

## Frequently Asked Questions

### Training and Delivery

Question 1. Can this training be delivered as part of a wider safeguarding training package?

Answer. The results of the evaluation will inform the roll out and what will be possible and how employers will implement it.

Question 2. When will delivery of the pilot training start?

Answer. Delivery of training pilots will begin as soon as partners are able to deliver their trial sessions in a COVID safe manner, this will depend on the nature of their training methods. Some of the partners have already started their delivery.

Question 3. Where will the pilot training be delivered - in which areas?

Answer. Some of the training will be online. Some of the training will be available across the country. Gloucestershire are delivering in various places in their area. Pathways are delivering in Lancashire and South Cumbria. BILD are delivering in the North West and the West Midlands. Mencap and the National Autistic Society are delivering in London, Liverpool, Coventry, Birmingham, Derby, Norfolk and Southampton.

Question 4. Have face-to-face aspects of the training been retained, despite the pandemic?

Answer. Yes, face-to-face aspects of training will be maintained, and we will adjust timelines to make this possible in a COVID safe environment.

Question 5. How are the trial participants able to co-deliver training during the COVID-19 restrictions?

Answer. Trial partners are employing a wide range of technology and meeting protocols to ensure they can safely co-produce and co-deliver training.

Question 6. How could some of our champions get involved in training opticians in the new training?

Answer. We can forward your details to our trial partners. They will contact you if they wish to include more participants in their trials.

Question 7. Will the content of the training be available to see prior to roll-out?

## Frequently Asked Questions

Answer. The evaluation and the training that will be rolled out will be published at the end of the trial.

Question 8. Can adults with autism create their own training group so it can be led by them?

Answer. The training in the trials is being co-produced and co-delivered by autistic people. How the final version of training is rolled out will be informed by the evaluation. When the implementation is planned, we will consider who should deliver the training.

Question 9. When will the OMMT be rolled out?

Answer. We are having to extend the duration of the trial to ensure face-to-face sessions are delivered in a COVID safe manner. Once we have the outcomes of the evaluation, the roll out will be planned. We hope to have the evaluation complete by February / March 2022.

Question 10. How will service users be involved in the training - in a face-to-face authentic approach?

Answer. People with lived experience are involved in the development and delivery of the training.

Question 11. On what platform/s will this training be available?

Answer. The final products will be made available on the platforms most suited to the content. This will be decided when we have the results of the evaluation.

Question 12. How are you making sure that training covers the cohort of autistic individuals who do not have an additional learning disability?

Answer. The trial will examine the best way of delivering the content based on both the learning disability and autism frameworks. Trial partners are designing training to include this group. Our evaluation partner will review the trial data and ensure the recommended training covers people with a learning disability, autistic people and autistic people with a learning disability.

Question 13. How are people with learning disabilities and autism informing the training?

Answer. Autistic people and people with learning disabilities and family carers are co-producing this work with us at all stages. They are part of the Steering and Operational group, that are part of the groups developing and delivering the training. They are also part of the independent evaluation team.

Question 14. How has any learning / evidence from the dementia training informed the current trial?

Answer. Our partners have seen and based their work on the learning from the dementia work.

Question 15. How will service users be involved in the ongoing evaluation of the training?

Answer. DHSC have said that following roll-out of the training, they will commission an independent evaluation to assess its impact.

## Frequently Asked Questions

Question 16. What about training around autistic people who also have a learning disability? Will this be a third stream of training?

Answer. Trial partners are including this in their training. How they are doing this is informed by their delivery and content design. The evaluation will look at how effective it is to train people in the topics separately, or together.

Question 17. Will the training be accredited training?

Answer. Details of the roll-out and implementation of the training have not been planned as this will be informed by the outcome of the trials.

Question 18. I wondered about the pilots reach to all different types of health and social care professions - specifically in our work just thinking about optician's practices?

Answer. The trial partners will be trying to reach all health and social care workers to test the training with them. We welcome contacts with specific groups that can be passed on.

Question 19. Will the project be looking at cross-over with the care certificate training?

Answer. The results of the evaluation will inform the roll out and what will be possible and how employers will implement it.

Question 20. Will the training be delivered to current staff as well as new staff?

Answer. The results of the evaluation will inform the roll out and what will be possible and how employers will implement it. The intention is that all staff, including current, will receive training, irrespective of setting or location, or length of service and have the skills and knowledge that are appropriate to their role.

