A review of the current evidence on the effectiveness of learning disability training programmes for NHS Trust staff

Summary, May 2020

Introduction

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

This is a summary of our literature review report and therefore it does not contain full details of the search strategy and the references of the articles found and cited. All this information is included in the full report (Marriott and Harflett, 2020) along with an evidence grid summarising the articles reviewed.

What did we do?

One aspect of our project was a review of published and unpublished literature to summarise the existing evidence base about the most effective and sustainable approaches in relation to training for NHS Trust staff.

The key research question for this literature review was:

> What is the current evidence on the effectiveness of learning disability training programmes directed at staff working in NHS Trusts?

More specifically, we looked at:

- What are the characteristics of the training programmes in the selected studies?
- Based on Kirkpatrick's Evaluation Framework (2009), at which level are these training programmes evaluated?
- How effective are these training programmes at the levels identified by Kirkpatrick?
- How sustainable are the approaches identified?

Search strategy and results

We searched for relevant evidence in a range of databases. Our primary search aimed to identify papers that related to learning disability training in healthcare settings. Following review of the papers retrieved we undertook two further searches to allow us to benefit from transferable learning in related areas. These looked for:

- research relating to other training for NHS Trust staff, for example dementia training
- evidence about the effectiveness of learning disability training in non-health settings, for example, training for the Police.

We identified:

- fourteen articles that related to our primary search
- eight articles that were about learning disability awareness training or education for students
- two articles that identified training needs.

The 14 studies about learning disability training delivered in a health care setting had a number of quality issues and limitations in relation to methodology and content. These concerns included small samples, lack of control groups, power calculations, a paucity of delayed testing and no evidence about patient outcomes. Systematic reviews of dementia/cognitive impairment training have had similar concerns about the quality of the evidence retrieved.

We used Kirkpatrick's Four-Level Training Evaluation Model to help us explore the impact of the training models identified. This considers learning at four levels and in brackets are numbers of papers reporting at this level that we found:

Level 1: Reaction (5 studies)	This is a measure of how participants found the training. It considers if people found it enjoyable, engaging and a good use of their time. This is often measured by asking participants to fill out feedback forms after the training.
Level 2: Learning (12 studies)	This level considers if the training increased the confidence, knowledge, and skills of the participants. This information might be gathered by assessing people's knowledge before and after the training, or a control group might be used.
Level 3: Behaviour (6 studies)	This is an analysis of the extent to which participants are applying what they learned and if the training has led to a change of behaviour. This cannot usually be explored until several months after the training. Data might be collected through interviews, observations or surveys. In relation to our review this might mean evidence of staff using reasonable adjustments.
Level 4: Results (0 studies)	This level reflects the degree to which the desired goals of the training were achieved. It is a measure of the overall success of the training programme. The factors that need to be assessed to measure effectiveness at this level will relate to the aims of the training. In relation to our review this would entail evidence of better outcomes for people with learning disabilities receiving care and treatment from an NHS trust.

Using Kirkpatrick's model, most studies could demonstrate impact at the learning level and a small number measured change at the behaviour level. No studies measured change at the results level.

10 common areas of content for learning disability training for healthcare professionals

Although not all the studies included information about the training or course content, a small number provided an overview of the main subject areas covered or an outline of the course. Across these reviews and studies, 10 common areas of content for learning disability training for healthcare professionals can be summarised.

1. General information about what a learning disability is
2. Health inequality experienced by people with learning disabilities (including key evidence and reports)
3. Stigma, discrimination and attitudes
4. Communication
5. The hospital process – admission, assessment, discharge planning
6. Support for people with learning disabilities both within the hospital/healthcare services (including link nurse, community teams, learning disability nurse, hospital passport) and other services outside of health
7. Legal issues and frameworks (including consent, the Mental Capacity Act 2005, the Equality Act 2010, Deprivation of Liberty Safeguards)
8. Reasonable adjustments
9. Mental health needs of people with learning disabilities
10. Profession-specific needs (i.e. for training delivered to a specific group)

