

### 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](#).

This is a summary of a modified International Delphi survey which was undertaken to identify, and reach consensus on: the aims, design and content, and ways to maximise the impact, of learning disability training programmes for NHS Trust staff in England.

### Background

Children and adults with a learning disability are more likely to die younger and avoidably than their non-disabled peers. There is also a recognised lack of knowledge and skills amongst frontline healthcare staff linked to a failure to make individualised adjustments to usual care, treatment and support pathways for people with learning disabilities. Learning disability awareness training is a key priority for healthcare staff in the UK and other international countries. In England there is the 'Learning Disabilities Core Skills Education and Training Framework' (Health Education England (HEE), 2016) updated in 2019 to 'Learning Disability and Autism Training for Health and Care Staff' (Department of Health and Social Care (DHSC) which details core skills that the healthcare workforce needs to effectively support this population.

As part of the broader project outlined above, Marriott and Harflett (2020) undertook a literature review on the provision of learning disability awareness training programmes. They found that although there were some reports of positive outcomes linked to disability awareness training, there was a lack of agreement on the content and delivery of programmes. Many were not aligned to the above frameworks and there was no measurement of longer-term impact on the care and treatment of people with learning disabilities within acute hospitals.

Therefore, this modified International Delphi survey aimed to address this gap and be the first to identify and reach agreement upon:



- Key curricular content
- Systems-related facilitators (actions that could maximise the potential implementation of learning points) for learning disability awareness training for NHS Trust staff.

## What is a Delphi survey?

A Delphi survey is an iterative methodology for reaching consensus on a given topic amongst a panel of experts (Mulhall et al., 2018). The process involves a pre-determined series of rounds, in this case two rounds, in which the panel are asked to rate a series of items using a Likert-style scale. The aim is to reach a pre-determined level of agreement, or consensus, amongst the panel on each item, in this case 70% consensus. This Delphi survey was considered 'international' due to the international makeup of panel members and 'modified' as the items for the survey were obtained from the existing literature, and a local steering group, rather than being determined by an initial open-ended question to the panel.

In total, **96 items were identified for inclusion in the Delphi survey**: 65 related to the curricular content (Aims, Design, Content, Delivery) and 31 were about systems-related impact indicators (Resources, Outputs, Outcomes). These latter items were important, as focusing on the content only fails to understand the context in which training programmes are delivered, the mechanisms that help and/or hinder training and subsequent behaviour.

## Who took part and how were they found?

The international panel consisted of **57 experts** from mainstream primary healthcare and acute hospital settings and learning disability health professionals. The panel included experts from Australia, Canada, Japan, New Zealand, Netherlands, Norway, South Africa, Sweden and the four countries of the UK (England, Scotland, Northern Ireland, and Wales).

Panel members were found by an invitation email which was sent to appropriate national and international organisations, such as NHS hospital settings in the UK, the International Association for the Scientific Study of Intellectual & Developmental Disability (IASSIDD) and Special Olympics International who were asked to identify appropriate personnel who could act as panel members.

## What did we do?



## Delphi Round 1

Panel members were asked to rate the importance of each item using a five-point Likert scale (1 = Unimportant, 2 = Little importance, 3 = Unsure, 4 = Important, 5 = Very Important). Experts were also asked to make additional comments/suggestions to several open-ended questions after each section. These responses were used to devise additional items which were presented in Round 2. The survey took approximately 30-40 minutes to complete.



## Delphi Round 2

In this round those items that did not reach the 70% consensus target were re-presented to the panel for review along with the group rating for that item. Panel members then had the opportunity to return the same rating as in Round 1 or change their rating.

## Findings

We found there was a strong consensus/agreement among the experts regarding the desired aims, design, and content of a learning disability awareness training programme:

### Curricular content



#### Aims

- The aims of a training programme should include understanding the health needs and health inequalities of people with learning disabilities, the need for reasonable adjustments and how this population may present with unmet needs and the need for improved communication.



## Design

A training programme should be designed using a partnership approach with contributions from people with learning disabilities, their family carers, primary and acute healthcare staff and staff in learning disability services. It should also have a theoretical underpinning.



## Content

The content of a training programme should cover five separate areas: medical conditions, communication, pain, ethical standards and information and resources. The ten core topics: 'diagnostic overshadowing', fear and anxiety, reasons for greater health inequalities in this population, recognising and managing challenging behaviours, constipation, nutrition and hydration, epilepsy, dysphagia, postural care and respiratory problems.

Communication should identify effective communication strategies with family/carers as well as with children and adults with limited communication skills. In addition, how to recognise, control and minimise pain should be included.

