

September 2022

Summary

It is clear what excellent learning disability training looks like, in terms of its content and style of delivery. Involving experts by experience (both people with learning disabilities and family carers) as partners in design and delivery is key. An informal, interactive style works well, with a focus on practice development and sharing stories, including positive examples.

But excellent staff training is not enough, on its own, to achieve change. Organisations and staff need to connect learning disability training with other priorities. Organisational factors will also affect staff's ability to improve practice. Action needs to happen on (at least) three different levels to create a supportive environment for change:

- ❖ **At the team or departmental level**, training needs to be followed up in supervision and staff meetings, while staff should be encouraged to support each other to test out their learning.
- ❖ **NHS Trusts** should ensure that leadership is in place throughout the organisation to emphasise why learning disability training matters and how it connects to other agendas. They should also be prepared to tackle system barriers that prevent staff from implementing change and to build a culture in which improving care is seen as the day job.
- ❖ **National/subregional partners** such as the HEE, NHSE, CQC and ICSs can help to support benchmarking and the sharing of learning, as well as producing national resources to support training.

Together, these actions have the potential to create an environment that genuinely supports change. This means that the new requirement in the [Health and Care Act 2022](#) for CQC registered service providers to ensure their employees receive learning disability and autism training appropriate to their role, is more likely to fulfil its potential to improve care and outcomes not only for autistic people and people with learning disabilities, but for the many other people who may need additional support to get the care they need.

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. The focus of the project was on learning disability training, rather than on a broader approach that includes autism, although the principles extend beyond learning disability. Further information about the project can be found [here](#).

An overview of the various elements of the project and a summary of its key findings are set out below. One important message was that training is only likely to make a sustainable, systemic difference to people with learning disabilities if it is delivered into a supportive environment, in which staff feel enabled to improve their practice. This briefing looks at what needs to be in place to ensure that learning disability training will help bring about the change that is needed.

About this briefing

This paper is aimed primarily at people working in NHS Trusts who are responsible for ensuring that excellent training on learning disability is delivered and makes a clear difference to people with learning disabilities and their families and carers. This could include specialist learning disability staff, learning and development leads and senior managers. We hope that the paper will be timely in supporting the introduction of the mandatory training about learning disability and autism, as set out in the Health and Care Act 2022. While the mandatory training is also aimed at staff beyond the NHS, the observations included in this paper nevertheless have a wider relevance.

The content of the paper is based on conversations that took place at a Reality Check workshop in March 2022, which aimed to test out the project findings and to explore what else needs to happen to ensure that learning disability training makes a difference to clinical practice, individual outcomes and people's experience throughout their hospital journey. The workshop drew together a range of people from NHS Trusts and other partners, including Specialist Nurses, Human Resources and training specialists. It was led by an NDTi team that included an expert by experience and a family carer. We are grateful to everyone who took part and generously contributed their insights.

The briefing aims to answer the following question:



What needs to happen at different levels of the system to ensure that mandatory training on learning disability is making a genuine difference?

It looks at:

- ❖ What the wider project found about what excellent training on learning disability looks like
- ❖ What we already know about the organisational factors that help or hinder change taking place in NHS settings and how these relate to our findings
- ❖ How learning disability training can contribute towards Trusts' priorities, such as reducing inequality and promoting inclusivity for all
- ❖ The action that will be needed at different levels if training is going to make a difference to people's experience and outcomes.

Background and introduction to wider project

The wider project was made up of multiple complementary and inter-linked strands, which explored different aspects of best practice in the design and delivery of learning disability training across NHS settings.

The outputs included:

- ❖ [A review of the literature on the current evidence on the effectiveness of learning disability training programmes for NHS Trust staff;](#)
- ❖ [A Delphi study to explore how learning disability awareness training for NHS Trust staff can have the maximum impact;](#)
- ❖ [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;](#)
- ❖ [Interviews 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;](#)
- ❖ [A review and guidance on how experts by experience and family carers can be involved well in the design and delivery of learning disability awareness training.](#)
- ❖ [A case study about learning disability awareness training delivered by Grapevine.](#)
- ❖ [A case study about the Working with Families training delivered by the Oxfordshire Family Support Network.](#)

What does excellent training look like?

These strands of research found that there was strong agreement about what contributes to excellent training on learning disability. The involvement of experts by experience, including families and carers, was a key success factor, and the content and approach were also important. Our research also highlighted the need for follow-up support post-training.



