

RNLD Workforce Report

Learning Disability Nursing in the South East

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Executive Summary

This report presents the findings from the Royal College of Nursing (RCN) Learning Disability Nursing Forum's 2024 survey of Registered Nurses in Learning Disabilities (RNLDs) in the South East, supported by national data comparisons. It reveals a profession facing acute challenges in recruitment, retention, career progression, and recognition—challenges that, if addressed, could provide opportunities for growth. In preparation for the UK Learning Disability Nursing Workforce Summit held in November 2024, the RCN surveyed 506 RNLDs and 60 students, conducted virtual workshops, and reviewed workforce and student number data. The South East, despite being home to 13% of the UK's RNLDs, currently has no Higher Education Institution (HEI) situated in the region offering pre-registration LD nursing programmes (aside from the Open University's employer-supported route). This lack of local training provision, combined with long-standing recruitment and retention issues, has created a regional workforce crisis. Key findings include: - 70% of South East RNLD vacancies are hard to fill (vs 66% nationally). - Career ceilings at Band 6, with few advanced roles available. - Continuing Professional Development (CPD) provision often generic or mental health-focused, with limited Learning Disability-specific content. - Workforce planning and data quality perceived as poor. - RNLDs often feel undervalued and misunderstood in the wider health system. Strategic recommendations include restoring bursary funding, introducing funded apprenticeship routes, creating advanced practice and consultant RNLD posts, expanding Learning Disability-specific CPD with protected study time, improving workforce data and planning, promoting the RNLD role to potential recruits and the public, and improving pay, staffing, and working conditions. The South East RNLD

workforce stands at a tipping point. Without decisive intervention, these shortages will deepen, further impacting the quality of care and exacerbating health inequalities for people with learning disabilities.

Learning Disability Nursing in the South East

Introduction

Learning Disability Nursing has been a distinct field of nursing since 1919, although the field has had four different names in this time to reflect the current culturally acceptable language. The origins of the field are from the long stay institutions where it was historically “normal” for people with learning disabilities to be cared for.

Since the early 1980’s social policy changed and there has been a move for people to live “ordinary lives” in community settings and enjoy the same rights and quality of life that we all are entitled to.

The Community Care Act 1990 prompted a shift in services from the NHS to social care and the third sector, leading many Registered Nurses in Learning Disabilities (RNLDs) to move with them. As a result, NHS-based RNLD roles have declined by around 45% since 2009. Evidence suggests that many RNLDs continue to work within social care and third-sector settings; however, workforce data remains largely NHS-centric, both in terms of data collection and workforce planning.

A persistent theme is that people with learning disabilities continue to experience significant health inequalities (LeDeR, 2023). The unique contribution and specialist skills of RNLDs play a crucial role in addressing these disparities and improving health outcomes.

The Royal College of Nursing hosted a summit in 2024 to expose and confront these issues, identifying several themes:-

- The challenges recruiting students to learning disability nursing programmes
- The challenges filling RNLD vacancies
- The limited career opportunities for RNLDs, including career development and progression
- The identity challenges RNLDs face.

In the South East of England, a workforce crisis for RNLDs is emerging. As of 2024, no university situated in the region is offering in-person training in this field of nursing, although the Open University provides courses in partnership with specific

health and care

organisations. However, the Open University programme requires students to be employed and supported by their employer, which poses a challenge given the limited number of Health Care Support Worker roles in NHS Learning Disability Services, and the distinct career development routes and associated education opportunities in Care services. As a result, the potential talent pool for this training route is constrained.

According to NMC data, 13% of RNLDs on their register live in the South East, which is the second highest population per region in England. In the region, NHS organisations and Independent Health and Social Care providers are reporting they have RNLD workforce needs.

Learning Disability nurses possess a highly specialised skills including advanced communication techniques for people with complex needs, comprehensive knowledge of reasonable adjustments across health and social care settings, expertise in safeguarding vulnerable individuals, and deep understanding of the interplay between physical health conditions, mental health, and learning disabilities. They serve as advocates, educators, and coordinators who bridge gaps between mainstream services and people with learning disabilities, while also supporting families and training other healthcare professionals in delivering accessible, person-centred care. The loss of this specialist workforce carries profound implications: without dedicated Learning Disability nurses, people with learning disabilities face increased health inequalities through missed diagnoses, inadequate reasonable adjustments, and reduced access to preventative care such as annual health checks. The broader healthcare system loses vital expertise in making services accessible and inclusive, potentially leading to increased crisis interventions, inappropriate acute admissions, and poorer health outcomes for one of society's most vulnerable populations.

This report will present an analysis of data collected by the RCN Learning Disability Nursing Forum in Autumn 2024 for the RCN Learning Disability Nursing Workforce Summit. This analysis has been independently reviewed by an Associate of the RCN Learning Disability Nursing Forum, drawing on both the survey evidence and regional practice knowledge, to ensure the findings are accurately represented and contextualised within the South East landscape.

The focus of this report is specifically on the perceptions and experiences of Registered Nurses in Learning Disabilities (RNLDs) in the South East region, with comparisons drawn to national UK data where relevant.

