Unit 69: Promoting the Health and Wellbeing of People with Learning Disabilities

Level:	**3**
Unit type:	**Optional**
Credit value:	**5**
Guided learning hours:	**26**

Unit introduction

The purpose of this unit is for learners to develop their understanding of a healthy lifestyle for people with learning disabilities who may also be autistic, in order to gain the skills needed to promote health and wellbeing for the people they support. The unit is aimed at those whose role includes providing direct support to individuals.

This unit covers health inequalities for people with learning disabilities and looks at the common high-risk physical and mental health conditions that they experience. There are many barriers that prevent people with learning disabilities from accessing good healthcare, and by understanding these barriers learners will gain insights into the concept of reasonable adjustments, which they will then have the opportunity to put into practice. Learners will consider the links between lifestyle and physical and mental health, and what constitutes a healthy lifestyle. They will have the opportunity to support individuals to improve their lifestyles with a view to better health and wellbeing. The issue of over-medication will also be addressed, with learners looking at practical ways to mitigate this risk.

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand the health inequalities and common physical health conditions experienced by people with learning disabilities	1.1 Explain the life expectancy gap between people with learning disabilities and the general population 1.2 Describe how the LeDeR programme addresses health inequalities experienced by people with learning disabilities 1.3 Describe the following common physical health conditions experienced by people with learning disabilities, their symptoms and own responsibilities as a support worker regarding: - epilepsy - diabetes - constipation and digestive problems - dysphagia and respiratory problems - obesity - cancer - problems as a result of poor postural care - dementia - sleep disorders 1.4 Identify the tools used within own service to monitor health conditions and own role in contributing to them 1.5 Describe the importance of ensuring that people with learning disabilities are registered with their GP as having a learning disability and receive an annual health check
2 Understand common mental health conditions experienced by people with learning disabilities	2.1 Describe the following common mental health conditions experienced by people with learning disabilities, their symptoms, and own responsibilities as a support worker regarding: - anxiety - depression - schizophrenia - Post-Traumatic Stress Disorder (PTSD) - eating disorders

Learning outcomes	Assessment criteria
	2.2 Describe the processes in own service for identifying and escalating any concerns regarding an individual's mental wellbeing
3 Understand the barriers to receiving effective healthcare for people with learning disabilities	3.1 Explain the term 'diagnostic overshadowing' and why it is important to ensure this does not happen for people with learning disabilities 3.2 Identify potential physical or environmental barriers in healthcare environments that might make accessing services difficult for individuals 3.3 Explain how pain may be experienced differently by people with learning disabilities who may also be autistic 3.4 Explain how communication may be a barrier to people with learning disabilities accessing effective healthcare 3.5 Describe how trauma may be a barrier to accessing healthcare
4 Be able to use reasonable adjustments to support individuals	4.1 Describe what a reasonable adjustment is, giving examples of reasonable adjustments for specific individuals 4.2 Describe the role of reasonable adjustments in improving healthcare for individuals, including own involvement in the process 4.3 Demonstrate the use of reasonable adjustments for an individual you support for attending a health or wellbeing appointment 4.4 Evaluate the reasonable adjustments and their implementation, suggesting possible improvements
5 Be able to promote good physical and mental health for individuals	5.1 Describe the relationships between good physical and mental health and a healthy lifestyle 5.2 Describe what constitutes a healthy diet 5.3 Describe recommended guidelines for physical activity 5.4 Demonstrate how to encourage individuals to make good decisions for a healthy lifestyle

Learning outcomes	Assessment criteria
	5.5 Demonstrate a strategy to support an individual to adopt a healthier lifestyle 5.6 Demonstrate verifying that an individual in own service has had their annual health check according to guidelines, and that any recommendations have been followed
6 Understand the risk of over-medication for people with learning disabilities and ways to address this	6.1 Describe the impact of over-medication of people with learning disabilities 6.2 Explain what the STOMP programme is 6.3 Explain own responsibilities as a support worker in relation to medication, medication reviews and how to raise or escalate any issues 6.4 Explain how to respond to concerns about over-medication, medication reviews and potential side-effects of medication

Unit content

What needs to be learned
Learning outcome 1: Understand the health inequalities and common physical health conditions experienced by people with learning disabilities
1A Life expectancy gap between those with learning difficulties and the general population Earlier average age of death for people with learning disabilities than for the general population; deaths from preventable or avoidable illnesses. 1B The LeDeR programme NHS mortality review programme for all people with learning disabilities: o policy o LeDeR reviews o reporting deaths. 1C Common physical health conditions o *Epilepsy* – seizures; symptoms including uncontrollable jerking and shaking, loss of awareness, stiffness, strange sensations, collapse; responsibilities of support worker, including following epilepsy protocol, reporting any variation or increase in seizures, monitoring length and frequency of seizures, supporting positive risk taking through risk assessments. o *Diabetes* – blood sugar level too high; type 1 and type 2; symptoms including thirst, frequent urination, fatigue; responsibilities of support worker, including following diabetes plan, reporting any changes or increase in symptoms, supporting individual to make healthy choices. o *Constipation and digestive problems* – changes to frequency/consistency of bowel movements, abdominal discomfort; responsibilities of support worker, including encouraging individual to drink more fluids and consume more fibre, supporting individual to understand health bowel movements and where necessary monitoring bowel movements; supporting the use of exercise to encourage healthy bowel movements, understanding common symptoms that might indicate an issue for further investigation; understanding the impact of prescribed medications on bowel movements. o *Dysphagia and respiratory problems* – swallowing difficulties; symptoms including coughing or choking when eating or drinking, feeling of food stuck in throat, drooling; responsibilities of support worker, including following any eating or drinking plans; referring to a speech and language therapist for dysphagia assessment; understanding common symptoms and when to escalate.