Involvement of experts by experience

The vital contribution that experts by experience make to learning disability training was an overarching message from all the strands of our research:

- ❖ Involving both people with learning disabilities (with a range of abilities) and also families and carers as experts by experience in designing and delivering training is important.
- ❖ Good involvement of experts by experience has four key elements:
 - Working together as a team
 - Building confidence and offering support
 - Respecting and valuing people
 - Enjoyment and having fun



Content/style

While the involvement of the range of experts by experience as partners is crucial, there was also wide agreement about both the content and style of training sessions:

- ❖ Training should be face-to-face and interactive
- ❖ It should include hearing and discussing real-life stories, including, importantly, good practice examples
- ❖ It should have a practical, problem-solving focus.

What else is needed to support implementation?

- ❖ Trusts need to help staff put what they have learned into practice, for example by offering on-the-job support, peer support and resources for staff to use.
- ❖ When setting up learning disability training programmes, Trusts need to consider all the organisational and cultural factors that may prevent people from implementing their learning, and to develop ways of tackling these. For example, we heard that some NHS call handlers were unable to speak simply and clearly with people with a range of communication difficulties as their standardised script did not allow them the flexibility to do so.

The remainder of this briefing explores the issues raised in this final section in more detail.

What do we already know about the factors that help or hinder change taking place in NHS settings?

For at least the past two decades there has been a strong push to improve health outcomes by transforming the way that the NHS works, for example in delivering care to people who have had a stroke¹. Through the many change programmes that have been implemented during this time, some successfully and others less so, we have learned a great deal about the factors that can help change take root, as well as those that can act as barriers to improvement.

The Health Foundation summarised what we have learned from these developments in 2015 (see below). Their work had a broader focus than training alone, as they looked at the range of quality improvement initiatives that have taken place in the NHS. However, the factors that help training to make a difference and the barriers to implementing learning are likely to be very similar.

Seven success factors for change:

1. Leadership that engages staff
2. Culture that supports change
3. Management approach that ensures change is implemented
4. Skills to spot and tackle problems
5. Evidence to show impact
6. Resources
7. Supportive environment for change



Four barriers to change:

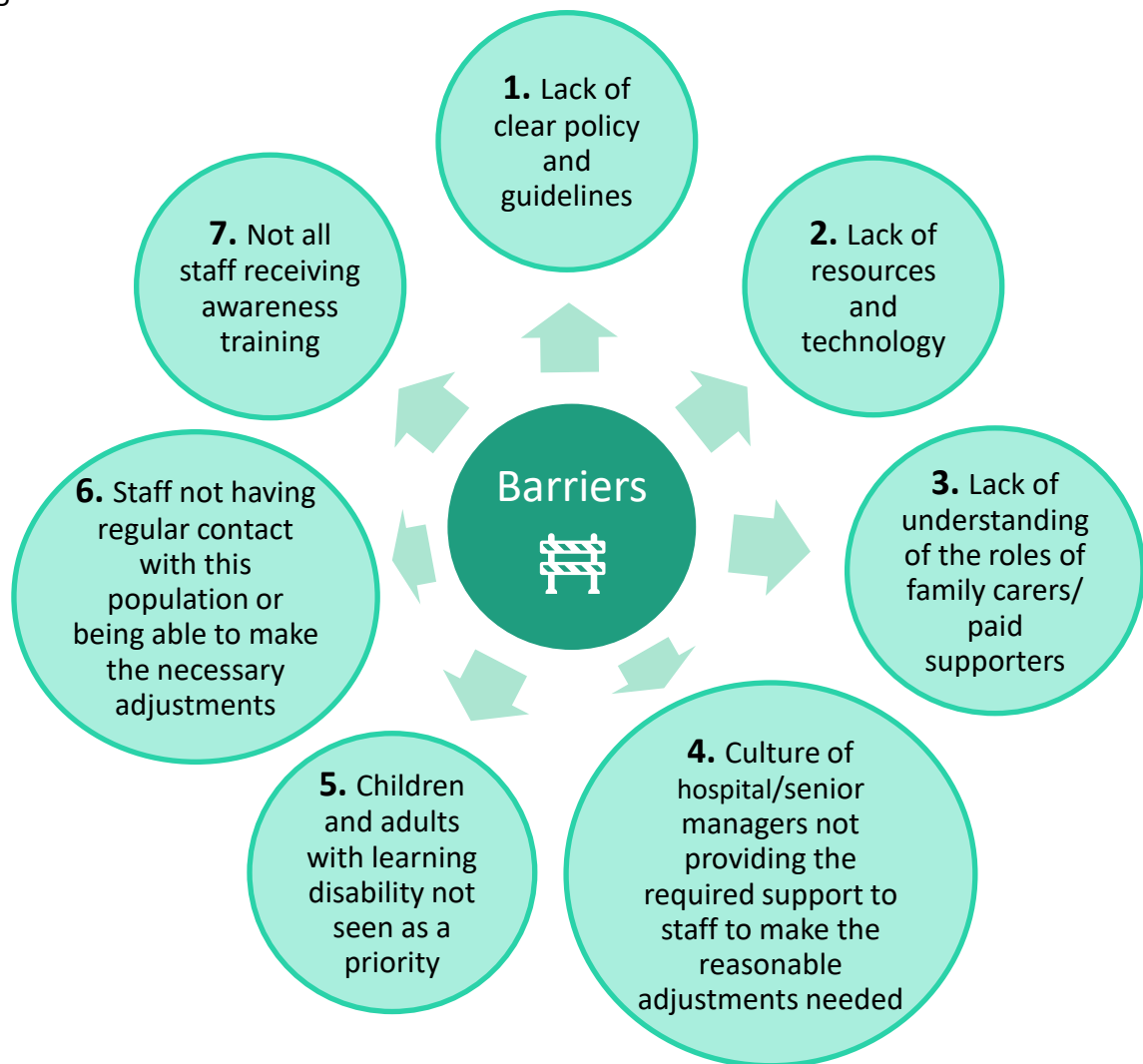
1. Not seeing the need for change
2. Motivation to change
3. Headspace
4. Skills to make change happen