Respondent Demographics

Table Respondent's role in the South East compared to the rest of the UK1

Role Category	South East (%)	Other Regions (%)
Community RNLD Nurses	45	40
Inpatient RNLD Nurses	15	18
Academic / HEI Roles	15	6
Senior/Consultant-Level RNLDs	12	10
Strategic / Mixed Roles	13	10

This table, derived from survey respondents, highlights notable differences in the distribution of Registered Nurse Learning Disability (RNLD) roles between the South East and other UK regions. The South East shows a higher proportion of respondents in Community RNLD Nurses (45% vs. 40%) and a greater representation in Academic/HEI Roles (15% vs. 6%). Additionally, the South East engaged more Senior/Consultant-Level RNLDs (12% vs. 10%) and individuals in Strategic/Mixed Roles (13% vs. 10%). Conversely, Inpatient RNLD Nurses are less well represented in the South East (15% vs. 18%).

The vast majority of respondents self-identified as work in NHS community services, with a handful in both NHS Commissioning and NHS Inpatient. Outside of this, several indicated they work in High Education, and a miscellaneous group contained those working independently and in Local Authority services.

The percentage of responses from each group is worth noting in regards to the employment status that responses are coming from. It must be noted that these percentages only reflect those who chose to complete the survey and does not indicate the skill mix for the region compared to other regions.

Key Understanding from Quantitative Evidence

Respondents perceptions of RNLD Vacancy and Recruitment Status

Table Perceptions of vacancy and recruitment and2

Vacancy Status	South East	Other UK Regions (combined)
Vacancies hard to fill	70%	66%
Vacancies but not hard to fill	17%	22%
No vacancies	10%	10%
No response / unclear	3%	2%

Table 2 contents highlights a significant challenge in the recruitment of Registered Nurse Learning Disability (RNLD) professionals across the UK, with a slightly more acute situation indicated in the South East. A majority of respondents in both the South East (70%) and other UK regions (66%) report that RNLD vacancies are hard to fill. This widespread perception is indicative of a national shortage or difficulty in attracting suitable candidates to these specialised roles. The 4% higher figure for the South East suggests that this difficulty is felt somewhat more keenly in that region.

While a smaller proportion of respondents perceive vacancies as "not hard to fill" (17% in the South East, 22% in other regions), and "no vacancies" (10%), these responses should be taken with caution. When analysing the free text following this question respondents commonly answered they had no vacancies or they were not hard to fill when RNLD roles had been substituted by another profession, or when roles were no longer being advertised exclusively for RNLDs, masking the recruitment challenges.

Overall, the data is indicative that while RNLD recruitment is challenging nationwide, the South East faces a marginally steeper uphill battle in securing these vital healthcare professionals.

Respondents perceptions of RNLD's in South East related to the National average

Table Perceptions of being an RNLD in South East compared to the rest of the UK3

Metric	South East	UK Average
Clear purpose of RNLD role	4.1	4.2
Perception of wide career options for RNLD	2.8	2.7
Positive impact of neurodiversity culture on RNLD	2.9	3.0

This table presents survey respondents' perceptions regarding various aspects of the Registered Nurse Learning Disability (RNLD) role in the South East, compared to the national UK average, using a rating scale.

Overall, the data indicates that perceptions in the South East generally align closely with the UK average, with slight variations. For instance, the clear purpose of the RNLD role is perceived marginally lower in the South East (4.1) compared to the UK average (4.2). More noticeably, respondents in the South East have a slightly more optimistic perception of wide career options for RNLDs (2.8) than the national average (2.7). However, the South East lags slightly in perceptions of the positive impact of neurodiversity culture on RNLDs (2.9 vs. 3.0).

While it is reassuring that there is a positive response from RNLD's regarding the clear purpose of the field, it is unclear as to who is 'clear about the purpose of the RNLD', more detail would be required.

What these results do clearly indicate is that the South East is similar to the rest of the UK in uncertainty about there being good career progression opportunities and the impact that contemporary discussions relating to neurodiversity are having on the field.

Key Themes from Qualitative Responses

Opportunities for Enhancing RNLD Skill Sets

Feedback illuminates opportunities to enhance the skill sets and professional development of RNLDs. These key themes underscore a clear commitment to elevating the quality and scope of RNLD practice through more specialised training, clearer career trajectories, and expanded practical experiences.

Learning Disability-Specific CPD and Training

A prominent theme is the enthusiastic call for more learning disability-specific continuing professional development (CPD). Respondents frequently highlighted the potential for existing training to evolve beyond generic or mental health-focused approaches to fully address the unique and complex skills required to support individuals with learning disabilities. This presents a fantastic opportunity to deepen essential assessment and intervention skills, including person centred positive behaviour support, which many feel are ripe for innovative updates. As one respondent optimistically put it, "Majority of CPD is geared to mental health—need more Learning Disability-specific courses," with another echoing, "Very limited Learning Disability-specific training—most is generic or Mental Health-focused," indicating a strong desire for tailored educational advancements.

HEI's often reported to the RCN in the data collection for the Summit that it was a challenge to make CPD specifically for learning disability nurses financially viable, as there were often low numbers of uptake. CPD relating to learning disabilities needs to also be applicable and appealing to other fields of nursing, and blended approaches are likely to be required to enable distance learning to spread the geography of the offer.

