



Appendix A

Table A1. Timetable of the trial and evaluation work

Timeline	Training Partner A	Training Partner B	Training Partner C	Training Partner D	Evaluation
August 2020	Oliver McGowan Mandatory Training trials inception				
September October 2020	Set-up phase: Training design phase begins. Co-production meetings with trainers and experts by experience. Training material design begins, including for e-learning, films and other resources. Learning management systems set up where relevant.			Set-up and start design phase and introductions to each of the Trial Partners and their training approach. Ethics process. Design benchmarking approach. Design T1 pre and post surveys.	
November December 2020	T1 benchmarked – understanding learning disability and understanding autism. Began to pilot both in November.			T1 benchmarked with feedback. Began to pilot T1 training in November.	Benchmarking activity – T1 Training Partners A and D. Started T1 surveys for Training Partners A and D.
January 2021	Letter to Trial Partners clarifying core content of training, rather than covering the full set of capabilities in each capability framework. Decision not to use existing E-learning.				Revised benchmarking framework. Survey design for T2.
				Started to pilot T2 modules.	Started testing T2 survey for Training Partner D.
February 2021	T1 quality-checked with feedback.	Quality-checking panel begins.		T1 quality-checked with feedback. Pilot training halted for further development	Benchmarking continues in line with QA process.

Timeline	Training Partner A	Training Partner B	Training Partner C	Training Partner D	Evaluation
March 2021	Paula's video of Oliver's story finalised for use in all training.				
	Paused delivery to respond to quality checking.	T1 quality-checked with feedback.			
April 2021		T1 benchmarked, revised version.		Revised training quality-checked.	Design follow-up surveys. Design participant interviews.
May 2021	T1 signed off.	T2 quality-checked and benchmarked. Both T1 and T2 signed off. T1 delivery begins.		Revised training benchmarked.	Training Partner B Tier 1 surveys begin.
June 2021	T2 signed off.	T2 delivery begins	T1 and T2 benchmarked and quality-checked.	Further quality check and training development.	Design observation process.
July 2021					Pilot observation process. Follow-up survey for Training Partner A.
August 2021	T1 restarted. T2 begins.		Trial T1 and T2 training begins.	Decision to stop involvement in trials.	Participant interviews (post 3-month) piloted and begun for Training Partner A. Final focus group with Training Partner D, trainers with lived experience. Follow-up survey for Training Partner B. Training Partner C Tier 1 and Tier 2 surveys begin.
September 2021					Participant interviews begun for Training Partner B. Observations begun and interviews continue.
October 2021					Interim report. Observations and interviews continue.
November 2021	Final training being run.	Final training being run.			Training Partner C follow-up surveys out.
December 21 - February 22					Interviews completed. Focus groups with trainers. Surveys closed.

Evaluation activities

Benchmarking and quality assurance

As part of the development of the training, two processes took place before it was confirmed that trial training could begin. The first of these was a short benchmarking process carried out by NDTi, and the second a more intense quality-checking process carried out by HEE, Skills for Care and a number of experts by experience who formed a quality-checking panel.

As evaluation partners, NDTi had a role in checking training plans and materials once they had been co-designed. In its evaluation role, it was important that NDTi remained impartial and did not judge the merit of training, particularly on the basis of materials only, before seeing the actual delivery and getting feedback from participants. The evaluation methodology was designed to ascertain the quality and impact of the training, based on its impact on learners and all involved.

This checking therefore involved benchmarking session plans and learning materials against the two Core Capability Frameworks, to ensure that they were covering the required content¹. Approximately half a day of time for checking was allocated to each Trial Partner. As soon as Trial Partners finished their design of one course (e.g., Tier 1 Autism Training) this was sent to NDTi.

The benchmarking process changed over the course of the development phase. Initially, checking was carried out against the full capability frameworks. This involved 25 capability areas across five domains for the learning disability framework, and 19 capability areas across five domains for the autism framework. Using a spreadsheet which mapped both capability frameworks, training materials were checked to ensure they covered the relevant capabilities sufficiently.

In January 2021, HEE wrote to Trial Partners outlining some core content that needed to be included in training, recognising that it would not be feasible to cover the entire content of the Tier 2 capabilities. This letter clarified the need to prioritise some core policy and practice, including learning from LeDeR; STOMP; Ask, Listen, Do and other important learning from Oliver's story. The benchmarking process was adapted, highlighting capabilities where this content was relevant.

¹ [Capabilities Framework for Supporting People with a Learning Disability](#)
[Capabilities Framework for Supporting Autistic People.](#)

Each check was followed by feedback to the Trial Partner that the training either fully covered the required capabilities, or that there was content missing, or content that was excessive or out of line for the audience. Examples of feedback included:

- asking Trial Partners to reflect on the relevance of content that sits outside of the role of those in health or care settings;
- suggesting that case examples should be workplace specific;
- pointing out that there was no content on involving people's families;
- highlighting that the topic of communication was covered but was about sharing information with people, and missing listening and understanding people;
- commenting on the level of in-depth detail of content in e-learning and reflecting it may be at a Tier 3 level.

On the whole, the Trial Partners responded to the feedback by explaining any missing content that would be covered in delivery (e.g. the focus of a film), or made some small changes. The timings of this benchmarking can be seen throughout the trial timeline table, and took place between November 2020 and July 2021 as training development progressed.

In addition to this check of training content or benchmarking, a quality assurance process was designed by HEE and Skills for Care. This process was longer and more in-depth, whereby all learning materials and lesson plans were reviewed in detail by a panel of 12 people, who work across the operational delivery of the Oliver McGowan Mandatory Training trials. The panel first came together to review Training Packages D and A Tier 1 Training in February 2021 (see Table A1, the trial timeline table on pages 1-2). This group comprised two autistic people, two people with a learning disability, three family members including Paula McGowan, two people each from Skills for Care, HEE and DHSC, and one person from NHSE. They reviewed materials separately, or with support, and then came together to discuss as a panel, whereafter feedback was sent to the Trial Partner. This iterative process was carried out as often as the panel decided was necessary before signing off the training to formally comprise part of the trials. The aspects on which the quality decisions were based were framed around any content in the materials that could be unsafe, inaccurate or offensive. Thus, this check went beyond a general content check and addressed the way in which training materials, scripts and lesson plans were worded or portrayed.

Following these two checking processes, trial training was ready to begin at different times between April and August 2021.

Observation

The Evaluation Team worked together to create a [checklist](#) to be used when undertaking observations of the training. The checklist content was informed by a literature review of learning disability awareness training for healthcare staff (Marriott and Harflett, 2020), and people’s experiences of designing and delivering training. The Advisory Group also contributed to the content of the final version of this checklist. The experts by experience undertaking the observations were asked to rate the training on a variety of factors. Guidance notes were produced to be used alongside the checklist.

Some of the observations were made in face-to-face training but most of them were made by viewing recordings of training delivered online or by working through e-learning packages. The observations were made by members of the Evaluation Team, our Advisory Group and the Strategic Operational Group. The purpose of the observations was to ensure that the Evaluation Team and others who also had lived experience and training expertise gained a snapshot of how each course was delivered, to offer insight into quality of delivery at that point in time. Given the limited number of observations, this data did not lead to generalisations about the quality of all the training by each Trial Partner, but instead highlighted learning about how training was run in practice and gave the team a way of contextualising what was found in the other data sources. Table A2 shows the role of people observing the different training packages.

Table A2. The role of people observing the training

Training	Observed by who	Mode
Training A T1 Autism	Advisory Group member	online
Training A T1 Learning Disability	Evaluation Team members	online
Training A T1 Autism and Learning Disability	Strategic Operational Group member	online
Training A T2 Learning Disability and Autism	Evaluation Team members	online
Training B T1 Learning Disability and Autism	Advisory Group member	online
Training B T1 Learning Disability and Autism	Strategic Operational Group member	online
Training B T2 Learning Disability and Autism	Evaluation Team members	online

Training	Observed by who	Mode
Training B T2 Learning Disability and Autism	Strategic Operational Group member	online
Training C T1 Learning Disability	Training cancelled twice by trainers due to illness and COVID-19	
Training C T1 Autism	Advisory Group member	online
Training C T2 Learning Disability	Evaluation Team members	face-to-face
Training C T2 Autism	Evaluation Team members	face-to-face

Surveys

The Evaluation Team designed one survey to be sent to all participants prior to their training, one to be completed immediately after the training and one to be completed from three months after the training². Copies of the [pre-training survey](#), [post-training survey](#) and [follow-up survey](#) are available. These were informed by relevant literature ([Marriott and Harflett, 2020](#))³ and by conversations with the funders about the data analysis required. Trial Partner leads along with HEE/SfC/Paula McGowan and other members of the Operational Delivery Group (ODG) were asked to comment on the content to ensure the surveys would be appropriate across all Trial Partners.

Pre-training survey

The pre-training survey collected some demographic data as well as information about people's job roles, work settings and how often they interacted with autistic people / people with a learning disability in, and outside of, work.

² This was later reduced to two months to ensure participants from all Trial Partners and Tiers could be included within the timeframe of the evaluation.

³ Marriott, A & Harflett, N. (2020) *A review of the current evidence on the effectiveness of LD training programmes for NHS Trust staff*.

These surveys also collected baseline data on a series of statements (competency measures) relating to people's knowledge, skills and communication with autistic people and people with a learning disability. Respondents were asked to respond to the following statements using a five-point Likert scale, from strongly agree to strongly disagree, with an option of not applicable:

- I have the knowledge that I need to work with autistic people / people with a learning disability in my job.⁴
- I have the skills that I need to work with autistic people / people with a learning disability in my job.
- I feel confident when I am working with autistic people / people with a learning disability in my job.
- I feel confident that I can communicate with an autistic person / person with a learning disability.
- I have an important role to play in meeting the general health needs of autistic people / people with a learning disability.
- Autistic people / people with a learning disability face significant challenges in healthcare settings.

Post-training survey

We asked all respondents about the training they had completed and whether this was optional for them or not.

We also asked the extent to which they agreed/disagreed with the same six statements about knowledge/skills/confidence (detailed above) after the training, and their reflections on any changes in their answers. It is possible to compare the responses of those who completed both surveys.

Most of the questions in the post-training survey focused on immediate reflections on the training in relation to the following quality measures:

- the training being pitched at the right level;
- the pace and amount of content;
- the length of the training (whether it was too long or too short);
- if it was a good use of time;
- if the trainer had the skills needed to deliver the training;

⁴ These statements were asked separately in relation to autistic people and people with a learning disability.

- whether the overall training was good;
- whether the training was better than previous trainings they have attended on the subject.

Participants were asked to rate their responses on a five-point Likert scale, from “strongly agree” to “strongly disagree”, with an option of not applicable. In this report, when we refer to the percentage of people agreeing, this includes the “strongly agree” and “agree” responses. The same also applies to any discussion regarding the percentage of people disagreeing, which includes the “disagree” and “strongly disagree” responses.

We also asked how the mode of delivery and the activities used suited people's learning style. Participants were asked to rate how well it worked for them on a five-point Likert scale from “it didn’t work for me” to “it worked very well for me”, with an option of not applicable. Again, any references to percentages of people who said it worked for them includes responses of “worked very well for me” and “worked quite well for me”. For responses where a mode of delivery or activity did not work for them, this includes responses of “it didn’t work very well for me” and “it did not work well for me”.

To explore the impact of the training, participants were asked to respond to the following three statements using a five-point Likert scale from strongly agree to strongly disagree, with an option of not applicable:

- The training has given me new learning about learning disabilities/autism.
- The training has made me more aware of the needs of autistic people / people with a learning disability in healthcare settings.
- The training has given me ideas for things I can do to better support autistic people / people with a learning disability in my own work.

Finally, participants were asked two free text questions:

- What was the one thing about the training that stood out for you?
- Is there anything that could have been done better?

For both questions, the data were sorted alphabetically and all blank and incomplete responses were removed. In relation to the first question, all responses where one standout item was not identified (e.g. “everything”) were grouped and all other responses grouped thematically into content of training, learning, delivery and other. Subthemes of general awareness, healthcare, communication, passion and enthusiasm of trainers, experts by experience and delivery mode were identified to aid analysis. For the second question, all ‘no’ type responses were grouped together and then all other responses grouped thematically into practical comments related to venue, content of training, trainers, length of training and other.

Follow-up surveys

We again asked the extent to which respondents agreed/disagreed with the same six statements about knowledge/skills/confidence (detailed above) after the training. We had hoped to use this data to assess the extent to which any increases in knowledge/skills/confidence are maintained over time.

