

### Introduction

The National Development Team for Inclusion (NDTi) was commissioned in 2019 by the South Regional Health Education England Intellectual Disabilities programme to find and share best practice in training people who work in NHS Trusts to support people with learning disabilities. The aim is to support staff development to help them achieve better outcomes when they are working with people with learning disabilities. Further information about the project can be found [here](#).

In March 2020 the NDTi research team had planned hospital visits to interview a range of staff, to collect information and to identify examples of good training. These face to face interviews were delayed, then cancelled due to COVID-19. Instead, hospital staff were offered online interviews via Zoom or Teams. This report presents the findings of these interviews with hospital staff conducted between October 2020 – April 2021.

### What did we do?

Hospital staff who ran training (Trainers) and who were willing to be interviewed were identified via our survey. For a summary of survey findings [click here](#).

We identified staff who had attended training (Trainees) via the Trainers and contacted those who gave their permission. Different questions were asked of the two groups of interviewees.

The research team for this project included NDTi researchers and experts by experience (living with learning disability and/or autism). They were involved in designing the questions, conducting the interviews, analysis and report writing. They were paid at researcher rates for their work on this project.

One NDTi researcher and an expert by experience trainee researcher did the online interviews together.



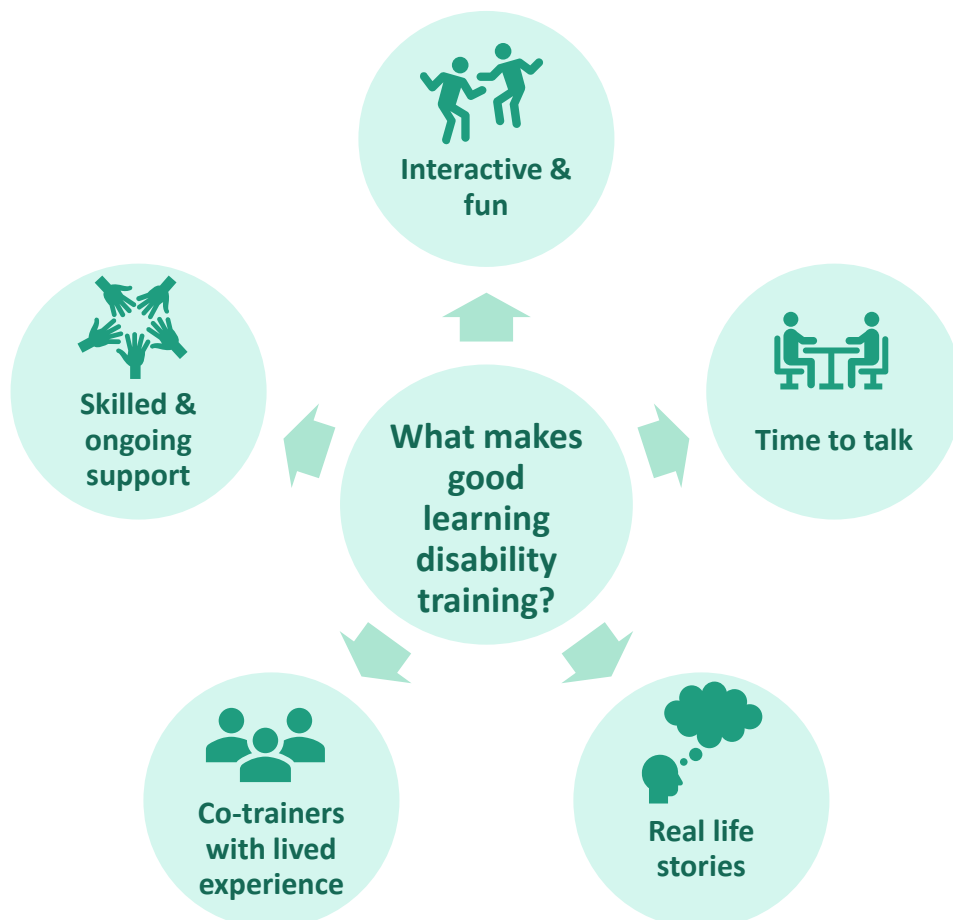
## Who did we speak to?



- Seven trainees and three trainers were interviewed: a total of 10 NHS staff, covering eight hospitals.
- The trainers were Learning Disability Lead Nurses and Learning Disability Hub team members.
- Six of the trainees worked directly with hospital patients e.g., nurses and physiotherapists (Tier 2). One was in a management role (Tier 1) and did not work with patients.

## What did we learn about what is good learning disability awareness training?

Our interviewees had delivered and received different types of training in terms of method and content of their course. However, the following key elements emerged as important for good learning disability awareness training.