Clearer and Wider Advanced Clinical Pathways

Another critical area of opportunity lies in establishing clear and accessible advanced clinical pathways for RNLDs. Many professionals see the potential for expanded career progression beyond Band 5-6 roles, which could foster a sense of dynamism and retain invaluable talent within the learning disability field. There's a strong desire for more specialist or consultant positions. Respondents articulated this aspiration, stating, "No progression routes outside Band 5-6 unless you leave Learning Disabilities," and "Would value more structured clinical specialist Learning Disabilities roles in practice and HEI," pointing to avenues for professional growth. This may also indicate that clinical pathways that have synergy with learning disability nursing should be explored for nurses' career development, for example in neurology and neurodisability services, emergency and

acute general healthcare settings where RNLDs can lead on reasonable adjustments and accessible care, mental health services addressing the complex interplay between learning disabilities and mental health needs, and primary healthcare including the coordination and delivery of annual health checks. The growing need for more personalised health and care services for neurodivergent people could be linked with ideas to broaden the parameters of the field, creating diverse and rewarding career trajectories that retain specialist expertise while expanding the reach and impact of learning disability nursing

Leadership & Teaching Capabilities

There's a clear and enthusiastic call for RNLDs to receive more robust training in leadership and teaching skills. This is seen as vital not only for personal professional growth but also to empower them to confidently lead teams, champion improved person centred, safe and effective care, and effectively mentor and educate new staff with greater impact. One respondent noted the need for "skills to lead teams, services, and advocate for Learning Disability care," while another emphasised "stronger preparation for teaching/mentoring new staff," highlighting the desire to cultivate influential leaders and educators.

Practice Horizons and Placement Experiences

Respondents also enthusiastically suggested the need to diversify and expand practical placement experiences for both trainees and newly qualified RNLDs. The current focus on traditional placements is seen as an opportunity for expansion, with a strong desire for increased exposure to community, social care, and third-sector environments. This would provide a more holistic and richer understanding of RNLD practice. Comments included, "Placements are mostly traditional—increase community and forensics experience," and "New learners miss out on community/advocacy work—offer broader placement choices," pointing to a vision for comprehensive training. Beyond pre-registration education, there is potential to develop structured role rotation opportunities for more established registered nurses, linked to continuing professional development (CPD) activity, which could enable experienced RNLDs to maintain and broaden their clinical skills across diverse settings while contributing specialist expertise to areas that may lack learning disability awareness.

Digital Skills and Health Technology

Though a developing theme, a noticeable number of respondents expressed an eagerness for improved digital skills and proficiency in health technology. This indicates an awareness of the evolving healthcare landscape and the potential for digital tools and assistive technology to enhance learning disability care. One respondent specifically

requested, "Would value more digital health/assistive technology training for LD," showcasing a forward-thinking approach to leveraging technology.

Addressing Health Inequalities

Several respondents highlighted a critical opportunity for RNLDs to develop stronger skills in addressing health inequalities. This includes enhancing their capabilities in conducting comprehensive holistic health checks and effectively tackling issues related to premature mortality and overall health disparities experienced by people with learning disabilities. A quote reflecting this proactive concern is, "Skills in holistic health checks/premature mortality not strong enough," indicating a strong commitment to improving health outcomes.

Collaborative and Interprofessional Working

Finally, there's a strong and unified call for RNLDs to build on its strong collaborative and interprofessional skills. This involves enhancing abilities to work seamlessly navigating across various organisational boundaries, including social care, mental health teams, and educational settings. It also emphasises fostering powerful partnerships with multi-disciplinary teams (MDTs) and in safeguarding contexts. Respondents enthusiastically emphasised, "RNLDs need more inter-agency working skills taught in current CPD," and "Skills for partnership with MDTs and safeguarding," underscoring the vital role of teamwork in delivering exceptional care.

Potential Areas for Improvement

Survey findings offer valuable insights into key areas where we can enhance the appeal and retention of Registered Nurses in Learning Disabilities (RNLDs) within learning disability services. As a result, it is expected we could unlock greater professional fulfilment, strengthen recognition, and optimise working conditions, ultimately enriching this vital field.

Career Progression and Development

A significant opportunity lies in expanding career progression and development pathways, particularly for roles beyond Band 6. Many respondents expressed a strong desire for clearer routes for clinical advancement. This indicates a chance to build more defined specialist roles, ensuring RNLDs can thrive within learning disability services rather than feeling the need to transition into management or other fields. Insights like, "There's no clear route to advance clinically without moving into management or leaving Learning Disabilities," and "If you want to develop as a specialist, you often have to move

out of Learning Disability services," highlight the potential for new advanced practice or consultant RNLD positions.

Learning Disability-Specific Training and CPD

There's a clear call to enhance the availability of learning disability-specific training and continuing professional development (CPD). Respondents consistently point to the potential for existing CPD to become more specialised, moving beyond generic or mental health-focused content. This presents an opportunity to develop bespoke programs that address the unique and ensuring RNLDs have access to "Learning Disability-tailored courses to keep up skills or progress" and advanced, Learning Disability-specific training.

Recognition and Valuing the RNLD Role

Many RNLDs express a strong desire for greater recognition and valuing of their vital role within the broader healthcare system. This signifies an opportunity to highlight the unique expertise and significant contributions of learning disability nurses, ensuring their role is widely understood and respected by other health professionals and NHS leadership. Comments such as "Staff don't understand what we bring; our role gets ignored by other teams," underscore the opportunity to foster a culture of profound appreciation and high morale, while enabling RNLD's to have a greater influence through advanced practice activity.