We identified lower response rates to the follow-up surveys across all Trial Partners, so we worked with the Trial Partner leads, HEE, and Paula McGowan to try to increase the response rate. Whilst the response rate improved, Table A3 shows that the number of people who completed the follow-up survey remained low, ranging from n=346 (for Training A Tier 1) to n=6 (for Training C Both Tier 2).

Table A3: Number of respondents who completed the follow-up survey

	Training A	Training B	Training C Both	Training C Learning Disability	Training C Autism
Tier 1	346	304	NA	37	135
Tier 2	77	90	6	51	53

The items relating to knowledge/skills/confidence were asked across all three survey time-points (in the pre, post and follow-up surveys) meaning that scores could, in theory, be compared to explore changes and see if these are maintained over time. This required matching survey responses for each participant across the pre, post and follow-up survey. Unfortunately, only a small number of participants had completed all three surveys, as shown in Table A4. Due to low response numbers for the follow-up survey in particular, comparison of knowledge/skills/confidence was only possible for Training A Tier 1, Training B Tier 1 and Training C Tier 2.

Table A4: Number of respondents who completed surveys at all three timepoints (pre, post and follow-up surveys)

	Training A	Training B	Training C Learning Disability	Training C Autism	Training C Both
Tier 1	71 (Learning Disability) 80 (Autism)	61	0	0	NA
Tier 2	2	8	21	0	0

Where possible, self-rated knowledge/skills/confidence in working with autistic people and people with a learning disability were compared across pre, post and follow-up surveys. Wilcoxon Signed-Rank Tests were conducted to compare pre and post scores, and to compare pre and follow-up scores, to see if any changes were maintained at follow-up.

This questionnaire asked what changes people had made since the training. These changes could relate to supporting an individual or to system or process changes. We also asked what had helped or hindered people in relation to making changes in their practice and systems, and if they had any suggestions for what supported them in this.

The total number of responses across all surveys for each Trial Partner and Tier are shown in Table A5 below.

Table A5: Number of survey respondents across time-points, Trial Partners and Tiers

Trial Partners		Pre	Tier 1		Tier 2	
			Post	Follow-up	Post	Follow-up
Training Partner A		1,417	833	346	232	77
Training Partner B		1,061	2,151	304	302	90
Training Partner C	Learning Disability	2,249	299	37	413	51
	Autism		266	135	266	53
	Both		NA	0	157	6
Total		4,727	3,549	822	1,370	277

Due to the impact of COVID-19, the training was delivered to fewer people than initially planned and this limited the possible analysis. It is important to note there are very different sample sizes between the Trial Partners at Tier 1. The larger sample size for Training Partner B enables us to be more confident of the robustness of the findings for this training.

Training Partner A’s Tier 1 figures refer to the number of evaluation responses for the autism and the learning disability modules. This is not the total number of people trained.

The learning disability and autism training modules delivered by Training Partner C were delivered separately to different staff at Tier 1, and for most people at Tier 2. “Training Partner C Both” responses relate to people who received Training Partner C’s Learning Disability and Autism modules at Tier 2 (i.e. a complete Oliver McGowan Mandatory Training Package).

When considering how many people completed the survey in comparison to how many people completed the training, the response rates were as follows:

- Training Partner B Tier 1 had a response rate of 80 per cent to the post-training survey and 11 per cent to the follow-up survey.
- Training Partner B Tier 2 had a response rate of 45 per cent to the post-training survey and 13 per cent to the follow-up survey.
- Training Partner C (Learning Disability and Autism) Tier 1 had a response rate of 49 per cent to the post-training survey and 15 per cent to the follow-up survey.
- Training Partner C (Learning Disability, Autism and Both) Tier 2 had a response rate of 35 per cent to the post-training survey and 7 per cent to the follow-up survey.
- It was not possible to calculate the response rate for Training Partner A's Tiers 1 and 2 as accurate data on how many people had completed the different training modules was unavailable.

Interview data collection and analysis

The interviews were designed to allow an opportunity for more in-depth exploration of questions asked in the surveys. The interview questions were written with the Evaluation Team and a copy of the [interview schedule](#) is available.

Sampling

Respondents were asked in the post-training survey to indicate if they would be willing to be invited for interview.

In addition to having given consent for an invitation, people needed to have completed a pre-training survey to allow us to select a representative sample to invite. Sampling was done between two members of the Evaluation Team. In order to ensure a range of interview participants, the criteria considered were:

- job role;
- sector;
- how much they interact with people with a learning disability / autistic people outside of work;⁵
- gender.

⁵ We included this following advice from experts by experience in the Evaluation Team, who identified that people who have a lot of contact with people with a learning disability / autistic people outside of work may have a different level of knowledge and perspective, and hence a different response to the training than those who do not.

Where Trial Partners were delivering autism and learning disability training separately, we prioritised people who had done both. This was not always possible, as people undertaking Training Partner C’s Tier 1 training did not receive both learning disability training and autism training.

Table A6 shows the number of interviews undertaken with people from each of the Trial Partners and Tiers. Sampling and interview participant recruitment began in August 2021. Initially, people were invited for interview at least three months after they had completed their training; this was later reduced to two months to ensure participants from all Trial Partners and Tiers could be included within the timeframe of the evaluation.

Table A6: The number of interviews undertaken with people from each of the Trial Partners and Tiers

	Training A		Training B		Training C				
	T1	T2	T1	T2	T1 Learning Disability	T1 Autism	T2 Learning Disability	T2 Autism	T2 Learning Disability and Autism
Gave permission for contact (N)	81*	114	779	157	150	157	259	162	83
Invited (N)	24	35	45	34	19	24	7	10	35
Took part (N)	10	9	14	9	4	7	3	4	7
Total taking part	19		23		25				

* This was the number of people who had done the learning disability and the autism modules.

Table A7 shows characteristics of those interviewed, including job role.

Table A7: Characteristics of survey participants

Characteristic	Training A (19 interviews)	Training B (23 interviews)	Training C (25 interviews)	Totals (67 interviews)
Role type:				
Admin patient-facing	1	0	2	3
Admin non-patient-facing	2	3	1	6
Manager HC	2	3	2	7
Manager SC	5	1	3	9
Support worker	2	4	3	9
Clinician	1	4	4	9
Scientific/technical	1	0	0	1
Social worker	1	1	0	2
Allied health professional	0	2	1	3
Medical	0	1	3	4
Commissioner	0	2	0	2
Hotel/hospitality	0	0	1	1
Other	4	2	5	11
Sector:				
Healthcare primary	4	4	8	16
Healthcare secondary	1	7	10	18
Social care	8	6	6	20
Education	0	1	0	1
Charity/voluntary	3	3	1	7
Other	3	2	0	5
Gender:				
Woman	15	20	14	49
Man	4	3	11	18
Age:				
25-34	4	3	2	9
35-44	4	4	9	17
45-54	4	9	6	19
55-64	6	5	7	18

Characteristic	Training A (19 interviews)	Training B (23 interviews)	Training C (25 interviews)	Totals (67 interviews)
65+	1	2	0	3
Prefer not to say	0	0	1	1
Ethnicity:				
White – UK	17	21	22	60
White any other	2	2	3	7
Contact with people with LD and/or autistic people outside of work:				
Yes	9	6	16	31
No	10	17	9	36

Analysis

An initial framework was created to record and/or summarise all interview responses across the interview questions, thereby undertaking the first stage of deductive analysis. Two experienced NDTi evaluators then undertook the qualitative analysis (67 interviews). A second stage deductive framework analysis was used to sort and summarise all interviewees' responses across the topic/chapter areas relating to the interview questions. This required further addition of data from initial write-ups and transcripts where appropriate and possible. From this dataset, the researchers (individually and together) identified themes and sub-themes emerging within each of the subject/chapter areas. They analysed the data across the interviews, and by Tier, looking for areas of consensus and difference. The NDTi evaluators worked alongside each other, discussing and checking their findings. They created summary documents identifying themes/findings for each subject area. Verbatim quotes were highlighted to illustrate findings. NDTi researchers working on the qualitative and quantitative data discussed emerging findings throughout the analysis process and they worked together to produce the final report.

Focus group discussions

There was a range of focus group activity during the trials. Members of the Evaluation Team met with Trial Partner leads on two occasions to gather process learning and practical learning about the training design and delivery. With experts by experience as key contributors to both the design and delivery of the training, we wanted to explore with some of those involved how this had worked, and to gain an understanding of how to ensure best practice and learning is available in the future. A series of focus groups were run after the training had concluded, with

participants joining from across the different Trial Partners. These took place in January 2022. The focus group with contributors to the Training D package took place after they completed their involvement.

It became apparent that it would also be useful to meet with trainers who didn't have lived experience, to gain a full picture of how co-delivery worked, and a further focus group was held for this purpose. It must be noted that there is not always a clear-cut difference between lived and professional experience; some of the experienced professional trainers involved also brought lived experience, such as being autistic. For all groups, some participants preferred or were unable to join the meetings, and instead gave written feedback or were offered a one-to-one conversation with the Evaluation Team.

In summary, the focus groups carried out included:

- Trial Partner lead focus group July 2021 and February 2022;
- Focus group with Training D experts by experience when they left (July 2021);
- Four focus groups with expert by experience trainers January 2022, plus written submissions and one interview;
- One focus group with trainers without lived experience, plus written submissions.

Table A8 shows the numbers of different perspectives of those involved in the focus groups.

Table A8: The numbers and roles of trainers in the focus groups

Trainers with lived experience (some of whom were already professional trainers)				Trainers with work-based experience and expertise
People with a learning disability	Autistic people	People identifying with both	Family members	
9	6	1	6	7

The topic guides for the focus groups were co-designed by members of the Evaluation Team who have lived experience, and all the focus groups of experts by experience were co-facilitated or led by team members with this personal expertise. The discussions were centred around what had worked well or not worked well in relation to the design and the delivery of the training. Contributors also shared their learning and ideas about what could help with wider delivery. The [topic guide](#) is available.

Focus groups were analysed using a thematic analysis approach by many of the Evaluation Team, including all of those with lived experience and others with training or evaluation expertise. This is a practical method usually done in person with access to large flip charts and cards or Post-its. Due to the need to work online, this was done using an online white board (Mural), which the team discovered was more challenging than in a face-to-face set up.

Analysis of costs

When estimating the costs of delivery of the training, we considered the direct delivery costs. These costs include delivery staff fees, technology costs and other direct expenses. The Trial Partners provided us with detailed information relating to the delivery of the training that they trialled, including:

- the costs of paying the trainers;
- the associated costs, such as rooms or online platforms;
- the administration costs;
- the length of the training;
- the numbers of people trained per course (average).

From this, a unit cost of cost per participant was calculated. It should be noted that the work carried out here relating to costs was about the current training that took place during the trials. It was out of the scope of our evaluation to carry out a cost benefit analysis or an economic model for wider delivery.

Pre-survey data for all respondents

It was reported by the end of the trial that 8,374 people had been trained across both Tiers and all Trial Partners. There were a total of 4,727 pre-survey responses from across all Trial Partners (56 per cent). This is based on the data received being cleansed, and the removal of:

- incomplete data;
- multiple responses from the same respondents;
- respondents who said they worked in more than one Tier.

Some questions received more than 4,727 responses due to respondents being able to provide multiple answers to these questions, while the responses to other questions are fewer than 4,727 due to not all respondents being asked some questions, or responses not being received. Where the number of responses differs to the total (4,727), “n= ” is provided.

Demographics

We asked all pre-survey respondents to provide some basic demographic information for us. Figure A1 presents the spread of age ranges and Figure A2 presents how people identified in terms of gender. In relation to age, we have a good spread and this is broadly representative of the age breakdown of the [NHS workforce](#) and what we know of age distribution of the [adult social care workforce](#). Over 80 per cent of our respondents identified as women, which again is broadly representative of the gender split in the [NHS](#) and [social care workforces](#), where 77 per cent and 82 per cent of those workforces, respectively, identify as women.

