

*Making sure health professionals have the training  
they need to support people with a learning disability*

*National Development Team for Inclusion*

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# Introductions

Cally Ward – Family Carer and project team member

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We are here today to share what we have found about best practice in training people who work in NHS Trusts to support people with learning disabilities.



# About today



We want this to be interactive and to work for everyone.

To help this work smoothly, please:

- Have your video on
- Mute your microphone
- Use “raise hand” to join in
- Use the chat space as well
- We will record the workshop
- We will be using breakout rooms for discussion



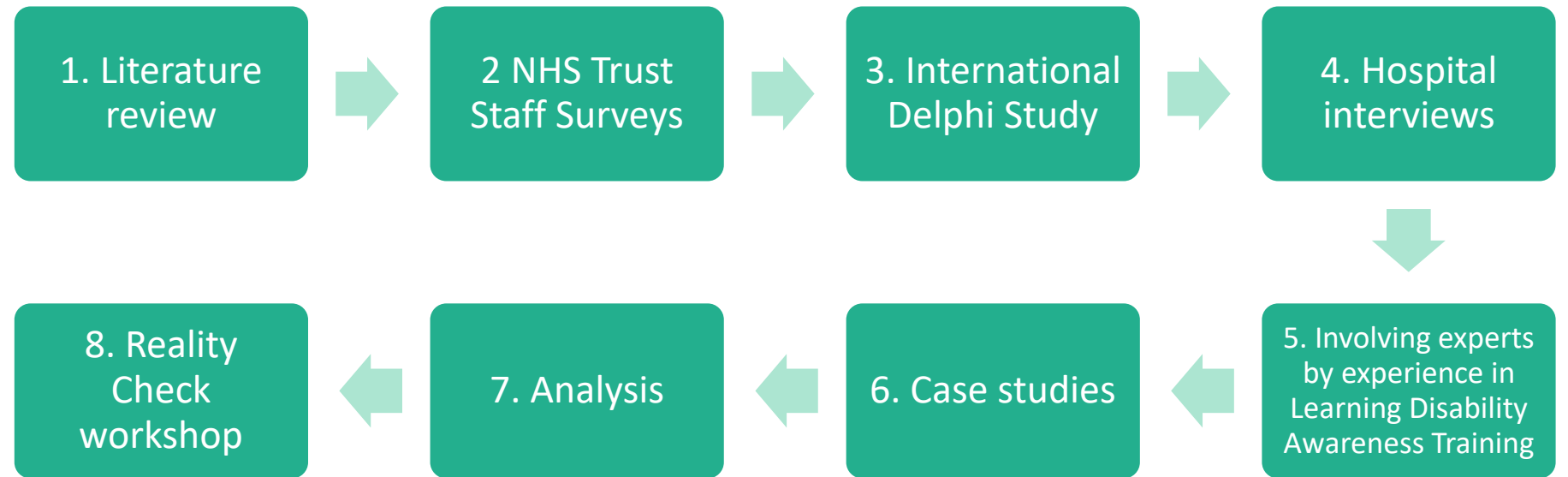
# Aims



The aim was to identify good examples of training programmes for mainstream health professionals, so they know how to support people with learning disabilities.

We also looked at what people need to help them put training into practice, so people with learning disabilities do get better care.





# Evidence search



What is the current evidence on the effectiveness of learning disability training programmes directed at staff working in NHS Trusts?

- The 14 studies about learning disability training had some quality issues
- Most studies could demonstrate impact at the learning level and a small number measured change at the behaviour level
- No studies measured change at the results level



# Staff surveys



**Tell us what you think**

1. Do you think the idea is a good one?

Yes

No

Not sure

The survey card features a woman thinking with a question mark above her head, and a hand holding a pen over the 'No' option.

- Two surveys were shared with Tier 1 and Tier 2 staff in the South region (N=171)
- Less than a third had done any training
- Nearly all staff that had done training found it useful (92% and 93%)
- Most staff said it had increased their knowledge (77% and 85%)
- Fewer staff said it had made a difference to their practice (69% and 76%)
- Very positive response to involvement of people with learning disabilities



# Hospital interviews



- These were delayed and took place online
- All the interviews were done by an NDTi staff member and a co-researcher with lived experience
- We interviewed 3 trainers and 7 trainees: a total of 10 NHS staff, covering 8 hospitals
- We found 5 key things that are important for good training





# Hospital interviews



## 1. Interactive and fun:

- People said good training had a mix of activities and was interactive

*Try not to do 'death by presentation'...do activities, quizzes, use case studies, ask questions. You can still do this when delivering virtually.*



## 2. Time to talk:

- People learnt a lot from the others on the training course
- Meeting and talking to people with a learning disability helped understanding and confidence.