## Interactive and fun

Trainers and trainees we spoke to said that good training was **varied and interactive**. They liked activities like the 'Word Wall' and learning disability 'Bingo' and said enjoyment kept them actively participating, rather than checking phones or doing emails.

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

Some interviewees had attended face-to-face training, pre COVID-19, others had experienced online training or both types of training. Although there was agreement that online training could be interactive, good quality and was convenient for staff, interviewees agreed that it did not work for everyone.



## Time to talk

Most interviewees highlighted the value of formal and informal discussion saying how much they learned from others present - including those with lived experience. Some said the training worked well in smaller groups where people were able to chat informally.

*Other people's comments help you improve your practice. (Trainee)*

We were told that simply meeting and interacting with people with a learning disability on the course helped staff's understanding and confidence, especially for those who had no contact with learning disability in their everyday life. Interviewees valued meeting people with a learning disability face-to-face, and some said they would have liked a longer course with more time for this. Participants agreed that sharing does happen online but is less informal and natural.

*That would break down barriers and people would find it good fun...just have a normal conversation! (Trainee)*



## Real life stories

Interviewees said that hearing about people's real-life experiences – via case studies, video or in person - was important for good training. Trainees said that this helped them understand the impact of their actions as well as the perspective of the person with a learning disability and their family. Staff who had not had this input from people with lived experience on the course said they would have liked it. Some hospital staff were keen to hear more about the experiences of family carers.

*Sometimes it feels like you're walking on eggshells [with families] ...it would be good to hear more from family carers. (Trainee)*

Some hospital staff said that celebrating success was an important aspect of training. Sharing positive stories can demonstrate the impact that doing things differently can have on individuals, as well as being an alternative to the pattern of complaints in hospitals.

*We need positive and negative feedback to learn and improve. (Trainee)*



## Co-trainers - with lived experience

As well as including people's stories and experiences, some training fully involved people with lived experience as trainers, designing and delivering the course, alongside the learning disability lead nurse. Not all interviewees had experience of this. Trainers said that the courses where people with learning disabilities participated and interacted throughout as co-trainers had the most impact and received the most positive feedback.

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

Trainers interviewed said they were committed to involving people with lived experience, and keen to do more of this, whilst also being aware of the support and cost implications of doing this properly.



## Skilled and ongoing support

The personality of the trainers, their knowledge, enthusiasm and skill were all important elements of this training. Trainees said that having made contact with specialist learning disability staff they could access their support and advice later on. There was agreement that this ongoing support and signposting led to improvements in practice.

*The liaison nurses are very approachable...always very quick to respond to questions or concerns which I think is what is needed. (Trainee)*

Trainers said it was important to model good practice and to offer updates, refresher courses, ongoing and informal training. However, their resources were limited, several trainers were working on their own or in a small team, covering multiple hospitals. One idea for over-stretched staff was to offer support via the hospital intranet e.g., information about advocacy and community resources.

## What did we learn about the impact of learning disability training?

All seven of the trainees interviewed were positive about their experience of learning disability awareness training and said they had benefitted both professionally and personally.

*It was probably one of the best training sessions I've been on. (Trainee)*

There were no negative impacts of the training identified by hospital staff, although one staff member whose relative has a learning disability said she was shocked by some of her colleagues' views, supporting her view that everybody should do this training.

Trainers and trainees reported a positive impact in the following areas post training.



### Awareness & knowledge

Trainees said going on the course improved their awareness of learning disabilities – this included recognising a learning disability, being aware of poor practice and understanding legal issues.

*It enlightened me...made me more aware. (Trainee)*

*It was a real eyeopener...I didn't realise there was so much to learn. (Trainee)*

Some interviewees said that learning about consent and capacity helped them understand how people with learning disability could make their own decisions. Some said similar training should be run for autism and dementia awareness.

*It made me feel like I understood it [learning disability] more. (Trainee)*



## Confidence & positivity

Interviewees agreed that this training improved understanding of and confidence in working with and supporting people with a learning disability. When staff were more confident, trainers noted more positive attitudes to people with a learning disability.

*..[staff] are 100% more confident to advise and advocate for people with a learning disability  
(Trainer)*

*[they are] less frightened, they know what to expect.  
(Trainer)*

One interviewee said the training had helped her understand and work better with a colleague who doesn't make eye contact.

*It made me more thoughtful. (Trainee)*



## Behaviour changes

Trainers said they could see the impact of training on staff behaviour. Several interviewees told us of 'reasonable adjustments' and other changes they had made since the training. This included booking a quiet space, allowing more time for people, involving supporters and families, and contacting people with a learning disability in advance of appointments. Some of these changes required time and money, but others needed simply 'thinking outside the box'. One trainee told us about lying on the floor with a patient, listening to an Abba CD to relax them before surgery.