Figure A1: Age of respondents to pre-training survey

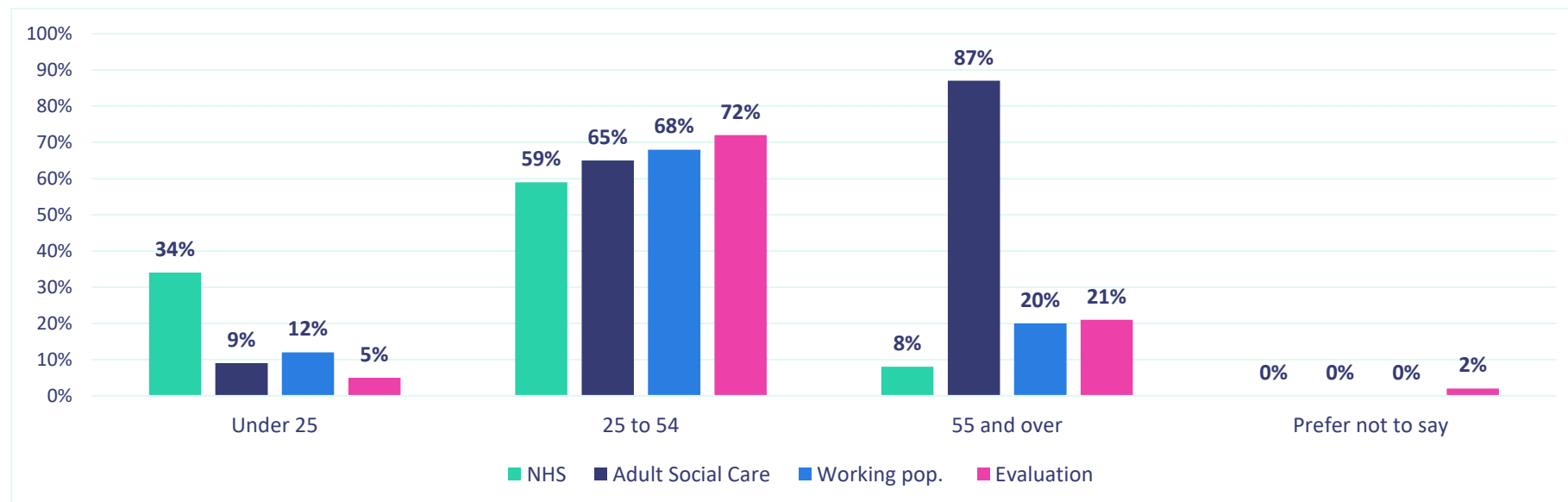
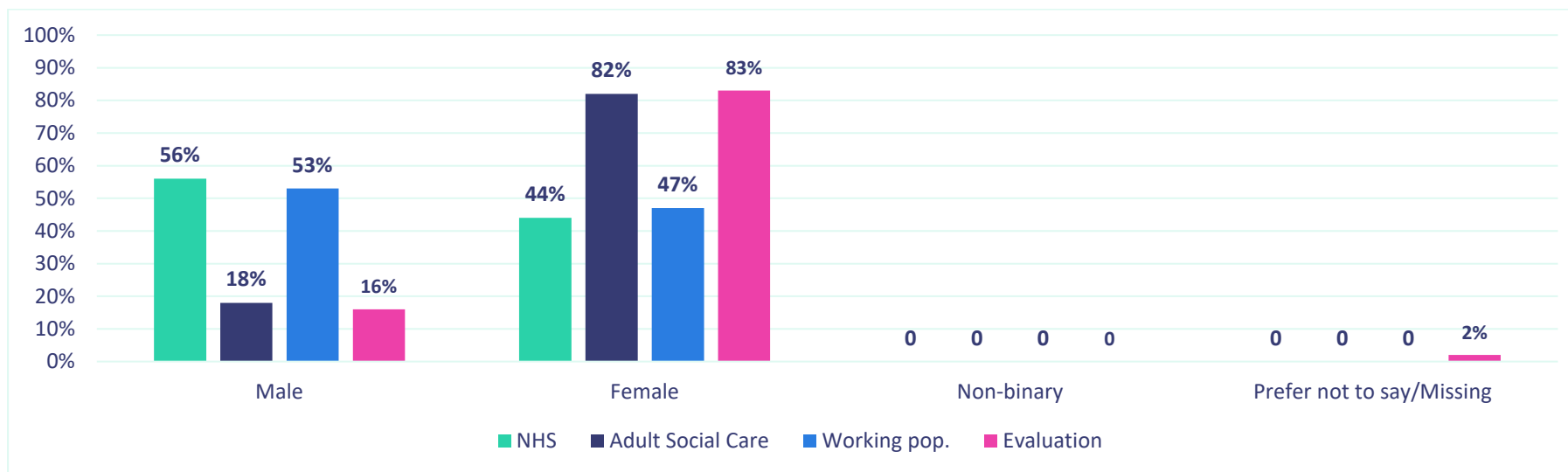


Figure A2: Gender identity of pre-training survey respondents



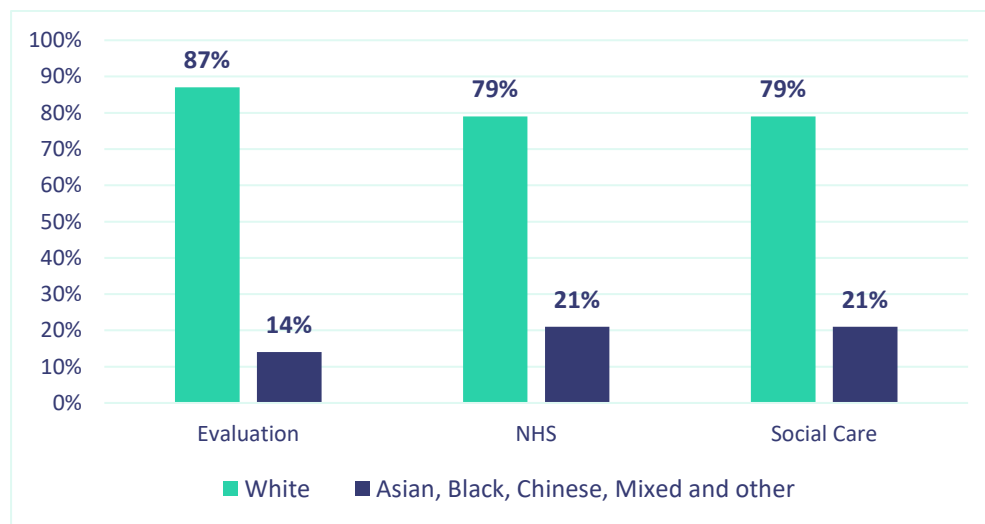
The ethnicity data in Table A9 shows that 13.5 per cent of respondents identified as being of an ethnicity that was black, Asian, mixed, or minority ethnic. Figure A3 compares our ethnicity data with that from the [NHS](#) and [Social Care](#) workforces. Our sample is a little under representative of the ethnicity of the NHS and Social Care workforces.

Table A9: Ethnicity of pre-training survey respondents

Ethnicity	Count	%
White English / Welsh / Scottish / Northern Irish / British	3,864	82%
Any other White background	172	4%
Indian	110	2%
African	103	2%
Prefer not to say	101	2%
White Irish	57	1%
Any other mixed / multiple ethnic background	37	1%
Pakistani	37	1%

Ethnicity	Count	%
Any other Black / African / Caribbean background	35	1%
Any other Asian background	32	1%
Caribbean	32	1%
White and Black Caribbean	28	1%
White and Black African	27	1%
Other (please specify)	26	1%
White and Asian	19	<1%
Bangladeshi	15	<1%
Chinese	14	<1%
Missing	12	<1%
Arab	5	<1%
White Gypsy or Irish Traveller	1	0%

Figure A3: Ethnicity of pre-training survey respondents



Sector

We also asked which sector people worked in, and the categories selected are presented in Table A10. This shows the respondents are from health and social care settings. Again, there were a significant proportion of the respondents working in settings that are beyond the remit of the Oliver McGowan Mandatory Training. The ‘other’ sectors respondents worked in included, but were not limited to:

- Fire service
- Domestic violence and suicide prevention services
- Library and leisure services
- Police and criminal justice
- Research and development
- Retail

There were also some parents and foster parents who completed the survey.

Table A10: Sector in which pre-training survey respondents worked

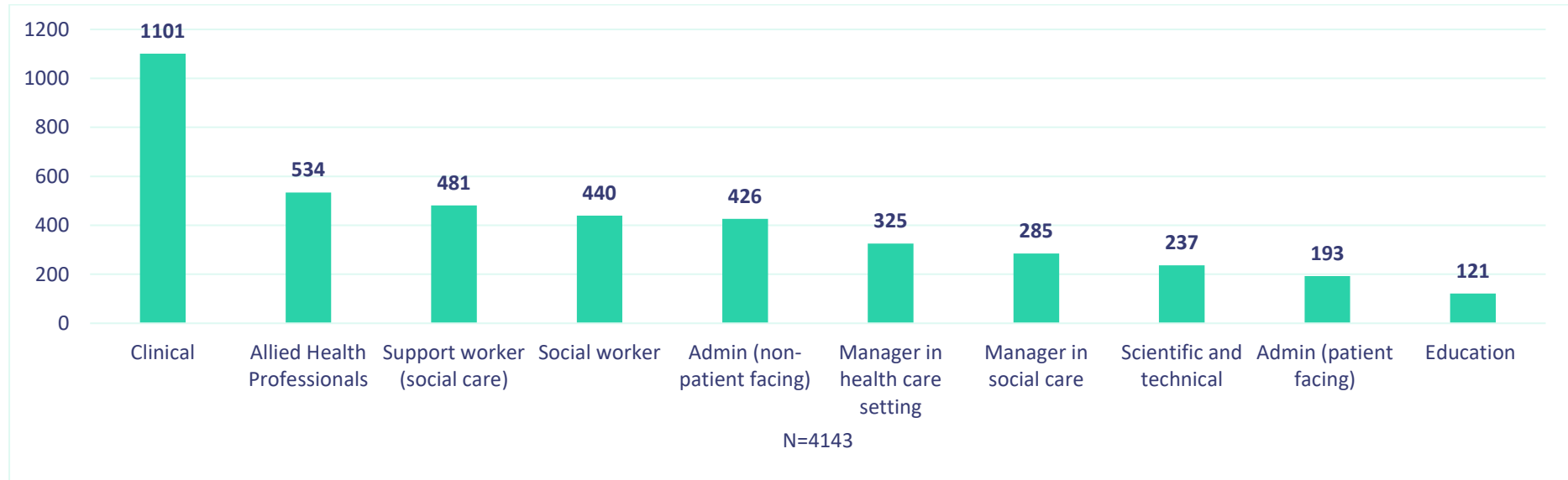
Which sector do you work in?		%
Health care – primary care	1,202	22%
Social care	1,190	22%
Health care – secondary care	1,186	22%
Health care, community based	766	14%
Education	504	9%
Charity / voluntary / third sector	174	3%
Residential nursing – tertiary care	124	2%
Healthcare – acute based	102	2%
Health and social care	93	2%
Other (please specify)	66	1%
N=	5,407*	

*Respondents could select more than one response.

Roles

We asked respondents about the role they worked in. Figure A4 (below) presents details of the ‘top 10’ most common categories selected. The most common was “clinical” followed by “allied health professionals” and “support workers”.

Figure A4: Job role of pre-training survey respondents



However, as can be seen in Table A11 below, there were several job role groupings added in the analysis of the dataset to accommodate the wide variety of respondents who did not fit within the groupings offered in the survey.

Table A11: Job role

Role	Count
Clinical	1,101
Allied health professionals	534
Support worker (social care)	481
Social worker	440
Admin (non-patient facing)	426
Manager in healthcare setting	325
Manager in social care	285
Scientific and technical	237
Admin (patient facing)	193
Education	121
Admin (non-clinical setting)	119
Other	113
Medical	93
Support services (in acute setting)	84
Commissioner	82
Receptionist	40
Hotel/hospitality	36
Personal assistant	33
Volunteer	32
Employment	30
Inspection and regulation	27
Manager in other setting	20
Dentistry	10
Police and criminal justice	9

Role	Count
Expert by experience	9
Advocacy	9
Family / foster carer	7
N =	4,896*

*Respondents could select more than one answer.

In addition, there were 113 respondents who did not fit into the categories shown. The ‘other’ roles respondents worked in included firefighters, for example. While we think there is a need for people working in settings other than health and social care to have training around autism and learning disabilities, they are not the target audience of the Oliver McGowan Mandatory Training.

Tiers

We asked respondents which tier of learning they considered themselves to work in, according to the definitions given in the Capability Frameworks⁶:

Tier 1 - In my role, I require a general awareness of autistic people / people with a learning disability and the support they need.

Tier 2 - In my role, I have responsibility for providing care and support for autistic people / people with a learning disability, but would seek support from others for complex management or complex decision-making.

Tier 3 - In my role, I have a high degree of autonomy and provide care in complex situations and/or lead services for autistic people / people with a learning disability.

However, due to almost 15 per cent of respondents stating they worked in more than one tier, with several stating they worked in all three, we are unable to confidently report the data relating to tiers, nor undertake any further analysis by tier. This finding suggests that tiers may

⁶ These descriptions are taken from the [Core Capabilities Framework for Supporting People with a Learning Disability \(p.10\)](#) and [Core Capabilities Framework for Supporting Autistic People \(p.11\)](#).

not be widely recognised or understood by health and social care staff as relatable to their role. As such, it is recommended that tiers are not used as a method for framing the description of the training.

