equitable, person-centred services and experience meaningful inclusion in decisions about their health and wellbeing.

5.5. They provide leadership across health and social care systems by influencing policy, shaping service design and promoting the implementation of reasonable adjustments that improve access and outcomes. RNLDs also play a vital role in prevention and early intervention, supporting health promotion initiatives, reducing avoidable illness and addressing the wider determinants of health that contribute to inequality.

5.6. Through quality improvement activity, research, education and the development of evidence-based practice, RNLDs drive service innovation and enhance the quality and safety of care. In addition, they make a significant contribution to workforce development by educating, mentoring and supporting multidisciplinary colleagues to build knowledge, confidence and capability in meeting the needs of people with learning disabilities. Collectively, these functions position RNLDs as key agents of change, improving both individual outcomes and the effectiveness of health and care systems.

5.7. **Evidence demonstrates that RNLDs make a significant contribution to improving healthcare access, patient safety, family wellbeing and quality of life for people with learning disabilities**. Through specialist assessment, advocacy, care co-ordination and the implementation of reasonable adjustments, RNLDs help individuals access appropriate services, reduce avoidable harm and achieve better health outcomes. Their person-centred approach also supports families and carers, promoting confidence, inclusion and wellbeing, while enabling people with learning disabilities to live healthier, safer and more fulfilling lives.

5.8. **Emerging evidence suggests that RNLDs can generate economic benefits through prevention, reduced service utilisation and more efficient care pathways**. Through proactive health facilitation, care co-ordination and the implementation of reasonable adjustments, RNLDs help people with learning disabilities access the right care at the right time, contributing to more efficient care pathways and better use of resources. By improving health outcomes and reducing avoidable demand on services, RNLDs have the potential to generate both clinical and economic value for individuals, families and healthcare systems.

5.9. **Workforce retention, professional visibility and public understanding of the RNLD role require urgent attention if the benefits of this specialist profession are to be sustained and expanded**. Ongoing workforce shortages, limited awareness of the RNLD contribution and challenges in attracting and retaining staff risk undermining the profession's capacity to meet current and future population needs. Strengthening the profile of RNLDs, investing in career development and demonstrating the value they bring to individuals, families and health systems will be essential to ensuring a sustainable workforce that can continue to reduce health inequalities, improve outcomes and deliver high-quality, person-centred care for people with learning disabilities.



6. What needs to change: key recommendations for policymakers and system leaders

6.1. Based on the findings across the three reports, several policy imperatives emerge consistently. While some are explicitly recommended by researchers and others are strongly implied by the evidence, together they form a coherent agenda for strengthening learning disability nursing and improving outcomes for people with learning disabilities.

6.2. The overall proposition of this report is that a national learning disability nursing strategy should be developed and implemented in each of the four UK nations which expands the workforce, protects specialist roles, embeds RNLDs across acute, community and primary care services, and measures their impact on health inequalities, mortality, quality of life and system costs. This is supported by all three reports and aligns closely with the evidence on contribution, impact, workforce sustainability and health inequality reduction.

6.3. Eight key recommendations based on this proposition are set out below.

Recommendation 1: Ensure that all four UK nations have in place a national learning disability nursing workforce strategy

Moulster's (2026) review highlighted the disparate, imbalanced and precarious nature of the RNLD workforce and pipeline in England, with a particular focus on degree apprenticeships. There remain concerns about workforce sustainability and professional identity. The four UK nations are at differing stages of development in relation to their learning disability workforce plans. We recommend the following policy actions:

- establish workforce targets for RNLDs in England, Scotland, Wales and Northern Ireland, drawing on the experience and progress already made in each of the four nations
- improve workforce planning across NHS and social care sectors
- expand pre-registration training places
- create clearer career pathways from newly qualified nurse to consultant nurse
- introduce retention programmes for experienced staff.

Recommendation 2: Protect and expand specialist learning disability nursing roles

The evidence shows that RNLDs play a critical role across acute care, primary care, liaison services, community services and in managing specialist conditions such as epilepsy. These roles help address health inequalities, reduce avoidable harm and potentially create economic benefit. We recommend the following policy actions:

- ensure that there is a learning disability liaison nurse in all acute hospitals
- expand learning disability nursing roles in primary care networks and neighbourhood health
- increase specialist nurse posts in areas such as epilepsy, cancer screening, annual health checks and behavioural support
- ensure learning disability nursing expertise is included in integrated care systems.

Recommendation 3: Create an outcomes framework for learning disability nursing

A major finding from the Bollard (2025) study was the need for a standardised framework demonstrating the outcomes and impact of learning disability nursing practice. This would strengthen accountability while providing evidence for future investment.

We recommend the following policy actions:

- develop a national learning disability nursing outcomes framework
- define measurable indicators such as:
  - reduced emergency admissions
  - improved screening uptake
  - increased annual health checks
  - reduced premature mortality
  - improved patient experience
  - implementation of reasonable adjustments.

Recommendation 4: Increase public and professional awareness of the RNLD role

All three reports identified poor understanding of what RNLDs do amongst the public, some professionals and even people with learning disabilities themselves. We recommend the following policy actions:

- launch a national awareness campaign highlighting the role, its impact and its benefits to wider society
- include learning disability nursing in NHS workforce promotion campaigns
- develop targeted educational materials for schools and colleges, working with the Association of Colleges and others to ensure that learning disability nursing is a strong career choice for future nurses
- promote the profession through professional bodies and health systems.