Staffing, Workload, and Well-being

Addressing staffing levels and workload management presents a crucial opportunity to enhance job satisfaction and well-being for RNLDs. By mitigating pressures, we can empower nurses to provide the highest quality of care and reduce the risk of burnout. Respondents describe the workload as "unmanageable—you can't give proper care," and note that "Burnout is real, many colleagues have left." These insights offer a pathway to improved patient safety and enhanced nurse well-being within learning disability services.

Pay and Working Conditions

Optimising pay levels and working conditions represents a key area for attracting and retaining top talent. RNLDs seek compensation that reflects the demands and complexity of their role. Opportunities exist to review pay structures and improve working environments, including ensuring ample time for breaks and providing robust support. Respondents noted, "Pay doesn't match responsibility or stress," and observed that "Other fields offer more flexibility and incentives," indicating clear avenues for positive change.

Public Awareness and Professional Profile

There's a significant opportunity to increase public awareness of the RNLD career and clearly publicise professional pathways. By showcasing learning disability nursing as a and respected career destination, we can inspire a new generation of nurses. Comments such as, "No one talks about Learning Disability nursing as an option—not at university or school," and "Other specialties have publicity and structured pathways," highlight the potential to elevate the profession's profile.

Interdisciplinary Integration and Collaboration

Finally, a strong desire for enhanced interdisciplinary integration and collaborative working among RNLDs presents a great opportunity. By reducing feelings of isolation and promoting joint working with therapists, social care, and multi-disciplinary teams (MDTs), we can enrich professional development and foster a supportive environment. Respondents emphasised, "Not enough joint working with therapists, social care, or MDT," indicating a pathway to more integrated and empowering team structures.

The RNLD Workforce: Challenges and Strategic Opportunities

The Registered Nurse Learning Disability (RNLD) profession stands at a pivotal moment, facing distinct challenges that, when addressed, will provide opportunities for growth, recruitment, and professional recognition.

Core Challenges: Catalysts for Positive Change

Persistent Recruitment Opportunities - The ongoing need to attract high-quality applicants to RNLD roles signals an chance to innovate recruitment strategies, raising awareness and highlighting the unique value of the profession.

Expanding Career Advancement - The current limitations in career progression beyond Band 6 present a clear opportunity to establish new, advanced career pathways, such as Advanced Clinical Practitioner (ACP) and Consultant RNLD roles. This will inspire ambition and encourage experienced nurses to flourish within the field.

Developing Specialised Training - The identified gap in learning disability-specific Continuing Professional Development (CPD) is a prime opportunity to develop tailored educational programs. This will empower RNLDs to deepen their unique skills and lead the way in their specialised field.

Enhancing Recognition and Combating Stigma - The current perception of limited recognition for the RNLD role offers a powerful opportunity to actively promote the

specialist skills and profound contributions of these nurses. This will elevate morale and attract dedicated individuals to the profession.

Strategic Workforce Planning - The call for improved workforce planning and data visibility is an invitation to implement robust systems that will strategically anticipate needs, optimise resource allocation, and effectively track the positive impact of interventions.

Strategic Initiatives for a Flourishing Future Addressing these challenges require a and collaborative approach, focusing on key areas that will foster a robust and highly valued RNLD workforce:

1. Reinstating Financial Support for Students - Restoring bursary funding for learning disability nursing students is a crucial step. This will ease financial barriers, making the profession more accessible and appealing to a diverse pool of talented candidates.
2. Creating Clear, Funded Career Pathways - Establishing clearly defined and funded career pathways, including dedicated ACP and Consultant RNLD roles, will provide essential opportunities for progression. This will incentivise RNLDs to thrive in the field and cultivate specialist expertise.
3. Innovating Apprenticeships and Outreach - Developing apprenticeship routes and increasing impactful outreach efforts in schools and vocational colleges can broaden the recruitment pool. This will introduce the profession to individuals earlier and create alternative entry points.
4. Strengthening Collaborative Partnerships - Fostering stronger collaboration between NHS Trusts, HEI's, and the Royal College of Nursing (RCN) is vital for building a robust workforce capacity. These partnerships can ensure curriculum excellence, facilitate enriching practical placements, and promote best practices across the board.

Elevating the Professional Image - promoting the professional image of RNLDs through compelling media campaigns and engaging digital initiatives can effectively combat stigma and raise public awareness of the invaluable role these nurses play in transforming lives.

Analysis of Respondents Perceptions RNLD Workforce Planning

Table Perceptions of RNLD Workforce Planning in the South East4

Workforce Planning Aspect	Scale (1=Poor; 5=Excellent)	Average Score (South East)	Interpretation
Workforce Data Quality and Availability	1 to 5	2.2 – 2.4	Below midpoint; data seen as inadequate or incomplete
Workforce Planning Adequacy	1 to 5	1.8 – 1.9	Very low; indicates poor or insufficient planning effort
Training & Development Sufficiency	1 to 5	2.4 – 2.6	Low to moderate; training opportunities perceived as limited or mismatched

Interpretation of RNLD's perception of Workforce Planning in the South East

The data highlights significant, systemic weaknesses in workforce planning for Registered Nurses in Learning Disabilities (RNLDs) in the South East. Low scores across key planning areas, supported by qualitative feedback, paint a picture of an under-supported and strategically overlooked workforce.

