

Evaluating the Oliver McGowan Mandatory Training Trial in Learning Disability and Autism

NDTi, My Life My Choice, bemix

Introductions

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Evaluation activities



- Check training against frameworks

- Surveys before and after all training

- Observe training

- Surveys and interviews from 2 months after

- Meet with participants and trainers

- Signs of changing services



Definitions



Stop
Hello Eat
Words
person Day Open

- **People with lived experience or experts by experience:** anyone who is autistic, has a learning disability or is a family member of someone who experiences either of those.
- **Quality measures:** subjective measures used in the surveys to find out what individuals thought of the training they received.
- **Competency measures:** self-rated measures used in the surveys to understand the impact of the training on learners' skills, confidence and knowledge.
- **Recommendations:** these have been made where the evidence is considered to be strong enough to base a decision on and the recommendation being made is something that has been directly tested.
- **Considerations:** these are founded on reasoned arguments on the basis of the analysis of the wider evidence.



Limitations across the evaluation



- There are a number of important limitations to the design of the trial and the data collected that must be considered when decisions are taken about the delivery of the training.
- Data was collected across all Trial Partners but differences in numbers trained, response rates and how the training was set-up means the quality of the evidence varies.
- Analysis of differences between trainings was not possible because some trainings focused on just learning disabilities, some on autism and some on both.
- For the Tier 1 data this means the best quality evidence we have is for Training B because:
 - a large number of people were trained (n=2699)
 - most of these took part in the evaluation (80%)
 - all respondents received complete training.



Findings for Tier 1 training



Quality measures:

Across all Tier 1 Training packages, high proportions (79-91%) of respondents agreed or strongly agreed that the pitch, pace and content of the training were right for them.

83-97% reported it was a good use of their time and that the overall quality was good (94-98%).



Findings for Tier 1 training



Length of training:

- There was less agreement amongst the respondents about the appropriateness of the length of the Tier 1 training in comparison to the other quality measures.

Mode of training (how the training was delivered):

- Tier 1 training was delivered through a mix of e-learning, live online training and face-to-face training with 85-97% of respondents saying the delivery mode of the Tier 1 training they received worked well for them.
- One training package was delivered both online and face-to-face; respondents were more likely to report the online delivery method worked well for them (95%) than the face-to-face delivery (86%).
- Some people liked the flexibility and lack of travel with online training.
- Some people very clearly prefer face-to-face training.



Findings for Tier 1 training



“You are in the room with the person who is speaking, so you are not as disconnected as you are when you are online.”

(Quote from an interview)

“Excellent idea doing the training online, even after COVID I think courses should be like this sometimes, it can be hard to travel to different places.”

(Quote from a survey)



Findings for Tier 1 training



**What could have been
better about the
training?**

Most people told us that nothing could have been better for the Tier 1 Training they received (62-81%).



Findings for Tier 1 training



Activities:

Almost all respondents across all training packages (95% or more) agreed that sharing of information by someone with lived experience or a video involving someone with lived experience suited their learning style.

“It made everything seem more real, more personal.... You can read about it, but to hear from someone who lives it - it brings it home, it makes it stick.”

(Quote from an interview)

Across all Training Packages, the top thing mentioned as the standout feature of the training was the film about Oliver’s story told by his mother (13%).



Findings for Tier 1 training



Learn

Competency measures:

Across all Tier 1 Training, respondents reported an increase in their knowledge, skills, confidence and confidence in communicating with people with learning disabilities or autistic people directly after the training and a few months later.

Analysis of the qualitative data (interviews and free text survey comments) supports these self-ratings and showed that the training had a positive impact on participants' awareness and understanding of learning disability and autism.

“The course has made me more aware of listening and watching at an individual level.”

(Quote from an interview)



Findings for Tier 1 training



Behaviour changes:

Most people who had done Tier 1 training reported doing something different when supporting someone autistic or with a learning disability since their training (63-72%).

People gave examples of ways in which they had changed their communication, how they had worked with families and supporters and reasonable adjustments they had made:

- giving more time and avoiding rushing by booking double appointments
- moving to a quieter environment for someone with auditory sensitivities
- adapting behaviour by giving someone autistic more space



Findings for Tier 1 training



Workplace changes:

27-44% 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.

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 added elements into
my training programmes.”**

(Quote from a survey)



Findings for Tier 1 training



The data analysed here has shown that the complete training and the individual training modules were viewed positively by the majority of respondents on all the quality measures.

