RNLD\textsuperscript{plus}: enhancing student knowledge and experience

Finding ways to help learning disability nurses respond to changes in the way services are delivered has become a major challenge. Peter Zaagman explains how one university is responding.

This article describes the innovative way in which Oxford Brookes University has responded to recent trends in the delivery of services by registered learning disability nurses (RNLDs) and career pathways of graduates. The approach outlined here allows students to enhance their knowledge, skills and experience in a particular service setting or for specific client groups before qualifying, to better prepare them for a particular chosen specialty.

The past three decades

The history of learning disability nursing has been typified by challenges, debates and controversy. Arguably, the main reason for this is that learning disability nurses have dealt with the aftermath of past governments that attempted to manage a social ‘problem’ within a medical model. The fact that the client group has both health and social needs, often in significantly higher proportion than the non-disabled population, has created specific challenges for RNLDs over the past 30 years (Turnbull 2004).

Jukes (2006) neatly encapsulates this period as ‘fractured evolution and development in the midst of policies which have ranged from support of the colony/hospital/institutional era, community care reforms and now in the context of individualised care, supported living and person-centred planning’.

The 1980s and 1990s saw an associated shift to less health-focused models of practice, with an adjusted curriculum that included more emphasis on social needs (English National Board 1985), but with acknowledged need for continued professional nurse involvement (Cullen 1991, Kay et al 1995). There were suggestions in the Jay report (Department of Health and Social Services 1979) for the creation of a new profession, merging nursing with social work into dual qualifications (Brown 1994, Association of Directors of Social Services and the Local Government Management Board 1997, Mathias and Thompson 1998), and broad discussion of adoption of European models of social pedagogy (Davies Jones 1998). None of these made significant national impact. More recently, the proposals under discussion for the overhaul of all nurse education in the UK (Nursing and Midwifery Council 2007) are the latest potential threat to the survival of the RNLD in the ‘family of nursing’.

Keywords

- Learning disabilities
- Nursing: education
- Learning disabilities: services
- Student nurses

These keywords are based on the subject headings from the British Nursing Index. This article has been subject to a double-blind review.
The specific health needs of the client group remain ever present (Northway et al 2006, Royal College of Nursing 2006), and learning disability nursing continues to be the only professional group whose education and practice is solely and entirely focused on the needs of people with a learning disability of all ages (All Wales Senior Nurse Advisory Group 2007) with an acknowledged role to play (Department of Health 2007).

**Changing needs across the lifespan**

Despite the changes and policies introduced since the Jay report in 1979, and the progress that has been made in services in the past 30 years, people with a learning disability continue to experience poor health and difficulties in accessing health care.

There is evidence of decreased mortality and improved life expectancy (Disability Rights Commission (DRC) 2006). 

‘This model will make them [the students] attractive to prospective employers as they will bring extra knowledge and skills that would normally take time and money to develop on first employment’
but this extended life expectancy increases morbidity for people with a learning disability at both ends of the age spectrum, and collectively they remain at greatest risk of early, preventable death (DRC 2006). Arguably the gap between them and their non-disabled peers has remained fairly constant. In the light of increased overall NHS expenditure for rising numbers of new (and often expensive) treatments and associated rationing in the NHS, this divide is unlikely to narrow in the near future.

Recent reports of poor practice in both generic NHS (Mencap 2007) and ‘specialist’ services in Cornwall, London and elsewhere (Healthcare Commission 2007a, 2007b, 2007c) give cause for concern about whether public and acute health services are able to meet the complex health and social care needs of people with a learning disability.

Increased specialisation
Another emerging trend during the past decade has been the increased specialisation among RNLDs (Sines 1992, Alaszewski et al 2000). Examples include specialist epilepsy nurses, challenging behaviour experts, crisis intervention and supportive outreach nurses, multiple and profound disability specialists, and forensic nurses. A number of our graduates were employed by hospices for children and young adults, reflecting the growing proportion of people with life-limiting conditions who also have a learning disability (Tuffrey-Wijne 2002). Nationally, this specialisation has been reflected in a rising number of consultant nurse posts filled by RNLDs.

The RNLDplus model
Clearly, RNLDs have shown that they can adapt and diversify in the face of changes in client needs and services. In response to the most recent developments outlined above, the team at the school of health and social care at Oxford Brookes University designed RNLDplus. This approach, launched last year, allows students to specialise during their course (if they so wish), and develop more in-depth knowledge and experience in a specific service type or client group before qualifying. This does not replace anything in the curriculum, but allows them to enhance their skill and expertise in their chosen area.

All students will take the generic course, thus ensuring they meet all Nursing and Midwifery Council and other professional requirements, but will then be offered the option of specialising during their second year and third years. This will be achieved by a combination of:

- Use of specific relevant placements during year three.
- Choice of topic for assignments during year three.
- The topic of an independent study or optional module(s).
- Choice of focus for their dissertation.

Proposed themes or focus
There is a range of possible interests that students might pursue:

Meeting complex needs
- Multiple and profound disability/CP (child).
- Continence/constipation.
- Artificial feeding and nutrition.
- Sensory impairments and stimulation.

Working with specific client groups
- Autistic spectrum disorders.
- Older adults and dementia.
- Epilepsy/acquired brain injury.
- Palliative/hospice care/degenerative disorders.
- Minority ethnic groups.

Working in (semi) secure environments
- Challenging behaviour units.
- Mental health/forensic services/prisons.

Management of services (in health and social care)
- Leadership and service development.
- Project management and budgeting.
- Quality assurance and clinical governance.

Focus on public and community health
- Health facilitation.
- Health education/promotion.
- Sexual health/pregnancy support/parenting.
Complementary therapies.

Working in residential/social care

Care management.

Day care/employment/community networking.

Horticulture/gardening projects.

Sport and recreation.

Drama/dance/art.

The aim of this model is to prepare students to provide better services. Their enhanced knowledge and skills should benefit service users, service providers and the students themselves, who will be better equipped for specific career pathways. It will make them attractive to prospective employers as they will bring extra knowledge and skills that would normally take time and money to develop on first employment.

The days when RNLDs were team leaders and generic workers in the NHS are probably gone, and more specialised and independent professional input is replacing this. Except for some specialist NHS services, RNLDs are no longer the core of the workforce, but play a crucial role in educating other care staff and parents. They also work across many professional and service boundaries, and for different employers in health and social care.

Consultation with local stakeholders and students revealed very positive responses to this approach, including suggestions that the model could also be applied to other courses, such as occupational therapy or adult nursing.

The future of the RNLD remains uncertain, but the clear, constant factors throughout have been the complex needs of people with a learning disability. Anything that can be done to improve the ways in which these are met must be worth pursuing, as the current evidence suggests there is ample room for improvement. We are yet to produce students who have chosen to follow the RNLDplus model but, whether in the NHS or other services, students with particular and enhanced knowledge and skills should be well placed to play an important role.

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References


