Efficiency Of Available Care Services To Individuals With Learning Disability

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Abstract

The current research study attempts to explore the state of care service for individuals with learning disability. The literature review part of the paper highlights the existing literature available in journals of care services for individuals with learning disability. The research adopts quantitative and qualitative research methods through a survey of questionnaires representative of people working in healthcare settings and outside, with reference to the available care services for individuals with learning disability. The survey size is three, and each participant represents unique feedback that is necessary to evaluate the phenomenon under investigation. Two participants work in a healthcare setting, while one of them engages with people with learning disability within a care service environment. The findings of the study suggest that a care service provider has to interact with individuals with learning disability at the physical level, and the needs of individuals with learning disability are complex, which involve brushing someone's teeth, mouth care, and other similar forms of care services within oral hygiene, emotional or/and physical support. Learning disability adversely affects individual communication levels, and the need for care services for individuals with learning disability, coupled with family support, explains the urgency of care services. Care needs for individuals with learning disability also vary with age, and people above fifty years of age find physical needs as part of the needed care. In order to meet the needs of people from different age groups, it is required to create a comprehensive services programme that includes inclusive care for individuals with learning disability. The paper concludes with an emphasis on improved and updated care services for individuals with learning disability. Individuals with learning disabilities are marginalized members of society, and care services aimed at enabling them to conduct their ordinary lives with ease are essential components of overall healthcare services. The paper concludes with recommendations for policy, practice and research.

Introduction

Individuals with learning disabilities are at odds with life in organizing their routine life, and care services for individuals with learning disability assist them with the ability to manage themselves. The paper attempts to analyze the level of health service availability, efficiency, and sufficiency for people with learning disability in Blackpool, North West England Coast. Individuals with learning disability,

especially older than fifty years of age, require attention and care because of deteriorating physical health. Additionally, empirical evidence is needed to assess whether the available services have improved over the past or not. The paper relies on empirical evidence for the scientific study of available services to individuals with learning disability. Individuals with learning disability need assistance for the organization of their lives, and sometimes the available services to individuals with learning disability, coupled with families of people with learning disability, are limited. The research paper adopts primary and secondary research methods for assessing the participant response through a questionnaire survey. Interestingly, the research findings highlight the lack of public knowledge on the available care services for learning disability, and only people interacting first-hand with learning disability realize the insufficiency of the services. The needs of individuals with learning disability are complex and underrepresented in literature due to a lack of first-hand exposure to interaction with people with learning disability. The research findings also highlight the utilization of new services in the market that are in use for individuals with learning disability elsewhere. Adaptation of quantitative and qualitative research methods for assessment of the care service phenomenon is undertaken through survey data collection methods, which include online surveys. Electronic interaction with the sample population is due to maintaining COVID-19 protocols of safe distancing. The current study explores the availability, accessibility, and sufficiency of care services available to people with learning disability.

Literature Review

Taking into account the previous literature conducted in this field, according to Willcutt, E. G., and Pennington, B. F. (2000), Learning Disabilities can be viewed as a vast term envisaging a variety of learning complexities related to people of all age groups. Learning disabilities are generally associated with psychological comorbidities. Kohli et al. (2018) state that often, the terms disabilities and disorders are used interactively; however, there is a difference between these two terms. The term ‘disorder’ is associated with a medical and scientific term. On the other hand, the word ‘disability’ in the paradigm of learning disabilities is a legal term that is mentioned in the Rights of Persons with Disabilities Act. Szklut, S., Cermak, S., and Henderson, A. (1995) state that despite the wide variety of proposed guidelines and research on Learning disabilities and learning-disabled individuals, the agreement upon a unified and standard definition is difficult to achieve. (Pacfold -Acta (2002). Therefore, a variety of definitions are stated in different research that visualizes different types of learning disabilities. Learning Disabilities can also be defined as a collection of various disorders that may affect the individual’s cognition, acquisition, retention, socialization, organization, comprehension, or use of verbal or nonverbal information.