As the training packages were delivered to staff working in a wide range of roles with a variety of previous experience we consider these responses reflect a high level of satisfaction with all the Training.



Findings for Tier 1 Training B



In summary, the larger, more robust data-set for Tier 1 Training B has shown:

- 96% of respondents agreed overall quality of T1 Training B was good.
- 81% of people said nothing could be better with the training.
- All competency measures significantly improved following the training and this effect was maintained at follow-up.
- 63% of the staff that had come into contact with someone autistic or with a learning disability, reported doing something different to support them .



Recommendations for Tier 1 training



- On the basis of the evidence we recommend that the blended learning package (Training B) is used.
- Tier 1 Training is not complete until the e-learning and the drop-in session elements are undertaken.
- The training should provide an electronic handbook which is updated and has the capacity to have local information added.



Considerations for Tier 1 training



- Department of Health and Social Care may wish to give consideration to the drop-in sessions being extended to one hour and including at least two experts by experience with different personal expertise.
- The drop-in sessions could also be offered as live sessions as well as online.
- There is no direct evaluation data to recommend this as this is not how it was delivered. This is suggested as a consideration on the basis of:
 - the feedback about what could have been better about Training B
 - the wider data from the evaluation which is clear about the value of the input of experts by experience



Consideration for pre- learning for Tier 2



The data we have collected clearly shows that following receiving Training B Tier 1:

- 100% of staff reported increased knowledge, skills and confidence (including those in patient facing roles who would require Tier 2 training).
- 63% of staff that had come into contact with someone autistic or with a learning disability reported doing something different to support them.
- 27% people, working in roles where they could make changes to how things are done in their workplace, reported doing so at the time of follow-up.

Therefore, we believe that the e-learning aspect of this package would be beneficial for all staff and so it could be considered that this is used as pre-learning for Tier 2 training.



Limitations across the evaluation



- The limitations discussed earlier also apply to the evidence for the Tier 2 Training.
- For the Tier 2 data this means the better quality evidence we have is for Training B and Training C.
- The evaluation samples were representative of those trained (50-90% response rate).
- All follow-up samples for those who had done the full Tier 2 Training were too small to allow analysis across the three time-points.