Recommendation 5: Strengthen learning disability nursing leadership

The studies highlight the influence of consultant nurses, liaison nurses and senior RNLDs in driving service improvement and reducing inequality. We recommend the following policy actions:

- increase consultant RNLD posts
- ensure senior RNLD representation in policy-making forums
- include RNLDs in strategic leadership positions within NHS organisations and integrated care boards
- support leadership development programmes.

Recommendation 6: Make reasonable adjustments a core quality indicator

RNLDs were found to be central to implementing reasonable adjustments and ensuring equitable access to healthcare. We recommend the following policy actions:

- include reasonable adjustment compliance in NHS performance frameworks
- require organisations to report implementation data
- expand RNLD-led training for mainstream staff
- strengthen accountability for equitable healthcare access.

Recommendation 7: Invest in prevention and population health

The reports show RNLDs contribute to cancer screening, annual health checks, obesity reduction, epilepsy management, sleep interventions, behavioural support and medication optimisation. All of these make a positive impact on individuals, communities and systems. We recommend the following policy actions:

- expand nurse-led prevention programmes
- resource proactive health monitoring
- ensure RNLDs are embedded within public health initiatives targeting people with learning disabilities.

Recommendation 8: Strengthen the economic evidence base

Whilst Knapp et al.'s (2024) review concluded that there is already evidence of economic benefit, significant gaps in the evidence base nevertheless remain. Further evidence could support future investment decisions and could also lead to better understanding of potential cost savings to the public purse. We recommend the following policy actions:

- fund larger economic evaluations of national RNLD services
- include economic outcome measures in service evaluations
- build national datasets linking RNLD interventions to outcomes and costs
- use evidence to support long-term commissioning decisions.



7. Concluding thoughts

7.1. In conclusion, the evidence underpinning this report highlights that learning disability nursing in general, and the RNLD role specifically, are a vital asset to the health and care system. They provide valuable support, expertise and advocacy, which has wider benefits to people with learning disabilities, their families and carers, and to society.

7.2. At a time when the health and care system is under increasing financial pressures and constraints, learning disability nursing can provide a highly skilled and cost-effective contribution through prevention, early intervention, reasonable adjustments and co-ordinated care. By improving access to services, reducing avoidable health inequalities and enabling people with learning disabilities to achieve better health and wellbeing outcomes, RNLDs deliver value that extends far beyond individual episodes of care. Sustaining and strengthening this workforce will be essential to meeting future population health needs and ensuring that people with learning disabilities receive equitable, safe and person-centred care.

7.3. It is right that the final word in this report should be given to Aaron, an adult with learning disabilities who has played an important role in our research programme: **“If you get it right for people with learning disabilities, you get it right for everyone.”**



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Appendix 1: Logic Model for Primary Care liaison role (Bollard, 2025)

Inputs	Activities Actions Events	Outputs	Outcomes Consequences of the role	Impact Reducing inequalities
Liaison Nurses	Supporting with GP online booking process/ articulating need clearly	Ensures appointment is secured and need is identified accurately	Diagnosis/need identified action taken	Overcoming digital poverty reduces inequitable access
Liaison Nurses	Monitoring and surveillance/spot checking areas with low health check uptake. GP education on taboo areas eg, cervical smears	Translates LeDeR data for parents Increased health check uptake	Empowering parents to detect softer signs of ill-health, detection of need	Direct nurse input reduces inequality
Consultant Nurses/Liaison Nurses	Ensuring people with learning disabilities are part of national cancer screening campaigns (bowel cancer)	Easy Read kits developed, inclusive practice promoted, collective primary care action	Early detection of cancers Facilitates cross system working	Prevention of premature death overcomes inequality of access
Liaison Nurses	Working with community pharmacies, supporting medication compliance with assisted technology	Effective electronic dispensing and partnership working with pharmacies	Individual health is optimised, tailored pharmacy response	Promotes equitable practices

Appendix 2: Logic Model for Acute Liaison role

Inputs	Activities Actions Events	Outputs	Outcomes Consequences of the role	Impact Reducing inequalities
Liaison Nurses, Matrons, Consultant Nurses	Reasonable adjustment practices RESPECT DNACPR, Side rooms, capacity assessments	Ensures compliance and adherence to patient need, care plan, health passport	Advocating via a person-centred response, unique insight into need	Adjustments remove barriers enabling equitable care delivery
Liaison Nurses, hospital staff	Information gathering, preparing patients, facilitating re-admissions and discharges	Aspiration risk more detailed, prevents readmissions	Good planning can reduce length of stay and reduce costs	Direct nurse input reduces inequality
Training of other professionals and individuals	Learning Disability champions, Safeguarding, blood test prep, bespoke anaesthetic pathways	Learning Disability patients identified, flagged, good practice developed	Heightened awareness, capacity to respond to learning disability patients in the system	Tailored response, shared responsibility through an inequality lens
Consultant Nurses: audit-driven data work	Dashboards, tools capturing Learning Disability data on readmissions, length of stay, mortality	Pathway understanding of population need, respiratory, gastroenterology, neurology.	Profiling distinct need, feeds into acute care metric data, spot deviations to target input	Targeted input can remove risk and potential avoidable deaths

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