Learning disability is a lifelong condition that can lead to difficulties with communication and swallowing (dysphagia). Speech and language therapy is a crucial service that promotes inclusive communication, accessible information, and safe eating and drinking for people with learning disabilities.

The potential impact of unsupported communication and swallowing needs

People with learning disabilities face a number of risks if their communication and swallowing needs are not supported. They may be misunderstood, and have limited involvement and engagement in decisions, activities and relationships. They may not be able to access services, may suffer health and social care inequalities, and have poorer opportunities in life. They may be at risk from unsafe eating and drinking.

Evidence shows that staff do not generally interact with the people they support in a way that enables individuals to achieve greater levels of independence, participation or integration.

Every year people with a learning disability die from choking while eating and drinking which could be prevented.

Speech and language therapy promotes inclusive communication

People with learning disabilities face a range of communication barriers. These are often due to the environment or how other people communicate with them. Speech and language therapy helps remove these barriers by promoting inclusive communication and accessible information. It supports communication-friendly environments; develops the communication skills of those working with and supporting people with learning disabilities; and promotes and creates accessible information so it can be shared in ways that everyone can understand.

Inclusive communication helps people to express themselves in the way they find easiest. It promotes their quality of life, enabling them to build relationships with their families and friends, achieve their potential, and make choices about their treatment and care. It also reduces the risk of them not participating in family life, the community, education, and the world of work.

The size of the problem

- **Approximately 1.5 million** people in the United Kingdom (UK) have a learning disability.
- **286,000** children (180,000 boys, 106,000 girls) age 0-17 in the UK with a learning disability.
- **50%-90%** of the learning disabled population have communication difficulties.
- Recent studies have shown about **15%** of people with learning disabilities require support to eat and drink and **8%** of people known to learning disability services have dysphagia.
- **89%** of people with learning disabilities need speech and language therapy intervention.
Speech and language therapy promotes safe eating and drinking

The management of dysphagia is an important public health intervention for people with learning disabilities.1 Speech and language therapy helps promote safe eating and drinking. This reduces the risk of swallowing problems leading to choking, chest infections, malnutrition, dehydration, and in some cases death.

Inclusive communication

Inclusive communication9 means:

☛ whatever communication methods work best for individuals are used and valued by others.
☛ other people communicate effectively because of their underpinning knowledge, skills and attitude.
☛ people actively listen and take time to support communication.

For more information email: info@rcslt.org

Five Good Communication Standards

Following the Winterbourne View scandal, the Royal College of Speech and Language Therapists developed the Five Good Communication Standards.10 These are designed to help health and social care staff to improve their communication with people with learning disabilities. These have also been produced in an easy-read version so people with learning disabilities can know what to expect from services.11

1. There is good information that tells people how best to communicate with me.
2. Staff help me to be involved in making decisions about my care and support.
3. Staff are good at supporting me with my communication.
4. I have lots of chances to support communication.
5. Staff help me to understand and communicate about my health.

John’s story and the Choking Awareness Project

John has a learning disability, epilepsy, cerebral palsy and swallowing difficulties. He was referred to speech and language therapy after a number of choking events. Following a swallowing assessment, he received direct therapy to help him reduce his risk of choking. John felt this saved his life and was inspired to share his story to help other people reduce their risk of choking. With money awarded from the Northern Ireland Public Health Agency, John’s story was developed into an accessible, educational DVD resource for people with a learning disability, their staff and carers. It aims to help people know and understand choking, including how to reduce risk. The DVD subsequently won an award at the Patient Safety and Care Awards under the category Preventing Avoidable Harm.12

References and Resources

1 Foundation for people with learning disabilities. Available at: www.learningdisabilities.org.uk/help-information/Learning-Disability-Statistics-
2 Foundation for people with learning disabilities. Available at: www.learningdisabilities.org.uk/help-information/Learning-Disability-Statistics-187687/
3 Enderby P and Davies P. Communication Disorders: planning a service to meet the needs. BJDC 1989; 24, 151-166.
9 Available at: www.rcslt.org/cq_live/resources_a_z/inclusive_communication/overview#position
10 Available at: www.rcslt.org/news/docs/good_comm_standards
11 Available at: www.rcslt.org/members/docs/s_good_comms_standards_easy_read
12 Available at: www.chain-network.org.uk/documents/help_stop_choking_project.pdf