Credo Reference

Introduction

by , , |

The history of the care of people with a learning disability has been influenced by philosophies rooted in diverse international perspectives. However, dominant philosophies have held sway and often at an international level. People within today's services have experienced the lingering influence of the eugenics movement, which even in contemporary times can threaten to restrict choice, inclusion and empowerment. The original notions of normalisation can be traced back to the Scandinavian countries, with Denmark being the first to adopt the principle of providing patterns of living that were close to those of the rest of the population. Sweden, in particular, took a lead in the 1960s, developing a version of normalisation based on human rights. A further development of influential theories in relation to normalisation then came from North America and the UK. Wolfensberger, in particular, developed the notion of placing an emphasis on valued social roles for people with learning disabilities. In the UK such theories were translated into Service Accomplishments which were used as a framework to guide service provision.

The growth of the advocacy movement can also provide an example of the international nature of service development for people with learning disabilities. An international conference, held by the Open University in 2004, enabled the sharing of experiences from a wide range of countries. Also, within the international arena, use is being made of life histories to expose the voices of people who have previously had limited opportunities to be heard. Discussion of the international perspective must also recognise the role of the United Nations in producing guidance, such as the 1994 UN Standards Rules on the Equalization of Opportunities for Persons with Disabilities and the EU Charter of Fundamental Rights.

The provision of effective services for people who have a learning disability requires the coordinated actions of a multiplicity of individuals, groups and agencies working in partnership with the person who has a learning disability and their family. Achieving this can be rendered difficult by the often differing perspectives on the 'nature' of a learning disability which can be apparent between all those involved. For example, a 'learning disability' is:

- A life being lived.
- A family affected by a member who has a learning disability.
- A biological 'fact'.
- A psychological 'fact'.
- A group of people who are placed in a situation of disadvantage by a world constructed and arranged by and for those people who do not have a learning disability.

• A temporary and culturally variable term which reflects the historically rooted discourse practices of powerful groups (or, of course, all of the above).

Differing perspectives 'call up' differing language uses, both in the literature and in non-professional as well as professional written and vocal accounts, which should be seen as something more than 'cosmetic' in their effects. For example, conversations with or about a person who has a learning disability will, inevitably, succeed in achieving a particular portrayal of that person; language does not describe reality, it makes it. Therefore, it is critical that all those involved with people who have a 'learning disability' are aware of the ways in which they think about that 'learning disability' and careful of the ways in which they use language when they talk about it.

A major distinction between humans and other animals is the sophisticated development of language and although there are numerous forms of communicative strategies it is speech that sets us apart. The construction of language employs a series of symbols which are underpinned by a sense of meaning that is shared by those knowing and using that language. One such symbol in human language is the term 'concept', and this can be understood as an abstraction of reality. Thus, concepts represent reality and are formed through a series of ideas that will have shared meaning for the group that uses them. One example is the use of jargon, which merely refers to the use of a word by one group that another group will find difficult to comprehend. However, by sharing the meaning of such 'jargon' or 'concepts' we can draw into our language a wider group who can then contribute to the ideas that form that concept. In terms of Key Concepts in Learning Disabilities we have identified the 50 outlined in this book but would readily accept that there may well be many more. Sharing these concepts and the ideas that underpin each one, across a range of professions, and significant people related to those with learning disabilities we hope that ideas will be generated and concepts developed. Through this development of ideas and concepts it is also hoped that the care, management, treatment, education - in short, the 'world' of those with a learning disability – will be enhanced, improved and maximised.

A major focus of the book is the broad base of professionals and carer groups who have contributed to the concepts and this reflects the numerous approaches to our understanding of caring for people with a learning disability. No single group can be, or can be presumed to be, able to have all the answers and it is this acceptance of the importance of the range of groups necessary that has a contribution to the overall care approach. Clearly, this involves each person with a learning disability as well as the carers, families and friends of those involved. Thus the book is intended to relate to all professional groups, charities, voluntary organisations, carers and anyone interested in understanding the *Key Concepts in Learning Disabilities* and, hopefully, in contributing to their development.

HOW TO USE THE BOOK

This book can be used for different purposes and at different levels. First, it can be used by an interested party who merely wishes to understand a concept in relation to a learning disability. This may be a carer, family member or friend who is involved with a learning disabled person and desires a growth of knowledge or a clearer understanding of the key concepts. Second, the book may be used by multi-professional groups to aid their appreciation of other professional perspectives. This will not only assist them in their own profession but will also develop their

understanding of other disciplines' perspectives, and this in turn will enhance the multi-professional appreciation of service delivery. This is important for the overall development of the service framework. Third, the book can be used by students in learning disability services who wish to study on numerous courses. In this mode of study the concepts can be read in two interrelated ways, laterally and hierarchically (see Figure I.1). In the lateral mode of reading you may read the concepts as arranged in alphabetical order as cross referenced in the appropriate section of each chapter. In the hierarchical mode of study each concept can be read as leverage into further reading relating to the ideas within each concept. Three practical examples may assist an understanding of how this interrelated reading will help the student.

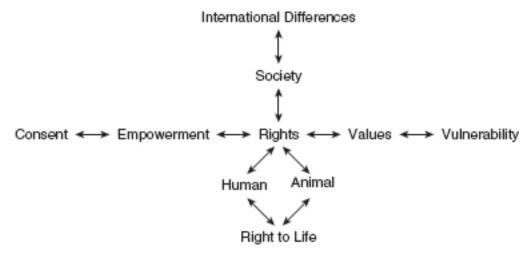


Figure I.1 Lateral and hierarchical uses of the book

- Example A: It may be that you are required to write an essay or discuss the topic of 'rights' for those people with a learning disability. For this task the chapter on rights in this book will be sufficient to outline the definition, key words, main issues and a case study.
- Example B: In this scenario it may be that you are required to write or discuss 'rights' in a broader context for people with a learning disability. In this example you would read the chapter on rights and then use the cross reference concepts laterally to give you a broader perspective.
- Example C: It may be that you are required to develop a critical analysis of rights for people with a learning disability and at this advanced stage of study the further reading section of the relevant chapter should be used. In developing your further, and wider, reading you will be in a position to undertake a critical analysis (see Figure I.1).

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