The challenges of change for learning disabilities nurses

In the past ten years there have been many changes in care provision for people with learning disabilities. This article outlines the changes and discusses the impact they have had on the learning disability nurse's role.

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Services for people with learning disabilities have developed apace since the Jay Committee report (DHSS 1979), the Griffiths proposals (DoH 1988) for the closure of long-stay hospitals and the implementation of the Community Care Act (1989).

Learning disability nurses have developed their profession alongside these changes and are making a significant contribution to meeting the diverse range of needs that people with learning disabilities may present. The value of the nursing contribution is endorsed by recent documents such as Continuing the Commitment (DoH 1995), and the response document from the English National Board (1996).

All agencies strive towards meeting the total needs of service users, thus enhancing 'quality of life' (Malin 1995). But quality of life depends on practitioners who are involved directly with service users. The agencies must provide a workforce of knowledgeable and skilled practitioners who understand the issues involved in caring, and are able to deal with them.

CHANGES

Independent sector One major change is the growth of the independent sector – any provision not provided by statutory agencies such as health authorities or local authorities. A specific aim of the White Paper Caring for People was to expand the role of the private sector by as much as 75 per cent (DoH 1989).

Community Care Act Responsibility for the provision and development of care has transferred from health authorities to local authorities. RNMHs no longer have a safe haven from the service-led model to which they have been used, and need to be more flexible in adapting to needs-led models of care.

PRIORITIES

Realignment of roles and role boundaries Nurses need to determine the exact function of their roles with their employing services. For example, under the residential care home regulations (DoH 1994), nurses are employed as home managers. Rather than using their specific nursing skills, they may need to take on more advisory roles to ensure that primary healthcare needs are met and that users have access to services. In this case the RNMH's skill would be the ability to assess a health need and follow it through.

Take the example of the Project 2000 nurse allocated to a residential care home for people with severe learning disabilities. The student became aware that one of the residents was in some discomfort but could not communicate why. Following a few simple assessment techniques and reflecting on her observations, the student suspected a urinary tract infection. She arranged an appointment with the local GP who confirmed the infection after further tests. The student's early detection avoided complications for the resident. This reflects the DoH recommendation (1992) that: 'The agency providing the accommodation has a primary responsibility for ensuring that managers are experienced and knowledgeable in relation to caring for people with learning disabilities, and are appropriately qualified and trained.'

Self-promotion Registered learning disabilities nurses need to tell their employing agencies what skills and knowledge they have. This is particularly important if the nurse is working in a social care environment. It is a myth that learning disabilities nurses only understand nursing concepts. Learning disabilities curricula (including Project 2000) cover a whole range of contemporary subjects involved in meeting the needs of service users. These include:
- Advocacy
- Bereavement
- Budget management
- Care management.

Review training and education It is also a myth that health and social care can be divided. Many of the boundaries between health and social care are unclear, particularly in the fields of residential, day and respite care (DoH 1992). According to Thompson and Mathias (1992): 'The important thing to note is that nurses' skills and
Learning disability nurses possess the following:

Knowledge
Skills
Attitudes

Learning disability nurses' key roles in care:

Provider  Manager  Adviser

Health care – Social care
and
Simple needs – Complex needs
and
Infancy – Old adulthood
and
Mild learning disabilities – Severe learning disabilities

knowledge are available to service users and their families wherever they live and work. Training and education initiatives need to be reviewed and explored continually to provide a workforce that can meet the needs of service users at different levels. Models of shared training (social services and health), Project 2000, and national vocational qualifications (NVQs) should be valued as complementary rather than competitive. Loxley (1997) argued that: ‘Professions able to collaborate and demonstrate integrated care will be better able to challenge structural responses to social need.’

CONCLUSION

Nurses need to concentrate on the debate about breaking down professional boundaries and the issues involved in collaboration with different agencies, with the ultimate aim of providing a seamless service that is needs based and service led. Service agencies which employ staff need to analyse the functions of the roles that RNMs can perform in contemporary practice rather than traditional inherited practice.

It is welcomed (and many say well overdue) that the UKCC has decided to change the name on the Register from Mental Handicap to Learning Disabilities.

Learning disabilities nurses have a wide range of skills which enable them to care for clients of all ages and with widely differing levels of disability, carrying out simple and complex nursing tasks in both social and health care settings. Qualified carers in learning disabilities services need to be highly flexible so that they can respond to changing needs and opportunities (Fig. 1.)

REFERENCES

Department of Health (1992) Caring For People: Community Care in the Next Decade and Beyond. London, HMSO.