Ethical standards, such as safeguarding and ensuring the rights of people with learning disabilities, should be included along with listening to and acting on their views.

The information and resources available to this population should also be taught including support within hospitals such as the acute liaison nurse, hospital passports and communication passports.



## Delivery

There was a mixed response in terms of delivery and delivery mode amongst participants but, overall, it was felt that the training should be mandatory and target all front-line staff. It should be adapted for different staff groups and delivered collaboratively by people with learning disabilities, family carers and hospital staff. The training should be refreshed every three years.

## Systems-related facilitators



### Resources

- In order to implement the learning disability awareness training in a hospital setting, staff need accessible information, and hospital passports should be used to support children and adults with learning disabilities to communicate. Hospital staff need to be offered on the job training and supervision.



### Outputs

- Hospital admissions and outpatients should pre-plan making reasonable adjustments for children and adults with learning disabilities and hospitals should employ an Acute Liaison Learning Disability Nurse.



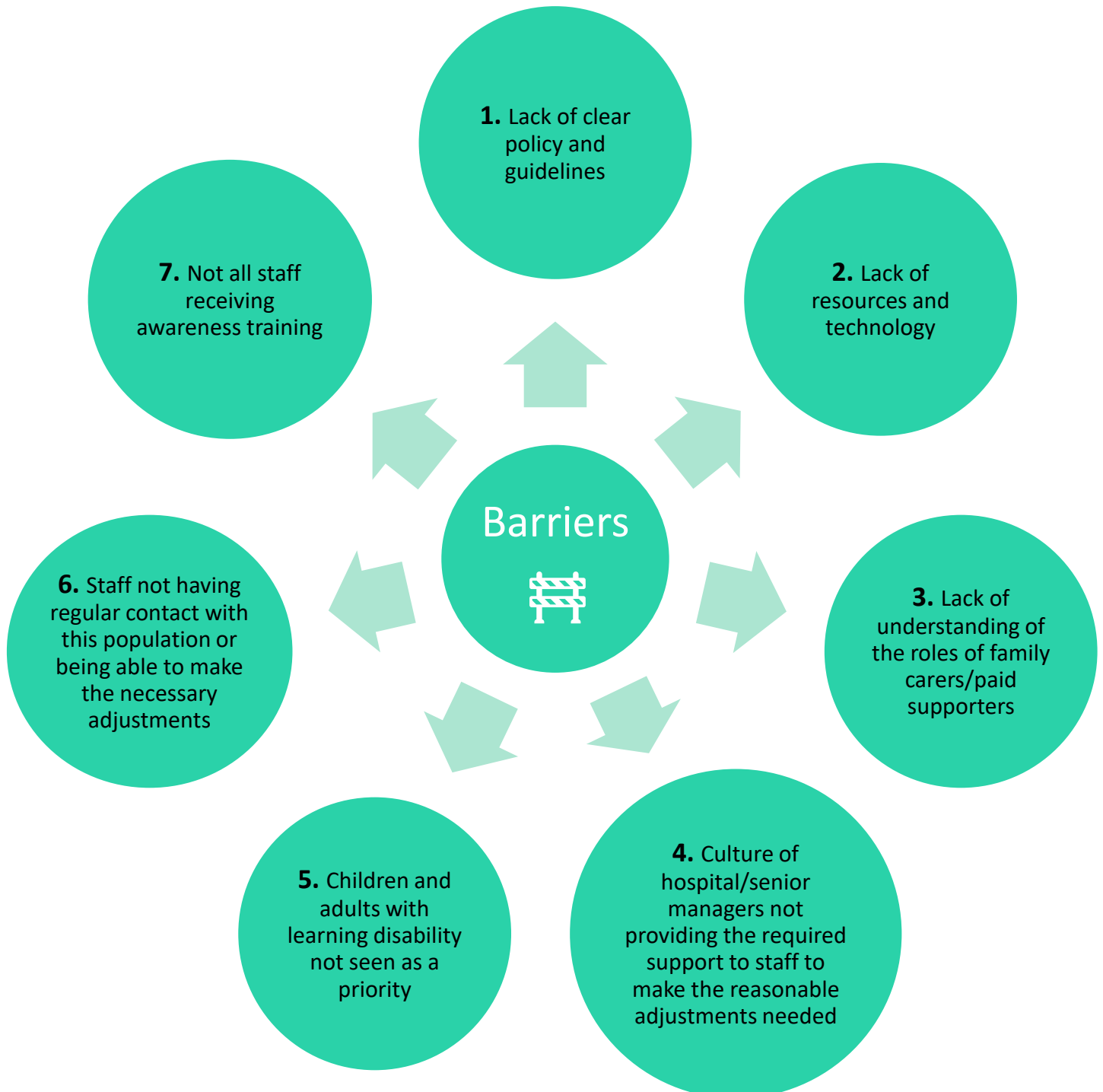
### Outcomes

- These encompass short, medium and long-term outcomes. In the short term, hospitals should monitor complaints, critical incidents and respond to feedback from people with learning disabilities and their family carers/paid supporters. The main medium-term outcome should be to review the number of deaths within this population annually and longer term there should be a reduction in avoidable deaths in people with learning disability.

Many of these systems-related facilitators are supported by a growing evidence base for the clinical effectiveness of these suggestions, such as the contribution to the development of effective systems and processes in acute hospitals by Acute Liaison Learning Disability Nurses (Bur et al., 2020).

## Barriers

This is the first time that barriers to awareness training in this field has been collated. Seven main barriers were identified which could potentially obstruct the successful implementation of the awareness training programme. These were:



## Wider lessons



When designing training programmes, whilst the curricular content is essential, there also needs to be a focus on the systems-related facilitators (resources, outputs, outcomes) which might inhibit successful implementation of the training.



There needs to be an awareness and understanding of the hospital / organisational / systems barriers which might prevent the running and effectiveness of the training programme, including having clear policy and guidelines in how to support children and adults with learning disabilities in out-patient and hospital settings.



There is potential for training awareness programmes based on these findings to be applicable internationally within different healthcare systems.