According to Rutter, M. (1974), the prime causes of learning disabilities are genetic or neurobiological factors, or any physical damage that changes the functions of the brain in a way that disturbs one or more cognitive processes related to learning and comprehension skills. A learning disability can be perceived as a reduced intellectual ability and functional difficulty with everyday chores and activities in an individual (Lyon, G. R., Fletcher, J. M., and Barnes, M. C., 2003). Furthermore, research claims

that the main cause of learning disabilities is neurobiological factors because of unrevealed brain pathology.

In recent studies, hereditary and environmental aspects have shown mutual influence in the development and triggering of learning disabilities (Shaywitz, S. E., 1998). According to Handler S. M. et al. (2011), Learning disabilities can be categorized into verbal and non-verbal disabilities such as dyslexia, dysgraphia, dyscalculia, and visual-spatial organization problems. The effects of learning disabilities prevail from childhood to adulthood because reading, writing, and socialization are essential proponents of daily life. Individuals suffering from these disabilities have a hard time socializing in academic, professional, and personal life. The person suffering from a learning disability also faces limited employment opportunities. Adults who suffer from a learning disability face a major blow in their lives when their professional opportunities are limited. These limited professional opportunities significantly make the person's personal and professional life difficult. The social care and medical services become limited when the child enters his or her adult age, later on old age, or when he or she does not have his family to take care of him. According to Hogg, J., and Lambe, L. (1998), a research study, residential services, social care, and family caregiving for older people are prominently set apart from the mainstream. Furthermore, it emphasizes that older people suffering from learning disability require more attention and services which are not given to them.

Family support, medical health care, and services for individuals suffering from any type of learning disability are very important to be focused on. However, people focus on the victim's learning disability rather than their ability. The concerned family members are worried about their relatives suffering from learning disability in the future of hate crimes, bullying, maltreatment, and exploitation. There is very little evidence for adults suffering from learning disabilities to have access to medical care and services. The process of ageing extremely influences learning disabilities, as adults with learning disability are more prone to suffer from physical problems as well. Therefore, medical research and policies should be conducted and implemented to provide efficient medical care and services to older individuals who are suffering from learning disabilities. According to Christine, T. (2007), the families of individuals suffering from learning disability claim the thoughts of the future to be terrifying because of no proper medical care, policies, and incentives for adults facing learning disability. McCombie, C., and Chilvers, S. (2005) suggest that the views of families of learning disability individuals should be the main priority in views about medical government services in practice. In one of the recent studies, the whole family of the individual suffering from a learning disability should be viewed as a 'priority client' and was shocked about the absence of medical care and services for the adult service users Knox, M. (2000). According to Moss and Patel's (1997) research study, there is a significantly high rate of people with learning disability above the age of 50 to be suffering from dementia. Adults suffering from any learning disability can acquire dementia. The study conducted on 101 adult people above 50 with learning disabilities deduced that 12 adults were additionally suffering from other physical health problems.

In contemporary society, social care and improved medical technologies have radically increased the life expectancy of people in developing and developed countries (Kinsella, K. G., 1995). Therefore, the

chances of the prevalence of learning disabilities have increased in adults after the age of 50. The main premise of social and health medical care services for older people suffering from learning disabilities requires more care and attention. Older people require a more responsive social care environment and acknowledgement that as they grow old, their needs change. Therefore, adults and aged people with learning disability require more attention and care to fulfil their needs. Health and social care workers should provide more attention and care to people with learning disability who have suffered any change in their family circumstances. They should provide emotional support and health care to these people.