Experience in relation to learning disability and autism

We wanted to know how often respondents think they interact with people with a learning disability / autistic people, both inside and outside of their work. Overall, our respondents were more likely to interact with people with a learning disability (79 per cent) and autistic people (78 per cent) at work than outside of work (21 per cent/22 per cent).

When asked about previous training about autism or learning disability, 79 per cent of respondents had received some learning disability training (Figure A5) and 73 per cent (Figure A6) had received some autism training. It is interesting to note that if respondents had received training before, it was most likely to have been of least two days in duration. This was true for both autism and learning disability training. We did not ask pre-training survey respondents for more information about what was included in this training.

Figure A5: Previous learning disability training undertaken by pre-training survey respondents

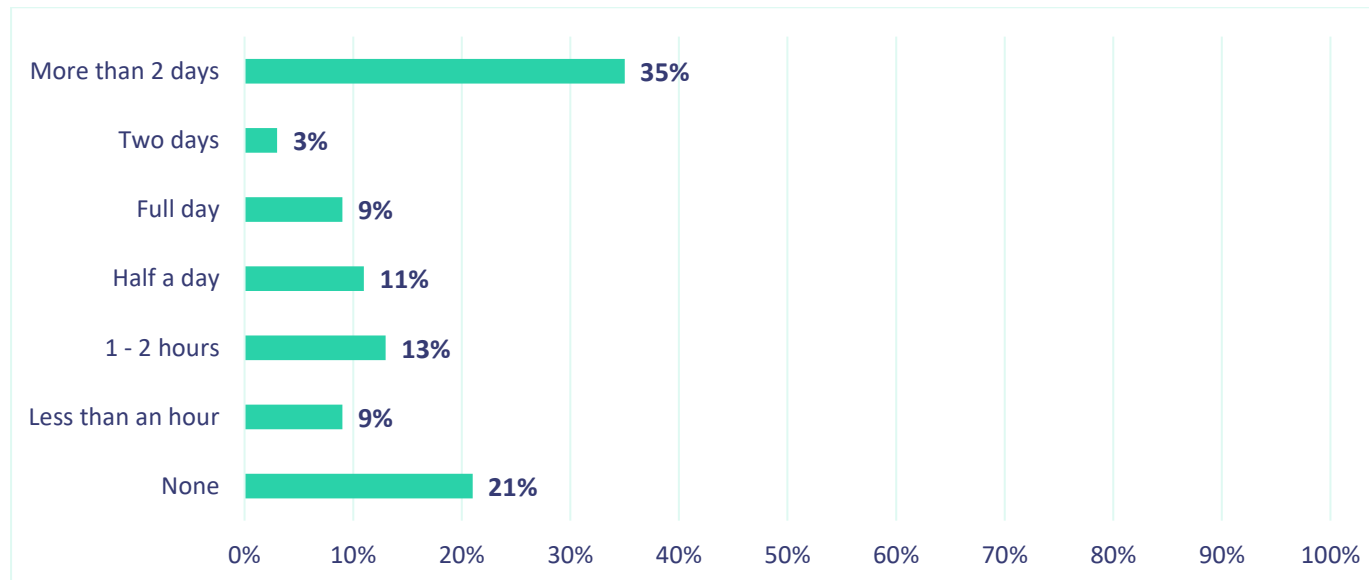
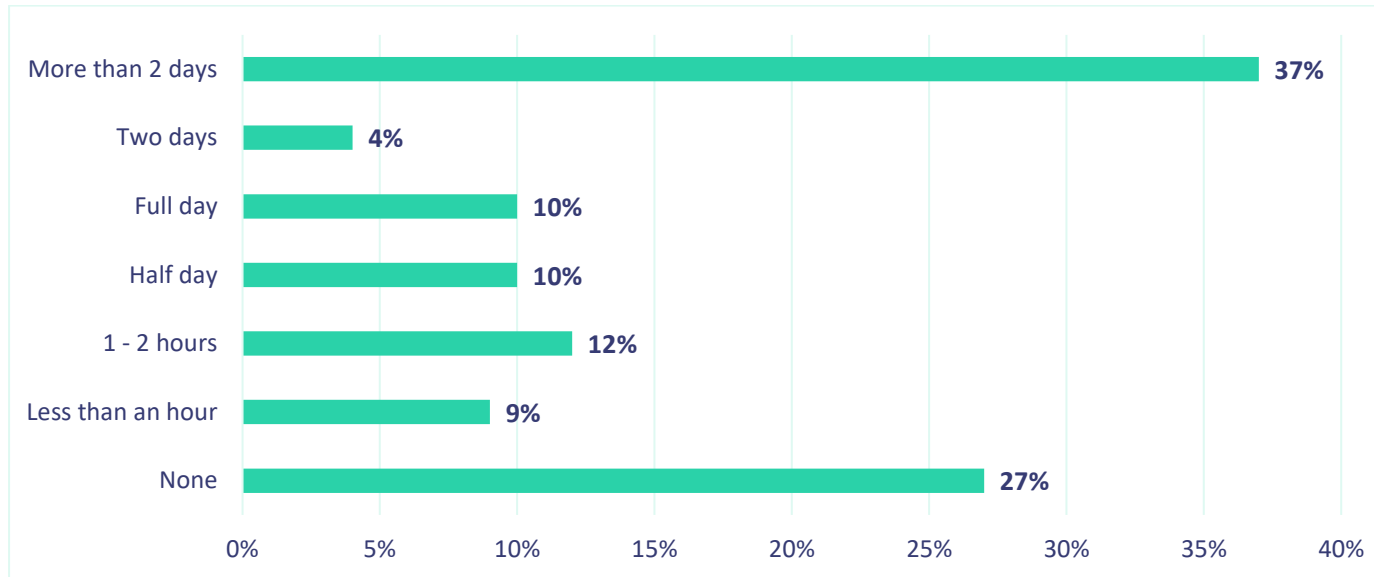


Figure A6: Previous autism training undertaken by pre-training survey respondents



We wanted to explore the amount of previous training people had in relation to their sector and job role. Figures A7 to A12 below show the previous training that respondents had received about autism or learning disability, split by their sector and job role.

Figure A7: Can you roughly estimate the amount of previous training you have received about supporting people with a learning disability? (by sector)

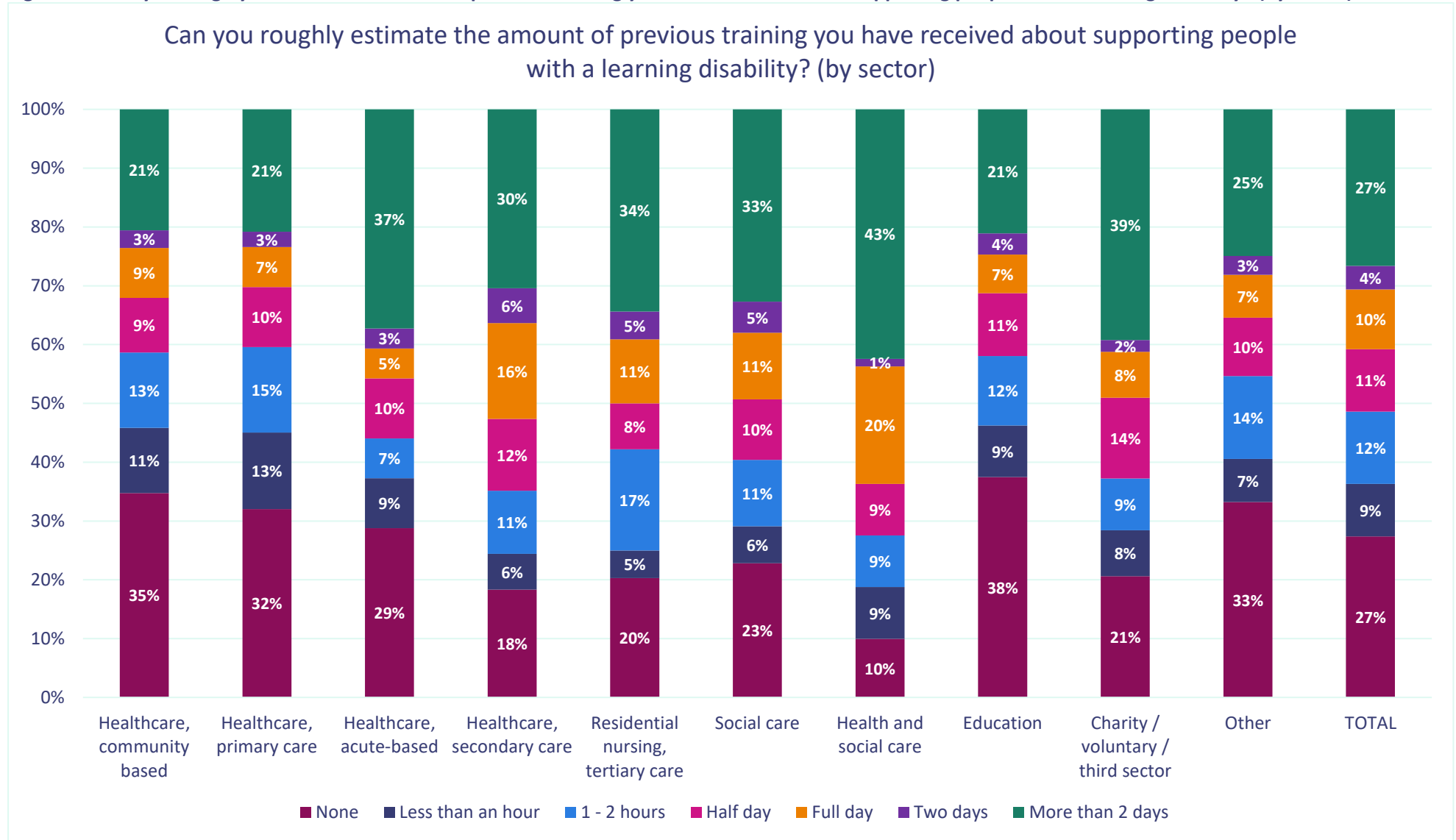


Figure A8: Can you roughly estimate the amount of previous training you have received about supporting an autistic person? (by sector)

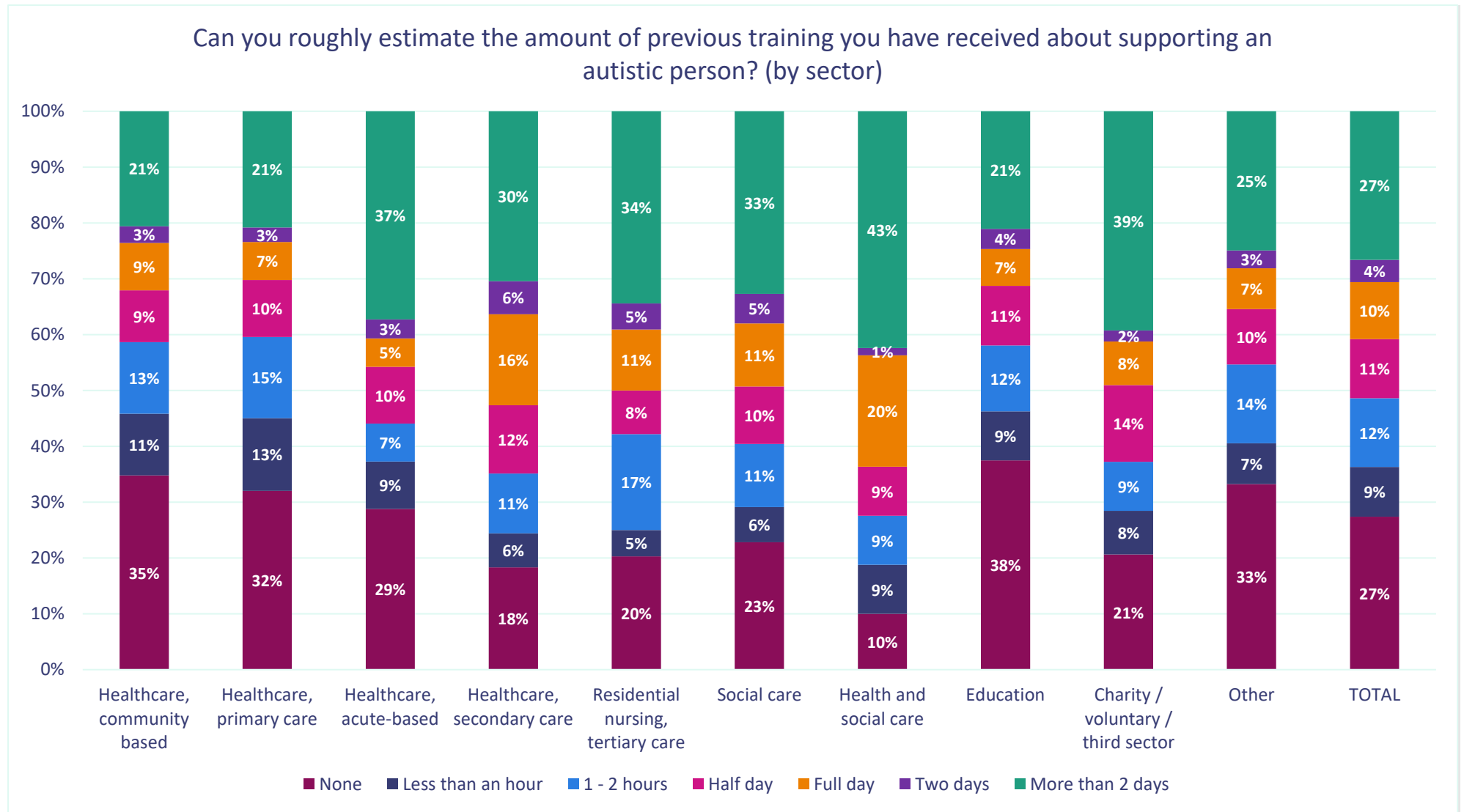


Figure A9: Can you roughly estimate the amount of previous training you have received about supporting people with a learning disability? (by job role)