Findings

Overall, across the body of research, there is evidence to show that undertaking learning disability awareness training had a positive impact. In summary, our review of the evidence demonstrates that learning disability training can lead to positive outcomes in terms of increased knowledge, confidence and attitudes. There is some evidence to suggest that training leads to change in practice; several studies provided some examples of this but very few conducted follow up research to measure changes in practice over a longer period. There is also some evidence on the positive impact of training on the people with learning disabilities involved in developing or delivering the training courses. These included:

- paid employment
- increased self-esteem, well-being and confidence
- development opportunities

In our main paper we discuss in detail what the evidence tells us about the characteristics of training that make it effective. Specifically, we reviewed what the evidence said about:

- Who developed the training?
- Who delivered the training?
- Who received the training?
- How was the training delivered?
- How long was the training?
- What other factors help or hinder people putting their training into practice?

Findings

Despite some of the limitations in the existing evidence base, from the studies reviewed, we have made the following key recommendations regarding the delivery of effective learning disability training in a health setting:

Training should be designed and developed with people with learning disabilities and the staff who will be receiving the training.

- Taking a collaborative approach with people with a learning disability and carers produced a resource that was more likely to be useful in practice.
- There is evidence of benefits of a development and design process that is co-produced with representatives of the range of healthcare professionals that the training is intended for.

Training should be co-delivered or co-facilitated with people with learning disabilities – this makes it more impactful and memorable.

- People receiving training liked hearing real life stories about what had worked and what had presented challenges.
- People with learning disabilities sharing their personal experiences illustrated it is possible to provide treatment in a very different and more responsive way.

Training can lead to an increase in knowledge and confidence and positive changes in attitudes (although this may not be maintained or result in behavioural change).

- Most of the studies reviewed could demonstrate impact at the learning level. This was usually measured through pre- and post-questionnaires.

The inclusion of real-life stories and active learning strengthens the training.

- Case vignettes based on real life problems people had experienced made the training relevant and led to changes in staff behaviour.
- Staff found experiential, reflective and active learning useful.

There are benefits for people with learning disabilities in being involved in delivery of training.

- Actors with learning disabilities reported positive experiences of being involved in designing and delivering training.
- Benefits include financial independence, increased confidence, self-esteem and well-being.

There are benefits of training in mixed profession groups –this suggests it is possible to deliver training to tier 1 and tier 2 staff working in a rangeof roles.

- Evidence that this can facilitate healthy discussion from varying perspectives.
- Inter-professional education enabled participants to learn more about the roles of their colleagues in other disciplines

A core training package is feasible for different professional groups.

- A review of training needs to support staff when working with people with learning disabilities found that there was a great deal of overlap identified by different professional groups.

Face to face training is more effective and practical in busy health care settings than online training.

- Staff reported being unable to clarify questions they had during online learning and often felt time pressure to complete the learning as quickly as possible.
- E-learning may not be feasible in a hospital setting, especially when resources such as the participants' time and internet access are limited.

Short sessions that fit in to busy working schedules offer advantages over full day training courses.

- Evidence that short training sessions (less than an hour) can have a positive effect
- Reducing a training session to 30 minutes meant that more hospital staff were able to attend.

We propose that the suggestions above can be used to guide the content, format and approach of learning disability awareness training for staff in NHS Trusts.

Ultimately an improvement in people's experiences, and outcomes of, healthcare must be the aim of learning disability training for NHS Trust staff. However, it is clear from this review of the evidence that there is a need for further research and evaluation in this area that:

- identifies the optimal length of training; this may vary for different professional groups (Level 1 in Kirkpatrick's model)
- explores if there are benefits of training materials and resources that accompany training (Levels 1 and 2 in Kirkpatrick's model)
- measures the effect of learning disability training a period of time after the training has taken place (and that considers the need for further support or training refresher sessions) (Level 2 in Kirkpatrick's model)
- explores whether participants are applying what they learned and if the training has led to changes in their practice and behaviour (Level 3 in Kirkpatrick's model).
- looks at how the system that people work within and the culture of the organisation impact how good practice is implemented (Levels 3 and 4 in Kirkpatrick's model)
- measures change at the results level; research at this level would measure the impact on the experiences of people with learning disabilities accessing health services (Level 4 in Kirkpatrick's model)

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