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of Nursing



**NURSING  
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# Safety, Equity and Expertise: A UK review of learning disability nursing

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# Acknowledgements

## RCN Internal Delivery Group

Jonathan Beebee, RCN Professional Lead for Learning Disabilities and Neuroscience (Co-lead)

Ibrahim Busharat, RCN Administrator

Rian Gleave, RCN South East Region, Lead Nurse for Independent Health and Social Care

Dr Stephen Jones, RCN Head of Nursing Practice (Senior Sponsor)

Vitina Marsala, RCN Project Manager

Claire Nelson, RCN Senior Strategic Communications Officer

Vicky Sandy-Davis, RCN West Midlands Region, Lead Nurse for Independent Health and Social Care

Professor Ben Thomas, RCN Wales, Mental Health and Learning Disability Advisor (Co-lead)

## External Oversight Group

Kerry Anderson, NHS Grampian, Nurse Consultant and co-chair of Scottish Lead Learning Disability Nurse Network

Mark Bradley, Oxleas NHS Foundation Trust, Head of Nursing for Adult Learning Disability Services

Mary Codling, Berkshire Healthcare NHS Foundation Trust, Primary Healthcare Lead Nurse for Learning Disabilities and member of RCN Professional Nursing Committee

Dr Julie Dixon, Nursing and Midwifery Council, Nursing Education Advisor

Lucy Gillespie, Skills for Care, National Professional Lead

Ellie Gordon, NHS England, Senior Nurse for Learning Disability and Mental Health

James Hallwood, Council of Deans, Director of Policy and External Affairs

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David Harling, NHS England, National Deputy Director for Learning Disability Nursing

Neil James, Swansea Bay University Health Board, Consultant Nurse in Learning Disabilities

Jessica Lister, North Staffordshire Combined Healthcare NHS Trust, Consultant Nurse in Learning Disabilities, Chair of UK Learning Disability Nurse Consultant Network

Karina Marshall-Tate, South London and Maudsley NHS Foundation Trust, Consultant Nurse Learning Disability

Paul McAleer, Northern Ireland Department of Health, Nursing Officer for Learning Disabilities

Isla McGlade, Scottish Government, Learning Disability Nursing Advisor

Dr Sarah McGloin, RCN Foundation, Head of Grants and Impact

Ray McMorrow, Child Safeguarding and Mental Health Nurse Consultant and member of RCN Professional Nursing Committee

Claire Sutton, RCN Head of Independent Health and Social Care

Jo Welch, University of Winchester, Chair of Learning and Intellectual Disability Nursing Academics Network

Dr Ruth Wyn Williams, Bangor University, Lecturer in Health Sciences (Learning Disability)

## **RCN Learning Disability Nursing Forum Steering Committee**

Sarah Jackson, Lancashire and South Cumbria NHS Foundation Trust, Consultant Nurse and Associate Director of Nursing – Chair

Amy Hodkin, Sheffield Children's NHS Foundation Trust, Community Mental Health Practitioner – Vice Chair

Giselle Cope, Foundation of Nursing Studies, Person Centred Practice Facilitator

Michelle Curran, Belfast Health Trust, Learning Disability Nurse Consultant

Scott Taylor – NHS Lothian, Nurse Consultant and co-chair of Scottish Lead Learning Disability Nurse Network

Claire Welch, Community Learning Disability Nurse

Katy Welsh, Devon Partnership Trust, Professional Lead Nurse

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# Forewords

## **Professor Lynn Woolsey RCN UK Chief Nursing Officer**

Learning disability nursing has long been central to the Royal College of Nursing's commitment to safety, equity and human rights. Yet too often, the expertise of learning disability nurses has been poorly understood, inconsistently recognised, and insufficiently protected within health and care systems. This UK wide review has been commissioned to address that gap.

Safety, Equity and Expertise brings together evidence, workforce data, and the voices of learning disability nurses, students and people with lived experience from across the UK. Its findings are clear. Learning disability nursing is a safety critical field of practice, and the risks created by workforce erosion, invisibility and substitution are real, foreseeable and avoidable.

As a professional body, the RCN has a responsibility not only to describe these risks, but to use evidence to sharpen our collective understanding and enable more effective action. This review is therefore not an end in itself. It is intended to provide a shared foundation from which policy, professional leadership and member advocacy can move forward with greater clarity and confidence.

The relevance of the findings will vary across the four UK nations, reflecting different systems, structures and pressures. That variation is recognised and respected. What unites us, however, is a shared professional responsibility to ensure that learning disability nursing is visible, valued and sustainably supported wherever people with learning disabilities receive care.

This review represents an important moment for the profession. It is now for the RCN, working with our members, our devolved structures and our policy colleagues, to ensure its insights are used to strengthen learning disability nursing for the future.

## **Patricia Marquis Executive Director of RCN England**

Learning disability nurses in England work across increasingly complex and pressured environments, often at the interface of acute care, community services, mental health, social care and specialist provision. Their contribution to safety, access and dignity is profound, yet their roles are frequently misunderstood or rendered invisible within wider workforce and service planning.

This review provides a clear, evidence based account of the contribution and vulnerabilities of learning disability nursing, drawing directly on the experiences of members across England and the wider UK. It challenges us, as the RCN, to be more explicit about what safe learning disability nursing requires and about the risks that arise when this expertise is diluted or substituted.

For RCN regions across England, the value of this review lies in its ability to strengthen our advocacy on behalf of members. It gives us a firmer platform from which to question workforce assumptions, to challenge commissioning and deployment decisions, and to

support learning disability nurses to articulate the safety critical nature of their practice.

The next phase of work will require careful translation of this evidence into England specific policy positions and system engagement. This review does not prescribe those solutions, but it makes clear why they are needed. In doing so, it reinforces the RCN's role as a professional voice that is both evidence led and grounded in the realities of members' practice.

**Professor Rita Devlin**  
**Executive Director of RCN Northern Ireland**

In Northern Ireland, learning disability nurses play a vital role within an integrated Health and Social Care system that faces particular pressures of scale, workforce sustainability and service redesign. Their expertise is central to ensuring equitable access, lawful practice and person centred care for people with learning disabilities.

This UK wide review reflects many of the issues raised consistently by RCN members in Northern Ireland: concerns about workforce fragility, education sustainability, role clarity and professional visibility. Importantly, it situates those concerns within a wider UK context, while recognising the distinctiveness of Northern Ireland's system and policy environment.

For RCN Northern Ireland, this review provides an authoritative evidence base to support our ongoing engagement with members, employers and policymakers. It strengthens our ability to advocate for learning disability nursing as a safety critical profession and to challenge assumptions that place undue risk on individuals, families and services.

The task now is to ensure that this evidence is used thoughtfully and constructively within Northern Ireland's specific context. That work will be led locally, informed by the review's findings, and grounded in the voices and experiences of our members.

**Colin Poolman**  
**Executive Director of RCN Scotland**

Scotland has a strong history of recognising the distinct contribution of learning disability nursing through national frameworks and professional development programmes. However, learning disability nurses continue to tell us that visibility, role clarity and workforce sustainability remain pressing concerns.

This review offers an opportunity to reflect critically on those issues through a UK wide lens. It brings together evidence and lived experience that resonate strongly with what RCN Scotland hears from members across community, inpatient and learning disability-specific services.

The strength of this report lies in its clarity. It does not assume that one system's solution can simply be replicated elsewhere. Instead, it provides a shared professional narrative about risk, value and safety that can inform Scotland's ongoing work to support learning disability nursing within integrated health and social care.

For RCN Scotland, this review will support our continued engagement with members and stakeholders, helping to ensure that learning disability nursing remains visible, valued and protected as systems evolve.

**Nicola Williams**  
**Executive Director of RCN Wales**

Learning disability nursing in Wales is rooted in a strong commitment to inclusion, partnership and rights based care. Yet, as this review makes clear, the sustainability of the workforce and the visibility of its contribution cannot be taken for granted.

This UK wide review reflects many of the challenges raised by RCN members in Wales, including pressures on education provision, placement capacity and early career support. It also reinforces the importance of maintaining learning disability nursing expertise within increasingly integrated and community focused services.

For RCN Wales, the review provides an important evidence base to support ongoing professional and policy conversations. It enables us to be more precise in how we describe the contribution of learning disability nurses and more confident in challenging decisions that may undermine safety or equity.

Crucially, this review is a tool for learning and refinement. Its findings will help inform the next phase of RCN Wales' work with members, educators and system partners, ensuring that learning disability nursing continues to be recognised as an essential part of safe and equitable care.

# Executive Summary

## Why this matters now

People with learning disabilities continue to experience profound health inequalities, including avoidable morbidity and premature mortality. Learning disability nursing plays a critical role in addressing these inequalities by ensuring reasonable adjustments, safe care and lawful decision-making across health and social care systems. This matters particularly as all UK governments continue to prioritise care and support in community settings, where learning disability nursing expertise plays a critical role in enabling safe integration, continuity of care, prevention of harm and equitable access across increasingly complex systems.

This UK-wide review brings together workforce and education data, published evidence, and extensive engagement with learning disability nurses, students, people with lived experience, their families and carers across the four nations. It highlights sustained workforce decline, fragility in education provision, and persistent issues of visibility, role clarity and deployment. The review sets out a series of high-level recommendations to protect learning disability nursing as a safety-critical profession (RCN, 2025) and to address foreseeable system risks if current trends continue.

This review establishes a shared, UK-wide evidence base to inform professional leadership and policy decision-making; the detailed development of jurisdiction-specific policy recommendations will be taken forward in subsequent, RCN policy-led work following publication.

## Purpose of the review

The Royal College of Nursing undertook this UK-wide review to assess the current state of learning disability nursing, understand the risks facing the profession, and identify what needs to change to protect and strengthen its contribution. Its purpose is to provide a robust, shared evidence base to inform professional leadership, policy influence and co-ordinated system action.

## Scope, evidence and jurisdictional notes

This is a UK-wide review covering learning disability nursing across England, Scotland, Wales and Northern Ireland. It draws on UK-wide and nation-level evidence, alongside engagement across all four nations. Where specific datasets or programmes are jurisdictionally limited (for example England-only sources such as Learning Disabilities Mortality Review (LeDeR), NHS Digital outputs, or NHS England workforce datasets), this is stated explicitly, and the evidence is used as illustrative of risks and themes that are also reflected in wider UK and international literature and UK-wide engagement. Workforce visibility outside statutory health services remains limited across the UK, particularly in social care and the independent sector; this is addressed in the limitations and is a core finding of the review.

Terminology note: references to “the NHS” are used as a shorthand for statutory health services; in Northern Ireland, NHS services are delivered through Health and Social Care (HSC).

