

February 2022

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](#).

One aspect of NDTi's work has been to conduct surveys with hospital staff to find out more about the content, format and experiences of learning disability training for the non-specialist workforce in the South of England region.

This is a summary of the findings of the surveys. The full report can be found [here](#).

What did we do?

We developed two surveys which were shared with staff working in NHS Trusts in the South region:



Survey 1 was for staff involved in delivering the learning disability awareness training and aimed to find out more about the content and format of the training. We refer to this as the delivery staff survey.



Survey 2 was open to all staff working in the Trusts and explored their experiences and views on learning disability awareness training. We refer to this as the general staff survey.

We were interested in exploring the learning disability training received by the non-specialist workforce and therefore our focus was on staff working in **Tier 1** and **Tier 2** as defined in the Learning Disabilities Core Skills Education and Training Framework:



Tier 1: roles that require general awareness of learning disabilities

Tier 2: roles that will have some regular contact with people (children, young people and adults) with a learning disability

20 individuals who were involved in, or who had knowledge of, the delivery of **Tier 1** and **Tier 2** learning disability training in different training departments across the South regional HEE Intellectual Disabilities area completed the delivery staff survey.

171 respondents working in **Tier 1** or **Tier 2** roles completed the general staff survey about the learning disability training available in their trusts from across the South regional HEE Intellectual Disabilities area. Of these respondents only 54 had received learning disability training and 117 had not.

Most Sustainability and Transformation Partnership (STPs) across the South of England were represented among the respondents, however, the responses were not evenly spread across all STPs.

This report summarises the responses to both surveys to identify key findings in relation to the content, format and experiences of learning disability training for the non-specialist workforce.

Findings

What did we learn about the format and content of training?

Training for **Tier 1** staff was mostly delivered face to face or online and generally lasted for 1-2 hours or half a day.

Training for **Tier 2** staff was mostly delivered face to face and for the majority of people was for 1-2 hours.



The Learning Disabilities Core Skills Education and Training Framework (2016) was developed to support the delivery of “appropriate and consistent cross-sector learning disabilities education and training”¹.

It provides guidance and standards for the delivery of learning disability training and indicates the subject areas that should be covered for staff working in different Tiers alongside the related desired learning outcomes. For Tier 1 staff the only subject identified as relevant is “learning disability awareness”. There are 13 other

Tier 1 training often goes beyond the Learning Disabilities Core Skills Education and Training Framework recommendation, with the delivery staff identifying:

- ❖ communication, and
- ❖ equality, diversity and inclusion

as being the **most commonly covered** additional topics.

None of the **Tier 2** training covered all the recommended subjects, with the delivery staff identifying:

- ❖ preparing young people for adulthood, and
- ❖ leadership and management

as being the topics **least likely to be covered**.

In summary, in terms of both timing and content there was not much difference reported for **Tier 1** and **Tier 2** training.

What did we learn about the involvement of people with lived experience of learning disabilities in the training?

Those who delivered training were more likely to involve people with learning disabilities in the creation or delivery of **Tier 2** training as opposed to **Tier 1** training.

About half of those who had received **Tier 1** training reported that people with learning disabilities were involved in this, but this was the case for less than 20% of **Tier 2** staff.

¹ This framework was updated in [2019](#) but our survey was based on the 2016 version, as this is what would have informed the training we were asking about.

When people with learning disabilities had been involved, respondents were overwhelmingly positive about this, and most respondents thought they should be involved if they had not been.

Overall, family carers were less likely to be involved in training at either Tier, and there was less consensus about the benefits of their involvement.

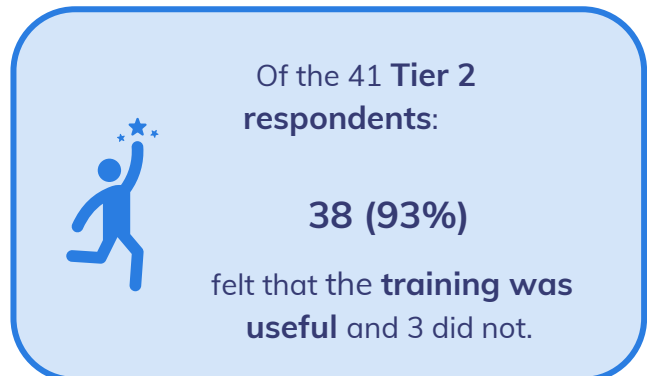
What did we learn about what the impact of the training?

Evaluation of the training provided is mainly in the format of feedback forms completed straight after the training. Delivery staff survey respondents reported that evaluation showed a broadly positive response from people undertaking the training.