What needs to be learned
o *Obesity* – excess body fat; responsibilities of support worker, including encouraging individual to exercise, eat healthily and understand the implications of an unhealthy lifestyle. o *Cancer* – symptoms include lumps, moles showing changes, unexplained changes to bowel habits, bloating, bleeding, coughing, weight loss; responsibilities of support worker, including supporting individuals to attend cancer screening appointments, ensuring individuals carry out routine cancer checks on themselves, ensuring individuals attend annual health checks, ensuring any symptoms are reported to GP for further investigation. o *Problems as a result of poor postural care* – body distortion, leading to respiratory problems, musculoskeletal problems, swallowing and digestive problems, pressure sores; responsibilities of support worker, including following postural care plan, reporting any changes or issues of concern, ensuring individuals have access to postural care assessments, ensuring equipment is used effectively and in line with guidance. o *Dementia* – memory loss, confusion, mood changes; responsibilities of support worker, including recording a baseline of 'normal' for the individual and reporting any potential symptoms or changes, supporting individual to encourage maximum independence, ensuring environment is safe and least restrictive for individual. o *Sleep disorders* – difficulties falling asleep or staying asleep; responsibilities of support worker, including following any care plans in place, reporting changes/escalations affecting the individual's quality of life. 1D Common tools used to monitor health conditions may include: o baseline monitoring of health and wellbeing o health and wellbeing annual care plans o Significant Seven/Coordinate my Care/Restore 2 or other similar tools. 1E Importance of annual health check An opportunity to have: o health conditions proactively addressed o conditions and risk factors identified that may have been undetected due to the individual or their supporters not noticing the symptoms, or the individual being unable to communicate them o a baseline of 'normal' set for an individual, so that any long-term changes are identified and addressed.
Learning outcome 2: Understand common mental health conditions experienced by people with learning disabilities

What needs to be learned
2A Common mental health conditions o *Anxiety* – uncontrollable worry or fear. o *Depression* – persistent low mood. o *Schizophrenia* – symptoms including hallucinations and delusions. o *Post-Traumatic Stress Disorder (PTSD)* – anxiety disorder caused by stressful or traumatic events; symptoms including insomnia, nightmares, irritability. o *Eating disorders* – undereating, overeating, binge eating. Responsibilities of support worker for each of the above, including following any care plans in place and reporting changes/escalations affecting the individual's quality of life. 2B Escalating concerns Monitoring symptoms; discussing with line manager; booking appointment with GP; urgent response through crisis response teams.
Learning outcome 3: Understand the barriers to receiving effective healthcare for people with learning disabilities
3A Diagnostic overshadowing Definition and effects, i.e. attributing symptoms to a major condition that has been diagnosed, leaving other co-existing conditions undiagnosed. 3B Physical or environmental barriers in healthcare environments May include (but not limited to): o noisy or busy waiting areas o environmental factors such as flickering lights, loud radio, computer screen o large-scale environments that are difficult to navigate and require reading signs or using maps to orientate o access difficulties, such as needing a car or complicated bus journey to reach location. 3C Different experiences of pain o Autism: hyper/hyposensitivity o Difficulties identifying and locating pain o Behavioural change as indicator of pain. 3D Communication as a barrier o Difficulties accessing services such as automated online booking systems, written letters (for those who cannot read), phone waiting systems o Use of jargon or complicated language o Not being given enough time to process information

What needs to be learned
○ Not using adapted communication, e.g. easy-read documents, key word images, key word signs, sign language. 3E Trauma as a barrier Previous traumatic experiences may prevent individuals from accessing healthcare, e.g. restrictive practices, death of a loved one, previous illness or long-term stay in hospital, negative experiences with clinicians, previous 'meltdowns' or anxiety-driven behaviour.
Learning outcome 4: Be able to use reasonable adjustments to support individuals
4A Reasonable adjustments Definition and purpose, i.e. to avoid as far as possible by reasonable means the disadvantage which an individual experiences because of their disability. Role of reasonable adjustments in improving healthcare: ○ Reducing/removing barriers for individuals ○ Providing conditions most likely to enable an individual to receive the care needed ○ Providing a person-centred approach. Own involvement: ○ Identifying adjustments needed ○ Supporting the individual to self-advocate, or advocating on their behalf ○ Planning and implementing adjustments proactively ○ Being prepared to try different approaches until the 'right' adjustment is found. 4B Reasonable adjustments for attending a health or wellbeing appointment ○ Identifying barriers or challenges for the individual ○ Devising potential solutions or adjustments ○ Communicating effectively with the individual and all others involved ○ Working in partnership with the individual. 4C Evaluating reasonable adjustments and their implementation ○ What worked well ○ What didn't work well ○ What could be improved for next time ○ Own role and role of others ○ Proactive and reactive solutions.
Learning outcome 5: Be able to promote good physical and mental health for individuals