## Headline findings

1. Learning disability nursing is a safety-critical profession, not an optional service. Learning disability nurses work in close partnership with people with learning disabilities, their families and carers over time, providing a consistent, trusted presence that supports individuals to navigate complex health systems, access reasonable adjustments, and live healthier, more independent and fulfilled lives. This relationship-based expertise is central to preventing diagnostic overshadowing, enabling lawful decision making, reducing avoidable harm and supporting safe, inclusive care across all settings. Despite its importance to system safety and quality, this contribution is not consistently recognised or protected within policy, commissioning or workforce frameworks.
2. The learning disability nursing workforce is declining, while demand for its expertise is rising. Workforce data show sustained reductions in learning disability nurse numbers, particularly in England, alongside increasing reliance on learning disability nursing expertise across multiple settings. Significant gaps in workforce intelligence mean much of learning disability nursing practice remains invisible to planners and commissioners.
3. The education pipeline into learning disability nursing is fragile and uneven. Pre-registration education is vulnerable to funding and commissioning pressures, with declining applicant numbers, withdrawal of provision in some areas, constrained placement capacity and inconsistent early career support. The continued decline in workforce supply will directly widen health inequalities for people with learning disabilities and reduce their access to safe, effective care.
4. Early career transition is a critical risk point for retention and safety. Newly qualified learning disability nurses frequently face limited availability of learning disability specific roles on graduation, leading many to enter non learning disability nursing posts or highly autonomous roles with substantial responsibility, sometimes as the sole learning disability nurse within wider services. Where field specific preceptorship, supervision and early career support are lacking, nurses report isolation, moral distress, erosion of professional confidence and increased intention to leave learning disability nursing practice.
5. Poor visibility and misunderstanding of learning disability nurse capability undermine recruitment, progression and commissioning. Learning disability nursing has a strong professional identity internally but remains poorly understood externally. Misconceptions about the role and scope of learning disability nursing practice affect career pathways, role design, commissioning decisions and public understanding.

## Priority changes needed

1. Learning disability nursing must be explicitly recognised and protected as a safety-critical profession. Policy, commissioning and workforce frameworks should consistently position learning disability nursing expertise as essential to patient safety, lawful practice and health equity, while supporting all nurses to develop the capability to care safely for people with learning disabilities across community based services.
2. Workforce planning must be field-specific, evidence-led and aligned to real-world learning disability nursing practice. Workforce intelligence must accurately capture where learning disability nurses work and how their expertise is deployed across sectors, enabling sustainable supply and reducing reliance on substitution.
3. The education pipeline must be stabilised and safeguarded. Learning disability nursing education should be treated as a matter of workforce security and public protection, with sustainable funding models, protected placement capacity and clearer routes into the profession.
4. Early career support and progression pathways must be strengthened. Consistent, field-specific preceptorship, supervision and career pathways are essential to retaining expertise, reducing burnout and building future leadership capacity within learning disability nursing.
5. The value and impact of learning disability nursing must be made visible and measurable. Systems must improve how they evidence, measure and communicate the preventative and safety-critical impact of learning disability nursing practice, ensuring learning disability nursing is understood, valued and commissioned appropriately.

This review shows that the challenge facing learning disability nursing is not one of relevance or impact, but of recognition, visibility and protection. The consequences of inaction are clear: increased risk, widening inequalities and avoidable harm for people with learning disabilities. With co-ordinated leadership and decisive action, learning disability nursing can be sustained and strengthened as a cornerstone of safe, equitable care across the UK for people with learning disabilities.

# Introduction

In this report, “learning disability nursing expertise” refers to the field-specific knowledge, skills and professional judgement required to meet the health needs of people with learning disabilities and to remove barriers to equitable access to care.”

People with learning disabilities experience some of the most severe and persistent health inequalities in the UK, including premature mortality, poorer access to care and avoidable hospital admissions. These outcomes are not inevitable; they are closely linked to failures in understanding, communication, reasonable adjustments and system design, alongside the complexity of need and co occurring health conditions, and to the absence or under use of learning disability nursing expertise. Learning disability nursing exists to address these risks as a distinct field of practice, enabling people with learning disabilities to access safe, lawful, effective and equitable care across the lifespan. Learning disability nurses are uniquely prepared to work with complexity at the intersection of physical and mental health, communication, behaviour, safeguarding, family systems and law, with practice grounded in human rights, personhood and partnership and underpinned by field specific knowledge of neurodevelopment, behaviour science, syndromic health risk, and legal and ethical frameworks.

Learning disability nurses practise across a wide range of settings, including community learning disability services, acute hospitals, mental health and forensic services, children’s services, primary care, social care, hospices, education settings and the criminal justice system. Increasingly, they also work in roles that sit at interfaces with autism, neurodevelopmental pathways, epilepsy services, acquired brain injury, dementia care and community mental health. Across these contexts, their contribution is not defined by setting, but by population need and complexity.

The distinctive contribution of learning disability nurses lies in their ability to recognise and mitigate risk where standard systems and approaches fall short. This includes preventing diagnostic overshadowing, enabling reasonable adjustments, supporting lawful decision-making under mental capacity and mental health legislation, interpreting behaviour as communication, and co-ordinating care across fragmented systems. Evidence from mortality reviews and inquiries (including jurisdictionally specific programmes, such as England’s Learning Disabilities Mortality Review (LeDeR) programme), alongside professional and research literature, consistently demonstrates that the presence of learning disability nursing expertise is associated with safer care, improved access and better outcomes (King’s College London, 2026)

Conversely, the absence of learning disability nurse input is repeatedly linked to avoidable harm, distress, unlawful practice and system failure. Learning disability nursing should therefore be understood not as an optional or supplementary function, but as a safety-critical component of health and care systems.

Learning disability nurses operate within four distinct health, education and workforce systems across the devolved countries of the UK. While this review identifies shared challenges relating to workforce sustainability, education provision, professional visibility and role clarity, it recognises that these pressures manifest differently across England, Scotland, Wales and Northern Ireland due to devolved policy, funding and commissioning arrangements. In response, the Royal College of Nursing (RCN) undertook a UK wide

review of learning disability nursing to assess the current state of the profession, examine risks to its sustainability, and identify where change is needed to strengthen its contribution to safe and equitable care. The review is intended to inform professional leadership, policy influence and strategic discussion across all four UK nations.

The analysis reflects both common themes and important national variation, acknowledging areas of relative stability alongside emerging risks. This UK-wide perspective is essential to ensuring that conclusions and recommendations are credible, proportionate and applicable across all four nations. While the structures, policy contexts and workforce arrangements differ across the UK, the review identifies a consistent set of challenges relating to workforce sustainability, education provision, visibility and role clarity, with implications that are shaped by each nation's context.

Due to longstanding workforce shortages, learning disability nursing roles are sometimes undertaken by registered nurses from other fields. Many make a valuable contribution; however, safe practice requires appropriate supervision and structured, field specific preparation to support learning disability nursing competence. The depth and specificity of learning disability nurse preparation is particularly critical where needs are multifaceted, communication is limited, or legal, behavioural and safeguarding issues intersect. For this reason, learning disability nursing roles, especially those involving complex assessment, are safest when undertaken with access to Registered Nurses in Learning Disability ([EJ6.1][JB6.2]RNLD) leadership, supervision or direct involvement, particularly where complexity, communication, legal and safeguarding issues intersect.

# Section 1: Learning disability nurses and their contribution

## Overview

People with learning disabilities continue to experience some of the widest health inequalities in the UK, often linked to failures in health and care systems to understand the needs of people with learning disabilities, inadequate adjustments, and inconsistent access to learning disability nursing expertise. Learning disability nurses play a critical role in addressing these disparities by providing expert, rights-based and person-centred care tailored to individual communication, cognitive and health needs. However, declining workforce numbers and widespread misconceptions about the role continue to place people at risk. And, according to leading charity Mencap, the number of people with a learning disability across the UK, and particularly in England, is not insignificant (Mencap, 2026). Case studies show both the transformative impact of field-specific learning disability nursing and the serious consequences when it is absent.

This chapter defines learning disability nursing, clarifies the contribution of learning disability nurses within this field, and outlines the core domains of practice that underpin learning disability nursing.

## A working definition of learning disability nursing

Underpinned by the content of this review, this report presents a comprehensive definition of learning disability nursing and the practices that underpin it:

“Learning disability nursing is the provision of expert nursing care, support and interventions for people with learning disabilities where their learning disability is a contributory factor to their health needs or acts as a barrier to equitable access to health and care services.

Practice is informed by an understanding of the biopsychosocial impact of learning disability across the lifespan, including its effects on development, health, communication and wellbeing, and of how societal attitudes, systems and environments can enable or disable people with learning disabilities.

Learning disability nurses are skilled in building meaningful relationships and communicating effectively with individuals who may have difficulty expressing themselves in conventional ways. This includes understanding behavioural communication, sensory processing differences and the scientific principles that underpin learning and behaviour.

Through holistic, multi-systemic assessment and personalised intervention, learning disability nurses recognise people’s strengths as well as their needs, working in genuine partnership with individuals, families and teams to deliver care that is rights-based, safe and effective.

Learning disability nurses also hold detailed knowledge of the legal frameworks governing care and treatment, including mental capacity, mental health and

safeguarding legislation, ensuring that practice is lawful, ethical and protective of people’s rights while preventing harm.”

## The importance of field-specific registration for learning disability nursing

Registered Nurses in Learning Disability (RNLDs) are the only nursing registrants in the UK whose pre-registration education is specifically designed to meet the health needs of people with learning disabilities. This preparation equips them to work across the full range of nursing roles while bringing field-specific expertise in complexity, communication, inclusion and health equity.

Trained to the same professional standards as all nurses (NMC, 2018), Registered Nurses in Learning Disabilities practise across a wide range of settings. These include community learning disability teams, intensive support teams, children’s learning disability services, acute hospitals, learning disability and mental health inpatient units, community services, respite and social care, hospices, schools, primary care, the criminal justice system, and autism and wider neurodivergence services. Their expertise is increasingly recognised in broader clinical contexts such as epilepsy services, acquired brain injury, neurology, neurorehabilitation and community mental health services.

### Lived-Experience Case Studies

*Statement from Giovanni Ulleri on the consequences of learning disability nursing not being available*

My brother, Giuseppe “Joe” Ulleri, had Down syndrome and lived a full and happy life, supported by a dedicated care team and devoted family. Following a fall at his L’Arche care home, Joe was taken to the Accident and Emergency department at Manchester Royal Infirmary part of the Manchester University NHS Hospital Trust. On that first A&E attendance, he was not properly examined and was deemed fit to return to his care home.

The following day, Joe was clearly still in significant pain. A GP visited him and said that he must be returned to A&E. Only through the persistence and insistence of his care staff were doctors pressed to carry out a thorough assessment on this second admission. When proper investigations were finally undertaken, the extent of Joe’s injuries was revealed. They were later described by clinicians as comparable to injuries sustained in a serious car crash. He had a fractured neck and wrist, and a severe fracture to his orbital pelvis that required surgery. These injuries were serious but were not considered life threatening.

At no point during this process did Joe see a learning disability nurse who could have advocated on his behalf, supported communication, or ensured reasonable adjustments were made. At that time the hospital trust had only two specialist learning disability and autism nurses covering the entire trust, and neither visited Joe at any stage of his hospital care.

During his hospital stay, Joe was denied adequate pain relief and was without proper nutrition for nineteen days. He lost a considerable amount of weight while

an inpatient. He was moved repeatedly between wards, which caused distress and confusion. Despite a best interest meeting in which we as his family rejected the reuse of a nasogastric tube, Joe was without warning late at night physically restrained and pinned down by nursing staff so that a tube could be forcibly inserted through his nose. This brutal intervention shocked his carer and took place directly against the expressed wishes of the family and without the involvement of a learning disability specialist.

Joe's own social worker raised concerns about Joe's "care" directly with the hospital safeguarding team, stating that they believed he was being discriminated against because of his learning disability. These concerns reflected what was evident throughout his care. His communication needs were not properly understood, his pain was not believed or acted upon promptly, and his dignity and rights were repeatedly compromised.