1. Workforce Data Quality and Availability: A Shaky Foundation

Average Score (South East): 2.2 – 2.4 (Scale: 1=Poor; 5=Excellent)

This average score, well below the midpoint, is a critical red flag. It shows that the fundamental data for effective workforce planning is seen as inadequate or incomplete. The fact that around 70% of respondents rated data quality as low to moderate (1, 2, or 3), citing a "lack of up-to-date vacancy data" and "fragmented systems," confirms this. Without reliable, current data on vacancies, staff demographics, and skills gaps, strategic planning is built on shaky ground. This prevents accurate forecasting and

proactive recruitment, leading to a reactive approach to staffing that likely fuels ongoing recruitment challenges.

2. Workforce Planning Adequacy: A Pervasive Strategic Blind Spot

Average Score (South East): 1.8 – 1.9 (Scale: 1=Poor; 5=Excellent)

This is the most concerning score, indicating a "very low" perception of planning adequacy. With around 80% of respondents rating planning below 3, there's a clear consensus that current workforce planning is weak, insufficient, or lacks a clear strategic approach. This indicates a systemic failure in strategic oversight for the RNLD workforce in South East. This lack of adequate planning means issues like under-recruitment, high workloads, and limited career progression are likely to continue. Organisations appear to be "firefighting" staffing crises rather than preventing them, stuck in a cycle of reactive measures that fail to address the root causes.

3. Training & Development Sufficiency: Mismatched Opportunities

Average Score (South East): 2.4 – 2.6 (Scale: 1=Poor; 5=Excellent)

While slightly higher, this score remains in the "low to moderate" range. Although about 50% rated training 3 or higher. This suggests that while some training might exist, it's often perceived as limited, generic, or not tailored to the specialist needs of RNLDs. The issue isn't a complete absence of training, but a lack of *relevant* and *accessible* development. The struggle to get "protected time for training" due to heavy workloads further limits access. This inadequacy in targeted development contributes to stagnation and impacts retention and job satisfaction.

Conclusions

The data highlights clear opportunities to strengthen the RNLD workforce in the South East, building on their dedication and the essential role they play in care. While there are areas for growth in data infrastructure, strategic planning, and specialist training, addressing these aspects represents a tangible path to enhancing the work environment and fostering even greater recruitment and retention. A focused investment in improving workforce data, developing comprehensive plans, and ensuring access to relevant professional development will empower RNLDs and elevate the quality of care for individuals with learning disabilities.

Increasing RNLD Numbers – Perceptions from South East RNLDs

This analysis synthesises the open-text and structured responses from Registered Nurses in Learning Disabilities (RNLDs) based in the South East, highlighting their perceived solutions and recommendations for boosting the recruitment and retention of RNLDs. The emerging themes reveal a strong consensus among these professionals on the systemic changes needed to make their profession more attractive and sustainable. The key themes identified by South East RNLDs are:-

Addressing the decline in RNLD numbers requires more than isolated regional efforts. There is a critical need for coherent and coordinated RNLD workforce requirements across all regions, ensuring that workforce planning is strategic, comprehensive, and responsive to local and national needs. This coordination must be underpinned by greater clarity regarding the terminology for learning disabilities, as the ongoing conflation with autism and learning difficulties continues to create confusion in workforce planning, public understanding, and professional identity. Any consideration of redefining the field must carefully examine the implications for the RNLD workforce, including potential impacts on recruitment, training pathways, and professional recognition. It is important to acknowledge that we are approaching a 30-year gap since the last substantive white paper for this vulnerable group—'Valuing People' was published in 2001, itself building on earlier policy foundations. The cultural, social, and healthcare landscape has transformed considerably in these decades, yet policy frameworks have not kept pace. This gap underscores the urgent need for a coordinated response from Government: a contemporary policy framework that clarifies terminology, recognises the distinct needs of people with learning disabilities, establishes clear workforce planning mechanisms, and provides strategic direction for the development and sustainability of the RNLD profession across all sectors.

1. **Restore and Expand Bursaries/Funding Support:** A prominent and consistently voiced theme from South East RNLDs is the crucial importance of financial support for students. They strongly believe that restoring and expanding bursaries or scholarships is vital to encourage individuals to pursue LD nursing careers. As one respondent from the region put it, "Bursaries made RNLD training viable; without them applications decline," with another emphasising, "More funded places and stipends for LD nurse trainees are essential."

2. **Develop Clear and Attractive Career Pathways:** RNLDs in the South East are clearly demanding the creation of structured, visible career ladders. They want to see clear progression from entry-level to advanced clinical roles, such as Advanced Clinical Practitioner (ACP) and Consultant, as this is seen as crucial for creating better incentives

to stay in the profession and retain talent. Their feedback included: "We need clear clinical career progression routes specifically for LD nurses," and "Career ceilings at Band 6 discourage retention; advanced roles should be more accessible."

3. Increase Awareness and Promotion of the RNLD Role: A significant number of respondents from the South East highlighted the need for greater promotion of the RNLD role as a rewarding and valued career. They suggested targeted campaigns via schools, universities, NHS platforms, and social media. Their comments included: "More publicity in schools and career fairs to attract future nurses," and "Marketing the unique skills and value of LD nursing is key to recruitment."

4. Improve Educational Opportunities & Pathways: South East RNLDs suggested expanding apprenticeships, local degree programmes, and flexible training routes (e. g., part-time, modular) to broaden access to the profession. They proposed ideas such as: "Introduce apprenticeship schemes for healthcare support workers to become RNLDs," and "Flexible university entry routes would widen recruitment."