*People have started to figure out reasonable adjustments on their own, they are already thinking. That's when you know the training has got through and our work is done. (Trainer)*



## Ongoing learning & support

Several interviewees said that to deliver change in practice, this training should not be a 'one off'. They agreed that ongoing and refresher courses were needed to develop awareness and skills. 'On the job' training was seen as important for embedding learning.

That's how you improve services and embed skills...seeing and understanding in real time. (Trainer)

After training, several interviewees had gone on to share their new knowledge with colleagues. Some had become Learning Disability 'champions', promoting changes in practice, accessing further training and supporting their colleagues.

Trainers noted an increase in non-specialist staff asking for help and support for specific patients after attending training. Trainees said they now knew where to go and, having made contact, they valued the input of learning disability specialist staff.

## Good Practice in Action

Examples of changes reported by interviewees since the training:



- **Using Hospital passports** – staff said these are a useful tool and are being used more widely. They help by identifying communication styles and food preferences; one trainer had produced guidance on using hospital passports.
- **Pre-appointment contact** – asking family carers and/ or people with a learning disability what could help ensure a successful hospital visit– and inviting supporters to attend with them
- **Offering double appointment slots** – staff said that giving people more time makes the most difference
- **Provide 'Easy read' information** – sending out in advance of appointments
- **'Protected time' for learning disability champions** – staff being paid for time spent on this work gives it recognition
- **Using learning disability specialist support and resources** – knowing where to go for advice/information after training.

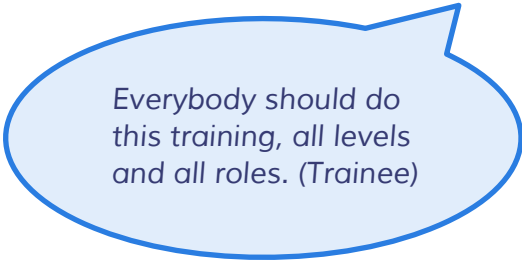


## What did we learn about what is needed to put training into practice?

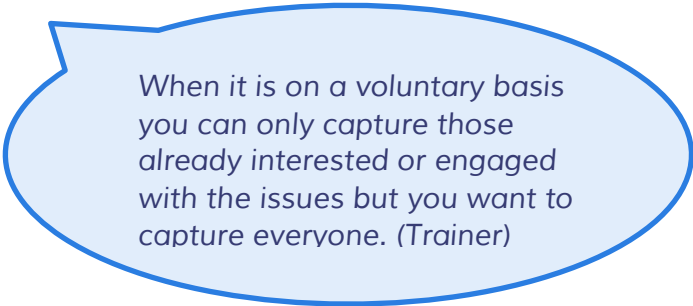
These interviews highlight some of the benefits and impact of learning disability awareness training for hospital staff and help to build a picture of what good training looks like. Although these findings are limited by the small number of interviewees (10), they highlight key elements of effective and impactful training.

These interviews also highlighted factors that help or hinder staff in putting their training into practice. We were told that the rigid staff hierarchy in hospitals makes it difficult for more junior staff (e.g., nurses) to challenge their superiors (e.g., doctors). There is a need to create an environment where poor practice can be challenged. Interviewees agreed that for change to happen in practice, more hospital staff, at all levels and roles, should take part in this training. They also said having learning disability aware 'champions' at all levels, including in senior roles, would be useful.

There was support for mandatory training, as well as fears that rolling it out to large numbers might dilute the interactive elements and impact, reducing it to a tick box exercise.



*Everybody should do this training, all levels and all roles. (Trainee)*









*When it is on a voluntary basis you can only capture those already interested or engaged with the issues but you want to capture everyone. (Trainer)*

Lack of time and staff impacted on both training and practice. The low numbers of learning disability specialists in some areas is concerning and impacts on their ability to involve and support trainers with lived experience. There was agreement that ongoing training and support on site is an important part of changing practice.

Some interviewees said that evaluation and feedback on the impact of this training should be shared with those making decisions about rolling out and resourcing this training. They were hopeful that highlighting the time and money saved when staff interact appropriately with people with a learning disability, combined with increased learning disability awareness among senior staff, may lead to much needed resources in this area.

## What is needed?

-  Training more hospital staff at all levels in learning disability awareness
-  Involving and supporting more trainers with lived experience of learning disabilities
-  Creating an environment where poor practice can be challenged
-  Resourcing ongoing training, learning and support for staff
-  Evaluating the impact of learning disability awareness training
-  Offering similar awareness training for autism and dementia

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