Following Joe's death, our family was forced to fight for an inquest in order to establish how and why he died from injuries that were not life threatening. There is no legal aid available to support us in this legal process to get justice for my brother. As a family already dealing with profound grief, we were required to navigate a complex and adversarial system simply to obtain answers and accountability. This experience highlighted another layer of structural disadvantage faced by families of people with learning disabilities when care fails.

This case demonstrates the real world consequences of failing to embed specialist learning disability nursing into acute and emergency health care. Learning disability nurses play a vital role in preventing diagnostic overshadowing, ensuring reasonable adjustments, supporting best interests decision-making, and advocating for patients who may struggle to make themselves understood in high pressure clinical environments. Their absence places people with Down syndrome and other people with learning disabilities at heightened risk of harm.

Joe's experience was totally avoidable. It was the result of systemic failures, lack of specialist support, and insufficient understanding of learning disability and autism within mainstream health care. The guidance must address these gaps directly if it is to achieve its purpose and improve outcomes for people with Down syndrome and their families.

*Case Study: the benefit of learning disability nursing support – Ramandep Kaur (parent)*

Harry, who has Down's syndrome, has always had issues with having too many teeth in his mouth and it was eventually decided that at the age of 15, he would need to have quite a few removed. As his dentist was aware that he would not cope with local anaesthesia, it was agreed that the extractions would take place at the Children's hospital. We were also aware that during previous operations, he did not cope and was very distressed before and after surgery so we sought the assistance of the learning disability team at the hospital. I was put in touch with the learning disability nurse and from the moment she came on board, Harry and I felt hugely reassured. She met us firstly via zoom and sent us a social story to help Harry understand what

was going to happen in the hospital. She asked about how best to communicate with him and what his previous experience of having surgery had been like. She took the time to build up a picture of Harry and what kind of support he would need.

When he attended the pre-op appointment, she had arranged for him to see the room he would be staying in and asked us what would help him while he was there, and this was everything from the food and drink he liked, to sensory equipment and music. On the day of the surgery, she met us in the reception area and took us to the room where there was a bubble tube in the corner, an iPad with music for him to listen to and another copy of the social story. She remained with Harry until he was anaesthetised, and she was there when he woke up. She stayed with him until he was ready to go home and she supported him when the other nurses came to do checks on his mouth and other observations. At no point did Harry feel anxious as he was prepared for what was going to happen and he felt completely supported by someone who had taken time to get to know him. Without her, I'm not sure that the surgery would have gone ahead as previously it had taken three nurses to hold him safely in order to get him anaesthetised. Learning disability nurses play an essential role in the health care of people with a learning disability and this cannot be overlooked in the guidance.

## Summary

The definition set out in this section reflects the RCN's longstanding position that learning disability nursing is a distinct and essential field of nursing practice. It recognises that learning disability nurses deliver care that is both clinically expert and relationally skilled, grounded in human rights, personhood, partnership and health equity.

Learning disability nursing is concerned with understanding the whole person: their strengths, communication, sensory experiences, physical and mental health needs, and social context, as well as the barriers created by systems, services and environments. Many people with learning disabilities experience health inequalities not only because services are poorly designed, but because they require adapted interventions tailored to needs and the expertise of dedicated learning disability services to meet complex and intersecting needs.

Learning disability nursing requires expertise in working with people who may not communicate using words, who express distress or unmet need through behaviour, or who rely on others to recognise early signs of ill health. This expertise is central to the work of community learning disability teams and other learning disability-specific services, where practitioners develop in-depth knowledge of individuals over time and work across boundaries to maintain health, prevent deterioration, and reduce avoidable hospital admissions.

Practice therefore involves more than access to mainstream care. It includes adapting communication and clinical interventions, shaping therapeutic and sensory environments, providing direct dedicated support, and educating and supporting families, carers and other professionals. Learning disability nurses play a critical role in co-ordinating care across health and social care systems, and in ensuring people are not excluded, overlooked, or harmed because standard models of service delivery do not meet their needs.

Articulating a clear definition of learning disability nursing, alongside the role and identity of learning disability nurses, is critical to understanding the profession's scope, value and contribution. It is important to distinguish between learning disability nursing as a field of practice and Registered Nurse in Learning Disability as a specific registration that provides access to this and wider nursing roles.

## Section 2: The Review

### Introduction

Building on the definition, scope and contribution of learning disability nursing set out in the previous section, this part of the report presents the findings of the RCN's UK-wide review of the learning disability nursing profession.

The review was undertaken in response to sustained concerns about workforce decline, fragility in pre-registration education, uneven provision and persistent challenges relating to professional visibility, role clarity and career progression. These pressures sit alongside continued evidence of significant health inequalities experienced by people with learning disabilities and growing reliance on learning disability nursing expertise across a wider range of health and social care settings.

The purpose of the review is to assess the current state of learning disability nursing in the UK, examine the risks facing the profession, and identify areas where action is needed to protect and strengthen its contribution. It is intended to provide a robust evidence base to inform professional leadership, policy influence and co-ordinated system action. The review methodology and evidence sources are summarised below, with further detail provided in **Appendix A**.

Findings are organised into four themes:

1. Impact and value
2. Workforce sustainability, including recruitment and career progression
3. Education pipeline and early career transition
4. Identity, visibility and role clarity

For each, the review brings together evidence from the literature, data and people with lived experience; identifies what is unknown; and sets out concise, synthesised recommendations that reflect the issues raised.

## How this review was undertaken

This review was undertaken as a UK-wide, mixed-methods scoping review. It brought together multiple sources of evidence to build a comprehensive picture of learning disability nursing practice, workforce sustainability and future risk.

Evidence sources included:

- Published research, policy and professional literature relevant to learning disability nursing, health inequalities and workforce planning.
- National workforce, education and regulatory datasets across the four UK nations.
- UK-wide surveys of learning disability and learning disability nursing students.
- Qualitative insights from the RCN Learning Disability Nursing Summit, engagement workshops and wider professional and stakeholder events.
- Perspectives from people with learning disabilities, families and carers, integrated throughout the analysis.

An external UK-wide oversight group, comprising senior learning disability nursing leaders, education, policy and system stakeholders, provided professional and system-level input throughout the review.

Qualitative findings are presented as thematic synthesis, informed by consistent views expressed across engagement activities. Selected quotations and case material are used to illustrate key themes and reflect lived experience.

Further detail on methods, data sources and limitations is provided in the appendices.

## Theme 1: Impact and value

### Overview

This theme examines the impact and value of learning disability nursing across health and social care systems in the UK. It brings together evidence from published research and policy, UK-wide and nation-level workforce and service data (where available), and insights from learning disability nurses, students, people with lived experience, their families and carers gathered through the RCN Learning Disability Nursing Summit (November 2024), associated surveys, wider engagement events and targeted survey activity.

Across these evidence streams, learning disability nursing emerges as a safety-critical, preventative and rights-based field of practice that plays a central role in addressing health inequalities, improving access to care, and preventing foreseeable harm. However, the evidence also highlights that this contribution is often poorly understood, inconsistently deployed and insufficiently recognised within wider systems, with significant implications for outcomes, workforce sustainability and service quality.

### What the literature tells us

A substantial body of UK and international literature demonstrates that people with learning disabilities experience significantly poorer health outcomes and markedly

reduced life expectancy compared to the general population. In England, the Learning Disabilities Mortality Review (LeDeR) programme has consistently shown avoidable factors contributing to premature deaths, including diagnostic overshadowing, failure to make reasonable adjustments, poor co-ordination of care, and lack of access to timely interventions (NHS England, 2023c).

People with learning disabilities experience inequities shaped not only by service variation but also by wider social determinants. Those from racialised communities and areas of socioeconomic deprivation face disproportionately poorer health outcomes, reduced access to preventative care and higher rates of avoidable mortality (NHS Digital, 2022; Public Health Scotland, 2023; Office for National Statistics, 2024). Evidence across the UK shows that ethnicity, disability and deprivation intersect to create compounded disadvantage, with multiple barriers to diagnosis, treatment and advocacy (EHRC, 2018; Mencap, 2021; Welsh Government, 2022).

England-specific standards and devolved-nation policy frameworks across the UK highlight the contribution of learning disability nursing to reducing health inequalities and improving access to personalised, preventative care. This includes NHS England standards (NHS England, 2020b), Scotland's national learning disability policy (Scottish Government, 2021), Northern Ireland's Equity of Access and Outcome framework (NIPEC, 2024) and Wales's Learning Disability Strategic Action Plan progress, (Welsh Government, 2026) alongside professional guidance from the RCN (RCN, 2021a). However, despite this policy recognition, the current evidence base does not yet fully explore the impact of race, ethnicity and deprivation on outcomes for people with learning disabilities, nor does it sufficiently articulate the specific contribution of learning disability nurses in addressing these intersecting inequalities.

The literature increasingly frames learning disability nursing as preventative rather than reactive. By anticipating risk, supporting carers and staff, and embedding learning disability expertise into mainstream services, learning disability nurses reduce the likelihood of crisis escalation and avoidable harm. Economic analyses suggest that such preventative approaches can deliver cost savings by reducing high-cost inpatient admissions and crisis responses (Knapp et al., 2024).

Learning disability nurses bring expertise in recognising atypical presentations, adapting assessment and communication, supporting decision making, and navigating the different legal and ethical frameworks governing mental capacity across the four UK nations. Studies highlight the role of learning disability nurses in improving access to primary care, reducing emergency admissions, and supporting earlier detection and management of long term conditions (Bur et al., 2021; Knapp et al., 2024).

Beyond individual clinical encounters, learning disability nursing is associated with broader system-level benefits. Nurse-led interventions, including health facilitation, reasonable adjustment planning, and liaison roles in acute hospitals, have been shown to reduce lengths of stay, improve patient experience, and support safer discharge (Sheehan et al., 2024).

Research consistently identifies high rates of mental ill-health and behaviours that challenge among people with learning disabilities, often compounded by communication difficulties and trauma (Cooper et al., 2007; Royal College of Psychiatrists, 2021). Learning disability nurses play a critical role in early identification, functional assessment, and delivery of adapted psychosocial interventions.

In England, policy initiatives such as STOMP (Stop The Over Medication of People with learning disabilities), STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) (NHS England, 2024) and Transforming Care rely on professionals who understand people with a learning disability and autistic people, including learning disability nursing expertise, to reduce over-medication, restrictive practices and inappropriate inpatient care (NHS England, 2023a). Similarly, Wales has a Framework for the use of Non-Pharmaceutical Approaches to Reducing Restrictive Practices in Wales (Improvement Cymru, 2024). The wider literature indicates that where learning disability nursing expertise is embedded within organisation-wide approaches, particularly Positive Behaviour Support-informed workforce development, services are more likely to adopt least-restrictive, rights-based care and reduce the use of restrictive practices (Iffland et al., 2024; Duxbury et al., 2025).

Across the four UK nations, policy frameworks increasingly acknowledge the value of learning disability nursing, though with varying degrees of specificity. In England, the All-England Plan for Learning Disability Nursing and associated HEI compendium articulate the role of learning disability nurses in addressing workforce gaps and improving care quality (NHS England, 2023b).

Moreover, the *2025 10 Year Health Plan for England* refreshed the national policy direction for the NHS, setting out three major shifts: “from hospital to community, from analogue to digital, and from sickness to prevention”. These shifts are highly relevant to the future role of learning disability nursing, particularly given the importance of dedicated expertise in enabling equitable access, supporting reasonable adjustments, co-ordinating care across settings and reducing avoidable harm for people with learning disabilities.