5. Enhance Support and Mentoring for New Entrants: The importance of supportive preceptorships, mentorship, and buddy systems was frequently mentioned by RNLDs in the South East as vital for both attracting and keeping new professionals. They expressed that "Better induction and ongoing support help retain nurses new to LD," and "Mentoring schemes make LD nursing less daunting for beginners."

6. Address Working Conditions & Staffing Levels: Respondents from the South East noted that improving workload, staffing levels, and the overall working environment would contribute to both retention and attracting new candidates. This included calls to "Reduce caseload pressure and increase staffing to improve job appeal," and to "Offer more flexible working arrangements and supportive management."

7. Collaboration Between NHS, Social Care, HEIs, and RCN: RNLDs in the South East called for stronger partnerships across education and practice sectors (NHS Trusts, HEI's, and the Royal College of Nursing). They believe this collaboration is essential to align training, workforce planning, and recruitment campaigns, stating: "Stronger NHS-HEI collaboration to increase training places and placements," and "RCN-led national campaigns linking education and practice need funding."

8. Promote Diversity and Inclusion in Recruitment: Finally, South East RNLDs also emphasised the importance of recruitment efforts that broaden access for diverse candidates, including those from non-traditional backgrounds. This theme was captured by comments such as: "Widen recruitment beyond traditional nursing routes," and "Encourage mature students, second-career entrants, and underrepresented groups."

Unlocking Growth: Enhancing CPD Opportunities for RNLDs in the South East

This analysis outlines the valuable perceptions and experiences of Registered Nurses in Learning Disabilities (RNLDs) across the South East regarding their Continuing Professional Development (CPD) opportunities. The findings reveal clear pathways for growth and development, highlighting significant potential to create more relevant, accessible, and structured learning experiences within the region. The emerging themes from South East-based RNLDs offer opportunities to elevate their professional journeys.

1. Cultivating Tailored Learning Disability-Specific CPD

A predominant and consistent theme among RNLDs in the South East is a strong desire for more Learning Disability-specific CPD. While current offerings may lean towards mental health or generic content, this feedback presents a fantastic opportunity to develop bespoke learning experiences that resonate with their unique specialism. Respondents' enthusiasm for content directly addressing their practice, often expressed as a need for "Hard to find CPD directly relevant to LD practice" and "Everything is focused on mental health, not LD," signals a clear and strong call for more specialist courses and advanced skills development precisely tailored to their needs. This is an chance to build a rich, dedicated curriculum.

2. Expanding Equitable Access and Funding for Development

RNLDs in the South East highlight an opportunity to create more consistent and equitably funded access to CPD. While some colleagues receive robust support, there's a clear desire to ensure all RNLDs have the time and financial resources needed to pursue vital development. This opens the door to developing universal access, moving beyond a landscape where "No funded LD CPD—have to use leave or personal funds" or where "Access depends on where you work, not everyone gets the same opportunities." By securing dedicated funding and universal entitlements, we can empower every RNLD to thrive.

3. Protecting Time for Professional Growth

A significant and frequently cited area for improvement by RNLDs in the South East is the need for protected time for CPD. This presents a clear opportunity to integrate professional development more seamlessly into demanding clinical workloads. Addressing comments like "Impossible to get cover for study; always short-staffed" means finding innovative solutions to ensure that while "CPD is encouraged in theory," it

is also enabled in practice. This will foster a culture where continuous learning is a tangible and supported reality for all.

4. Forging Clear Leadership and Advanced Practice Pathways

South East RNLD's frequently express a strong desire for clearer, progression-focused CPD pathways. This is a powerful invitation to establish structured opportunities for Advanced Clinical Practitioner (ACP) or specialist clinical skills courses specifically designed for RNLD's within the region. Respondents articulated a clear need, stating: "No clear route to advanced roles—no ACP training designed for LD," and conveyed a strong interest in "leadership and service development opportunities." This highlights an inspiring opportunity to build robust career trajectories and empower RNLDs to become leaders and advanced practitioners within their specialism.

5. Embracing Collaborative and Practical Learning Opportunities

While formal courses are important, some RNLDs in the South East enthusiastically emphasise the significant value they place on interprofessional CPD activities, mentorship, and practical placements. This is a wonderful opportunity to develop holistic learning experiences that involve genuine partnership with other teams and sectors. Their comments, such as "Best CPD was joint sessions with AHPs, social care, or voluntary sector," and "Mentoring and shadowing are as valuable as formal courses," showcase a desire for, real-world learning that enriches their practice and fosters strong professional networks.

In summary, RNLDs in the South East are clearly indicating pathways to significant positive change. They identify opportunities to invest in RNLD-focused content, secure funded and equitable access to CPD, build robust clinical-academic pathways, and foster more interprofessional, experiential learning. Addressing these areas will not only support the retention and ongoing development of the RNLD workforce across the region but also empower these vital professionals to reach their full potential, ultimately enhancing the quality of care for individuals with learning disabilities.

Key Recommendations for the Royal College of Nursing

RNLDs have put forward clear recommendations for the Royal College of Nursing (RCN), urging the organisation to take a proactive role in addressing critical issues impacting the learning disability nursing workforce. These suggestions cover advocacy, professional development, data, and partnerships, aiming to secure the future of the specialty.

1. Advocate for RNLD Workforce Support and Growth Respondents strongly urge the RCN to actively campaign for financial support mechanisms, such as bursaries

and dedicated funding, to help increase RNLD recruitment and secure the specialty's future. As one respondent clearly stated, "RCN must campaign urgently to restore bursaries for LD nursing students." Another highlighted the consequence of inaction: "Without financial support, recruitment into LD nursing will continue to decline."

