



Enabling adults with learning disabilities to understand their health recommendations

Background

Many adults with learning disabilities have communication needs and low levels of health literacy. This makes it more difficult for them to manage their health and stay well. Limited health literacy among adults with learning disabilities is explained by, “limited communication skills and reduced capacity to access and comprehend health information” (Baines 2010). The impact of communication difficulties on the development of health inequalities is highlighted in the Accessible Information Standard (2016) and in the, ‘The Learning Disabilities Mortality Review Annual Report’ (2017).

One way we, as an organisation, were already trying to address this was through the provision of accessible information in the form of ‘easy read’. However, not everyone is able to access ‘easy read’ information; particularly those with little social support who do not always have people available to talk through the information with them.

Aim

For the community learning disability team to establish if providing information to some of our service users in an audio and or video format would:

- Improve a persons or their care staffs understanding of the health teams recommendations
- Improve a persons or their care staffs confidence in following the health teams recommendations
- Make the person or their care staff more likely to follow the health teams recommendations provided

Method

- We worked with our service user group (a group of adults with learning disabilities) to design a ‘communication needs screening form’ which is completed with every new person our MDT works with. This helps clinicians identify when audio/video information may be beneficial for that person.
- We worked with IT and the governance team to review the technology available to us and increase our ability to produce health information in audio and video formats. We have worked to produce a standard operating policy to ensure staff can produce information in alternative formats as efficiently and effectively as possible.

- We ran a pilot project looking at the impact of providing the health teams recommendations in audio and video formats to the people we work with.

Results

So far we have provided information in audio/video format to nine adults with learning disabilities

Examples of the information provided include, physiotherapy recommendations for a stretching programme, speech and language therapy recommendations for setting up and using a high tech communication aid and a video version of a person's Psychology 'Wellness Recovery Action Plan'.

We have gathered feedback from service users/carers using a five point likert scale based questionnaire:

- 86% of respondents said that the provision of audio/video information either improved or significantly improved their confidence in following the health recommendations
- 60% of respondents said that the provision of audio/video information either improved or significantly improve their understanding of the health recommendations
- 86% of respondents said that the provision of audio/video information made it either more or significantly more likely that they would follow the health recommendations

Clinical outcomes/behaviour change

- One carer commented that the video care plan helps the staff have more confidence that they are completing the stretching programme correctly. This is important as the stretching programme has the aim of keeping the persons joints mobile and potentially preventing pain.
- One person who received their communication care plan in video format is now was independent in being able to show new staff how to communicate with her, when she has never been previously. This is because the communication care plan has been put on to her communication aid which has given her more ownership over her care plan.
- One carer commented that the personalised video recommendations regarding intensive interaction has enabled care staff to recognise how to take the lead from the service user, how and when to respond and when to stop according to their specific responses. Staff have better recognition of how to take his lead when encouraging him to engage and participate in activities.

Key learning points

As a learning disability team that works with people with low levels of health literacy and high levels of communication needs video and audio information can be an effective way of enabling people to access and follow their health recommendations. There is scope to utilise technology more in enabling people to manage their health effectively.

Next Steps

As the pilot was deemed successful we will be working with other learning disability teams within the division to also offer health information in audio/video format and continue to gather feedback on this.

References

Emerson E, Baines S. (2010) *Health Inequalities & People with Learning Disabilities in the UK: 2010*. Available from: https://pureportal.strath.ac.uk/files-asset/7402206/vid_7479_IHaL2010_3HealthInequality2010.pdf [Accessed January 2019]

NHS England. (2016) *The Accessible Information Standard*. Available from: <https://www.england.nhs.uk/wp-content/uploads/2017/08/implementation-guidance.pdf> [Accessed January 2019]

NHS England. (2017) *The Learning Disabilities Mortality Review (LeDeR) Programme Annual Report*. Available from: <https://www.hqip.org.uk/wp-content/uploads/2018/05/LeDeR-annual-report-2016-2017-Final-6.pdf> [Accessed January 2019]

Public Health England. (2015) *Improving health literacy to reduce health inequalities*. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/460709/4a_Health_Literacy-Full.pdf [Accessed January 2019]