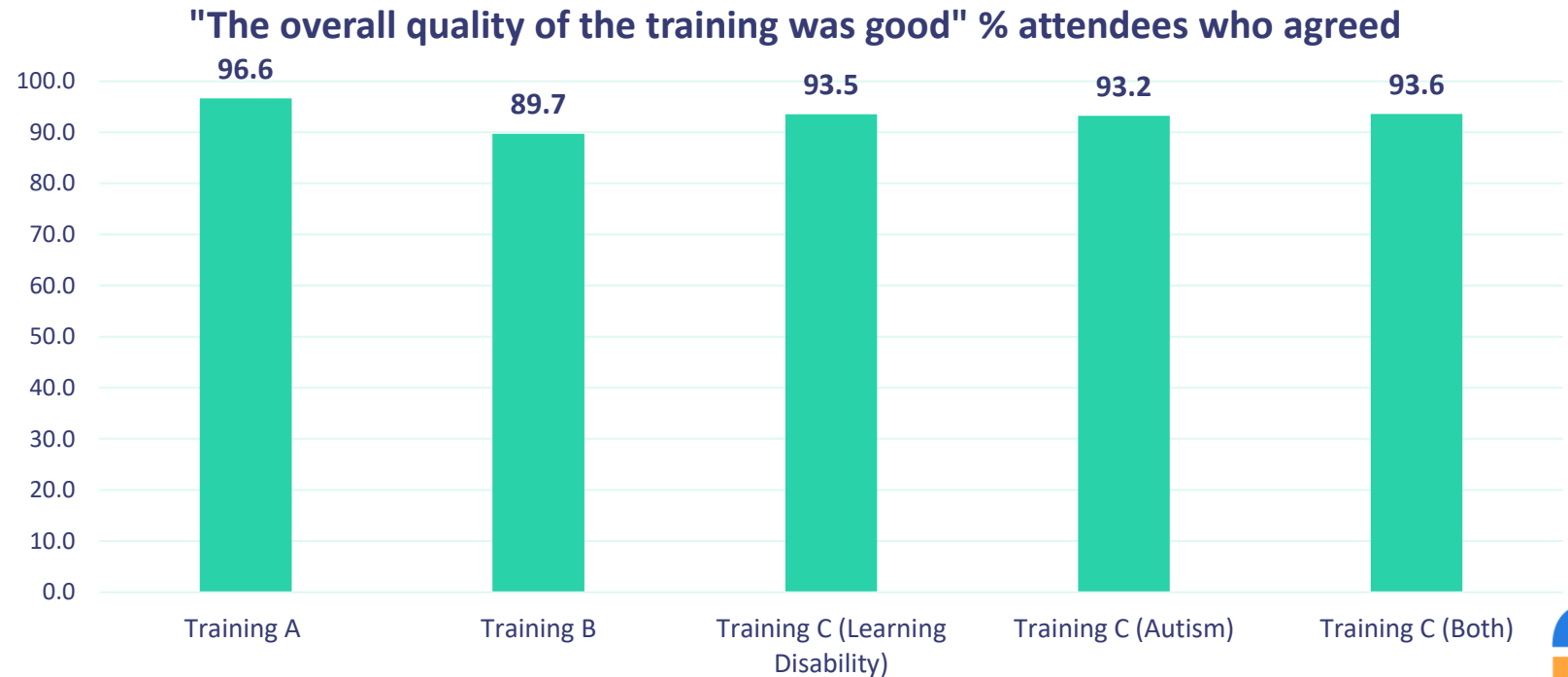
Findings for Tier 2 training



Quality measures:

Across all Tier 2 Training packages, high proportions (70-90%) of respondents agreed or strongly agreed that the pitch, pace and content of the training were right for them.

82-93% reported it was a good use of their time and that the overall quality was good (89-97%).



Findings for Tier 2 training



Length of training:

- There was less agreement amongst the respondents about the appropriateness of the length of the Tier 2 training in comparison to the other quality measures.

Mode of training (how it was delivered):

- Tier 2 training was delivered through a mix of e-learning, live online training, face-to-face and hybrid training.
- 78-99% of respondents agreed the delivery mode of the Tier 2 training they received worked well for them.
- One training package was delivered either face-to-face (88%) or online (89%)
- The training that was delivered in a hybrid format appeared to be less well-received, with 78% of those who attended a live-streamed session in-person and 83% who attended online agreeing that this format worked well for them.



Findings for Tier 2 training



“I appreciate that it was a trial to do the blended learning but for me it really didn't work. It was hard to stay focused on what was being spoken about at times.”

(Quote from a survey)

“It was online live via Zoom so after a while I find I get fatigued by listening and looking at the screen with everyone's faces.”

(Quote from a survey)



Findings for Tier 2 training



Higher proportions of people who did the Tier 2 training made suggestions about what could have been better about it.

Between 44 and 75% of people said that nothing could have been better for the Tier 2 Training they received.

People spoke about the need for more positive examples.

“... examples of best practice would be good. Additionally, this would give us some idea of what to do, rather than just what not to do.”

(Quote from an interview)



Findings for Tier 2 training



Activities:

Almost all respondents across all training packages (95% or more) agreed that sharing of information by someone with lived experience or a video involving someone with lived experience suited their learning style.

Across all Training Packages, the top thing mentioned as the standout feature of the training was the film about Oliver's story told by his mother (15%).

"I also feel that having training connected to Oliver's story enhances the importance of the overall aim as he is not just a statistic. He was a young man whom the current NHS system failed."

(Quote from a survey)

Case studies, scenarios and having verbal discussions suited people's learning style.



Findings for Tier 2 training



Learn

Competency measures:

Across all Tier 2 Training, respondents rated their knowledge, skills, confidence and confidence in communicating with people with learning disabilities or autistic people, more highly directly after the training than before.

Analysis of the qualitative data (interviews and free text survey comments) supports these self-ratings and showed that the training had a positive impact on participants' awareness and understanding of learning disability and autism.

“Given me much more confidence to be slightly more outspoken and to challenge others. I feel I could speak to a nurse or doctor about things now. I feel I could document it afterwards now as well. Before the course I might not have reported it but now I could highlight if something went wrong.”

(Quote from an interview)



Findings for Tier 2 training



Learn

Learning and awareness:

Most people agreed or strongly agreed that the training had:

- given them new learning about learning disabilities (80-90%) and autism (80-87%)
- made them more aware of the needs in health care settings of people with a learning disability (81-94%) and autistic people (83-91%)
- given them new ideas for things to do to better support people with learning disabilities (85-90%) and autistic people (88-92%) in my own work

“I didn't realise there were such significant health inequalities and it made me understand the reasons behind this. It has made me so much more mindful and aware.”