2. **Develop Clear Career Pathways and Professional Recognition:** There's a strong call for the RCN to lead in creating and promoting defined career frameworks specifically for RNLDs, including visible routes to advanced roles like advanced practitioners and consultants. The goal is to encourage greater retention and provide clear opportunities for career progression. One respondent articulated this need directly: "There needs to be clear funded routes beyond Band 6 to advanced clinical roles within LD nursing." Another added, "RCN should promote the recognition of RNLD roles to encourage progression and reduce turnover."
3. **Provide Specialist CPD and Education Resources:** Respondents want the RCN to take the lead in developing and providing learning disability-specific continuing professional development (CPD). This includes tailoring leadership and mentorship programmes to the unique needs of RNLDs, ensuring they have access to relevant and high-quality training. A common sentiment was, "Most CPD I see is geared towards mental health; we need more LD-specific training funded and accessible." Additionally, it was suggested that "RCN-led mentorship and leadership programs for RNLDs would really help develop the workforce."
4. **Improve Workforce Data and Planning:** Recommendations include the RCN supporting better data collection and comprehensive workforce planning. The aim is to ensure informed decision-making about RNLD staffing needs at both regional and national levels, addressing current gaps in understanding the workforce. As one respondent noted, "Better workforce data would allow us to show where RNLD posts are urgently needed." Another emphasised that "RCN should support gathering and sharing accurate RNLD staffing information to aid planning."
5. **Raise Awareness and Professional Profile of RNLDs:** Respondents want the RCN to drive campaigns and initiatives that raise the visibility and understanding of the RNLD role among the public, other healthcare professionals, and policy makers. One respondent succinctly put it: "There's a lack of understanding about what RNLDs do; RCN campaigns could change public and professional perceptions." Another added, "Promoting the role more widely would improve recruitment and how we are valued across the health service."
6. **Foster Partnerships Between Stakeholders:** The RCN is encouraged to strengthen collaboration with key stakeholders, including education providers, NHS

employers, and other professional bodies. This partnership approach aims to align education, recruitment, and broader workforce development strategies. A respondent highlighted this need: “Stronger collaboration between the RCN, universities, and NHS trusts is essential to create more training places.” Another stressed that “Joint working across sectors can help align education and workforce needs more effectively.”

7. Advocate for Improved Working Conditions: There are clear calls for the RCN to lobby for better staffing levels, effective workload management, fair pay, flexible working options, and robust support for RNLD well-being. These measures are seen as crucial to reducing burnout and enhancing retention within the profession. One respondent urged, “RCN needs to push for better staffing levels and manageable workloads to stop RNLD burnout.” Another added that “Improved pay, flexible working, and protected study time would make LD nursing a more attractive career option.”

Conclusion: The Future of Learning Disability Nursing in the South East

The insights gathered from the RCN survey of Registered Nurses in Learning Disabilities (RNLDs) in the South East, aligned with national trends, reveal a profession with potential, navigating significant, interconnected workforce challenges. While RNLDs consistently demonstrate a strong sense of purpose, the data highlights a pervasive feeling of an under-supported and strategically overlooked workforce, impacting their ability to address the complex needs of individuals with learning disabilities.

The RNLD workforce picture in the South East, and indeed nationally, is a concern. Numbers in both NHS and social care settings are dwindling. This is compounded by the critical fact that there is currently no HEI situated in the South East providing RNLD education directly within the region, creating a substantial barrier to developing new talent locally.

The data consistently underscores critical areas that present both challenges and crucial opportunities for focused intervention:

- **Persistent Recruitment Difficulties:** A notable challenge is the ongoing struggle to attract sufficient talent, with 70% of South East RNLD vacancies reported as hard to fill. This is compounded by a general lack of public awareness about the profession and limited, clear pathways for entry.
- **Limited Career Progression:** RNLDs frequently encounter a career ceiling at Band 6, with a scarcity of advanced clinical roles. This absence of clear progression

routes can stifle ambition and lead experienced nurses to consider leaving the field.

- Inadequate, Generic Continuing Professional Development (CPD): RNLDs struggle to access specialist, learning disability-specific training, hindering their skill development and professional progression. This critical gap is exacerbated by a pervasive lack of protected time and inequitable funding for CPD opportunities.
- Under-Recognition and Undervaluation: The RNLD role often suffers from poor recognition and undervaluation within the wider healthcare system, impacting morale and professional identity.
- Weaknesses in Workforce Planning and Data Visibility: Underlying these challenges are limitations in workforce planning and a lack of clear data, making it difficult to effectively strategise for recruitment and retention efforts.
- Challenging Working Conditions: Understaffing, high workloads, and insufficient pay contribute to burnout and a desire among RNLDs to leave the profession, impacting both nurse well-being and the quality of care.

Despite their clear understanding of the profound purpose of their role, the systemic barriers outlined above directly threaten the sustainability and growth of this vital specialism. Reversing these trends and developing of the RNLD workforce requires immediate, coordinated, and significant investment across multiple levels.

Strategic Recommendations: Building a Robust and Valued RNLD Workforce

Based on the comprehensive analysis of RNLD perceptions and experiences, the following strategic recommendations are proposed to address the identified challenges and foster a robust, sustainable, and highly valued RNLD workforce:

1. Enhance Recruitment and Entry Pathways

Restore and expand bursary funding for learning disability nursing students. This will remove financial barriers, making the profession more accessible and appealing to a broader range of talented individuals.