Question 21. Will there be 'train the trainer' training or do we have to buy in the organisations that are part of this?

Answer. The findings of the evaluation will inform the roll out and implementation.

Question 22. Will the face-to-face training be delivered by Care Providers or will it be only delivered by authorised training providers?

Answer. The trial partners include health, care and support providers and learning providers. The findings of the evaluation will inform the roll out.

Question 23. Will training support multi-disciplinary and multi-agency training and work with local economies?

Answer. The training will be suitable for delivery across all health and social care settings.

Question 24. For Tier 1 and Tier 2 - what is the length of training?

Answer. This is one of the things the trial will help to work out.

Question 25. What about a refresher? Can it link to other training and qualifications?

## Frequently Asked Questions

Answer. Once we have the results of the trial and the content of the final version of the training package, we will be able to work out the implementation and roll out details.

Question 26. What about training for senior management in health and social care, not just front-line teams?

Answer. All staff, irrespective of setting or location or seniority, will receive training that is appropriate to their role.

Question 27. Is this England only, or four UK countries?

Answer. Yes, the Department of Health and Social Care is only responsible for health and social care in England, therefore this training only applies in this country. However there have been similar petitions in Wales: <https://www.bbc.co.uk/news/uk-wales-50304722>

Question 28. I realise that the programme is in progress with the trial and then evaluation still to take place before roll-out can begin. However, in the meantime, please could you confirm the date that mandatory training is expected to be in place?

Answer. The purpose of the Oliver McGowan mandatory training trial is to work out the best way of delivering this training. We currently expect the trial to take around 12 months and decisions about the roll-out will be made after that.

Some employers already deliver learning disability or autism awareness training to all staff and / or training for staff who have a lot of contact with autistic or learning-disabled people or have identified a need to begin doing so. In the meantime, these employers can usefully start aligning their training to both of the Core capabilities frameworks.

## Quality

Question 29. How will the quality of training delivery will be assessed?

Answer. The appointed evaluation team are collecting information about the quality of training in a range of ways. Measuring quality will hinge on a number of questions, for instance content, involvement of people with lived experience, using a range of approaches for people to learn in different ways.

We will be seeking feedback from participants, as well as trainers - those with and without lived experience. We are checking that the planned content of the training will cover the required parts of both the autism and learning disability core capability frameworks. Our evaluation team and members of the Strategic Oversight Group who have lived experience will also be observing a range of different training. HEE will also be doing some quality assurance of the training materials.

Question 30. How is the quality of the training and its retention by the participants being assessed?

Answer. Understanding the quality of the training and the impact it has on learning is a core part of the evaluation. As well as immediate feedback from learners, we are doing surveys and interviews, three months after they attend, to hear back what they have taken from the training and changes they have made to their practice.

## Frequently Asked Questions

This will tell us overall which training has made a difference and who it has made a difference to. It is outside of the scope of the evaluation to assess each participant's learning in the way that a qualification or assessment would. However, some of the trial sites have built learning assessment into their delivery.

Question 31. How are you ensuring that you are commissioning the provision of the most up-to-date knowledge in this area?

Answer. We chose our partners through a comparative tender exercise with an expert panel.

## Updates and clarification

Question 32. Who will need to attend it – i.e., if a learning disability and autism provider who already runs such training - do we need to do it or is it focusing on doctors and physios and general nurses who have no knowledge?

Answer. All health and care staff need to do at least tier 1. Tier 2 will be for those with substantial contact with autistic people and people with a learning disability. A small number of workers will need tier 3 capabilities in addition to the tier 1 and tier 2 capabilities. An employer of the type you describe will be training their staff to tier 2 and should be reviewing their current training to assure themselves it aligns with the two capability frameworks.

Question 33. What are the updates and has the new training been incorporated with the new updates in the NHS Number and Medical records with reasonable adjustments flag which will be released and introduced at the end of 2020?

Answer. Our partners are aware of the reasonable adjustments flag and it will feature in the training.

Question 34. How do we become a trial partner?

Answer. The trial partners were identified during the Summer of 2020 by a robust procurement process.

Question 35. What proportion of staff / services in the pilot are paediatric or work with children and young people?

Answer. All the partners will be testing the training across a range of services. The evaluation will be balanced to take account of what's learned in different services for different age groups.

Question 36. Are there any autistic focussed organisations involved in the evaluation, or are all lived experience provided by learning disabled organisations? Meaning all content will be delivered with a consistent approach throughout the UK.