People with learning disabilities continue to experience profound and unacceptable health inequalities across the UK, including higher rates of avoidable mortality, prolonged and inappropriate hospital stays, and inconsistent access to reasonable adjustments in health care. Learning disability nurses play a critical role in addressing these systemic failures, yet their numbers continue to decline despite rising levels of need.

UK wide programmes such as *Strengthening the Commitment* (UK Chief Nursing Officers, 2012) and *Living the Commitment* (UK Strengthening the Commitment Steering Group, 2015) have consistently emphasised the unique contribution of learning disability nursing across the lifespan, particularly in community based practice and in tackling health inequalities. In Scotland, recent workforce and education review activity, although not formally published, has contributed to Scottish Government policy considerations and sets out proposals intended to secure a sustainable learning disability nursing workforce for the future. While welcome, there is no publicly available evidence of systematic implementation, and the existence of this work does not diminish the need for the further action proposed in this report.

Learning disability nurses are central to preventing avoidable harm and premature death. Mortality reviews across the UK continue to identify failures in recognising deteriorating health, diagnostic overshadowing, poor communication, and the absence of reasonable adjustments as recurring contributory factors. For example, evidence from Wales – *Mortality amongst people with a learning disability – An overview of people with a learning disability who have died in Wales between 2012 and 2022* (Watkins and Jones, 2024). Learning disability nurses bring expertise in identifying atypical presentations, supporting decision making, and co-ordinating care, directly addressing these preventable causes of harm.

They are also essential to reducing inappropriate and prolonged hospital stays. National data across the UK highlight persistent problems of long admissions, delayed discharges, out of area placements, and the use of restrictive interventions. Learning disability nurses play a key role in preventing avoidable admissions, supporting safe and timely discharge, and sustaining community based alternatives, thereby improving outcomes for individuals and reducing pressure on acute and inpatient services.

Across all four nations, health and care systems are subject to clear legal duties to provide equitable access to care and to make reasonable adjustments for disabled people. Evidence consistently shows that these duties are not met reliably without learning disability nursing leadership and expertise. Learning disability nurses enable services to translate legal requirements into effective, person centred practice, supporting compliance with equality and human rights legislation while improving safety and experience.

Policy frameworks in Wales and Northern Ireland explicitly recognise learning disability nursing as central to advancing equity, inclusion, and improved population health outcomes. In Scotland, while wider nursing workforce reforms should support sustainability, they are not learning disability specific and they may not, on their own, fully address the risks posed by the continuing erosion of this field-specific workforce. In England, declining learning disability nurse numbers, particularly within NHS services, sit in stark contrast to increasing indicators of unmet need.

Taken together, the evidence is clear: learning disability nursing is not a discretionary or supplementary function. It is a critical patient safety, equality, and workforce issue. Without decisive action to protect and strengthen this profession, health systems will continue to fail in their legal, ethical, and clinical obligations to people with learning disabilities.

Evidence from acute services indicates that learning disability liaison nurses play a key role in supporting services to identify and implement reasonable adjustments, improve people's experiences of hospital care, and reduce patient safety incidents. However, provision remains inconsistent and frequently under resourced across the UK, limiting their wider impact.

## **What we heard from nurses, students and people with lived experience**

Survey data collected as part of this review reinforce these findings. Respondents from across the UK consistently identified learning disability nursing as having a significant and direct impact on patient safety, quality of care, and dignity. Many learning disability nurses described how their involvement frequently prevented escalation, complaints, or serious incidents, particularly in acute hospitals, mental health services, and crisis situations.

Evidence gathered through surveys, engagement workshops and the Learning Disability Nursing Summit points to a clear and consistent conclusion: learning disability nursing is experienced by those delivering and receiving care as safety-critical, rather than optional or supplementary.

Across all engagement routes, learning disability nurses described their role as one of advocacy, translation and system navigation. Nurses spoke about ensuring that people with learning disabilities are seen, heard and protected within services that are not routinely designed to meet their cognitive, communication or sensory needs. Across

surveys and engagement activity, participants consistently emphasised the preventative nature of their work, describing how learning disability nurse involvement reduced risk and enabled care to proceed safely where it might otherwise have failed.

Learning disability nurses consistently described acting as a final safety mechanism within systems under pressure, intervening to prevent escalation and harm when standard processes failed.

Families and people with lived experience reinforced this perspective. Their accounts highlighted the consequences when learning disability nursing support is absent, including delayed diagnosis, inadequate pain management, distress during hospital admissions, and failures in consent and best-interest decision-making. These experiences mirror patterns identified in LeDeR reviews and national inquiries, underscoring that these are not isolated incidents but systemic risks.

Students echoed these views, describing powerful learning experiences during learning disability nursing placements. Students consistently reported that learning disability nursing placements exposed them to a level of clinical reasoning, risk management and system navigation that they had not anticipated at the outset of their training and felt was often poorly understood by peers and other professionals. At the same time, students expressed concern that the value of learning disability nursing is not widely recognised, contributing to uncertainty about the profession's future.

While survey data and engagement feedback clearly demonstrate the perceived impact of learning disability nursing, respondents also expressed frustration that this impact is rarely captured in formal metrics or reflected in commissioning and workforce planning. Nurses described a disconnect between the realities of their contribution and how services measure value, success and productivity.

Alongside pride in their impact, many nurses described substantial emotional labour and moral distress. Participants described the emotional and moral burden of holding responsibility for preventing harm within under-resourced systems, often without sufficient authority, staffing or recognition. This emotional burden was closely linked to concerns about workforce sustainability, burnout and retention, themes explored in greater depth in **Theme 2**.

Taken together, evidence from surveys, engagement activity and lived experience presents a coherent and consistent picture. Learning disability nursing is experienced as a high impact, preventative and rights based practice that reduces risk, safeguards dignity and enables health and care systems to function more safely. The central challenge is therefore not evidencing its value, but ensuring that this value, often realised through harm avoided, crises averted and legal duties met, is visible, understood and sustained within policy, commissioning and workforce frameworks.

## Where more evidence is needed

Despite a strong evidence base demonstrating impact, significant gaps remain. There is limited systematic data directly linking the involvement of Registered Nurses in Learning Disability (RNLDs) to outcomes such as reduced mortality, length of hospital stays, or cost avoidance. This makes it difficult to quantify value in ways that align with prevailing commissioning and investment frameworks, even where qualitative and experiential evidence is compelling.

Data systems rarely capture learning disability nursing activity accurately, particularly where RNLDs work in non traditional roles, across organisational boundaries, or outside NHS commissioned services. This obscures the full extent of their preventative and system level impact and undermines effective workforce planning.

There is also a lack of longitudinal research examining how early and sustained intervention by RNLDs influences outcomes across the lifespan, particularly in relation to ageing, dementia, and palliative and end of life care, areas of growing need where specialist nursing expertise is likely to be increasingly critical.

## Recommendations

Based on the evidence reviewed, the following high-level recommendations emerge:

1. Learning disability nursing should be explicitly recognised by commissioners as a safety-critical, preventative function within health and social care systems, rather than an optional or supplementary role.
2. Outcome and workforce data systems should be strengthened to capture the impact of learning disability nursing practice, including across community based, out of hospital and cross sector roles.
3. Commissioning and service models should embed learning disability nursing expertise across settings, particularly in acute, mental health and crisis pathways
4. Education and leadership narratives should clearly articulate the impact and value of learning disability nursing, supporting recruitment, retention and professional recognition
5. Further research should be commissioned to quantify the preventative and economic value of learning disability nursing, including its contribution to reducing inequalities, to strengthen the evidence base for sustainable investment.

## Theme 2: Workforce sustainability

### Overview

Workforce sustainability emerged throughout this review as a critical and interconnected challenge for learning disability nursing. Evidence from the literature, workforce data, and engagement with nurses, students and people with lived experience, their families and carers consistently points to a profession under sustained pressure, despite increasing demand for its expertise.

This theme examines what is currently known about the sustainability of the learning disability nursing workforce, how this is reflected in available data, what nurses and students report about their own experience, and where significant gaps in understanding remain.

### What the literature tells us

UK-wide policy and professional literature over the past decade have repeatedly highlighted learning disability nursing as a small workforce that is particularly vulnerable to structural pressures within health and social care systems. Successive RCN reports,

alongside UK-wide programmes such as *Strengthening the Commitment* and *Sustaining the Commitment*, have emphasised the essential role of learning disability nurses in addressing health inequalities and safeguarding people with learning disabilities, while also warning of long-term workforce decline (RCN, 2016; UK CNOs, 2019).

Workforce analyses consistently show that learning disability nursing has experienced a steeper decline in numbers than other nursing fields, particularly within NHS services in England. The literature links this to multiple interacting factors, including changes to service models, the shift of provision into social care, austerity-related workforce contraction, and insufficient field-specific workforce planning (NHS England, 2019; RCN, 2021b).

A consistent theme in the literature is the mismatch between how learning disability nursing is conceptualised within workforce systems and how it operates in practice. RNLDs are increasingly deployed across acute hospitals, mental health services, forensic settings, neurodevelopmental pathways and social care. However, workforce planning frameworks remain largely anchored to established learning disability service models, contributing to under recognition of RNLD contributions and erosion of professional visibility (NDTi, 2021).

This misalignment is compounded by significant limitations in how learning disability nursing is counted and recorded within workforce data. NHS workforce statistics substantially under represent the true size and distribution of the RNLD workforce, particularly outside statutory health services. **Appendix C** highlights a striking divergence between NMC registration data and NHS labelled learning disability nursing roles: in England, only around 20% of registered learning disability nurses appear in NHS workforce data under learning disability nursing classifications. This means that the majority of RNLDs are effectively invisible to national workforce planners and commissioners.

This undercounting reflects two structural issues. First, many RNLDs are employed in generalised or integrated roles where their registration is not captured within learning disability nursing datasets, including acute liaison services, mental health teams, forensic pathways and neurodevelopmental services. Second, a substantial proportion of the RNLD workforce is employed outside the NHS, across social care, private and independent sectors, where consistent workforce intelligence is limited or absent. Survey responses and stakeholder engagement conducted as part of this review confirm that RNLD practice extends far beyond what is visible within current datasets.

The scale of this undercounting represents a significant evidence gap with policy consequences. When the breadth and reach of learning disability nursing practice is not visible, workforce demand is systematically underestimated. This weakens the strategic case for learning disability specific role commissioning, professional development pathways, and protection of field specific education. In effect, invisibility within policy, creating a cycle in which reduced recognition leads to reduced investment, further undermining workforce sustainability.

Concerns about sustainability are nevertheless reinforced by available workforce data. NHS statistics show a long term reduction in the number of learning disability nurses employed in England. Comparable downward trends are reported in Scotland and Northern Ireland, while the picture in Wales is more mixed, influenced by difference in workforce composition and data recording practices. These trends raise particular

concern when considered alongside growing expectations that RNLDs will contribute across a wider range of complex care pathways.

Compared with adult and mental health nursing, learning disability nursing has fewer clearly defined advanced, leadership and education progression pathways, including opportunities such as independent prescribing, advanced practice and consultant level practice, despite the high levels of autonomy, complexity and risk inherent in many RNLD roles. Where progression does occur, it is often dependent on local innovation rather than supported by consistent national frameworks, contributing to inequity, uncertainty and reduced professional attractiveness (Council of Deans of Health, 2022).