(Quote from a survey)



Findings for Tier 2 training



Behaviour changes:

61-88% of people who had done Tier 2 training reported doing something different when supporting someone autistic or with a learning disability since their training.

Workplace changes:

27-43% of people, working in roles where they could make changes to how things are done in their workplace, reported doing so following their Tier 2 training at the time of follow-up.

What helped?

- Most interviewees said that the presence of experts by experience in this training made them think hard about their own approach and practice.
- Some interviewees said that sharing examples of good practice would have greater impact and help with changes in practice.



Findings for Tier 2 training



The data analysed here has shown that the complete training and the individual training modules were viewed positively by the majority of respondents on all the quality measures.

As the training packages were delivered to staff working in a wide range of roles with a variety of previous experience we consider these responses reflect a high level of satisfaction with all the Training.



Considerations for Tier 2 training



The evidence suggests that all three Training Packages were well-received.

On the basis of the overall data collected about quality of the training and impact on learning, confidence and behaviour, the complete Training C package shows the best outcomes.

This training required 2 full days' of staff time, but it was designed to cover Tier 1 and Tier 2 content.

Other considerations:

- Consolidate a one-day training session for Tier 2 using the most highly rated aspects from the three packages.
- A one-day training course would enable higher numbers of staff to receive full training more quickly.



Considerations about content for Tier 2 training



As a final training package is consolidated then the content of this should be informed by the evidence base about the most effective approach, mode and activities:

- start with Oliver's film and reflection on this
- make use of existing films which were well-received
- develop a wider suite of films relevant to social care
- find a way to include more input from people with profound and multiple learning disabilities and autistic people who do not use speech
- be as interactive as possible
- include more examples of good practice
- include the existing unconscious bias exercise
- use the 'Ask, Listen, Do' approach to reflect on every discussion section

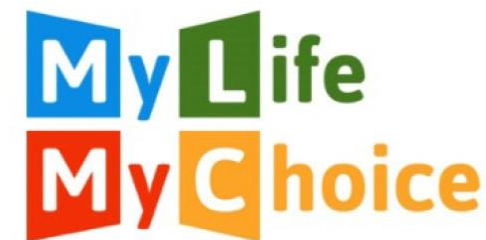


For further information about the project, please go to:
www.ndti.org.uk/projects/evaluation-of-the-oliver-mcgowan-mandatory-training-in-learning-disability-and-autism



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Evaluating the Oliver McGowan Mandatory Training Trial in Learning Disability and Autism

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“... a really insightful way of delivering those messages. You want to hear the perspective of the person whose life experience it was, it was brilliant.”

(Quote from an interview)

“Hearing the experience from an autistic person and how he communicates, and experiences life gave me a different perspective on how it is like to live as an autistic person.”

(Quote from a survey)

Involving Experts by Experience



- Co-production was always an essential part of the Oliver McGowan Training
- Data from the surveys and interviews clearly showed the importance of including people with lived experience.
- We will now tell you what we have learnt about how best to support and involve them in the design and delivery of training.
- These findings are based mainly on focus groups that we ran with people working on the training.
- People told us about the ways in which they got very good support and we also heard about what could have been done even better.
- We also looked at what was said in the surveys and interviews by people who went on the training about what worked well in relation to the involvement of people with lived experience.



Suggestions about designing the training



- Some people find it easier to work in small groups.
- It was important that there was someone who could prepare easy-read versions of complicated documents.
- It is important to be clear from the start who makes the final decisions.
- It is important to people to be involved at the right time in the process. Some joined at the start and others were pleased to have input in the final versions, or their own scripts.

“I helped to coproduce all the materials with a team... It has made me more confident to share my personal experience to empower people.”

(Quote from trainers with lived experience from the focus groups)



What we learnt about delivering the training: Support needed



Support

- All the training involved experts by experience in the delivery of the training.
- Training went best when trainers got to know one another and could support each other well.
- Some people had meetings, video calls or shared one page profiles before with their co trainers.
- A debrief gave a chance to reflect on how things had gone and make changes for the next time. It was also important to check in on how people felt after.
- It was suggested that sometimes there was less understanding of the need for support for autistic experts by experience.