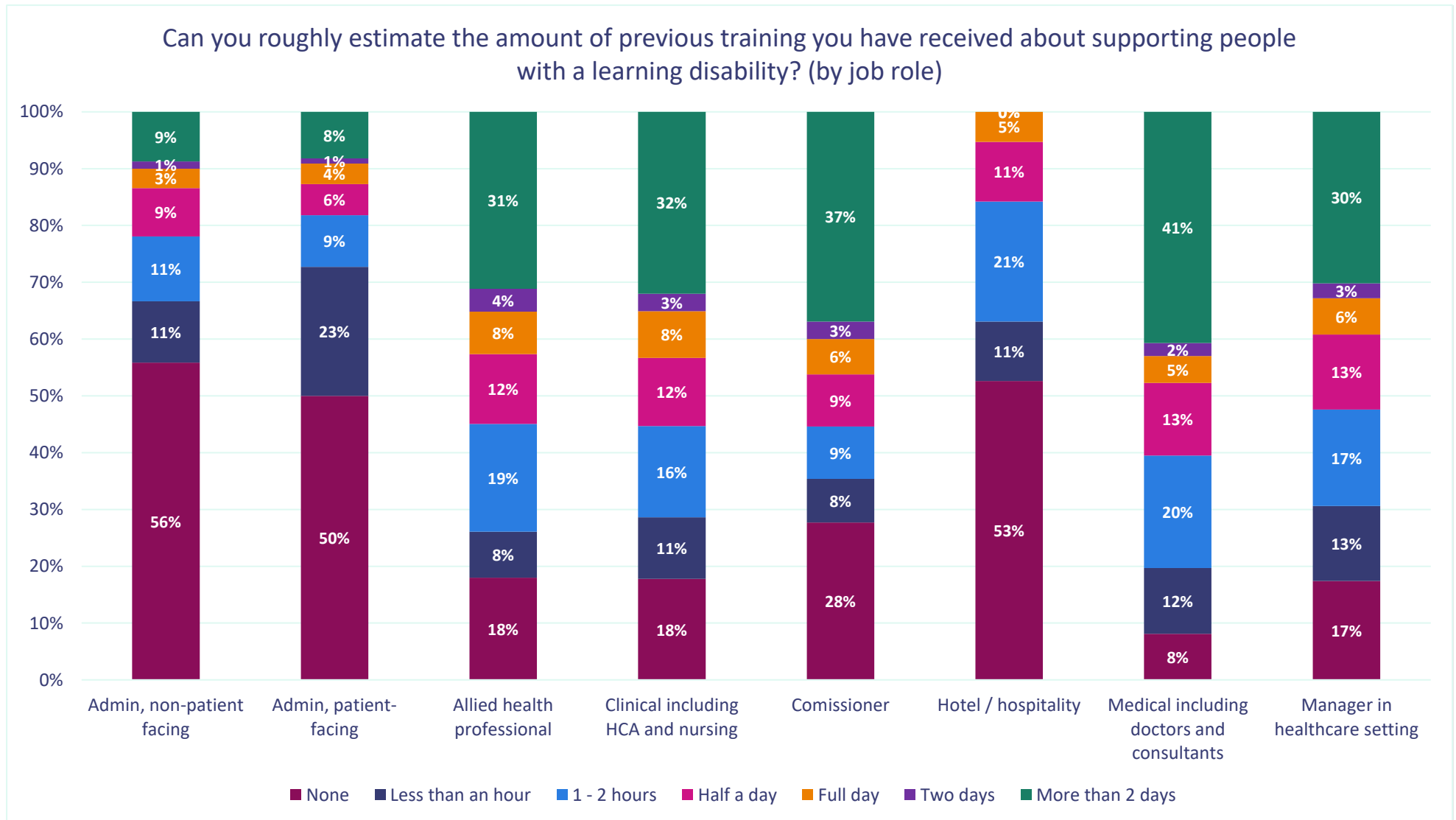


Figure A10: Can you roughly estimate the amount of previous training you have received about supporting people with a learning disability? (by job role)

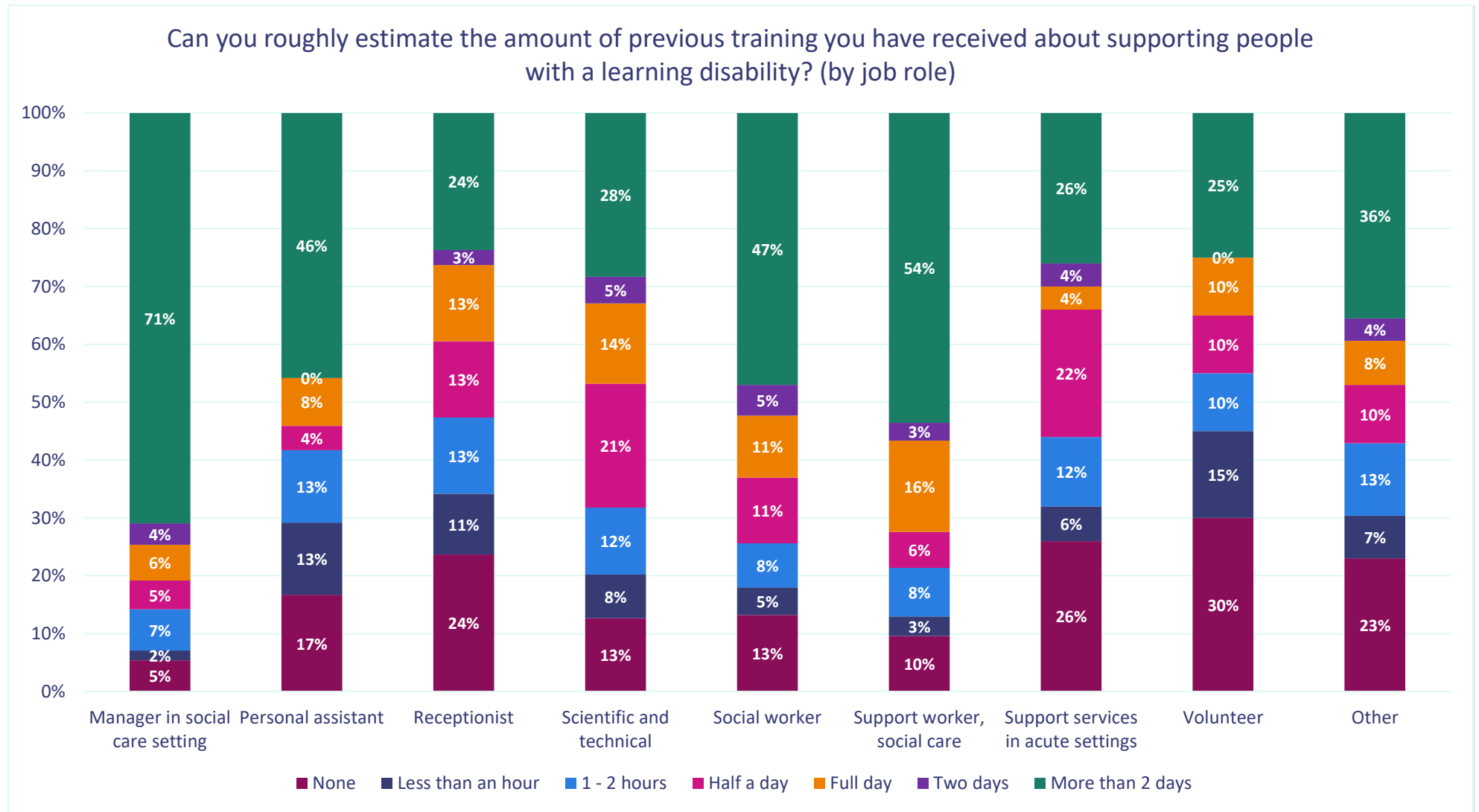


Figure A11: Can you roughly estimate the amount of previous training you have received about supporting an autistic person? (by job role)