Addressing workforce sustainability therefore requires more than increasing supply. It requires improved visibility of the learning disability nursing workforce across all sectors, more accurate data capture aligned to how RNLDs are actually deployed, and workforce frameworks that recognise and support their evolving role. Without these foundations, education commissioning, workforce planning and service design will continue to underestimate demand, placing the future sustainability of learning disability nursing, and the quality-of-care dependent on it, at ongoing risk

## **What we heard from nurses, students and people with lived experience**

Engagement with learning disability nurses, students and people with lived experience groups revealed a workforce that is highly committed but increasingly stretched.

Learning disability nurses consistently described workforce sustainability as a lived issue rather than an abstract policy concern. Many described managing high levels of responsibility within under-resourced systems, often acting as the primary source of learning disability expertise across multiple services. Nurses described this as both professionally rewarding and emotionally exhausting.

A recurring theme was that learning disability nursing is often positioned as optional or supplementary, despite carrying substantial responsibility for patient safety and rights. Nurses described being routinely called upon to prevent escalation, manage risk, facilitate reasonable adjustments, and advise on complex legal and ethical decision making, frequently without formal authority, protected time, or adequate staffing. Many reported that the majority of their workload was absorbed by undertaking mental capacity assessments, leaving limited capacity for preventative or therapeutic intervention. This persistent mismatch between responsibility and recognition was consistently identified as a major contributor to burnout and moral distress.

Career progression featured prominently in discussions. Nurses described limited opportunities to advance while remaining within clearly defined learning disability nursing roles. Several reported that progression often required moving into generic management, education or differently labelled learning disability-specific posts, which diluted professional identity and further reduced the visibility of learning disability nursing within services.

Students echoed these concerns. While many described learning disability nursing as meaningful, complex and strongly values driven, they also expressed anxiety about job security, career pathways and how the field is perceived by others. Several students highlighted the limited availability and variable quality of learning disability-specific clinical placements, particularly in mainstream and acute settings, which restricted opportunities to develop and demonstrate field-specific skills. Some reported being

discouraged by peers or educators from other fields, reinforcing narratives that learning disability nursing offers fewer opportunities or carries less clinical credibility than other branches of nursing.

People with lived experience and families highlighted the consequences of workforce instability. They described difficulties accessing consistent dedicated support, reliance on individual nurses rather than teams, and the impact of vacancies or turnover on continuity of care. These accounts reinforced the link between workforce sustainability and safety, dignity and outcomes for people with learning disabilities.

### **Where more evidence is needed**

Despite strong qualitative evidence of workforce fragility, there are significant gaps in what is known. There is no comprehensive UK-wide picture of where RNLDs are employed, how their skills are deployed across sectors, or how movement between roles affects service quality and outcomes.

There is limited evaluative evidence on which workforce models best support recruitment, retention and progression within learning disability nursing. While innovative roles and pathways exist, their impact is rarely measured systematically or shared at scale. The relationship between education pipeline fragility, early career experience and long-term retention also remains under-explored.

### **Recommendations**

1. Learning disability nursing must be recognised by policy makers, commissioners, workforce planners as a safety-critical workforce requiring targeted, field-specific workforce planning and protection.
2. Workforce data systems must be improved to capture the full deployment of RLDNs across health and social care, including roles beyond traditional learning disability services.
3. Clear, visible and equitable career pathways, including education and development in advanced and leadership roles, are essential to improving retention and professional confidence.
4. Workforce strategies must reflect how learning disability nursing is practised in reality, not solely how services are organised based on legacy service models.

## **Theme 3: Education pipeline and early career transition**

### **Overview**

The sustainability of learning disability nursing is fundamentally dependent on a viable education pipeline and a supported transition into early career practice. Evidence gathered through this review demonstrates that learning disability nursing education remains highly valued by students and educators, and is widely recognised for its intellectual depth, ethical complexity and impact on patient safety. However, the systems that support education delivery and early career development are fragile, uneven and increasingly misaligned with the unique nature of the field.

Across the UK, declining applicant numbers, withdrawal of higher education institution (HEI) provision, constrained placement capacity and inconsistent early career support are interacting to narrow entry routes into the profession. While devolved funding arrangements, commissioning models and workforce strategies give rise to distinct education landscapes across the four nations, current education commissioning arrangements in England are characterised by particularly high levels of volatility and uncertainty.

This theme brings together evidence from the literature, UK-wide and nation-level workforce datasets, survey responses, summit discussions and engagement with students, educators and practitioners to examine the current state of the learning disability nursing education pipeline, the risks it faces, and where further action is required.

## What the literature tells us

The literature consistently identifies learning disability nursing as a small, distinct field that is disproportionately vulnerable to system-level changes in education funding and workforce planning (RCN, 2016; NDTi, 2021). Since the removal of the NHS bursary in England in 2016, multiple reviews have highlighted a sustained decline in applications to learning disability nursing programmes, alongside increasing financial pressure on HEIs delivering micro cohort courses (Council of Deans of Health, 2023). Learning disability student nurses in England can receive non-repayable funding through the NHS Learning Support Fund. This includes a guaranteed training grant of £5,000 per year, plus an additional £1,000 specialist subject payment for learning disability nursing, as it is a priority area.

Evidence suggests that learning disability nursing education is particularly sensitive to market-based funding models. Unlike larger fields of nursing, learning disability nursing programmes cannot rely on economies of scale, making them more vulnerable to closure where student numbers fall below institutional viability thresholds (HEE, 2022). In contrast, devolved nations with centrally commissioned education places have demonstrated greater stability in provision, even where workforce pressures remain. However, in Scotland and Wales HEIs struggle to fill commissioned places which then leads to challenges about how much funding they get each year

All universities providing nurse education are responsible for teaching content relevant to the needs of people with learning disabilities and autistic people, and all nurses are required by the NMC to meet those needs in practice. However, delivery remains inconsistent. This affects both education quality and the sustainability of the RNLD workforce. Learning disability content is most effectively delivered by RNLDs, whose preparation enables them to teach complex care, communication, legal frameworks and rights based practice, making their retention in university education roles essential.

The NMC could strengthen consistency by providing clearer guidance and oversight on how learning disability and autism content should be delivered and by whom, without changing existing standards. As services move toward more integrated and mainstream models, RNLD education and deployment must be reviewed to reflect where this expertise is now most needed. This is not about dilution but about clarity: defining priorities, role boundaries and expectations clearly, and avoiding the spread of RNLD expertise so thinly across systems that its distinct value and impact are reduced.

The literature also emphasises the central role of placements in shaping student recruitment, retention and professional identity. High-quality placements that demonstrate the scope, complexity and impact of learning disability nursing are associated with increased student confidence and commitment to the field (Fisher and Byrne, 2019). Conversely, limited or poorly supported placement experiences can reinforce persistent misconceptions that learning disability nursing is narrow, marginal or disconnected from ‘core’ nursing practice.

Fragmented data systems limit the ability to track learning disability nursing students from application through to sustained employment, obscuring attrition points and weakening strategic workforce planning (NMC, 2023).

UCAS data show a sustained decline in applications to learning disability nursing programmes across the UK. This pattern has occurred within the context of significant funding reforms across the four countries, most notably the 2016 changes in England and Wales that replaced student maintenance grants with maintenance loans. In England, these reforms also involved the removal of NHS-funded tuition fees, transferring the full cost of study to students. In Wales, while tuition fees continued to be supported by the Welsh Government, students were nevertheless affected by the move from grants to loans for maintenance.

While recent commitments to increase funded training places signal renewed intent to address workforce shortages in learning disability, the continued fragility of higher education provision in learning disability nursing suggests that financial reforms alone do not explain the scale of the challenge. This is most clearly illustrated by the Scottish experience. In Scotland, the Scottish Government continues to pay tuition fees for “home” students, and all nursing students receive a non repayable bursary, currently £10,000 per year. Despite this funding offer, UCAS figures show pronounced shortfalls in recruitment to learning disability nursing, with 49% fewer students starting programmes than planned. This represents the largest shortfall across the four fields of nursing practice and is more than double the next highest shortfall, seen in mental health nursing at 20%.

This evidence demonstrates that difficulties in recruiting to learning disability nursing persist even where tuition fees are met and bursaries remain in place, indicating deeper, structural challenges affecting the sustainability and attractiveness of the field across the UK.

Data on early career destinations are limited. NMC registration and revalidation data indicate that many Registered Nurses in Learning Disability do not work in posts explicitly labelled as learning disability nursing, instead practising across social care, mental health, community, forensic and other learning disability-specific services. However, the absence of consistent occupational coding means that the scale, trajectories and implications of this pattern remain poorly understood.

### *Flexible and commissioned education routes: what can work*

Evidence reviewed for this report indicates that learning disability nursing education is particularly vulnerable within market-driven funding models that rely on large cohorts. However, alternative approaches demonstrate that stability and growth are possible when education is explicitly commissioned and designed around workforce need.

Employer-commissioned, flexible delivery models, including distance learning and apprenticeship routes, have shown potential to widen access, support learners who cannot relocate, and enable staff already working in learning disability services to train and qualify while remaining in post. These models are particularly relevant for regions with limited local HEI provision or dispersed learning disability services.

One example identified through the review is an employer-commissioned distance learning model and apprenticeship route. This model has supported sustained student recruitment and completion over time, including mature learners and those already working in health and social care roles. Importantly, it demonstrates that learning disability nursing education can remain viable where commissioning, workforce planning and education delivery are aligned.

The purpose of highlighting this approach is not to promote a specific provider, but to illustrate that different education models can mitigate regional inequity, support workforce supply and strengthen retention when they are intentionally designed around learning disability nursing as a specialist workforce.

Further detail on education models and data is provided in the **appendices**.

## **What we heard from nurses, students and people with lived experience**

Survey data collected as part of this review reinforce these findings. Respondents highlighted declining placement capacity, inconsistent preceptorship and lack of recognition of their knowledge and skills from mainstream services as persistent barriers to workforce sustainability.

Across engagement activities, students consistently described learning disability nursing education as both intellectually rigorous and professionally formative. Many reflected that their training demanded early engagement with complex clinical reasoning, ethical decision-making, legal frameworks and system navigation, often at a depth not anticipated at the outset of their studies. Students frequently contrasted this experience with the perceptions of peers in other nursing fields, noting that learning disability nursing was often underestimated in terms of its clinical and intellectual demands.

For many students, practice placements were the point at which the full scope and value of learning disability nursing became clear. Exposure to roles in acute liaison services, intensive support teams, forensic settings and community-based services challenged assumptions that learning disability nursing was confined to a narrow or homogeneous service context.

At the same time, students described a persistent sense that the profession was poorly understood within both academic and practice environments. Several reported routinely having to explain their field of nursing to peers and staff, sometimes encountering

scepticism about the relevance or transferability of their skills. This repeated need to justify their professional identity contributed to feelings of marginalisation, despite the complexity and responsibility of the work they were undertaking.

Placement capacity emerged as a critical pressure point within education and early career development. Nurses, educators and students described ongoing difficulties in securing sufficient and appropriate placements. Misconceptions about what constitutes a “valid” learning disability nursing placement were reported to unnecessarily restrict opportunities, excluding settings where learning disability nurse expertise is essential but not explicitly labelled as such.

Practice educators highlighted significant workload pressures, often supervising students alongside full clinical caseloads and without protected time. This constrained their ability to provide the level of supervision, reflection and professional development required for field-specific practice. Students, in turn, described wide variability in placement quality

The transition from education into practice was identified as a particularly vulnerable period. Newly qualified learning disability nurses frequently described entering roles with high levels of responsibility early in their careers, often as the sole Registered Nurse in Learning Disability within a service, despite working alongside nurses from other fields. Many reported being expected to provide specialist advice on learning disability related needs, reasonable adjustments, and complex decision making while still consolidating their own professional practice, and without access to peer support from other learning disability nurses.