What we learnt about delivering the training



Support

“I had meetings with colleagues who had experience in the training. And I was put in touch with the co-presenter. We met to make the script easier for me.”

(Quote from trainer with lived experience from the focus groups)

“I was grateful for supervision. Someone asked what I thought about autistic people not having empathy. I found that challenging and it was useful to share and get support after that.”

(Quote from trainers with lived experience from the focus groups)



What we learnt about delivering the training:

Support needed



Support

- The working relationship between co-trainers was very important.
- Trainers spoke about how they built up relationships and made new friends when they worked regularly with other trainers.
- Some participants who went to the training talked about positive interactions between the trainers as a highlight:

“It felt a bit like they were modelling how to work with people.... in front of you, and that was really nice actually.”

(Quote from an interview)

- Some trainers with lived experience spoke about the excellent support they had been given.
- The Trial Partner Leads talked about how much time it took to support and co-ordinate lots of trainers well.



What we learnt about delivering the training: Developing training skills



- Most of the trainers we spoke to had done similar work before.
- About half said they had learned to be a trainer as part of this trial, but mainly this was about looking at the content.
- People said that sessions on **how** to train would have been useful.
- This should cover:
 - presentation skills
 - how to share stories and link them back to learning aims
 - being professional – appropriate sharing of personal views, avoiding giving clinical advice
 - keeping to time
 - dealing with difficult questions
 - encouraging those being trained to participate

**“We need people who are
highly skilled in delivery:
Train up a workforce!”**

(Quote from trainer with lived
experience)



What we learnt about delivering the training:

Shared knowledge

- Some of the training about autism and learning disability was delivered separately.
- Trainers talked about how it was important to have good knowledge of **all** the training.

“Autism is new to me I want to learn about understanding autistic people better.”

(Quote from a trainer with lived experience from focus groups)

“When learning disabilities and autism training were run separately, I did the autism training and didn’t know what was on the learning disability one which made it hard.”

(Quote from trainer with lived experience from a focus group)



Keep learning



Suggestions about delivering the training



- A lot of experts by experience need to be recruited and taught how to do the training around the country.
- Reasonable adjustments should be made for all expert by experience trainers.
- Trainers who have lived experience (and those who don't) need to be supported well, with line-management and paid for their preparation, delivery and debrief.
- All trainers without lived experience need the skills to be able to work with, and support, a co-trainer with lived experience.
- Training teams made up of trainers with, and without, lived experience should have time to plan, get to know one another, learn how best to work together and have practiced together.
- All trainers need to be familiar with all the training (about learning disability and autism) and be able to cross-reference and refer to it all accurately.



In summary....



- The involvement of people with lived experience in designing and delivering this training has been one of its biggest strengths.
- Respondents were very clear that having training delivered by people with lived experience made it more meaningful and they learnt more.
- There are some clear messages from talking to the experts by experience about the training and ongoing support they need to be able to deliver high-quality training.
- When this training is carried out, there will be a need to employ lots of people with lived experience to deliver it. This means there is an exciting opportunity for autistic people and people with learning disabilities to learn new skills and to have paid work.



Looking ahead



Part of the role of the Evaluation Team was to consider learning relevant to implementing the training and the facilitators and barriers to putting the training into practice.

- 1) Participants shared with us, what they had changed and what helped or hindered them to put what they learnt into practice.
- 2) There was also learning about the challenges of delivery of the training and what might help with further stages of the work:
 - A standard package to suit all staff
 - Dovetailing with existing education
 - Staying true to the design and model of training
 - Scale of future training



Final thoughts



- Across all Trial Partners and Tiers, the training was well received, highly rated and is starting to lead to change.
- There are well known health inequalities for people with learning disabilities and autistic people.
- Need to ensure high-quality training that leads to improved care and support.
- This will require buy-in at senior levels and a commitment to making wider changes in workplace settings.
- Longer term evaluation will be needed to look the impact of the training on the care and support that people receive.
- The Oliver McGowan Mandatory Training is a unique opportunity to make a difference.



Thank you



“Hopefully if we have managed to challenge some false assumptions. I thought Oliver’s story was very powerful, and as a parent it terrifies me. I don’t have experience of the health system yet as my son is only 7. I would like him to grow up in a world which is better.”

(Quote from a trainer with lived experience from the focus groups)



For further information about the project, please go to:
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