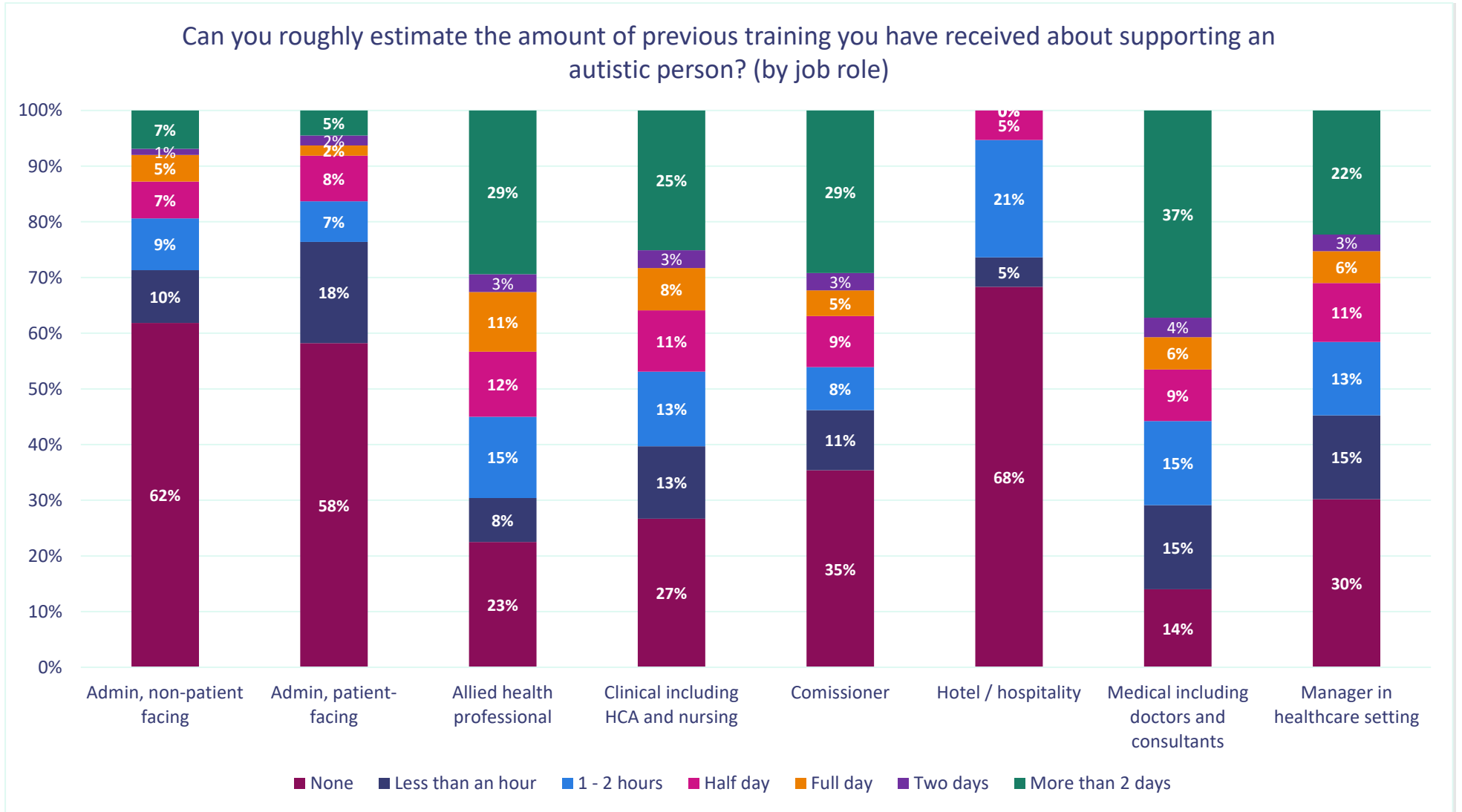
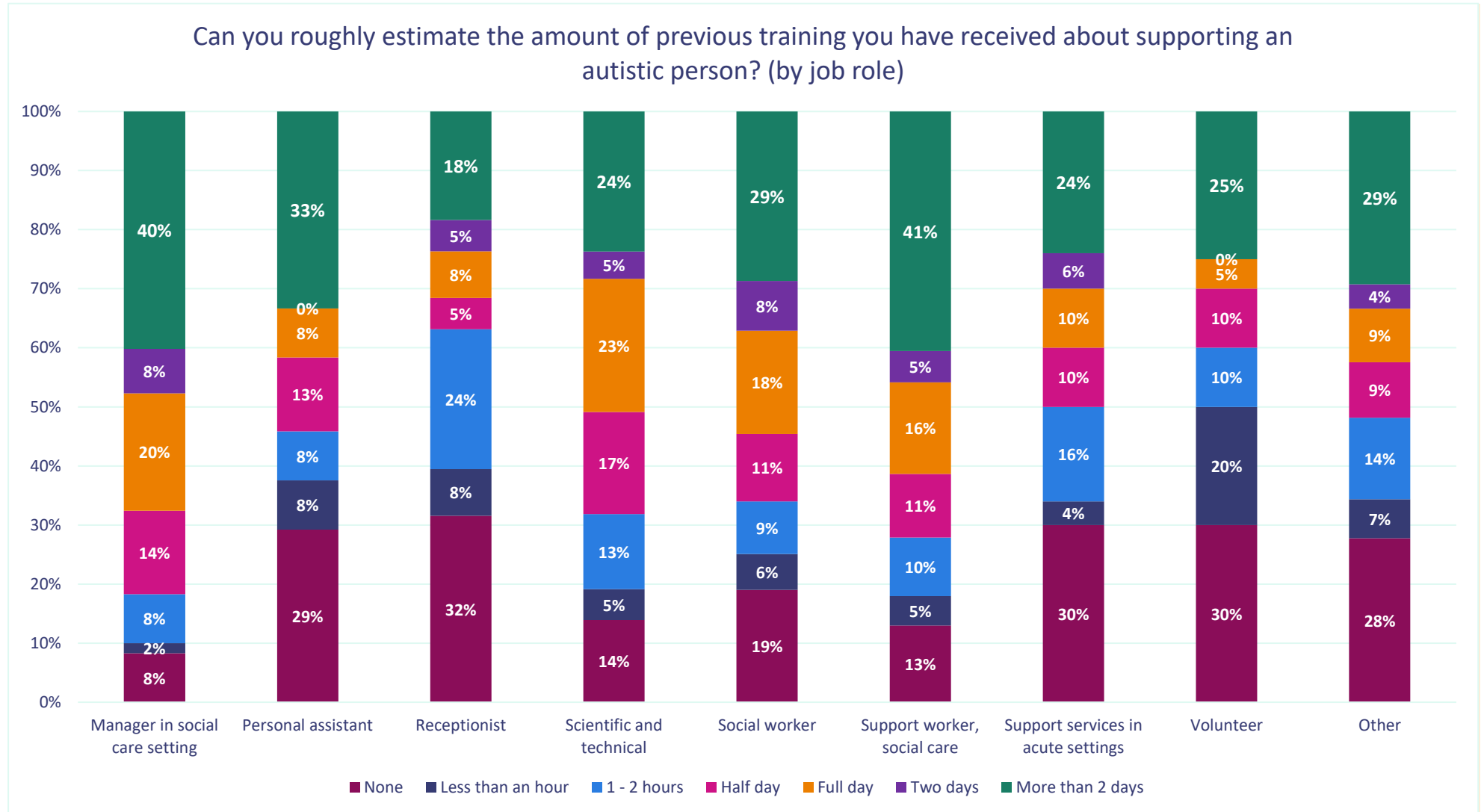


Figure A12: Can you roughly estimate the amount of previous training you have received about supporting an autistic person? (by job role)



There appear to be some differences in the amount of previous training received according to job role. For example, over half administrative staff and hotel/hospitality staff said they had never received any prior training relating to learning disability (56 per cent / 53 per cent) and autism (62 per cent / 68 per cent). Also, healthcare staff who work in primary care or are community-based are likely to have had fewer hours of training than healthcare staff in secondary/acute care and social care staff.

Key learning

- The cohort of people who completed the pre-training survey is broadly representative of the health and social care workforce in terms of age and gender, but less representative in terms of ethnicity.
- The training was delivered to people working in a broad range of roles within health and social care, as well as to people working in other sectors.
- The working tiers (defined in the Core Capabilities Framework) do not appear to be widely recognised by health and social care staff in relation to their roles.
- If respondents had received training on supporting people with a learning disability or autistic people before, it was most likely to have been at least two days in duration.
- A larger proportion of respondents suggest they had received no prior training on supporting an autistic person (27 per cent), than someone with a learning disability (21 per cent).
- Our respondents were more likely to interact with autistic people (78 per cent) or people with a learning disability (79 per cent) within their work than outside of work (21 per cent / 22 per cent).



Appendix B

Further detail on training content of Tier 1:

- What is a learning disability?
- What is autism?
- How do they affect people?
- How to see invisible disability
- Reasonable adjustments – what are they and how to make them
- Self-reflection of own attitudes and behaviour

These aspects link back to the Right To Be Heard, and recent LeDeR reviews. While the methods for delivery of Tier 1 varied between the different Trial Partners, the content of their training was reasonably consistent in covering these different topics.

Trial Partner A Tier 1 was run as two separate courses: one about understanding learning disability, the other on autism. Each had an e-learning module for learners to undertake in their own time, made up of a mix of presentations, tests of learning, case stories and examples. This was followed up in tutorials of 1.5 hours with experts by experience. The Tier 1 courses covered the following topics, where topics marked “e” are included in e-learning, and topics marked “t” were shared in the tutorial:

Tier 1 Autism:

- Understanding what autism is (e)
- Preferred language (e)
- Relevant legislation (e)
- Autistic ways of thinking and communicating (t)
- Stress and anxiety where world does not adapt (t)
- Adaptations that can improve autistic people’s experiences (t)

Tier 1 Learning Disability:

- What a learning disability is (e)
- Equalities people with learning disability face (e and t)
- History of institutionalisation (e)
- Legislation (e)
- Reasonable adjustments people can make in their workplace (t)
- Different ways of communicating (t)
- Person-centred support (t)

Trial Partner B Tier 1 was carried out through an online e-learning course to be taken in learners' own time, followed up by a half-hour online face-to-face tutorial with someone with lived experience. The course covered introductions to learning disabilities and autism.

The e-learning introduced preferred language, Oliver's film and a range of other topics. It was primarily comprised of films clips of people with different lived experience and was divided into sections on learning disability and then autism. It also covered people who are autistic and have a learning disability. These films consisted of people talking about all kinds of different support needs and how this impacts them, and attitudes some people have about them. 'Ask Listen Do' provides a structure for reflection in each section. The topics include:

- Labels and diagnosis
- Health inequalities, LeDeR and most common findings, e.g. poor care coordination, delays in diagnosis of treatment, poor use of Mental Capacity Act
- GP registers and Annual Health Check
- What is a learning disability?
- Autism and sensory experience, meltdowns
- Communication – different films showing preferences and different types of communication that might work for people
- Behaviours as communication – behaviour changes may indicate safeguarding issue (refers to abuse scandals)
- Sensory processes, stimming and language
- Challenges of invisible disabilities
- Reasonable adjustments section (and the RA flag) – includes small things that can make a big difference, Triangle of Care, different personal examples

The tutorial provided a face-to-face conversational space to explore what had been learned, and to ask directly and hear about the experiences of the person running the tutorial that day.

Trial Partner C Tier 1 was run as two separate courses: one on autism, the other on learning disabilities. Each was designed to be run as a face-to-face 3.5-hour workshop and the autism Tier 1 module was also delivered as an interactive online workshop.

Tier 1 Learning Disability was delivered through a mix of presentations, discussions and films of people with a learning disability acting out scenarios, and covered the following:

- Understanding what a learning disability is and how a learning disability might affect people;
- Recognising our own and organisational attitudes and behaviours towards people with a learning disability;
- Other conditions people may live with;
- Understanding communication;
- Key legislation.

Tier 1 Autism was delivered through presentations, films and discussions, and facilitated by two trainers, at least one of whom was autistic. This training covered:

- Autism as an invisible disability;
- Reflecting on our own values and beliefs;
- Recognising the strengths of autistic people and explaining the differences they may experience in a diverse society;
- Identifying potential triggers for anxiety;
- Reasonable adjustments;
- Promoting enabling environments.

Analysis of knowledge, skills and confidence

People who took part in the training were asked to rate their knowledge, skills, confidence and other competencies when working with people with a learning disability and autistic people. They rated these on a five-point Likert scale before and after attending the training, as well as at follow-up.

Wilcoxon Signed-Rank tests were used to explore differences in scores before and after the training, as the data were ordinal and non-parametric (SAGE, 2018). A significance level of $p < 0.01$ was used to allow for, or take into account, the multiple comparisons. Only people who completed both the pre-survey and post-survey were included in these analyses.

Table B1: Training A Tier 1 – Learning Disability knowledge, skills and confidence

Item	n	Wilcoxon Signed-Rank tests			
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with people with a learning disability in my job	270	4	4	-8.139	$p < 0.001$
I have the skills that I need to work with people with a learning disability in my job	269	4	4	-8.042	$p < 0.001$
I feel confident when I am working with people with a learning disability in my job	270	4	4	-8.094	$p < 0.001$
I feel confident I can communicate with people with a learning disability	269	4	4	-7.562	$p < 0.001$
I have an important role to play in meeting the general health needs of people with a learning disability	269	4	4	-5.635	$p < 0.001$
People with a learning disability face significant challenges in healthcare settings	270	4	4	-4.738	$p < 0.001$

Table B2: Training A Tier 1 – Autism knowledge, skills and confidence

Item	n			Wilcoxon Signed-Rank tests	
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with autistic people in my job	306	4	4	-10.972	p < 0.001
I have the skills that I need to work with autistic people in my job	306	4	4	-10.602	p < 0.001
I feel confident when I am working with autistic people in my job	305	4	4	-10.549	p < 0.001
I feel confident I can communicate with autistic people	305	4	4	-9.624	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	306	4	4	-6.385	p < 0.001
Autistic people face significant challenges in healthcare settings	306	5	5	-3.720	p < 0.001

Table B3: Training B Tier 1 – Learning Disability knowledge, skills and confidence

Wilcoxon Signed-Rank tests					
		Pre	Post	Pre to post	
Item	n	Median	Median	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	485	3	4	-14.361	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	485	3	4	-12.781	p < 0.001
I feel confident when I am working with people with a learning disability in my job	485	3	4	-12.395	p < 0.001
I feel confident I can communicate with people with a learning disability	485	4	4	-12.689	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	485	4	4	-6.888	p < 0.001
People with a learning disability face significant challenges in healthcare settings	485	4	5	-3.211	0.001

Table B4: Training B Tier 1 – Autism knowledge, skills and confidence

Item	n	Pre Median	Post Median	Wilcoxon Signed-Rank tests	
				Pre to post Z	p
I have the knowledge that I need to work with autistic people in my job	484	3	4	-14.942	p < 0.001
I have the skills that I need to work with autistic people in my job	484	3	4	-13.697	p < 0.001
I feel confident when I am working with autistic people in my job	484	3	4	-12.982	p < 0.001
I feel confident I can communicate with autistic people	484	3	4	-13.989	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	484	4	4	-7.333	p < 0.001
Autistic people face significant challenges in healthcare settings	484	4	5	-3.592	p < 0.001

Table B5: Training C Tier 1 – Learning Disability knowledge, skills and confidence

Item	n	Wilcoxon Signed-Rank tests			
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with people with a learning disability in my job	201	3	4	-8.965	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	201	3	4	-7.790	p < 0.001
I feel confident when I am working with people with a learning disability in my job	201	3	4	-8.138	p < 0.001
I feel confident I can communicate with people with a learning disability	201	4	4	-7.524	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	201	4	4	-4.869	p < 0.001
People with a learning disability face significant challenges in healthcare settings	201	4	5	-5.827	p < 0.001

Table B6: Training C Tier 1 – Autism knowledge, skills and confidence

Item	n	Wilcoxon Signed-Rank tests			
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with autistic people in my job	237	3	4	-10.993	p < 0.001
I have the skills that I need to work with autistic people in my job	238	3	4	-10.694	p < 0.001
I feel confident when I am working with autistic people in my job	238	3	4	-9.965	p < 0.001
I feel confident I can communicate with autistic people	238	3	4	-9.500	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	238	4	4	-5.937	p < 0.001
Autistic people face significant challenges in healthcare settings	238	4	5	-6.043	p < 0.001

To explore whether changes were maintained over time, respondents were asked to rate their knowledge, skills and confidence when working with people with a learning disability and autistic people again two-to-three months after attending the training. Wilcoxon Signed-Rank tests were used to explore differences in scores from pre- and post-training, as well as pre- and follow-up time-points, to determine if the changes were maintained over time.

