

Starfish Learning Disability Child and Adolescent Mental Health Service

Referral Criteria – What is a Learning Disability?

The term Learning Disability itself is somewhat misleading as it refers to learning and this is often misinterpreted as problems with academic functioning/achievement. Certainly in many areas such as Education the term may be used interchangeably to mean specific learning difficulties such as Dyslexia which can interrupt academic progress, but does not in itself constitute learning disabilities.

Our definition and therefore referral criteria is taken from guidelines produced by the British Psychological Society. Extracts from which are used below:

Learning Disabilities

People with learning disabilities do not constitute a homogeneous group. However, in terms of diagnosis and classification there are a number of features of learning disability which have gained widespread acceptance across professional boundaries within the UK and America. Irrespective of the precise terminology, or the wording in the various definitions, there are three core criteria for learning disability:

- **Significant impairment of intellectual functioning;**
- **Significant impairment of adaptive/social functioning;**
- **Age of onset before adulthood (Before 18yrs old).**

All three criteria must be met for a person to be considered to have a learning disability.

Impairment of Intellectual functioning

Significant impairment of intellectual functioning is considered to be represented by an IQ between two and three standard deviations below the population mean, and severe impairment of intellectual functioning is considered to be represented by an IQ of more than three standard deviations below the mean. On the most commonly used measures of intellectual functioning these cut-off points correspond to IQs of <70 and <55 respectively:

- **Significant Impairment of Intellectual Functioning: IQ 55-69**
- **Severe Impairment of Intellectual Functioning: IQ <55**

What about Percentiles?

Some assessment results are written as Percentiles. A percentile refers to the percentage of children their age that they have performed as well as or better than on a test of ability. So a child placed on the 40th Percentile would have achieved as well as or better than 40% of their peers, but perform less well than the remaining 60%.

An IQ of <70 approximately corresponds to a general ability at or below the 2nd percentile.

Other developmental ability assessments which place the child's general abilities at the 2nd Percentile and below may be indicative of a learning disability.

Therefore if a child has no formal IQ assessment but has been assessed by other child development professionals as having global (broad) abilities below the 2nd Percentile then the LD CAMHS Starfish team will be willing to accept a referral.

Functioning in a limited number of areas at or below the 2nd Percentile would not alone be accepted as indicative of Learning Disabilities.

PLEASE NOTE: Although at times useful, measures of academic achievement are unreliable indicators of Intellectual Ability as academic performance can be attenuated by specific disabilities and other social/environmental/mental health factors. Inversely it can be helpful as academic achievement can act as alternative evidence of normal ability in the face of poor test compliance at the time of IQ assessment. For example some one with low grade GCSE's who scores poorly on an IQ assessment will not have a learning disability, as these results are incompatible and the GCSEs would indicate their fuller potential. Equally, although useful, Special Educational Needs Statements alone are not indicative of learning disabilities. Therefore Academic assessments alone will not be accepted as evidence of a learning disability by the Starfish LD CAMHS Team.

Impairment of Adaptive/Social Functioning

The child requires significant assistance to provide for his/her own survival (eating and drinking needs and to keep himself/herself clean, warm and clothed), and/or with his/her social/community adaptation (e.g. social problem solving, and social reasoning). The degree of assistance required may vary in terms of intensity (e.g. physical or verbal prompting) and frequency (e.g. daily or less often than daily), but the required assistance should always be outside the range of that expected within the child's particular culture/community.

An assessment of adaptive/social functioning must be made with reference to the person's age, gender, socio-cultural background, religion and community setting. To be relevant, within the context of learning disability, any impairment of adaptive/social functioning must not solely be a consequence of other disabilities (e.g. physical illness, mental health problems or sensory impairment).

Furthermore:

Learning disability requires that significant impairments of intellectual *and* adaptive/social functioning coexist. This means that a person with a significant (or even severe) impairment in one of the two domains only, and with no significant impairment in the other, may not be adjudged to have a learning disability.

Schools as an indicator:

In some cases significant Learning Disabilities may be indicated by a child's attendance at a special school. In Norfolk these schools are:

**The Hall School,
Chapel Road School,
Harford Manor School,
Clare School,
Churchill Park School
Fred Nicholson School,
John Grant School
Parkside School,
Sherringham Woodfields School,
Sidestrand Hall School,
Eccles Hall School
Meadowgate School**

and referrals for children attending these schools will ordinarily be accepted by the Starfish LD CAMHS Team.

Broadly speaking children attending complex needs schools within Norfolk are more than likely to have Learning Disabilities as described above, however there are exceptions. Some children attending schools such as:

Clare School,

**Churchill Park School
Fred Nicholson School,
John Grant School
Parkside School,
Sheringham Woodfields School,
Sidestrand Hall School,
Eccles Hall School**

are placed to meet their physical disabilities, social functioning and/or emotional containment needs, rather than because they have underlying Learning Disabilities and so referrals for children at these schools will also need supporting evidence of Learning Disabilities. We also accept many referrals for children within mainstream schools where learning disabilities are indicated.

In summary:

There are three core criteria for learning disability:

- **Significant impairment of intellectual functioning;**
- **Significant impairment of adaptive/social functioning;**
- **Age of onset before adulthood (Before 18yrs old).**

Useful evidence for Starfish LD CAMHS team to assess whether a child meets the criteria above:

- Reported IQ <70
- General (non-academic) Abilities reported at or below the 2nd Percentile.
- Attendance at special school/significant academic support.
- *AND* evidence of significant impairments of adaptive/social functioning (not adequately explained by cultural, social/environmental circumstances, physical disabilities, or specific learning difficulties such as Dyslexia.

Referrals lacking this information will not be accepted by the team. Wider evidence will always be taken into account and where there is significant doubt the team will ask for the referrer to provide more evidence before accepting or rejecting a referral.

Less helpful evidence:

- Reported poor achievement at school (where potential is not being met)
- Undiagnosed social communication disorders

Although there is an obvious overlap, Learning Disabilities is not the same as having difficulties in academic achievement as these can often be explained by other difficulties/circumstance. Equally some children who struggle at school may have below-average intelligence, but not have Learning Disabilities.