Answer. Lived experience comes from a mix of places - organisations, and individuals who have joined not via an organisation. One of the self-advocacy organisations links with many different people groups, and from there we have two autistic people in our evaluation team. They will be directly involved in planning the design of the work, collecting and analysing data. In our advisory group we also have two people who are autistic in the group of seven. One of them runs his own autism led organisation, the other is a clinician in the NHS. They both have other autistic family members.

## Frequently Asked Questions

Question 37. Can you explain what you mean by "social care"? Will it include all commissioned providers as well?

Answer. Social care includes everyone involved in social care including private or independent sector commissioned services, the workers who commission them, as well services delivered directly by a local authority and any services funded by the person using the service, or by other means such as charitably funded services.

Question 38. Does this mean that a general nurse who may have very close contact, but only once a month may only have Tier 1?

Answer. Each employer will need to assess the training needs of each staff member and the need for capabilities across each team. The capabilities frameworks describe the tiers like this:

Tier 1 - Those that require general awareness of autistic people and / or people with a learning disability and the support they need. Relevant to those in working in any sector who may occasionally interact with those affected by a learning disability but who do not have responsibility for making decisions about their care or support.

For example, this may include those working in education, policing, custodial care, housing or indeed any organisation.

This is also relevant to the entire health and social care workforce including ancillary and clerical staff. Tier 1 is also relevant to autistic or learning-disabled individuals, the family, friends and carers of people with a learning disability and / or autistic people, to ensure they are making the most of the support on offer and can plan effectively for current and future needs.

Tier 2 - Health and social care staff and others with responsibility for providing care and support for an autistic person or person with a learning disability, but who would seek support from others for complex management or complex decision-making. This is relevant to health and social care workers providing care and support, including care assistants working in residential or home care, personal assistants and others in roles which facilitate access to care. Tier 2 may also be relevant to autistic or people with a learning disability and family and friends who are providing care and support. Tier 2 also underpins the more specialist skills and knowledge required at tier 3.

Tier 3 - Health, social care and other professionals with a high degree of autonomy, able to provide care in complex situations and / or may also lead services for people with a learning disability. This is relevant to staff working intensively with people with a learning disability, including those who take a lead in decision-making and developing or disseminating good practice. For example, this may include (but is not limited to) learning disability nurses, clinical psychologists, psychiatrists, GPs with special interest in learning disability, allied health professionals, social workers etc. It may also include registered managers and other social care leaders including operational managers who have responsibility for services which provide care and support to people with a learning disability.

Question 39. Will there be a newsletter / email updates for interested parties re: this pilot?

Answer. We keep our websites up-to-date and any important changes or developments would be updated in Skills for Care's regular workforce development update for services that support people with a learning disability and / or autistic people. You can [find previous newsletters and a](#)

## Frequently Asked Questions

[link to register for future editions here](#) (the learning disability page) or [on the Skills for Care website](#) (autism).

The next live forum will be on 12.02.21 and following that in the summer. HEE will also have regular updates on the [Oliver McGowan pages of the HEE website](#). Communication will continue to grow as the training progresses and we reach evaluation and roll out of the training.

Question 40. How can we get involved with / be invited to the evaluation groups as a person with lived experience?

Answer. The evaluation team and advisory groups have already been formed and include people with lived experience – autistic people, people with learning disabilities and family members. We are not recruiting additional members. If you join training as a participant, you can contribute to the evaluation by taking part in our feedback surveys. You can also look out for the stakeholder briefings and join those. These are promoted on the Skills for Care website and HEE.

Question 41. Can we ensure those commissioning services are included in the people receiving this training, to enable them to better co-commission services with people with autism and / or people with a learning disability?

Answer. All staff, irrespective of setting or location, will receive training that is appropriate to their role.

Question 42. Is the plan to discuss the trials at the February Forum?

Answer. Yes, Trial partners will each present at the February forum on 12 February 2021.

Question 43. Will it be carried on longitudinally – evaluation?

Answer. There will need to be some kind of evaluation of the roll-out of training. Details of the roll-out and implementation of the training have not been planned as this will be informed by the outcome of the trials.

Question 44. We're aware that a lot of money is being invested into social prescribing and wondered if these teams will be trained as well? At the moment many social prescribing link workers don't see many people with learning disabilities and autism, but it would be great if there was more training.

Answer. All staff, irrespective of setting or location, will receive training that is appropriate to their role.