While some nurses described this level of responsibility as professionally affirming, many also reported feelings of isolation, moral distress and anxiety. Generic or inconsistent preceptorship arrangements were commonly cited as insufficient for the nature of learning disability nursing, leaving nurses feeling unsupported. Several participants described carrying disproportionate responsibility for managing risk within systems that relied on their expertise without always recognising or resourcing it adequately.

Early career experiences were consistently linked to workforce stability. Access to structured, field specific support, supervision and development opportunities was associated with greater confidence, professional satisfaction and commitment to learning disability nursing. In contrast, where such support was lacking, some nurses described actively considering leaving the field or moving into less specialised roles, with clear implications for long term workforce sustainability

Perspectives from people with learning disabilities and families reinforced the importance of education quality and early career support. Participants emphasised that learning disability nursing expertise develops over time and through exposure to complex practice and expressed concern that workforce instability and rapid role substitution risk eroding the depth of field specific knowledge required to keep people safe. Families described the reassurance provided by skilled learning disability nurses who understand both clinical and systemic risks, and the anxiety and vulnerability created when such expertise is absent or inconsistently available.

Together, these findings highlight education and early career transition as critical points of leverage for sustaining the learning disability nursing workforce. They also underline the need for clearer placement pathways, protected educator time, field-specific preceptorship and greater visibility of learning disability nurse expertise within

educational and practice settings if the profession is to remain viable and resilient.

### **Where more evidence is needed**

Despite a growing body of descriptive evidence, significant gaps remain in understanding how to stabilise and strengthen the learning disability nursing education pipeline in a sustainable and equitable way.

There is limited system-level understanding of where attrition occurs across the education and early career pathway. While application trends are monitored, there is little linked data tracking students from application through completion, registration and sustained employment.

There is insufficient comparative evaluation of different education routes, including apprenticeships, distance learning and employer-sponsored models. While these routes are often promoted as solutions to regional inequity, evidence on their impact on preparedness, early career confidence and retention remains limited.

Placement capacity is poorly mapped at a UK-wide and nation-level. There is no comprehensive understanding of where learning disability nursing placements exist, which settings are underutilised, or how placement models vary across regions and nations. This obscures opportunities for expansion and innovation.

The long-term impact of workforce substitution on education sustainability is underexplored. Where learning disability nursing roles are undertaken by nurses from other fields, opportunities for student exposure and specialist supervision may be reduced, with potential implications for recruitment and professional identity formation.

Finally, there is limited evidence on the effectiveness of different preceptorship and early career support models specific to learning disability nursing. Without this, support remains inconsistent and vulnerable to local variation.

### **Recommendations**

1. Stabilise learning disability nursing education provision by supporting sustainable funding and commissioning models that recognise the specific expertise of the field, particularly in regions at risk of course withdrawal.
2. Expand and diversify placement capacity by recognising learning disability nursing practice across a wider range of settings and supporting practice educators with protected time and resources.
3. Strengthen early career transition through consistent, field-specific preceptorship and supervision models that reflect the complexity and responsibility of learning disability nursing roles.
4. Improve data and intelligence across the education-workforce pipeline to enable evidence-led planning, including better tracking of student progression and early career outcomes.
5. Increase the visibility of learning disability nursing by clearly setting out what RNLD registration enables nurses to do, including the breadth of roles, settings and career pathways available, within education and careers advice systems.

## Theme 4: Identity, visibility and role clarity

### Overview

This theme considers how learning disability nursing is understood, by the public, by other professionals, by commissioners and employers, and by the profession itself, and what that means for recruitment, retention, mobility and influence. Identity and visibility matter here in practical terms: they shape who applies to study, how employers interpret learning disability nurse capability, whether learning disability expertise is commissioned explicitly, and whether learning disability nurses can move into (and back from) adjacent roles without their professional value being discounted.

Across the evidence reviewed, learning disability nursing emerges as a profession with a strong internal identity, but inconsistent external recognition. Learning disability nurses and students repeatedly describe a mismatch between what they do and what others assume they do. That mismatch plays out in everyday interactions (“no one knows what we do”), in education experiences (“not a proper nurse”), and in employment decisions where learning disability nurse expertise is treated as narrower or less clinically credible than other fields. In turn, this can weaken recruitment messaging, restrict career pathways, and contribute to the “dying field” narrative that the review repeatedly encountered during engagement.

At the same time, there are genuine complexities in how the field is named and positioned. Language has changed across decades; “learning disability” is frequently confused with “learning difficulty”; and in children’s services the term is often interpreted through an education/SEN lens rather than a health lens. Policy grouping of “learning disability and autism” has also had consequences, some positive, but also concerns about dilution of learning disability-specific focus and visibility.

This theme therefore brings together what the literature and policy context say about identity and role clarity, what the data suggest about where learning disability nurses are working and how they view identity, what we heard through engagement, what remains unknown, and what needs to change.

### What the literature tells us

Identity and visibility are repeatedly linked to safety and equity. Across UK policy and quality frameworks, the rationale for learning disability nursing expertise is consistently rooted in reducing health inequalities, preventing diagnostic overshadowing, and ensuring reasonable adjustments and lawful decision making. This is not simply a “nice to have”: it is fundamental to patient safety, legal compliance and health outcomes. Whether the field’s expertise is recognised and deliberately deployed directly shapes whether people with learning disabilities experience equitable care, particularly within mainstream services.

The field’s identity, whether its expertise is recognised and deliberately deployed, affects whether people with learning disabilities experience equitable care, particularly in mainstream settings. Learning disability mortality and quality programmes (for example, LeDeR-related work and reasonable adjustment initiatives) have strengthened expectations of system-wide competence, but they also highlight the continuing need for field-specific expertise that can translate these expectations into real-world practice.

Terminology and public understanding play a significant role in shaping recruitment and long term workforce sustainability in learning disability nursing. A longstanding issue identified in the literature and professional commentary is that the field is widely misunderstood outside learning disability-specific services. Persistent confusion between “learning disability” (intellectual disability) and “learning difficulty” (for example, dyslexia) continues to influence public perception and the way individuals relate to the term “learning disability” itself.

This challenge is increasingly shaped by contemporary SEND and neurodiversity discourse. Many individuals who would previously have been described as having a learning difficulty now identify as neurodivergent, a term that encompasses a broad range of neurodevelopmental differences and does not necessarily imply a learning disability or cognitive impairment. As a result, the concept of learning disability can lose visibility or resonance, affecting how prospective applicants understand their own identity, the populations served by learning disability nursing, and the perceived relevance of the profession. Practitioners report that similar ambiguity arises in practice, particularly in distinguishing learning disability from other neurodevelopmental diagnoses such as autism. Together, these factors contribute to reduced clarity about learning disability as a distinct area of need and, in turn, to challenges in attracting and sustaining a clear professional pipeline into learning disability nursing.

The policy grouping of learning disability and autism presents both benefits and risks. Since *Valuing People* (Department of Health, 2001), a key policy driver in England, many national strategies and service frameworks have adopted joint formulations such as “learning disability and/or autism”. The intention has often been to reduce service gaps and ensure that autistic people who require dedicated support are not excluded by eligibility thresholds.

However, stakeholders contributing to this review also identified unintended consequences. These include the narrowing of learning disability-specific visibility within policy and public discourse, and the growing prevalence of combined “learning disability and autism” nursing roles, which can stretch finite capacity across an expanded remit. Where resources, posts or expertise are jointly designated, there is concern that learning disability nursing functions may become less distinct within commissioning, workforce planning and service delivery. Over time, this risks further obscuring learning disability specific priorities and diminishing the explicit recognition of learning disability nursing as a field in its own right.

Role clarity is increasingly tested as RNLDs work spans boundaries. Contemporary service models and workforce pressures mean RNLDs often work at interfaces, supporting people with co-occurring autism, complex mental health needs, epilepsy, acquired brain injury, forensic pathways, dementia, and other needs that are not confined neatly within “learning disability services.” In principle, this illustrates the adaptability and value of learning disability nurse expertise. In practice, this increases the need for clarity about the scope of RNLD practice, the distinctive contribution of this field of registration, and how learning disability nursing roles remain focused on people with learning disabilities even when practice interfaces broaden.

Professional identity is also shaped by how other nurses and institutions describe and understand the field. This devaluing can be seen in education settings, workforce planning, and the design of generic roles that omit or substitute for learning disability nursing requirements.

The data reviewed reinforce that identity and visibility are not abstract issues: they show up in workforce distribution, role mapping, and how nurses describe their professional experience.

RNLDs are not all working in posts labelled as learning disability nursing roles. A key identity challenge is structural: large proportions of learning disability nursing practice may be “invisible” in datasets if roles are not coded or titled as learning disability nursing. The data shows a profession experiencing real-world boundary-spanning practice, coupled with contested perceptions of what the title communicates and how identity clarity should be protected.

## **What we heard from nurses, students and people with lived experience**

Survey analysis demonstrates how learning disability nursing expertise is increasingly embedded across services without being clearly identified or recorded as such. Nearly one quarter of respondents (106 of 485; 22%) reported job titles that were not explicitly associated with learning disability nursing, including roles in neurology, epilepsy services and CAMHS. While this reflects the adaptability and relevance of RNLD skills across the system, it also illustrates a persistent visibility gap: when learning disability nursing is not explicitly named or coded, its contribution is harder to recognise, plan for and sustain through commissioning and workforce strategies.

Views about identity clarity differ between registrants and students. The learning disability nurse Summit Survey and Student Summit Survey asked RNLDs and student learning disability nurses whether contemporary neurodiversity, autism and learning disability culture was beneficial to clarity of learning disability nurse identity. 41% of learning disability nurses agreed or strongly agreed, compared with 61% of students. This divergence matters: students may experience broader neurodiversity narratives as identity-enhancing (or at least identity-adjacent), while many registrants are more cautious, often because they are concerned about dilution of learning disability specificity, commissioning clarity, and the voices of people with learning disabilities being overshadowed.

Identity and scope questions arise unprompted. The review of survey results notes that discussion about the learning disability nurse identity and the “fit” of the title arose even when it was not directly asked. In open responses, 60 respondents (12%) raised the issue unprompted. Within that group, the balance of views was not uniform: many favoured repositioning the registration to reflect wider neurodisability practice and career opportunities, while others argued strongly for maintaining “learning disability nurse” identity and worried about unintended service/commissioning consequences.

Engagement across the review, summit discussions, workshops, and survey narratives, surfaced a consistent set of identity experiences, concerns, and priorities. Learning disability nurses describe a clear sense of what learning disability nursing is: skilled, rights-based practice that holds clinical complexity, communication, behaviour, family systems, and legal frameworks together. Yet many also described persistent external misunderstandings. Two phrases recurred repeatedly: “people outside of learning disability nursing don’t know what we do” and “no one has heard of learning disability nursing.”

This misunderstanding is not benign. Learning disability nurses described it as directly shaping how they are regarded by colleagues, how their competence is assumed, or

discounted, and how their contributions are recognised within multidisciplinary teams. Students' accounts were particularly concerning some reported being told early in their training, and repeatedly thereafter, that they were not "proper" nurses or that they had chosen a "dying field". Such messages erode professional identity at the very start of a career, discourage peers from entering the field, and actively reinforce fragility within the learning disability nursing pipeline.