The findings could be modified and applied to healthcare staff working across other healthcare settings more widely and also social care settings.



The findings offer acute hospital settings clear direction on how to develop, deliver and assess the impact of learning disability awareness training programmes in line with recent guidance (HEE, 2016; DHSC, 2019).



The findings not only support the development of learning disability awareness trainings but also provide detailed guidance to improve service provision for this population.



The findings have applicability to the development of awareness training programmes for other cognitive disability populations such as those with dementia and children and adults with autism spectrum disorder.

## What next?

The curricular content and systems-related facilitators identified in this modified Delphi survey have been underpinned by evidence and clinical experience from the panel of experts. There now needs to be a full evaluation of their implementation to consider their effectiveness.

Full article: Taggart, L., Marriott, A., Cooper, M., Atkinson, D., Griffiths, L., Ward, C. & Mulhall, P. (2021). Developing curricular-content and systems-related impact indicators for intellectual disability awareness training for acute hospital settings: A modified International Delphi Survey. *Journal of Advanced Nursing*, 00, 1–20.  
<https://doi.org/10.1111/jan.15123>

## References

- ❖ Bur, J., Missen, K. & Cooper, S. (2020) The impact of intellectual disability nurse specialists in the United Kingdom and Eire Ireland: An integrative review. *Nur. Open*. 2020; 00; 1-7. <https://doi.org/10.1002/nop2.690>
- ❖ Department of Health and Social Care (2019) *Learning disability and autism training for health and care staff. A consultation*. London: DHSC.
- ❖ Health Education England (2016) *Learning disabilities and education training framework*.  
<https://www.cppe.ac.uk/wizard/files/publications/leaflets/learning%20disabilities%20cs%20tf.pdf> [accessed 5<sup>th</sup> March 2022]
- ❖ Marriott, A. & Harflett, N. (2020) *A review of the current evidence on the effectiveness of LD training programmes for NHS Trust staff*. Health Education England.  
[https://www.ndti.org.uk/assets/files/HEE\\_report\\_15th\\_May\\_2020\\_final\\_v2.pdf](https://www.ndti.org.uk/assets/files/HEE_report_15th_May_2020_final_v2.pdf) [accessed 5<sup>th</sup> March 2022]
- ❖ Mulhall, P., Taggart, L., Coates, V. & McAloon, T. (2019) Using a Delphi survey to gain an international consensus on the challenges of conducting trials with adults with intellectual disabilities. *Clinical Trials*. <https://doi.org/10.1177/1740774519887168>

## Contact Information

Anna Marriott, Research and Evaluation Programme Lead  
Call: 01225 255 268  
Email: [Anna.Marriott@ndti.org.uk](mailto:Anna.Marriott@ndti.org.uk)

National Development Team for Inclusion  
4 Queen Street, Bath BA1 1HE  
[www.ndti.org.uk](http://www.ndti.org.uk)

This work has been funded by  
the South Regional Health  
Education England Intellectual  
Disabilities programme.