(Adapted from *Constructive comfort: accelerating change in the NHS*, Health Foundation, 2015)

¹ NHS England, National Stroke Service Model: Integrated Stroke Delivery Networks, 2021

The Delphi study that was carried out as part of the wider project also explored the barriers to change following training on learning disability. It highlighted seven practical and cultural factors that organisations need to consider as they plan training on learning disability. These factors echo many of the Health Foundation's finding.



Making the case

Whilst learning disability and autism training is now mandatory for health and social care provider staff, there may be a danger that it takes place in a self-contained silo, with no reference to existing priorities. This will make lasting and systemic change harder to achieve. Our research, together with clear advice from the participants at the Reality Check event, emphasised the importance of making the connections between learning disability training and the wider policy or organisational agendas. In other words, how will providing excellent training, as described above, help Trusts to improve performance and to deliver their priorities? And how will it help front line staff in their day-to-day work to improve clinical care and the person's experience of their hospital journey?

Below, we look briefly at the contribution that excellent training on learning disability could make in a number of key areas.

Learning disability training can contribute towards:



Achieving better outcomes and experience for a range of people, as well as for people with learning disabilities

- ❖ Improving practice on, for example, communication, will benefit many people, such as people with dementia, who struggle to follow complex professional language.
- ❖ Streamlining and simplifying processes to improve accessibility benefits everyone using the NHS, as well as reducing duplication and inefficiency.



Making better use of resources

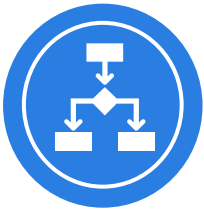
- ❖ Better care for people with learning disability is likely to:
 - Prevent unnecessary admissions to hospital
 - Reduce the time people spend in hospital
 - Reduce the number of people returning to hospital.
- ❖ Working in partnership with families and carers will help to increase capacity and support hard-pressed hospital staff, as well as improving the experience of the person with learning disabilities.



Improving performance ratings

- ❖ The Learning Disability Improvement Standards for NHS Trusts² were introduced by NHS Improvement in 2018, with the aim of reducing unwarranted variations in the quality of experience and outcomes, where people with learning disabilities use NHS services. The standards are supported by a range of improvement measures and actions that Trusts should be taking and these have been found to be associated with higher CQC ratings. A national programme of benchmarking has been rolled out which explores how best to maximise the impact of workforce and training initiatives.

² <https://www.england.nhs.uk/learning-disabilities/about/resources/the-learning-disability-improvement-standards-for-nhs-trusts/>



Implementing ICS agendas

- ❖ As the Integrated Care Systems (ICSs) develop their roles, they will be focusing on four key purposes:
 - improve outcomes in population health and healthcare
 - tackle inequalities in outcomes, experience and access
 - enhance productivity and value for money
 - support broader social and economic development
- ❖ People with learning disabilities provide a test case for ICSs to improve outcomes and experience for one of the groups in the community who need most support to live their lives. Getting care and support right for people with learning disabilities will, as noted above, have a much wider impact.



Addressing national policy priorities on learning disability

- ❖ The **NHS Long Term Plan** sets out clear expectations about improving care for people with learning disabilities and autism. This includes ensuring that NHS staff are supported to make the changes needed to deliver better care and improving awareness across the NHS.³
- ❖ The **2022/23 priorities and national planning guidance for the NHS** also explicitly focuses on improving the outcomes and experience of people with learning disabilities and autism, noting that the pandemic has highlighted and exacerbated the significant health inequalities they experienced and calling for reasonable adjustments and tailored responses.⁴

Building a supportive environment for change – What needs to happen?