Introduce funded apprenticeship routes for healthcare support workers and others. This will create new access pathways, diversifying the talent pool entering RNLD roles.

Launch targeted outreach and promotional campaigns in schools, colleges, and career fairs, led by the RCN. These initiatives will effectively raise awareness and enhance the professional profile of RNLDs.

Actively explore and support the establishment of an RNLD education provider within the South East region. This is crucial for building a sustainable local pipeline of new RNLDs.

2. Develop Clear and Attractive Career Progression

Establish defined, funded career progression routes for RNLDs, extending beyond Band 6. This includes dedicated opportunities for Advanced Clinical Practitioner (ACP), Nurse Consultant, and Clinical Academic roles.

Prioritise the development and provision of specialist, LD-specific CPD that actively supports advanced practice and leadership. It's crucial to ensure this training is adequately funded and readily accessible to all.

Advocate for protected time for RNLDs to engage in essential CPD and professional development activities. Recognising the demands of their clinical workloads will ensure development is not just encouraged, but enabled.

3. Strengthen Workforce Planning and Data Utilisation

Invest in robust data collection systems and transparent workforce planning specifically for RNLD posts. This will ensure accurate, up-to-date, and regionally aligned information to empower strategic decision-making.

Engage strategic leads to implement data-driven recruitment and retention plans that address identified shortages and needs, creating a responsive and resilient workforce.

Undertake an RCN project to better understand and respond to the specific needs of the non-NHS RNLD workforce. This will ensure a comprehensive approach to supporting all RNLDs, regardless of their employment sector.

4. Elevate Professional Recognition and Collaboration

The RCN should lead comprehensive campaigns to raise the visibility and understanding of the RNLD role among the public, other healthcare professionals, and policymakers. This will effectively challenge misconceptions and promote the invaluable contribution of this specialism.

Foster stronger, more aligned partnerships between NHS Trusts, HEI's, and the RCN. This collaboration is key to ensuring coherent education, recruitment, and workforce development strategies that work in harmony.

Promote diversity and inclusion in recruitment efforts. This will attract candidates from an even wider range of backgrounds, enriching the profession.

5. Improve Working Conditions and Staff Well-being

Advocate for better staffing levels and manageable workloads to reduce stress, prevent burnout, and enhance job satisfaction for RNLDs.

Lobby for competitive pay, flexible working arrangements, and comprehensive well-being support. These crucial steps will make LD nursing an even more attractive and sustainable career choice for current and future professionals.

Implementing these strategic recommendations will be vital in ensuring a sustainable, highly skilled, and valued RNLD workforce, capable of meeting the complex and evolving needs of individuals with learning disabilities across the South East and beyond, ensuring better outcomes.

Emerging Opportunities and Regional Pilot Initiatives

Redefining the Field

There is an emerging discussion within the RNLD community about the potential to broaden and redefine the field. This is driven by the growing need for personalised care and support for neurodivergent people and those with neurodisabilities, alongside the transferable skills and experience of RNLDs. However, this discussion must be situated within a broader question relating to the wider understanding of 'learning disabilities' itself. There is ongoing confusion in national discussions between learning disabilities and autism, with the two conditions often conflated despite their distinct characteristics and support needs. Furthermore, wider society frequently conflates 'learning disabilities' with 'learning difficulties' (such as dyslexia), creating misunderstanding about the population RNLDs serve and the specialist skills required. This conflation poses risks to workforce planning, public awareness, appropriate resource allocation, and the distinct professional identity of RNLDs. The cultural and policy landscape has changed considerably since the publication of 'Valuing People' in 2001. There is a question as to whether an updated social policy or white paper is now required to acknowledge these shifts in understanding, address the terminology confusion, clarify the distinct needs of people with learning disabilities, and provide a contemporary framework for services and workforce development in this field. A possible rebranding of the field may help address the long-term decline in the RNLD workforce, though consultation with all stakeholders will be essential to understand the potential market and implications. With workforce renewal currently absent, the South East may present an opportune starting point for these discussions, while recognising that this represents a long-term strategy for an urgent and immediate challenge.

County-Level Pilot Initiative

The South East should identify a county as a pilot site to map where the RNLDs in their county are working, where the vacancies for RNLDs are, and where the opportunities for RNLD employment and career pathways exist. This mapping exercise would provide crucial baseline data for targeted workforce planning and development initiatives.

Regional Education Hub

A HEI should be identified for the region to be the provider of all learning disability nursing studies for the region. The HEI will be required to deliver the majority of the taught content online. Each county will need to work with this HEI to identify practice placements for students in their county and ensure that sign-off mentors are established.

International Learning Research

Commission a research project to examine how other countries that have experienced the loss or reduction of the RNLD skill set have adapted their services. This study would identify effective strategies for sustaining high-quality care for people with learning disabilities, including alternative workforce models, specialist education pathways, and training approaches.

Immediate benefits for the South East include evidence to guide urgent workforce planning, inform new education and training opportunities, and support the development of a more resilient care model in the absence of local RNLD training. Wider learning for the UK includes a robust, evidence-based framework for national workforce planning, helping to safeguard specialist skills, reduce health inequalities, and future-proof services for neurodivergent populations across all regions.