What needs to be learned

5A Relationships between good physical and mental health and a healthy lifestyle

- Lifestyle choices that can improve physical and mental health, e.g. connecting with other people, being physically active, learning new skills
- Effects of physical illness and pain on mental health, e.g. chronic pain may lead to anxiety and depression
- Effects of mental ill health on physical health, e.g. mental ill health may lead to harmful choices such as inactivity and comfort eating.

5B Healthy diet

Healthy eating and a balanced diet, e.g. Eatwell Guide, main food groups.

5C Recommended guidelines for physical activity

Different types of physical activity, e.g. moderate aerobic, vigorous; recommended amounts of physical activity.

5D Encouraging individuals to make good decisions

- Presenting choices and giving control to individuals
- Helping individuals to understand consequences (using adapted communication as required)
- Making healthy choices fun, e.g. group activities, reward-oriented, varied
- Building exercise into routines, e.g. walking to shop
- Making healthy choices person-centred.

5E Strategy for a healthier lifestyle should include:

- the individual's preferences
- person-centred adaptations for the individual
- gradual building and improvement
- goal setting and rewards
- evidence of partnership working with the individual
- alternatives where needed
- proactive problem solving and reactive solutions
- positive risk-taking assessment
- building into everyday routine, e.g. walking to a favoured activity, getting off the bus a stop earlier, parking further away from a venue.

5F Verifying annual health check should include:

- date of last check
- whether procedure was followed
- identifying recommendations, if any, and how they have been implemented.

What needs to be learned
Learning outcome 6: Understand the risk of over-medication for people with learning disabilities and ways to address this
6A Impact of over-medication of people with learning disabilities and the STOMP programme o Definition of psychotropic medicines and why they are prescribed o Effects of psychotropic medicines if taken unnecessarily, for too long or at too high a dose o How the STOMP programme works to stop over-medication of people with learning disabilities and/or autism with psychotropic medicines. 6B Responsibilities as a support worker in relation to medication o Checking medication plan is up to date and has had a recent review o Checking medication administered is in line with plan o Understanding side-effects of medication and how these may impact individual o Raising any concerns with line manager, with individual and their family, and with the individual's GP.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

It is expected that this unit will be assessed in a real or simulated working environment, where evidence is naturally occurring and collected over a period of time.

Centres are responsible for deciding on the assessment activities that will enable learners to produce valid, sufficient, authentic and appropriate evidence to meet the assessment criteria.

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements.*

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

Unit assessment requirements

This unit must be assessed in accordance with Skills for Care and Development's Assessment Principles in *Annexe A*.

Assessment decisions for learning outcomes 4 and 5 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 4 and 5.

Assessment of learning outcomes 1, 2, 3 and 6 (knowledge) may take place in or outside of a real work environment.

Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

Textbook

Chaplin E, Woodward P, Hardy S – *Supporting the Physical Health Needs of People with Learning Disabilities* (Pavilion, 2016) ISBN 9781910366257

Websites

easyhealth.org.uk	Easy-read health information
england.nhs.uk/learning-disabilities/improving-health/mortality-review	Learning from lives and deaths – people with a learning disability and autistic people (LeDeR)
england.nhs.uk/learning-disabilities/improving-health/reasonable-adjustments	NHS resources on reasonable adjustments
england.nhs.uk/learning-disabilities/improving-health/stomp	Information about the STOMP programme
equalityhumanrights.com/en/advice-and-guidance/what-are-reasonable-adjustments	Equality and Human Rights Commission: guidance on reasonable adjustments
gov.uk/government/publications/postural-care-services-making-reasonable-adjustments/postural-care-and-people-with-learning-disabilities	Guidance on postural care for people with learning disabilities
mencap.org.uk/advice-and-support/health	Information on learning disabilities and healthcare
nhs.uk/conditions	Health A–Z, covering symptoms, causes, diagnosis, treatment and complications
nhs.uk/live-well/eat-well/the-eatwell-guide/	NHS guidance on a balanced diet

nhs.uk/live-well/exercise	NHS guidance on amount and types of exercise
nhs.uk/mental-health/conditions	Mental health A–Z, covering signs, causes and treatment
nhs.uk/mental-health/self-help/guides-tools-and-activities/five-steps-to-mental-wellbeing	Simple lifestyle choices to improve mental wellbeing
stuff.readingmencap.org.uk/wp-content/uploads/2018/03/05.Diagnostic-Overshadowing.pdf	Ways to ensure key health issues are not overlooked in people with learning disabilities