People with learning disabilities may need additional help with their oral care and support to get good dental treatment because of cognitive, physical and behavioural factors. There is a legal obligation for dental services to make reasonable adjustments to ensure that their patients with learning disabilities can use their service in the same way as other people. This might include making practical adjustments to the environment or changes in the process. There are physical, psychological and social consequences of poor oral health, and it can have a major impact on people’s quality of life. Poor oral health can lead to pain and discomfort, which may be hard to communicate for some people with learning disabilities. Social care services must make practical adjustments to the environment or changes in the process. There are physical, psychological and social consequences of poor oral health, and it can have a major impact on people’s quality of life. Poor oral health can lead to pain and discomfort, which may be hard to communicate for some people with learning disabilities.

Social care services Partnership philosophies: empowerment; independence; autonomy; respect; power sharing; making informed choices Partnership relationships: with users of services eg children, elderly, young people in care, people with disabilities, people with learning difficulties, people with mental health issues, patients, refugees, asylum seekers; with professional groups eg social workers, healthworkers, educationalists, therapists, support workers; agreements Partnership working: current and relevant legislation eg relating to health, social care, safeguarding children and young people, mental health, disability, data protection, diversity, equality and inclusion Organisational Partnership: Social Work Practice with People with Disabilities in the Era of Disability Rights. Richard L. Beaulaurier, PhD, MSW Samuel H. Taylor, DSW. ABSTRACT. Social workers, especially those in health care and rehabilitation systems, must consider practice changes necessitated by recent legislation and the growing activism of disability rights groups. The DISABILITY RIGHTS MOVEMENT While intellectual and academic support for advancing the civil rights of people with disabilities began as early as the 1940s (Berkowitz, 1980, chap. 6; Meyerson, 1990), it was during the 1970s and 1980s that people with disabilities began to organize for political action. 4Health Services, Division for Intellectual and Developmental Disabilities, Ministry of Social Affairs and Social Services, Jerusalem, Israel. 5Division of Pediatrics, Hadassah Hebrew University Medical Center, Jerusalem, Israel. The use of emergency departments persist even as people with IDD and healthcare providers acknowledge that emergency departments are inappropriate and more expensive alternatives (9 & 11) to accessible, quality primary medical care. Systems of care must actively engage people with IDD in health awareness, self-advocacy, health literacy, and health promotion activities to enable them to participate in their own healthcare through improved access (12). Home health care may also be provided to people who suffer from chronic illnesses, those who have cognitive or physical disabilities or those who have been diagnosed with a terminal illness. Home Health Aide and Personal Care Aide are two of the fastest growing occupations. You can learn more about intellectual disabilities at CDC.gov (www.cdc.gov), which is your online source for credible health information and is the official Web site of the Centers for Disease Control and Prevention (CDC). You can link directly to information about intellectual disabilities at. Some people with autism have severe learning, social, and behavioral impairments which greatly impact their functioning. Other people with autism are highly gifted and have above average IQ scores.