A counterpoint also emerged: where others do recognise the profession, they may still be unsure how to describe it. As one learning disability nurse put it in a stakeholder workshop: "We play a crucial role in reducing health inequalities and premature death for people with learning disability... but they may be curious as to what we actually do." That "curiosity gap" is significant: it suggests that the profession is sometimes valued in principle but not understood in practice, limiting uptake, investment and commissioning specificity.

Nurses described this as an "extra labour" attached to the role: needing to translate language, correct misconceptions, and justify why learning disability nursing is necessary. This ongoing burden contributes to frustration and, for some, to reduced professional confidence in mixed settings where learning disability expertise is not the norm.

Participants described a persistent burden of explanation attached to learning disability nursing, particularly the need to clarify what "learning disability" means—and what it does not. Repeated confusion with learning difficulty, and its framing within SEN/SEND systems in children's services, was seen to obscure the health, nursing and inequality dimensions of learning disability. Nurses characterised this as an additional and largely unacknowledged labour: continually translating language, correcting misconceptions and justifying the necessity of learning disability nursing expertise.

While stakeholders recognised that the joint policy framing of learning disability and autism often reflects protective intent and shared needs, many expressed concern that learning disability specific visibility has narrowed as a result. This was not framed as opposition to autistic rights or provision, but as a call for clarity and balance. Participants emphasised that people with learning disabilities face distinct health risks, inequities and lived experiences, and therefore require explicit professional recognition and protected commissioning focus. The review repeatedly heard that learning disability nursing roles must remain clearly centred on people with learning disabilities if their needs are to be met safely and equitably.

This was not framed as opposition to autistic rights or needs; rather it was framed as an insistence on clarity: people with learning disabilities have distinct lived experiences, health risks, and inequalities, and therefore need distinct visibility and commissioning focus. The review heard repeatedly that learning disability nursing roles must remain focused on people with learning disabilities, and that commissioning must remain explicit and protected for this population.

At the same time as participants defended the learning disability focus of roles, many also described how RNLD competencies are transferable and valuable across neurodivergence and neurological settings. Learning disability nurses spoke about working successfully in services designed for neurodivergent people and in other specialist areas.

A common experience, however, was discrimination or exclusion when applying for jobs beyond traditional learning disability services, driven by assumptions that learning

disability nurse education contains less clinical content or that learning disability nurses are “only trained” for learning disability services. Participants described this as not only personally frustrating, but systemically wasteful: services under pressure may be failing to draw on a workforce whose nursing competencies are directly relevant. The review therefore heard two messages side-by-side: learning disability nursing roles must remain learning disability-focused and protected; and RNLD proficiency is broader than external perceptions allow, and barriers based on misconceptions should be challenged.

Crucially, those who were open to change tended to emphasise that this is about the registration framing, not about changing learning disability nursing roles, not about widening the population that learning disability services support, and not about merging commissioning pathways. Those who opposed change tended to emphasise the risk that such distinctions would be lost in external interpretation. That tension, between internal nuance and external misinterpretation, runs through this theme and underpins the need for cautious framing in any future-facing discussion (as set out in the preceding “Exploring future directions” subsection).

### **Where more evidence is needed**

The evidence is clear, but vision must now be matched with decisive action. Without a shared, system wide vision for Registered Nurses in Learning Disabilities (RNLDs), defining what they are needed for, where they should be deployed, and how many are required, workforce planning will remain fragmented and reactive. RNLDs are already contributing across health, social care, education, and justice systems, yet the absence of comprehensive workforce mapping renders much of this contribution invisible and undervalued.

There is an urgent need for national leadership to articulate a clear vision for RNLDs that links professional expertise to population need, service models, and measurable outcomes. This vision must inform commissioning, workforce investment, education pathways, and career structures. Without it, the system risks continued attrition, weak recruitment, and the erosion of a field-specific workforce at the very point demand is increasing. With it, RNLDs can be strategically positioned to deliver equitable, high quality care and make a demonstrable, lasting difference for people with learning disabilities.

There is also limited evidence on the tangible cost of misunderstanding or undervaluing learning disability nurse identity. Nurses and students described the consequences of poor role clarity in terms of restricted career progression, discrimination in recruitment, substitution of roles, emotional labour and moral distress. While these impacts are consistently reported, they are rarely measured in ways that link identity and role clarity to concrete outcomes such as retention, progression, vacancy substitution patterns, or patient safety indicators. Without this evidence, the cumulative impact of identity-related issues on workforce sustainability and service quality remains difficult to quantify.

Similarly, while the review provides strong narrative evidence that professional title and public understanding influence recruitment, there is little direct evidence tracking how prospective applicants interpret learning disability nursing as a career choice. It is not yet clear to what extent confusion about the term “learning disability” deters potential students, which messages are most effective in attracting applicants, or how best to communicate the breadth and clinical complexity of the role. This limits the ability to design recruitment strategies that are both evidence-based and responsive to applicant perceptions.

Questions also remain about how policy framing influences commissioning behaviour. Stakeholders raised concerns that the frequent grouping of learning disability and autism within policy and service models can reduce the visibility of learning disability-specific needs and expertise. However, there is insufficient cross-UK evidence to determine how often this framing translates into changes in commissioning priorities, dilution of learning disability provision, or shifts in workforce deployment. Understanding this relationship is critical if learning disability nursing is to remain clearly specified and protected within increasingly integrated systems.

While learning disability nurses consistently reported bias and misunderstanding in recruitment to generic or specialist roles, there is a lack of large-scale employer-side research exploring how RNLD capability is interpreted in practice. We do not yet know where these misconceptions arise, how widespread they are, or which interventions, such as clearer capability frameworks, revised person specifications or education for recruiting managers, are most effective in addressing them.

These gaps matter because debates about professional identity can become polarised. In the absence of robust, shared evidence, discussions risk being driven by anecdote, defensive positioning or fears about worst-case interpretations, rather than by a balanced assessment of risks, opportunities and safeguards. Strengthening the evidence base in these areas is therefore essential to enabling constructive, informed and proportionate decision-making about the future visibility and positioning of learning disability nursing.

## Exploring future directions for learning disability nursing

The evidence gathered through this review highlights the breadth, flexibility and value of RNLD already practising across a wide landscape where neurological, developmental, cognitive and behavioural needs intersect, contributing to epilepsy services, neurodivergence pathways, neurorehabilitation, complex behaviour support, CAMHS, forensic settings, dementia services and social care. Their expertise is increasingly recognised as essential for people whose needs lie both within and beyond traditional learning disability service boundaries

At the same time, the profession faces sustained pressure. Student numbers continue to fall, service provision/learning disability nursing outputs across the UK remain uneven, and the full scope of learning disability nurse expertise is not always well understood outside learning disability services. Career pathways can feel constrained, and practice increasingly interfaces with wider neurodivergent neurological services. These trends raise legitimate questions about how the profession can be strengthened and sustained while preserving its distinct identity and safety critical contribution.

What the data does show is a strong desire to strengthen capability and confidence in areas where the practice of RNLDs already intersects with neurodevelopmental and neurological needs. Members supported enhancing neurodisability content within education, training and career pathways, but this was framed as development within the existing learning disability nurse role, not a change to its regulatory identity.

## Recommendations

1. Strengthen professional identity and role clarity by consistently articulating learning disability nursing as a distinct, safety-critical field of nursing practice across RCN publications, policy positions and external communications.

2. Improve visibility and understanding of RNLD capability among employers, commissioners and partner organisations, including clearer descriptions of RNLD expertise in generic, specialist and cross-system roles.
3. Address discrimination and misunderstanding in recruitment and progression by promoting inclusive role design, clearer person specifications and fair access to opportunities for RNLD across health, social care and related sectors.
4. Enhance workforce intelligence on RNLD deployment and contribution to ensure that learning disability nursing activity beyond established service labels is recognised in workforce planning, commissioning and policy development.
5. Support structured, profession-led dialogue on future directions for RNLD ensuring that any exploration of longer-term strategic options is evidence-led, time-limited, coproduced and explicitly safeguards the identity, commissioning and standards of learning disability nursing.

## Section 4: Recommendations

Learning disability nursing is a safety-critical profession that underpins equitable access to care, prevents avoidable harm and protects the rights of people with learning disabilities. The evidence in this review demonstrates that this contribution is highly valued by people with lived experience, families, practitioners and students, but it is not consistently visible, planned for or protected within health and care systems. Workforce decline, vulnerability in pre-registration education, uneven regional provision and persistent misunderstanding of RNLD capability are converging in ways that place the future of the profession, and the safety of people with learning disabilities, at risk.

The recommendations below set out what needs to change at a system level to strengthen and sustain learning disability nursing across the UK. They are intended to support professional leadership, inform policy influence and frame a coherent, cross-system programme of work that can be taken forward with partners.

### How these recommendations relate to earlier sections

The recommendations presented under Themes 1–4 summarise key issues and ‘what good looks like’ within each theme. They are not an additional set of asks. They feed directly into the consolidated system-level recommendations below, which set out the priority changes required across the UK. This structure is intended to support both thematic understanding and clear system-level action without duplication.

## **1. Learning disability nursing must be explicitly recognised and protected as a safety-critical profession**

Learning disability nursing should be consistently positioned within policy, commissioning, quality and workforce frameworks as essential to patient safety, legal compliance and health equity. This includes explicit recognition of the role learning disability nurses play in preventing diagnostic overshadowing, enabling reasonable adjustments, supporting lawful decision-making under mental capacity and mental health legislation, and reducing avoidable harm across mainstream services.

What needs to change: learning disability nursing must be named, valued and protected as a distinct field that is integral to system quality, safety and accountability, rather than treated as optional or supplementary.

## **2. Workforce planning must be field-specific, evidence-led and aligned to where learning disability nurses actually practise**

Current workforce intelligence does not adequately reflect the scale, distribution or deployment of RNLD practice across health and social care, particularly where nurses work in roles that are not explicitly designated as learning disability nursing. Workforce planning approaches must better reflect contemporary workforce distribution of RNLDs,

reduce reliance on unplanned substitution, and support sustainable supply for learning disability nursing roles across settings.

What needs to change: workforce planning must be grounded in accurate, learning disability-specific data that captures RNLD deployment across sectors and informs strategic decisions about supply, skill mix and service safety.

### **3. Pre-registration education provision must be stabilised to protect the future workforce**

Learning disability nursing education remains vulnerable to financial and structural pressures, with uneven provision and a continued risk of further contraction. Education supply should be treated as a matter of workforce security and public protection, recognising the safety critical nature of the field and the consequences for service safety when education pipelines fail. Education commissioning and provision must therefore be aligned to population need and projected demand, rather than being determined solely by short term funding pressures or institutional viability.

What needs to change: systems must adopt strategic, evidence informed workforce planning that actively safeguards the viability and accessibility of learning disability nursing education, ensuring sufficient supply to meet population need and preventing further erosion of the workforce pipeline.

### **4. Placement capacity and quality must be expanded and modernised to reflect contemporary distribution of RNLDs**

Placement access and quality are critical levers for recruitment, professional identity and readiness to practice. Placement models should reflect the breadth of areas where RNLDs work. The review highlights that RNLDs are increasingly employed in roles and settings that are not explicitly labelled as learning disability nursing, supporting people with complex and intersecting needs, including neurodevelopmental differences, communication needs, impaired capacity, reduced self-advocacy, mental health needs and behaviours that challenge services. In such contexts, it is not always straightforward to sustain a clearly articulated learning disability nursing focus through role title or service location alone.