Making the case for change means underlining that getting care right for people with learning disabilities means getting it right for many other people too (and of course, the reverse is also likely to apply). But this is just the first step. Our research has highlighted that training is most likely to make a sustainable difference if staff are supported by their managers, by their organisation and by the wider system to make change happen.

This section looks at the actions that will be required at three levels to build a supportive environment:

- ❖ Team/Department
- ❖ Trust
- ❖ National/regional/ICS

³ <https://www.longtermplan.nhs.uk/areas-of-work/learning-disability-autism/>

⁴ <https://www.england.nhs.uk/wp-content/uploads/2022/02/20211223-B1160-2022-23-priorities-and-operational-planning-guidance-v3.2.pdf>



Teams and Departments

- ❖ **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.
- ❖ Ensure that there is an **identified person** in each team who is interested and has some expertise to support others.
- ❖ Ensure that staff know where to go for additional **advice and expertise**.



NHS Trusts

- ❖ Ensure **senior sign up and leadership** (including at Board level) to support decision making and tackle system blockages.
- ❖ **Model** this leadership role, for example by senior staff and Board members attending the training themselves alongside other staff.
- ❖ **Communicate** with all staff via a range of routes about why training is taking place and how it connects with other priorities and agendas.
- ❖ 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, for example by using examples in other mandatory training and making connections with agendas such as equality and diversity, carers and safeguarding.
- ❖ Create a **culture** of learning and improvement, in which all staff see improving care as their day job.
- ❖ **Target** training where it is most needed – where do people with learning disabilities, families and carers see that there's a problem?
- ❖ **Assess the impact** of training on practice and outcomes – do people with learning disabilities, families and carers experience an improvement?
- ❖ Provide the **resources and equipment** that staff need to deliver high quality care.



NHS Trusts (continued)

- ❖ Make best use of **the Learning Disability specialist nurse role**, which is key in building confidence and expertise, signposting to local resources and creating and supporting networks of interested people across Trusts. Where a specialist role is not in place, work towards appointing one and in the meantime, draw on the range of alternative expertise that exists within the Trust.



National/Regional/ICS Stakeholders

- ❖ In support of the Learning Disability Improvement Standards for NHS Trusts, continue to make available and encourage participation in national **benchmarking** programmes in order to drive local quality improvements.
- ❖ CQC could play a useful role in highlighting **examples of interesting practice** through their overview and thematic reports.
- ❖ 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 –the focus needs to be on
 - **reporting difference training is making to outcomes and experience**, not just on the numbers/percentages of staff trained
 - how Trusts are **monitoring the factors that help or hinder change** taking place, as set out above.
- ❖ ICSs should use the new legal requirement for training on learning disability and autism for CQC regulated service providers as a way of building the foundations for a **consistent partnership approach** right across the wider system – interest from agencies such as the police demonstrates the potential.
- ❖ National and regional learning disability programme leads need to encourage the **sharing of learning** across Trusts.
- ❖ There is a need for consistent, easily accessible **tools and information** to support training.

Final thoughts



The wider project has highlighted what excellent learning disability training looks like, in terms of its content and style. Involving experts by experience as partners in design and delivery is key. Both people with a learning disability and family carers have an invaluable contribution to make. An informal, interactive style works well, with a focus on practice development and sharing stories, which should include examples of good practice.



However, the findings also highlighted that providing excellent staff training is not enough, on its own, to achieve better care and outcomes for people with learning disabilities. Organisations and staff need to understand how learning disability training connects with other priorities. The organisational and wider context will also affect staff's ability to improve practice. Action needs to happen on (at least) three different levels to create a supportive environment for change.



At the team or departmental level, training needs to be followed up in supervision and staff meetings, while staff should be encouraged to support each other to test out their learning.



NHS Trusts should ensure that leadership is in place throughout the organisation to demonstrate why learning disability training matters and how it connects to other agendas. They should also be prepared to tackle system barriers that prevent staff from implementing change and to build a culture in which improvement is seen as the day job. Specialist Learning Disability Nurses have a central role in supporting networks and boosting confidence.



National/subregional partners such as the HEE, NHSE, CQC and ICSs also have an important role to play in supporting benchmarking and the sharing of good practice, as well as producing national resources to support training.



Together, these actions have the potential to create an environment that genuinely supports change. This means that the new legal requirement for training on learning disability and autism for CQC regulated service providers is more likely to fulfil its potential to improve care and outcomes not only for people with learning disabilities, autistic people, their families and carers, but for the many other people who may need additional support to get the care they need.

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