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Factsheet – what is a learning disability?

Summary

- Learning Disability is a label, people with a learning disability are people first
- IQ measures are used but are open to interpretation
- There is no official statistic for the number of people with a learning disability, our knowledge is based on studies of incidence and prevalence

General Introduction

The term learning disability is a label. It is used as a convenience in discussion and for planning services. The reality is however, that everybody who carries that label also carries many other labels, for example, friend, brother, employee, father etc. A label might describe one aspect of a person, but does not capture the person. Every person described as a person with a learning disability is a person first.

The term itself was widely adopted in England following a speech in 1996 to Mencap by Stephen Dorrell, the then secretary for Health. Many people who have the label prefer the term people with learning difficulties. This is the term used by People First, an international advocacy organisation. In the UK, the Warnock Committee suggested the term learning difficulties to cover specific problems with learning in children that might arise as a result of a number of different things, eg medical problems, emotional problems, language impairments etc.

Numbers

There is no official statistic that tells us how many people there are with learning disabilities in the UK. The information we have is from a number of epidemiological, or population studies. These have focused on measuring prevalence rates.

The Department of Health state on their facts and figures page that epidemiological studies suggests there are around 160,000 adults with

severe and profound learning disabilities in England, most of whom are living initially in their family homes and later on in residential accommodation.

This page also suggests that there could be between 55,000 and 75,000 children with a moderate to severe learning disability.

What is a learning disability?

The World Health Organisation defines learning disabilities as 'a state of arrested or incomplete development of mind'. Somebody with a learning disability is said also to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning'

This means that the person will have difficulties understanding, learning and remembering new things, and in generalising any learning to new situations. Because of these difficulties with learning, the person may have difficulties with a number of social tasks, for example communication, self-care, awareness of health and safety.

A final dimension to the definition is that these impairments are present from childhood, not acquired as a result of accident or following the onset of adult illness.

There is still a good deal of debate about the best way to measure 'significant' impairment, and the impact of impairments of social functioning. Psychometric tests are most often used to measure intellectual functioning, measuring Intelligence Quotient (IQ). A common tool used to measure general intellectual functioning for the adult population is the Wechsler Adult Intelligence Scale (Wechsler 1955). The mean of the scale is 100, and standard deviation is 15. More than two standard deviations below the mean would suggest the presence of learning disability (hence IQ of 70 or less).

Results of tests however must be interpreted in the light of other information about the person. Psychometric test results can be open to misinterpretation, and factors other than learning disability can affect results, for example psychiatric illness or drug use.

Measuring the degree of impairment of social functioning is equally difficult. Clearly some social impairments may be life threatening for the person, eg eating, drinking, keeping warm and safe. Others for example, communication and social skills, may be relevant to the person's functioning in modern society. There are a number of scales that have been developed, for example Adaptive Behaviour Scale (ABS), the Hampshire Assessment for Living with Others (HALO). Formal assessments however must be seen in the light of the context within

which the person is living, and take into account their personal circumstances, age, gender and religion for example.

The words, mild, moderate, severe and profound are also used with learning disability. In the UK, the Department of Health has used the terms moderate, severe and profound. These have been linked to IQ test scores. More recently attempts have been made to recognise that the level of support people need to live their lives is as important as the label given to their level of impairment. The American Association on Mental Retardation (AAMR) in 1992 developed a classification of levels of support, from 'intermittent', through 'limited', 'extensive' and finally 'pervasive'. People needing 'intermittent' supports required help on an 'as needed' basis, perhaps in times of crisis. They could be high or low intensity when required. People needing 'a pervasive' level of support however required consistent support, nearly always of high intensity, and lack of that support over long periods of time could be life threatening (AAMR 1992). (see the BILD FAQ on this site)

Within mental health legislation, the Criminal Justice System, and in relation to Social Security Benefits, other terms may be used to describe people with a learning disability. In legislation, it is important to recognise that definitions used are 'legal' definitions, and not clinical definitions. This means that someone who fits the the definition for one piece of legislation (eg. within the Criminal Justice System) may not be covered by another piece of legislation.

The Mental Health Act (1983) uses the following terms: 'Mental Impairment' and 'Severe Mental Impairment'. Mental impairment refers to 'incomplete development of mind' and 'impairment in social functioning'. To meet the criteria for severe mental impairment, there must also be "abnormally aggressive or seriously irresponsible conduct on the part of the person concerned."

In the Criminal Justice System, the Sexual Offences Act (1956) refers to unlawful sexual intercourse with a woman who is a 'defective', and refers to indecent assault on a man or woman who is a 'defective' (defective was a term originally used in the 1923 mental deficiency act). The Sexual Offences Act 1967 refers to male homosexuality in relation to men with 'severe mental handicap'; The Police and Criminal Evidence Act 1984 sets out requirements for an 'appropriate adult' to be present at interviews where the suspect is thought to have a learning difficulty. Terms in legislation will have very specific legal meanings, and these will not always be the same as the meanings expressed by 'clinical' definitions.

In the Benefits system, the terms Severe Mental Impairment and Severe Learning Disability are used in relation to for example, social security contributions, incapacity for work regulations and regulations relating to

Disability Living Allowance. It is important to realise that although the terms are the same, the Department of Social Security will be working to slightly different definitions.

Other legislation where the term Learning Disability is used include the Registered Care Homes Act (1984) and the Direct Payments (Community Care) Act (1996).

Key Government Papers

Department of Health (1998) Signposts for Success in commissioning and providing health services for people with learning disabilities

Department of Health (1995) Health of the Nation: a strategy for people with learning disabilities

Department of Health (2001) Valuing People a new strategy for learning disability in the 21st century

References

American Association on Mental Retardation (1992); Mental Retardation, Definition, Classification and System of Supports - 9th Edition

Wechsler D (1955); Wechsler Adult Intelligence Scale, New York, Psychological Corporation

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