The contribution of RNLDs therefore lies not simply in where they work, but in the field specific perspective and professional formation conferred through learning disability registration. While the NMC Future Nurse standards emphasise greater commonality across fields of practice, this increases the importance of systems that can recognise, protect and intentionally deploy the distinct expertise associated with RNLD registration. The challenge is not a lack of professional relevance, but ensuring that this professional contribution is clearly articulated, supported and sustained within increasingly generic service models.

What needs to change: placement systems must be more responsive, better supported, and more closely aligned to where learning disability nursing expertise is used and needed.

## **5. Early career transition must be strengthened to improve confidence, safety and retention**

Newly qualified RNLDs frequently enter roles with high levels of autonomy and responsibility and may at times be the only RNLD within a wider multidisciplinary or nursing workforce. Early career transition must therefore be supported through consistent, field specific preceptorship, professional supervision and development opportunities that reflect the risk profile and complexity of RNLD practice.

While it would be uncommon for RNLDs working within dedicated learning disability services to practise entirely in isolation, lone RNLD roles are more likely to arise in settings such as acute liaison, neuro rehabilitation or other learning disability-specific services, where the RNLD may be surrounded by nurses from different fields. In such circumstances, robust access to RNLD specific supervision, safeguarding expertise and learning disability professional networks (for example via community learning disability teams (CLDTs) is essential to ensure safe practice, professional development and retention.

What needs to change: early career support for RNLDs must be more consistent, specialist and protective, reducing isolation and strengthening retention.

## **6. Career pathways must be clearer, more visible and better supported across systems**

The review identifies persistent concerns about constrained progression, limited access to advanced and leadership roles, and the need to leave learning disability-specific posts in order to progress. A sustainable profession requires robust education and development pathways from early career through to advanced practice, learning disability-specific roles, education, research and leadership, which strengthen professional identity and visibility.

What needs to change: learning disability nursing requires clearer, equitable career pathways that retain expertise within the field and strengthen professional leadership capacity.

## **7. The impact and value of learning disability nursing must be made visible through better measurement and narrative**

Learning disability nurses describe their contribution as real-time risk reduction: preventing harm, improving access, reducing inequalities and enabling lawful care. However, this impact is rarely captured in performance metrics, commissioning decisions or public narratives. Systems must strengthen how they evidence, measure and communicate the preventative and safety-critical value of learning disability nursing.

What needs to change: the contribution of learning disability nursing must be demonstrable and visible in data, assurance processes and strategic narratives used by commissioners, leaders and policymakers.

## **8. Employers and commissioners must better understand and deploy RNLD capability**

Persistent misunderstanding of learning disability nursing capability continues to affect recruitment, role design and progression, particularly in services beyond dedicated learning disability settings. Employers and commissioners must better recognise learning disability nursing expertise across both dedicated and wider health and care roles, address bias in recruitment and progression, and ensure RNLD capability is systematically embedded within service models, reflecting the reality that people with learning disabilities access services across the whole system.

What needs to change: RNLD capability must be better understood, fairly accessed and intentionally deployed, while keeping learning disability nursing roles clearly focused and protected.

## **9. Learning disability-specific visibility must be maintained within integrated policy and service environments**

While integration can improve continuity of care, it can also reduce visibility of learning disability-specific needs and expertise if language, commissioning and workforce frameworks become blurred. Learning disability nursing and learning disability services must remain clearly named, defined and protected within integrated systems.

What needs to change: integration must not dilute learning disability-specific visibility, accountability or commissioning clarity.

## **10. A co-ordinated, UK-wide programme of professional and policy work should be taken forward to sustain the profession**

The scale and urgency of the issues identified require co-ordinated action across professional bodies, governments, regulators, education providers, employers and people with lived experience. The findings and recommendations in this review provide a shared evidence base to support such work, focused on stabilising education, strengthening workforce planning, improving retention and progression, and increasing visibility of learning disability nursing across systems.

The review also recognises that longer-term strategic questions about the positioning of the profession may warrant careful, structured exploration in the future. Any such work must be evidence-led, time-limited and governed by clear safeguards that protect learning disability nursing identity, standards and commissioning arrangements.

What needs to change: the system response must move from recognition to co-ordinated, evidence-led action that is proportionate to the risks of inaction and grounded in coproduction.

# Conclusion

This review brings together evidence from research, policy, workforce and education data, and extensive engagement with RNLDs, students, people with learning disabilities, families and carers across the UK. The findings are clear and consistent. Learning disability nursing is a distinct safety-critical field of nursing practice that plays a vital role in preventing avoidable harm, reducing health inequalities and enabling people with learning disabilities to access safe, lawful and dignified care across the lifespan.

At the same time, the evidence demonstrates that the profession is under sustained pressure. Workforce numbers are declining, education provision is fragile and uneven, and the contribution of RNLDs is frequently misunderstood, poorly captured in data and inconsistently reflected in policy, commissioning and workforce planning. These pressures interact and compound one another, creating a cycle of reduced visibility, weakened education pipelines and increased risk.

Student attraction and long term workforce sustainability in learning disability nursing must be treated as a strategic priority. Persistently low recruitment into learning disability nursing programmes, rather than poor completion, has created a fragile education pipeline, enabling course closures that reduce local training routes, constrain future supply and reinforce damaging narratives of a “dying profession”. To break this cycle, a clear and ambitious national vision is needed that sets out credible, progressive career pathways for learning disability nursing across the full breadth of health and care settings. This vision must be matched by action: education commissioning and programme sustainability decisions should be better aligned with local workforce need and underpinned by more robust workforce data on current and future demand for RNLDs. Without this alignment, short term decisions about course viability will continue to undermine workforce supply and the essential contribution of learning disability nursing to safe and equitable care.

Despite this, the review highlights the adaptability, commitment and professional strength of the learning disability nursing workforce. RNLDs are already applying their field-specific skillset across a wide and evolving range of settings where people present with complex and intersecting needs, including neurodevelopmental differences, complex communication, impaired capacity, reduced self advocacy, mental health needs and behaviours that challenge services. Their value lies not in the location or label of services, but in the relevance of their expertise. The challenge is therefore not one of professional relevance, but of ensuring systems recognise, plan for and sustain this contribution more effectively.

The timing of this review is critical. People with learning disabilities continue to experience some of the poorest health outcomes in the UK, including avoidable morbidity, premature mortality and repeated failures in mainstream care. National inquiries and mortality reviews consistently show that lack of learning disability expertise, failure to make reasonable adjustments and inadequate attention to communication and rights place people at serious risk. Continued instability or decline in the learning disability nursing workforce therefore represents a direct threat to patient safety, service quality and equity.

This creates a pivotal moment. Without deliberate action, learning disability nursing risks further erosion through invisibility, substitution and underinvestment. With action, there is a significant opportunity to strengthen a profession that is already demonstrating its value across complex and integrated care environments, and to embed learning disability expertise more securely within the systems that serve people with learning disabilities.

The review provides clear evidence base for action. It articulates what learning disability nursing is, where and how learning disability nurses contribute, and why their expertise is essential to safe and equitable care. It also makes visible the risks of continued workforce fragility, education contraction and role ambiguity - not only for the profession, but for the people and families who rely on it.

The findings point to the need for co-ordinated, evidence-led action across education, workforce planning, commissioning, professional leadership and policy. Strengthening learning disability nursing requires stabilising the education pipeline, supporting early career development, improving workforce intelligence, and actively reinforcing professional identity and role clarity within increasingly integrated systems. Any longer-term discussion about future positioning must be carefully governed and must sit alongside, not distract from, urgent action to stabilise and protect the workforce.

Learning disability nursing has long played a central role in safeguarding the rights, health and dignity of people with learning disabilities. The evidence in this review makes clear that this role remains as vital as ever. The task now is to ensure that learning disability nursing is no longer sustained by goodwill and resilience alone, but is visibly valued, strategically supported and securely positioned for the future. This requires deliberate, co-ordinated action across education, workforce planning, commissioning and professional leadership, grounded in the evidence set out in this review.

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# Appendices

## Appendix A. Methods and evidence sources

### A1. Review design

This review was undertaken as a mixed-methods scoping review to build a UK-wide picture of the current state of learning disability nursing, the risks facing the profession, and where action is needed to sustain its contribution. A scoping approach was used to triangulate evidence across policy, research, workforce data and engagement insight.

### A2. Evidence streams included

The review drew on multiple sources of evidence:

- Published research and policy/strategy literature relevant to learning disability nursing, health inequalities, workforce sustainability, education pipelines and professional identity.
- Workforce datasets (UK and nation-level), including regulatory and NHS workforce data, used to describe trends, distribution and known limitations in coding/visibility.
- Education datasets, including publicly available application and provision intelligence where accessible, to describe fragility and regional variation in programme availability.
- Surveys of learning disability nurses and learning disability nursing students, including closed questions and free-text responses.
- Engagement and stakeholder insight, including discussions and thematic feedback captured through the RCN Learning Disability Nursing Summit, workshops and wider professional engagement activity.
- Lived experience perspectives, integrated throughout, including accounts from people with learning disabilities and families (including case material used in the main report).
- An external UK-wide oversight group provided professional and system-level input throughout the review.

### A3. Approach to synthesis

Findings were synthesised thematically, using triangulation across evidence streams. Quantitative data are presented descriptively, acknowledging limitations in availability and coding. Qualitative evidence is presented as a thematic synthesis informed by consistent views expressed across engagement activities and surveys. Feedback is thematically synthesised in the report, with a minimum number of verbatim quotes.

### A4. Key limitations

As with many scoping reviews, there are notable limitations:

- Workforce visibility: RNLDS working in roles not explicitly coded/titled as learning disability nursing can be missed in standard datasets.
- Cross-sector gaps: workforce data are weaker outside the NHS (e.g., social care, education and justice settings).

- Linkage gaps: limited linked data tracking students from application through completion, registration, early career destinations and retention.
- Outcome attribution: system-level outcomes are difficult to attribute directly to learning disability nurse input where activity is not systematically recorded.

These limitations are part of the review's findings: improving visibility, intelligence and coding is itself a priority.

## **Appendix B. Engagement activity and inputs**

Engagement was designed to capture insight from learning disability nurses, students, stakeholders and people with lived experience voices across the UK. Evidence from engagement activity was used to:

- (1) test whether the literature/data reflect practice realities;
- (2) surface risks and priorities that may not be visible in datasets; and
- (3) identify where action is most urgently needed.

Inputs included:

- RCN Learning Disability Nursing Summit (and summit-linked activity)
- Stakeholder workshops and wider professional engagement
- learning disability nurse and student surveys (including free-text responses)
- Lived experience contributions, including family accounts and narratives reflecting the impact of presence/absence of learning disability expertise in mainstream care.

## **Appendix C. Surveys and qualitative material**

### **C1. learning disability nurse and student survey evidence**

Survey data were used in two ways:

1. Descriptive patterns (e.g., role settings, perceptions of identity/visibility, recruitment and progression experiences).
2. Qualitative insight (free-text responses), treated as thematic evidence.

### **C2. Use of qualitative data**

Presented through thematic synthesis in the report, rather than quoted verbatim.

- illustrate patterns already established in the literature/data
- show how learning disability nurse impact is experienced in practice (often as “real-time risk reduction”)
- highlight gaps where evidence remains weak or inconsistent.



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