Methodology

The research methods define the strategy for ascertaining empirical evidence pertaining to healthcare services for individuals with learning disabilities in the locality of Blackpool on the North West England coast. Research methods involve data collection through primary and secondary sources; primary sources include a collection of data through surveys, while secondary sources involve the utilization of already published literature in the field of healthcare. The adopted survey methodology involves simple-to-understand closed-ended questions which the respondents can easily comprehend and subsequently respond to. Questionnaire methodology is a qualitative research methodology, and closed-ended questions provide easy comprehension of the responses. For example, asking for the answer in 'Yes' or 'No' allows the use of descriptive statistics that can categorize the population numerically in percentage, which is also known as dummy variables with a scale from 0 to 1 or depending on the number of available options to respond (Skrivanek, 2009). This type of research methodology is based on the collection and processing of numerical information (Queirós, Faria & Almeida, 2017) from qualitative responses. Henceforth, the qualitative nature of questionnaires paves the way for the utilization of quantitative methods in the undertaken research.

Merits and Limitations of the Questionnaires

The systematic method of collecting data from questionnaires assists in gathering information, which translates into quantitative assessment. The benefit of the questionnaire with the closed-ended questions is the opportunity to use statistical or mathematical techniques and other computations. The primary purpose of keeping questions simple is to ensure easy understanding, even for respondents not working in the healthcare sector. Not all the participants of the study work in the healthcare sector, and the aim of the approach is to capture responses from two sides, that is, people working in healthcare settings and those who do not work in healthcare settings. The respondents for the questionnaires were selected randomly and provided insight into the diversity of feedback from within the healthcare setting and outside.

However, for the simplicity of the assessment, the study undertakes analysis with a sample size of three respondents, and the population of the study is health care sector settings. The geographical

proximity limits the study to the area of Blackpool on the North West England coast. The data collection techniques are adopted by the disciplines of social science to provide quantitative insight into qualitative phenomena. The quantitative nature of the study controls bias and provides logical information. Closed-ended questions also provide structure to the collected information in the desired manner of undertaken research. As part of secondary research, the utilization of secondary sources in the form of research articles and books from available internet sources assisted in the assessment of the study. The collection of information from secondary research, which is already available in published form, provides existing studies and narratives on the issues facing individuals with learning disabilities. The secondary source sheds light on the effectiveness and availability of the resources to individuals with learning disability; however, the secondary research relates to the population with learning disability living in Blackpool on the North West England coast. The study mentions current and previous strategies and approaches available to people living with learning disability.

Findings and Analysis

The questionnaire on learning disability involves eight questions, and the first question pertains to the participant's sector of work, that is, whether he or she is working in the healthcare sector or not. Two-thirds of the total sample replied yes, while one of the sample respondents is working as a primary school teacher (Appendix 1). The second survey question highlights participants' level of interaction with individuals with learning disability, and two-thirds responded with 'No.' The third question relates to the job role, to which two replied with 'care assistant' and 'primary school teacher,' while one provided a detailed reply due to first-hand experience interacting with a learning disability. The respondents working in the healthcare sector with people with learning disability shared their experiences and stated personal interaction with patients of dementia and other lifelong conditions, which includes '…tasks such as delivering pressure relief, mouth care or everyday tasks like brushing someone's hair or teeth.' This means individuals with learning disability, as per Handler (2011), have verbal and non-verbal disabilities that affect an individual's everyday routine in life, which subsequently makes them dependent on others.

The fourth question pertains to the availability of sufficient healthcare services to individuals with learning disability, and one participant working in a healthcare setting but not directly with people with learning disability stated 'Yes,' while the others were not affirmative. The participant from the 'primary school' teaching profession simply stated, 'No,' while the participant directly dealing with individuals with learning disability stated, 'Not really,' asserting that the new services available over the past couple of years can have an enormous effect on the overall wellbeing of individuals with learning disability. The participant highlighted the lack of available services to support individuals, along with their families. The fifth question seeks information on the accessibility aspect of the available resources, and only the respondent working directly with learning disability stated otherwise. The participant working as a care assistant in a healthcare setting said yes, while the participant working as a primary school teacher responded with 'maybe,' and it is because the participant emphasizes the skill of individuals with learning disability to access. Participants directly

working with respondents stated, "…a lot of services have long waiting lists or have a limit to the services they are offered as they are in high demand." This also reinstates the finding of Moss and Patel (1997) that people above 50 also have physical health needs along with learning disability, which requires extending health care services.