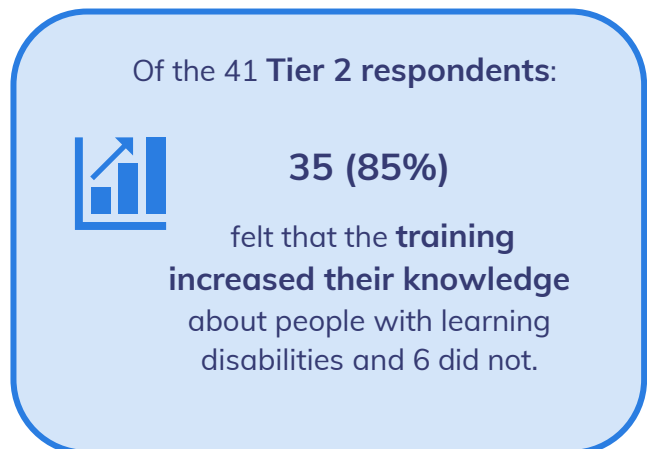
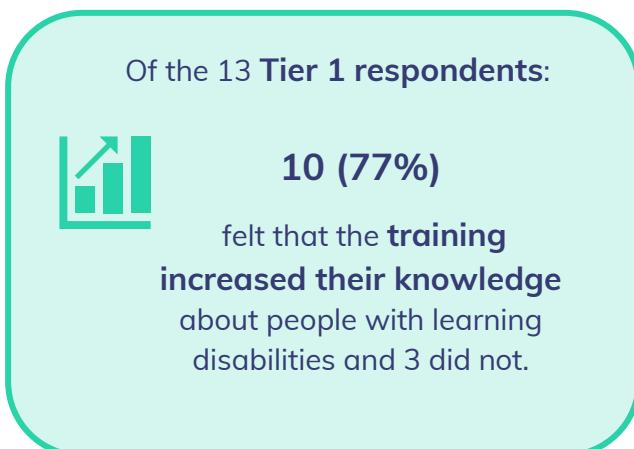
Usefulness and knowledge

The general staff survey found that nearly all **Tier 1** staff found it useful (92%) and most felt it increased knowledge (77%). Nearly all **Tier 2** staff found it useful (93%) and most felt it increased knowledge (85%).

Usefulness of training:



Increasing knowledge:



Across both Tiers, 3 of the 4 people who did not find the training useful received training through reading or online work.

Comments from respondents suggested that the training was more likely to be useful when it had a practical focus and included people with lived experience, rather than simple being about rules and policies.

Change in practice

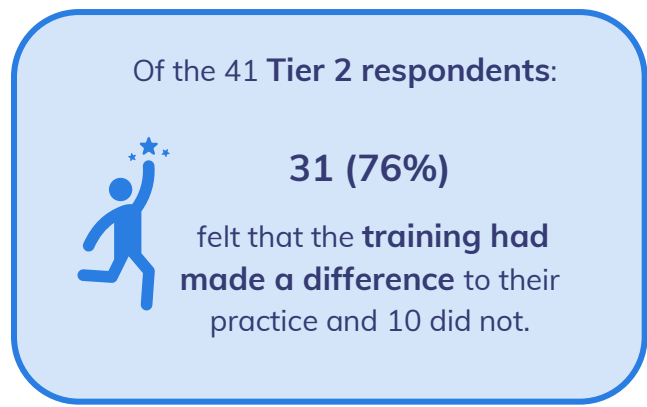
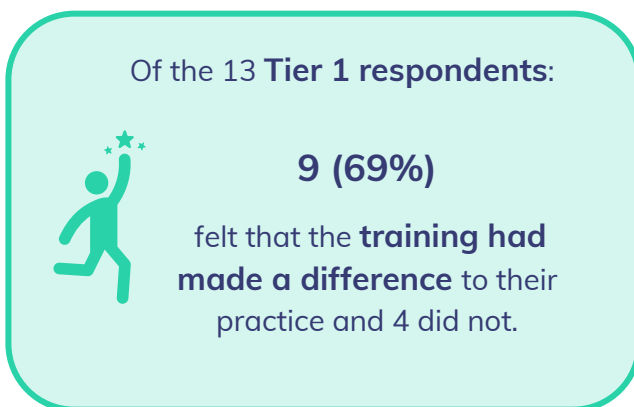
Both **Tier 1** and **Tier 2** staff were able to identify ways in which their practice has changed because of the training, including around:

- ❖ improved general awareness of people's needs and how they can be supported;
- ❖ communicating with people with learning disabilities;
- ❖ adhering to law and policy; and
- ❖ increased confidence.

Three key elements of the training that were identified as important in supporting a change to practice were:

- ❖ having course materials both in sessions and to take away;
- ❖ signposting to individuals/departments in the hospital and websites; and
- ❖ having peer support groups to engage with after the training.

Changes in practice



What did we learn about those who had not received training?

Of the **Tier 1 staff** who had not been offered learning disability awareness training, **87%** would have liked it.



Of the **Tier 2 staff** who had not been offered learning disability awareness training, over **90%** would have liked it.



Staff in a range of roles were able to identify why this training would be **useful** to them including:



- ❖ to increase their general awareness of learning disabilities;
- ❖ improve their communication with patients with a learning disability;
- ❖ have a greater understanding of legal frameworks; and
- ❖ to provide the best care to patients.

These responses were very similar to the benefits reported by people who had done training. This suggests that the training that is being delivered would meet the needs of staff in acute settings.

Conclusion

Since we conducted these surveys, Health Education England and Skills for Care have commissioned trials and an evaluation of Oliver McGowan Mandatory Training in Learning Disability and Autism. Our findings suggest that if this training becomes mandatory most staff would be positive about undertaking it, would gain new knowledge and could use this to make improvements to their practice. It is important to note that although almost everybody found the training useful, a smaller proportion had been able to make changes in their practice. This highlights the need for research to explore what is needed in addition to the training, to ensure it results in improved practice. This might include wider changes to systems, settings and structures.

What next?

We will review the findings from these surveys alongside other elements of this project:

- ❖ a review of the literature on the current evidence on the effectiveness of learning disability training programmes for NHS Trust staff ([see here](#));
- ❖ findings from a Delphi study to explore how learning disability awareness training for NHS Trust staff can have the maximum impact ([see here](#)); and
- ❖ findings from interviews with hospital staff ([see here](#)).

We will summarise the overall findings from the project and make recommendations for training models and for what else can be done to support NHS Trust staff to apply what they have learned.

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