

The new learning disability nursing.

Agents of inclusion for people with learning disability in the 21st Century.

There continues to be unthinking stigmatisation of learning disability nurses, and a cynical attitude to the contribution they make to the lives of people with learning disabilities. Paradoxically, examples can be found within the nursing profession itself (Turnbull 2002), as well as in other literature concerning learning disability. In a guest editorial for the British Journal of Learning Disability, Jackson has commented:

'the highly ambiguous, and often uncomfortable role of nurses throughout the twentieth century. ...he [Mitchell] acknowledges that nurses have been part of an oppressive system that has often denied certain rights to people with learning difficulties.' (Jackson 2000, 47)

Such an observation is undeniably true, but fails to place nursing within a temporal context. It was the case that nurses, along with a range of other professionals, were mediators of social policy and public opinion. To that extent our past was concerned with, and we now know wrongly, contributing to the segregation of people with learning disabilities from society, and therefore from their communities. Evidently this background is still seen by some as problematic, and our indirect association with the eugenics programme of the last century still seemingly haunts our professional status.

It is time to assert the positive contribution that learning disability nurses make and to acknowledge that as a professional group we have moved forward. Much evidence exists of the positive contribution of learning disability nurses to the lives of some people with learning disabilities, and this is evidenced by people with learning disabilities themselves, parents, other members of the multi-professional team, as well as employers (Alaszewski *et al* 2000).

This editorial introduces seven papers that explore different aspects of learning disability nursing. These papers chart the historical context of learning disability nursing, explore some of the career issues facing this group, and demonstrate the diversity of contribution that learning disability nurses make to the lives of people with learning disabilities and their families.

Firstly, Mitchell provides us with a compelling argument that the marginalisation of learning disability nursing has inevitably led to stigmatisation. He contends that this is shared in parallel with people with learning disabilities. This paper provides us with insights as to the causation of continuing stigmatisation of learning disability nursing.

Next, Tingle provides us with data from a Department of Health funded longitudinal study of career pathways of nursing diplomates. From this study it can be seen that whereas the majority of learning disability nurses continue to be employed in the NHS, other career opportunities exist. Indeed, learning disability nurses now work in the NHS, social services, the private, independent and voluntary sectors, as well as in educational settings. They work with clients with very different needs, and are employed in a variety of positions, often without the title of nurse. Seemingly they

use their professional preparation as a passport to a range of career opportunities in a multiplicity of settings and for different agencies.

Mobbs *et al* provide an overview of the role of community learning disability nurses. It can be seen that these work with people of all ages across the full spectrum of learning disabilities. They support people with challenging behaviour, promote child health, and have specialist roles in epilepsy, and forensic services. They also make a significant contribution to the training of staff outside of the NHS on learning disability issues. The authors conclude that community learning disability nurses provide a valued role, and that this is '*surely secured*'.

Jenkins and Northway point to the importance of advocacy in countering the marginalisation of people with learning disabilities. They identify learning disability nurses as being ideal contacts to assist people with learning disabilities to access advocacy groups who might be better placed to represent their interests.

Martin writes of the importance of multi-disciplinary work in promoting good practice in caring for people with learning disabilities with mental ill health. The experience of mental ill health is distressing for all, but for people with learning disabilities it is especially important that their ill health is not masked, or overshadowed by their learning disabilities. This has in the past led to people with learning disabilities not being treated, when clearly they were experiencing mental distress.

In the penultimate paper, Kay reports on a successful programme of health screening and health promotion workshops. Given all that we know about the health of people with learning disabilities, this paper demonstrates in a very concrete way what nurses can do for their client group in everyday practice. As such, it serves as a model for good practice in addressing issues of health inequalities experienced by people with learning disabilities.

The final paper, by Rawlinson, explores dental and oral health. He advocates the need for promoting dental and oral health awareness among carers, and the importance of routine dental health checks for people with learning disabilities.

In the context of the recent White Paper - Valuing People (DOH 2001) - it is clear that learning disability nurses have much to contribute to current health and social care reforms. We have the potential to act as agents of social inclusion. For this to happen we need to continue to develop our specialist knowledge and skills, so that we are better able to offer support to people with learning disabilities in a range of health and social care settings. The papers in this bulletin remind us of what we are achieving in this respect and the progress we have made as a professional group. Our practice in the future, even more than now, will continue to transcend traditional roles and agency boundaries.

It is my contention that many learning disability nurses are working at the very heart of initiatives to develop services for people with learning disabilities. Learning disability nurses are currently the only health and social care practitioners who spend two of their three years of professional preparation specialising in learning disabilities. Their knowledge and skills, and positive value base prepare them to work in true

partnership with people with learning disabilities, their families and carers. This partnership will be used to bring about valued life styles for people with learning disabilities in the communities in which they live.

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