# Hospital interviews



## 3. Real life stories:

- Hearing about people's real-life experiences is important
- It is good to hear examples of when things have gone well



## 4. Co-trainers with lived experience:

- Sometimes people did more than tell their stories – they delivered the training.

*Having patient stories and a co-trainer with a learning disability helps change attitudes more than anything else.*



# Hospital interviews



## 5. Skilled and ongoing support:

- Trainers need to be knowledgeable, committed and enthusiastic
- People wanted ongoing support and advice

## Impact of learning disability training:

- Everyone was positive about the training and gave examples of what they had learned and what they had done differently.



# Delphi Study



- International Delphi Study with 57 experts
- 96 items for the survey were identified from previous work stages
- Strong agreement about aims, design, and content
- Mixed response in terms of delivery and delivery mode
- Seven main barriers were identified which could potentially obstruct the successful implementation of the training



# Expert by Experience work



We did interviews and focus groups with people who had been involved in training. This included:

- Self-advocates (3)
- Family carers (3)
- NHS practitioners (4)

We found 4 key things that are important for good involvement of experts by experience in training.



# Expert by Experience work



## 1. Working together as a team:

- Teamwork means being involved from the start and seen as equals
- Good teams understand each other's abilities
- Everyone should have a say



## 2. Building confidence and offering support:

- People got more confident over time
- Buddying and mentoring helps
- Don't make assumptions about the support people need



# Expert by Experience work



3. Respecting and valuing people:
- Everybody should be respected
  - Payment is part of feeling valued
  - People should only share what they are comfortable with



4. Enjoyment and having fun:
- Everyone wanted to raise awareness and make the training fun
  - Informal chats during the training are enjoyable (and useful)



# Expert by Experience work



We have made a toolkit of what to do and what not to do, before, during and after the training. Some examples are:

- Do build in time for longer meetings, easy-read paperwork etc.
- Do have a co-trainer – to share the load and provide support
- Ensure that people have the opportunity to stop/pause/debrief
- Have regular team meet ups





# Reality Check workshop



- Reality Check Workshop to test project findings and explore what needs to happen to ensure the training makes a difference.
- We discussed previous work around quality improvement in the NHS and the success factors for change and barriers to change.
- We worked in small groups to discuss the actions required at three levels:
  - Team/Department
  - Trust
  - National/regional/ICS



# Reality Check workshop



## Team/Department Level

- ❖ **Follow up** training and ensure that staff are using what they have learned.
- ❖ Make sure that the learning from the training is built into **supervision sessions and team meeting agendas**.
- ❖ Provide **peer support** opportunities for staff to share experiences and problem solve together.



# Reality Check workshop



## Trust level

- Ensure **senior sign up and leadership** to support decision making and tackle system blockages.
- Build **clinical involvement and buy in** through reinforcing connections between making reasonable adjustments and improving health outcomes for patients.
- Ensure that learning disability is **woven through** the Trust's activities.
- Create a **culture** of learning and improvement, in which all staff see improving care as their day job.



# Reality Check workshop



## National/regional/ICS level

- Continue to make available, and encourage participation in, national **benchmarking** programmes in order to drive local quality improvements.
- HEE and partners should develop their role in following up the new legal requirement for training on learning disability and autism for CQC regulated service providers.
- CQC could play a useful role in highlighting **examples of interesting practice** through their overview and thematic reports.
- National and regional learning disability programme leads need to encourage the **sharing of learning** across Trusts.



# What did all this work tell us?



## Content/style

- Face-to-face
- Delivered to small enough groups to allow it to be interactive
- Share real-life stories, including good practice examples
- Practical focus
- The content should cover five separate areas: medical conditions, communication, pain, ethical standards and information and resources
- Should be a generic course, with options for more bespoke training



# What did all this work tell us?



## Involvement of Experts by Experience

- Experts by experience should be involved in the design as well as the delivery of the training.
- The experts by experience should include people with learning disabilities and family carers.
- There should be involvement of people with higher levels of support need and people who use different forms of communication.
- The staff undertaking the training should have the opportunity to interact naturally with the experts by experience.
- Challenges around their involvement include budget, paying people, transport and providing the right support and training.



What did all  
this work tell  
us?



## After training

- Signpost other sources of information/advice
- On the job training
- Peer support groups/reflective learning opportunities
- Learning Disability Champions
- Increased visibility of people with learning disabilities
- Training materials
- Provision of resources
- Regular updates
- Look at the impact of the training



# Breakout room discussions



Over to you!

- 1) What do you think about what we found?  
How does this link with what is happening  
in this area?
- 2) What do you/your colleagues/your  
organisations need in order to ensure this  
training leads to positive change?
- 3) What next?
  - There is someone facilitating and taking  
notes in each breakout room.
  - Please agree a couple of key points to  
feedback from each discussion.





# Contact details



- <https://www.ndti.org.uk/resources/resources-sharing-best-practice-to-support-health-professionals>



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