Only people who completed the survey at all three time-points were included in these analyses, hence a smaller sample size than the previous analysis. Due to low numbers of people completing the survey at all time-points (see Table A4, page 9), this analysis was only possible for Tier 1 training for Training A and Training B.

Table B7: Training A Tier 1 – Learning Disability knowledge, skills and confidence across all three time-points

Item	n	Wilcoxon Signed-Rank tests						
		Pre	Post	Follow-up	Pre to post		Pre to follow-up	
		Median	Median	Median	Z	p	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	71	4	4	4	-4.703	p < 0.001	-3.314	0.001
I have the skills that I need to work with people with a learning disability in my job	71	4	4	4	-4.822	p < 0.001	-3.294	0.001
I feel confident when I am working with people with a learning disability in my job	71	4	4	4	-4.784	p < 0.001	-2.877	0.004
I feel confident I can communicate with people with a learning disability	71	4	4	4	-4.224	p < 0.001	-3.652	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	71	4	5	4	-3.232	p < 0.001	-0.902	0.367
People with a learning disability face significant challenges in healthcare settings	71	5	5	5	-2.503	0.012	-1.111	0.266

Table B8: Training A Tier 1 – Autism knowledge, skills and confidence across all three time-points

Item	n	Wilcoxon Signed-Rank tests						
		Pre Median	Post Median	Follow-up Median	Pre to post Z p		Pre to follow-up Z p	
I have the knowledge that I need to work with autistic people in my job	80	4	4	4	-6.197	p < 0.001	-3.675	p < 0.001
I have the skills that I need to work with autistic people in my job	80	4	4	4	-5.916	p < 0.001	-3.780	p < 0.001
I feel confident when I am working with autistic people in my job	80	4	4	4	-6.239	p < 0.001	-3.278	0.001
I feel confident I can communicate with autistic people	80	4	4	4	-5.494	p < 0.001	-4.140	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	80	4	5	5	-3.481	0.001	-1.115	0.265
Autistic people face significant challenges in healthcare settings	80	5	5	5	-2.230	0.026	-1.373	0.170

Table B9: Training B Tier 1 – Learning Disability knowledge, skills and confidence across all three time-points

	Wilcoxon Signed-Rank tests							
		Pre	Post	Follow-up	Pre to post		Pre to follow-up	
Item	n	Median	Median	Median	Z	p	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	61	3	4	4	-5.412	p < 0.001	-4.221	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	61	3	4	4	-5.031	p < 0.001	-4.482	p < 0.001
I feel confident when I am working with people with a learning disability in my job	61	3	4	4	-4.637	p < 0.001	-3.427	0.001
I feel confident I can communicate with people with a learning disability	61	3	4	4	-5.052	p < 0.001	-4.523	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	61	4	4	4	-1.382	0.167	-2.013	0.044
People with a learning disability face significant challenges in healthcare settings	61	5	5	5	-2.423	0.015	-2.468	0.014

Table B10: Training B Tier 1 – Autism knowledge, skills and confidence across all three time-points

					Wilcoxon Signed-Rank tests			
		Pre	Post	Follow-up	Pre to post		Pre to follow-up	
Item	n	Median	Median	Median	Z	p	Z	p
I have the knowledge that I need to work with autistic people in my job	61	3	4	4	-5.825	p < 0.001	-5.055	p < 0.001
I have the skills that I need to work with autistic people in my job	61	3	4	4	-5.196	p < 0.001	-5.155	p < 0.001
I feel confident when I am working with autistic people in my job	61	3	4	4	-5.055	p < 0.001	-4.669	p < 0.001
I feel confident I can communicate with autistic people	61	3	4	4	-5.128	p < 0.001	-5.148	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	61	4	4	4	-1.415	0.157	-2.063	0.039
Autistic people face significant challenges in healthcare settings	61	4	5	5	-2.223	0.026	-2.481	0.013

Implementing changes when supporting an individual



○ Communication and giving time

Examples included:

- more telephone calls and texts;
- producing accessible information;
- using different communication tools, such as using pictures in a safety plan to support understanding;
- giving more time and avoiding rushing by booking double appointments;
- speaking more slowly to allow for different processing speeds.

“I have become more patient and I have learned to give more time for the individual to communicate back etc.”

(Survey response, Training A T1)

“Taken more time to check whether I am understood, checked and allowed for processing time (not too much information at once).”

(Survey response, Training C T1)

“When I am doing psychometric questionnaires, breaking down the questions into shorter ones as some are wordy and have several parts to them.”

(Survey response, Training C T1)

“Considered difficulties with abstract thinking and adjusted communication accordingly.”

(Survey response, Training C T1)



○ **Person-centred support**

Examples included:

- avoiding assumptions;
- aiming to find out what works for the individual;
- offering face-to-face meetings, including home visits, if the person preferred this.

“I have recently arranged a home visit rather than seeing them in the surgery, which the person finds more stressful.”

(Survey response, Training B T1)

“I have used more reflective conversations and person-centred conversations.”

(Survey response, Training A T1)



○ **Working with families and supporters**

Examples included:

- making efforts to work with the family and supporters of patients as a result of the training;
- making time to contact them in advance of appointments, as well as forwarding afterwards.

“I’ve utilised the individuals that know the patient best in order to adapt my practice to suit the patient.”

(Survey response, Training A T1)

“Tried to gain a better understanding of what life is like for that family and child, arranging appointments with carers for a time that will be better for them.”

(Survey response, Training B T1)

“Making sure I communicated more effectively with a service user who had autism and asking them how I could support them best.”

(Survey response, Training C T1)



○ **Implementing reasonable adjustments**

Examples included:

- putting learning about reasonable adjustments into practice since the training;
- giving more time, finding a quiet space and adjusting for environmental and sensory issues;
- moving to a quieter environment for someone with auditory sensitivities.

“Supporting someone with autism into college. I have allowed extra time to help them through the process and booked extra sessions with them to ensure they are comfortable with the process.”

(Survey response, Training A T1)

“Allocated more time.”

(Survey response, Training A T1)

“Reasonable adjustments made around moving to a quieter environment for someone with auditory sensitivities.” (Survey response, Training C T1)



○ Recognition and support of people with a learning disability and autistic people

Examples included:

- recognising autism or learning disability in either a patient, colleague or family member as a result of the training;
- positive interactions and increased opportunities for support;
- training being useful in life outside work;
- adapting behaviour by giving someone autistic more space.

“I had a conversation with someone despite no eye contact from them. Took cues from them when they were uncomfortable to continue the conversation.”

(Survey response, Training A T1)

“I have been encouraging my grandson and supporting him with his school work and general learning, and supporting my daughter. I feel that I have a better understanding of how to support him more effectively.”

(Survey response, Training A T1)

“Not through work but I was able to mention to family member with a sister with learning disability about 'passport' for her sister while in hospital.”

(Survey response, Training B T1)

“Not within work but with my sister's foster children, all of whom have learning disability [sic] or Autism [sic] and significant trauma. Understanding their behaviour better and adjusting the way we deal with visits.”

(Survey response, Training B T1)

“It gave me more understanding of my uncle, who is autistic and has a learning disability.” (Survey response, Training B T1)

Implementing changes in the workplace



27 to 44 per cent of people, working in roles where they could make changes to how things are done in their workplace, reported doing so following their Tier 1 training at the time of follow-up.

Creating systems changes or updating processes were reported less frequently than making individual changes to behaviour, but 27 to 44 per cent of respondents said they had already done so by time they completed their follow-up survey.

- Trial Partner A: 44%
- Trial Partner B: 27%
- Trial Partner C: 40%

The same caveats about the small and wide-ranging sample sizes apply to the quantitative data on this.

Changes to workplace practice or processes (or system changes) take time to implement and the follow-up time with people had to be reduced from three months to two months after they had done the training, in order to collect more evaluation data in the time available. It is not surprising, therefore, that most people had not yet made changes. But this data suggests that some people had already been able to do so, while others gave examples of intentions to make change.

“We are looking at introducing training for all staff in the future.”
(Survey response, Training A T1)

“Organisationally we are looking at the use of talking mats and carrying out a LeDeR review.”
(Survey response, Training A T1)

The qualitative data collected from the surveys and the interviews has given further insight into the sorts of system and process changes that people have been able to make. Changes were primarily reported in the following main areas.



○ Training

Participating in the Oliver McGowan Mandatory Training clearly emphasised the importance of training in this area.

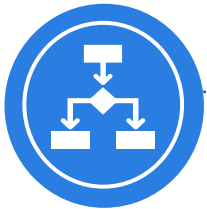
Examples from participants included:

- promoting the training to colleagues;
- encouraging a wide uptake or making it mandatory for their teams;
- incorporating what they learnt into other training.

“I work in practice education so this has formed a discussion around making sure students complete this training as part of their induction.” (Survey response, Training A T1)

“Sending more people on the training and spreading the word more outside of the trust.” (Survey response, Training B T1)

“I have added elements into my training programmes.” (Survey response, Training C T1)



○ Policies and processes

Some respondents were able to provide examples of how the training had fed into the development of, or change to, policies or specific processes:

“I have helped develop the trust strategy about working together, which will be distributed in different communication formats to be more accessible.” (Survey response, Training B T1)

“Anyone diagnosed with autism who has social care needs is now allocated to the Learning Disability and Autism Service, rather than the on-going team.” (Survey response, Training A T1)

“Alerting department at time of booking so we can book longer appointments and implement reasonable adaptations.” (Survey response, Training A T1)

“We have a clear pathway where I use screening questionnaires to indicate if full ASD assessment is needed.” (Survey response, Training C T1)



○ **Physical environment**

A small number of people participating in the training reported changes that have been implemented or planned in the physical environment, particularly taking sensory needs into consideration.

“I plan to try to make the health environments where healthcare professionals see patients with autism [sic] less institutional and calmer, quieter environments. I work in estates and project manage many refurbishments, and this is how I hope to be able to help people with autism [sic] feel at ease when visiting healthcare properties.” (Survey response, Training C T1 Learning Disability)

“Ensuring that clients with sensory issues are either seen straight away or wait in a quiet area.” (Survey response, Training B T1 Learning Disability)



- **Provision of accessible information and advice**

While many people talked about supporting individuals around communication and providing accessible information (see ‘Communication’ above), some people referred to a more system-wide approach to provision of accessible information, including the use of easy-read materials.

“We are developing communication aids and material to help our patients look after their legs better.” (Survey response, Training A T1)

“Looking into providing easy-read appointment letters.”
(Survey response, Training B T1)

“I have started making some sensory ladder worksheets for my area of work, to help patients with autism and MH [sic] concerns.”
(Survey response, Training C T1)



- **Culture change**

There are some indications of early signs of culture change, for example in the conversations people are having. Awareness raising at all levels was identified as important for delivering better care.

“It is also very helpful knowledge and awareness to have generally in day-to-day life, and to be more empathetic and respectful of people with a learning disability or autism in any situation.”
(Survey response, Training B T1)

“The organisation is raising awareness of autism around the town and getting the wider community involved.”
(Survey response, Training A T1)

Although there are limitations to this quantitative data, it is encouraging to see that most people reported changing their behaviour when supporting an individual. Smaller proportions of people reported having made changes in their workplace. The possible reasons for this are further explored in a separate report, where we look at the barriers to change.



Appendix C

Further detail on training content of Tier 2:

- All of Tier 1, plus avoiding diagnostic overshadowing and frequently co-occurring conditions (co-morbidities).
- The laws: Mental Capacity Act, Human Rights Act, Autism Act.
- Reasonable adjustments: what are they in health.
- Hospital passports.
- Culture (professional bias and subconscious beliefs), professional behaviour and impact on outcomes and other people's behaviour.
- Communication: how to communicate in an accessible way. How to understand what the person (and their family) is saying. Reference ASK - LISTEN – DO.
- Learning from LeDeR, annual health checks.