The sixth question provides the motivation behind the job, which received diverse feedback. The participant with care assistant work considers 'good teamwork,' while the primary school teacher stated a love of working with children. The participant working with learning disability mentions helping vulnerable individuals provides satisfaction. Question seven asked participants about their reasons for working in the care sector, and two of the participants responded that the element of 'care' was central to the work, while one responded that they were not working in the care sector. The eighth question inquires about the 'capacity building' of the health care workers providing care for individuals with learning disability, and the response is one hundred per cent 'Yes.' Participants working directly with individuals with learning disability stated the need to enhance healthcare workers' capacity to work because it has a positive impact on providing care to individuals with learning disability.

Conclusion

The paper argues that respondents varied in their responses regarding the availability, accessibility, and sufficiency of care services available to people with learning disability; however, most of the participants in the study agreed on the need to increase care services to individuals with learning disability. The research paper analyzes the existing literature on the care needed for people with learning disability and systematically pursues data collection through survey-based questionnaires. The electronic communication for the survey assisted the collection of data from participants during COVID-19 protocols of safe distancing. The verbal and non-verbal disabilities affect the reduced mobility of individuals with learning disability on a daily basis, and the research explains the need for greater awareness of the availability, accessibility, and sufficiency of care services. An inclusive approach to providing care services to individuals with learning disability, coupled with family support, can enable individuals with learning disability to organize their lives in a comfortable manner. Learning disability does not deprive individuals with learning disability of the basic rights of human beings. Inclusive care includes services that cater to the emotional, physical, intellectual, communicational, and family support of individuals with learning disabilities. Not all individuals with learning disabilities have similar needs, and the complexity of the needs calls for comprehensive care services programs that enable them to contribute to society at different levels. The needs of the population with learning disability also vary due to age, amongst many other factors, which is the reason for up-to-date care services techniques for elderly people that include a wide range of care needs. Care services are an important component of healthcare services, and it is the collective responsibility of all the stakeholders to provide healthcare services so that individuals with learning disability receive needed care in a comprehensive manner. Inclusive care programs include emotional, intellectual, physical, and communicational care.

Recommendations

The recommendations of the paper are three-fold, that is, policy, practice, and research implications, and listed below:

1. In order to meet the complex needs of individuals with learning disability, policies should aim at inclusive care. Inclusive care takes into consideration various sets of care needs required by diverse age, gender, and racial groups. The needs of individuals with learning disabilities vary with the change in demographic variables.
2. At the level of practice, the introduction of comprehensive care service programs needed to meet the complex needs of individuals with learning disability through increasing the capacity of the care providers is a need of the time. Care providers lack sufficient resources and updated techniques that assist in providing care to individuals with learning disability.
3. Further research is recommended on exploring various needs of individuals with learning disability, and due to the complexity of the needs, future research should explore the relationship of physical needs in proportion to other forms of need.

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Appendix

Appendix 1: Survey Response of Learning with Disability

Respondents	Q 1	Q 2	Q 3	Q 4	Q 5	Q6	Q7	Q8
1	Yes	Yes	Descriptive Reply	Not really	No	Descriptive Reply	Descriptive Reply	Yes
2	Yes	No	Care Assistant	Yes	Yes	Good Team Work	Care for Others	Yes
3	No	No	Primary School Teacher	No	Yes	Love to Work with Children	Don’t work at the care centre	Yes

Questionnaire

1. Do you work in the health and social care sector?
2. Do you work with individuals who have Learning Disability?
3. What is your job role?
4. Do you think that there are enough services available for individuals with Learning Disability?

5. The services that are available for individuals with Learning Disability are easily accessible?
6. What motivates you to stay in your job role?
7. Why did you choose to work in the care sector?
8. Do you think healthcare workers should have more training in caring for individuals with Learning disabilities?