Trial Partner A Tier 2

This Tier 2 programme is delivered as a combined course covering learning disabilities and the autistic experience, across four key sections that mirror three key domains from both competency frameworks: health and wellbeing; personalised support and communication; and law, rights and safety. Each of these sections was delivered through an e-learning course online at a time convenient to learners, followed by a face-to-face or online facilitated interactive workshop with trainers with and without lived experience. The facilitated learning was designed to take a day of face-to-face classroom learning, but could be run online in separate sections if required. The content was as follows:

Health and wellbeing

E-learning (self-directed online) included:

- Health conditions and inequalities
- LeDeR programme

- Some specific health issues or inequalities face by autistic people, and then people with a learning disability
- Postural care
- Health screening
- Mental health (learning disability and autism separate)
- Barriers to good healthcare
- Unconscious bias
- Attitudes as a barrier
- Sensory issues and autism
- Ways of overcoming barriers – personalisation, recognising people and issues early
- Examples of good support
- Reasonable adjustments
- Sensory assessments
- Screening and early diagnosis
- Annual health checks
- Over medication (STOMP)
- Diet

Face-to-face (in classroom or online) included:

- Health inequalities
- Reasonable adjustments
- Diagnostic overshadowing
- Diagnosing autism
- Range of case studies to develop understanding and reflection on topics

Personalised support and communication

E-learning (self-directed) included:

- Experiences of people with a learning disability/autism
- What is a personalised approach

- Choices and decisions
- Importance of relationships
- Equality and diversity
- Communication

Face-to-face (in classroom or online) included:

- Personalised care and support
- Role of friends and family
- Person-centred meetings
- Communication good practice

The law, rights and safety

E-learning (self-directed) included:

- Human rights, protecting rights
- Seven key laws: HRA / UNCRPD / Care Act 2014 / Mental Health Act 2007 / Autism Act 2009 / Equal Rights Act (discrimination and reasonable adjustments) / Mental Capacity Act (MCA) 2005.
- Best interest, positive risk-taking
- Advocacy and safeguarding, people at risk and types of abuse
- Hate and mate crime
- Whistleblowing

Face-to-face (in classroom or online) included:

- Human rights
- Advocacy
- Touch on seven important laws
- Autism Act
- MCA in practice

Trial Partner B Tier 2

This course was designed as a whole-day programme for classroom-based learning. Given the restraints of COVID-19, it was also offered in a hybrid model, in which the workshop was live-streamed to an online group, who also took place in group discussions and made use of the chat function. The course was facilitated each time by someone with lived experience of learning disabilities and/or autism, a family member and a clinician. A further facilitator supported the online group and technology.

The course included learning outcomes for Tier 1 and Tier 2, so participants did not need to attend Tier 1 prior to this. The course was framed around the life course, moving through life experiences from birth to death. Each section is framed with the reflective questions of Ask, Listen, Do.

A series of presentations, quizzes, films and discussions covered the topics as follows:

- Introducing learning disabilities and autism, including: preferred language; unconscious bias; LeDeR; key laws; causes; shared and separate experiences of autistic people and people with a learning disability; health inequalities; diagnostic overshadowing and reasonable adjustments; Ask Listen Do; triangle of care; communication.
- Pregnancy, birth and early years, diagnosis, families and siblings, common challenges, sensory and communication.
- Young people transition and early adulthood: transition, physical health, social factors, capacity and decision-making, preparing for adulthood.
- Adulthood: a fulfilling life, when things go right or wrong, mental health and wellbeing, person-centred support and choice, control and decisions.
- Older age and end of life: late diagnosis, issues of health, dementia, nutrition, bereavement and loss, living and dying well.
- Reasonable adjustments.

Trial Partner C Tier 2

Trial Partner C included two sets of learning – one on learning disabilities and one on autism – designed and facilitated by different groups relevant to their professional and personal expertise. The Tier 2 Training incorporated Tier 1 learning outcomes. To complete the full Oliver McGowan Mandatory Training, learners would need to attend a full day on learning disabilities and a full day on autism. All training was

carried out in classroom-based face-to-face settings. The training programmes were slightly different depending on whether the audience was from healthcare or social care roles, although the content was comparable for both audiences, following the same structures and topics.

The content of Tier 2 Learning Disability Training included:

- Six lives, LeDeR and related facts and figures on causes of death
- Diagnostic overshadowing
- STOMP and STAMP
- Reflections on attitudes
- Understanding what a learning disability is and isn't; types of Intelligence and social functioning; causes of learning disability
- The Equalities Act*
- Reasonable adjustments*
- The 6 Cs of compassionate Care
- Communication, including using hospital passports and Ask Listen Do
- The Mental Capacity Act
- DNA CPR and a reflection on rights

The training comprised a mix of presentation and films, with group discussion and reflection. The section on the Equalities Act and Reasonable Adjustments was delivered by an expert by experience who joined that section of the day and was supported by the main trainer.

The content of T2 Autism included:

- What is autism?
- Our values and unconscious bias
- Areas of difference including communication, relationships, interests, sensory experiences
- Impact of stress and anxiety
- Mental health
- Supporting autistic people
- Legislation
- Best practice and reasonable adjustments

The course was made up of a mix of presentation, films and discussions, and was co-facilitated by trainers with and without lived experience, in classroom-based settings.

Tier 2

People who took part in the training were asked to rate their knowledge, skills, confidence and other competencies when working with people with a learning disability and autistic people. They rated these on a five-point Likert scale before and after attending the training, as well as at follow-up.

Wilcoxon Signed-Rank tests were used to explore differences in scores before and after the training, as the data were ordinal and non-parametric (SAGE, 2018). A significance level of $p < 0.01$ was used to allow for, or take into account, the multiple comparisons. Only people who completed both the pre-survey and post-survey were included in these analyses.

Table C1: Training A Tier 2 – Learning Disability knowledge, skills and confidence

Item	n	Pre	Post	Pre to post	
		Median	Median	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	112	4	5	-2.827	0.005
I have the skills that I need to work with people with a learning disability in my job	112	4	5	-2.655	0.008
I feel confident when I am working with people with a learning disability in my job	112	4	5	-3.308	0.001
I feel confident I can communicate with people with a learning disability	112	4	5	-2.130	0.033
I have an important role to play in meeting the general health needs of people with a learning disability	112	5	5	-2.204	0.028
People with a learning disability face significant challenges in healthcare settings	112	5	5	-1.628	0.103

Table C2: Training A Tier 2 – Autism knowledge, skills and confidence

Item	n			Wilcoxon Signed-Rank tests	
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with autistic people in my job	112	4	5	-4.708	p < 0.001
I have the skills that I need to work with autistic people in my job	112	4	5	-4.550	p < 0.001
I feel confident when I am working with autistic people in my job	112	4	5	-5.051	p < 0.001
I feel confident I can communicate with autistic people	112	4	5	-4.905	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	112	4	5	-3.926	p < 0.001
Autistic people face significant challenges in healthcare settings	112	5	5	-2.945	0.003

Table C3: Training B Tier 2 – Learning Disability knowledge, skills and confidence

Item	n	Wilcoxon Signed-Rank tests			
		Pre Median	Post Median	Pre to post Z	p
I have the knowledge that I need to work with people with a learning disability in my job	111	4	4	-7.152	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	111	4	4	-7.028	p < 0.001
I feel confident when I am working with people with a learning disability in my job	111	4	4	-6.467	p < 0.001
I feel confident I can communicate with people with a learning disability	111	4	4	-5.690	0.000
I have an important role to play in meeting the general health needs of people with a learning disability	111	4	5	-3.947	p < 0.001
People with a learning disability face significant challenges in healthcare settings	111	5	5	-3.061	0.002

Table C4: Training B Tier 2 – Autism knowledge, skills and confidence

Item	n	Pre	Post	Wilcoxon Signed-Rank tests	
		Median	Median	Pre to post	Z
I have the knowledge that I need to work with autistic people in my job	111	4	4	-7.415	p < 0.001
I have the skills that I need to work with autistic people in my job	111	4	4	-7.396	p < 0.001
I feel confident when I am working with autistic people in my job	111	3	4	-7.091	p < 0.001
I feel confident I can communicate with autistic people	111	4	4	-6.644	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	111	4	5	-4.147	p < 0.001
Autistic people face significant challenges in healthcare settings	111	5	5	-3.216	p < 0.001

Table C5: Training C Tier 2 – Learning Disability knowledge, skills and confidence

Wilcoxon Signed-Rank tests					
		Pre	Post	Pre to post	
Item	n	Median	Median	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	314	4	4	-11.381	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	314	4	4	-11.211	p < 0.001
I feel confident when I am working with people with a learning disability in my job	314	4	4	-11.132	p < 0.001
I feel confident I can communicate with people with a learning disability	314	4	4	-10.890	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	314	4	5	-8.466	p < 0.001
People with a learning disability face significant challenges in healthcare settings	314	5	5	-7.692	p < 0.001

Table C6: Training C Tier 2 – Autism knowledge, skills and confidence

Wilcoxon Signed-Rank tests					
		Pre	Post	Pre to post	
Item	n	Median	Median	Z	p
I have the knowledge that I need to work with autistic people in my job	183	4	4	-7.551	p < 0.001
I have the skills that I need to work with autistic people in my job	183	3	4	-7.045	p < 0.001
I feel confident when I am working with autistic people in my job	183	3	4	-7.255	p < 0.001
I feel confident I can communicate with autistic people	183	4	4	-6.580	p < 0.001
I have an important role to play in meeting the general health needs of autistic people	183	4	5	-4.319	p < 0.001
Autistic people face significant challenges in healthcare settings	183	5	5	-4.286	p < 0.001

Table C7: Training C Tier 2 (Both) – Learning Disability knowledge, skills and confidence

Wilcoxon Signed-Rank tests					
		Pre	Post	Pre to post	
Item	n	Median	Median	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	101	3	4	-7.888	p < 0.001
I have the skills that I need to work with people with a learning disability in my job	101	3	4	-6.979	p < 0.001
I feel confident when I am working with people with a learning disability in my job	101	3	4	-7.130	p < 0.001
I feel confident I can communicate with people with a learning disability	101	4	4	-6.203	p < 0.001
I have an important role to play in meeting the general health needs of people with a learning disability	101	4	4	-4.891	p < 0.001
People with a learning disability face significant challenges in healthcare settings	101	5	5	-3.992	p < 0.001

Table C8: Training C Tier 2 (Both) – Autism knowledge, skills and confidence

					Wilcoxon Signed-Rank tests	
		Pre	Post	Pre to post		
Item	n	Median	Median	Z	p	
I have the knowledge that I need to work with autistic people in my job	101	3	4	-7.625	p < 0.001	
I have the skills that I need to work with autistic people in my job	101	3	4	-7.309	p < 0.001	
I feel confident when I am working with autistic people in my job	101	3	4	-7.054	p < 0.001	
I feel confident I can communicate with autistic people	101	3	4	-7.030	p < 0.001	
I have an important role to play in meeting the general health needs of autistic people	101	4	5	-5.63	p < 0.001	
Autistic people face significant challenges in healthcare settings	101	5	5	-4.223	p < 0.001	

To explore whether changes were maintained over time, respondents were asked to rate their knowledge, skills and confidence when working with people with a learning disability and autistic people again two-to-three months after attending the training. Wilcoxon Signed-Rank tests were used to explore differences in scores from pre- and post-training, as well as pre- and follow-up time-points to determine whether the changes were maintained over time.

Only people who completed the survey at all three time-points were included in these analyses, hence a smaller sample size than the previous analysis. Due to low numbers of people completing the survey at all time-points (see Table A4, Appendix A, page 9), this analysis was only possible for Tier 2 Training for Training C (Learning Disability).

Table C9: Training C Tier 2 – Learning Disability knowledge, skills and confidence across all three time-points

Wilcoxon Signed-Rank tests								
		Pre	Post	Follow-up	Pre to post		Pre to follow-up	
Item	n	Median	Median	Median	Z	p	Z	p
I have the knowledge that I need to work with people with a learning disability in my job	21	3	5	5	-2.840	0.005	-2.924	0.003
I have the skills that I need to work with people with a learning disability in my job	21	3	4	4	-2.914	0.004	-2.666	0.008
I feel confident when I am working with people with a learning disability in my job	21	3	4	4	-3.459	0.001	-2.671	0.008
I feel confident I can communicate with people with a learning disability	21	3	4	4	-3.782	p < 0.001	-2.909	0.004
I have an important role to play in meeting the general health needs of people with a learning disability	21	4	4	5	-2.696	0.007	-2.216	0.027
People with a learning disability face significant challenges in healthcare settings	21	5	5	5	-2.460	0.014	-1.438	0.150