



NHS

**National Institute for
Mental Health in England**

Ten Essential Shared Capabilities

An Evaluation of the Pilot Training Materials

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In partnership with



Response to this report from the NIMHE/CSIP Workforce Implementation Team

The pilot programme for the field testing of the 10 ESC learning materials was a major undertaking for all the participants during a period of considerable change for all mental health services. The engagement by a diverse range of respondents in this programme shines clearly within this evaluation and the recommendations, based on the analysis, provide the best possible evidence to improve on our initial work. It is reassuring that the evaluation has been very positive overall, but some changes do need to be made.

The NIMHE/CSIP Workforce Implementation Team is in complete accordance with the recommendations contained within this report and is in the process in responding to them. The revised ESC materials will therefore be available in the summer of 2006 which will reflect the findings of this report.

There is significant activity underway to enhance the integration of the 10 ESC into mainstream practice. We continue to work closely with the professional bodies, the Sector Skills Council, university and medical schools in promoting ESC activity.

We are currently piloting the ESC Race Equality and Cultural Capability enhanced materials and hope to have these available by Spring 2007. A 'Recovery' learning pack has already been written and will be available in the Summer of 2006.

We are supporting ESC work in Social Inclusion, CAMHS, Dual Diagnosis, Personality Disorder, CPA and Women's Mental Health & Equality.

I would like to take this opportunity to thank all the participants, facilitators, and the research team for their contribution to an excellent evaluation of the initial ESC materials.

Roslyn Hope

Director of the National Workforce Programme

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1. EXECUTIVE SUMMARY

1.1 Background

The Ten Essential Shared Capabilities learning pack for mental health practice has been developed to be piloted as part of an overarching implementation plan to introduce the mental health workforce to the core skills, attitudes and knowledge needed to deliver best practice. Commissioned by the NIMHE National Workforce Implementation Team and funded by the NHSU, the pack has an ambitious goal: to provide effective training to the entire mental health workforce spanning the different roles and qualifications, from those who are starting out in their training to experienced workers. In addition, the aim is to make the training interesting and accessible to this wide audience.

The ESC pilot programme consists of a Learner Pack which contains the learning materials in both CD-ROM and paper format. The programme has an introductory guide followed by a central module on the ESC. There are four additional linked satellite modules on ‘involving service users and carers’, ‘values-based practice’, ‘race quality and cultural capability’ and ‘developing socially inclusive practice’. A learning log or workbook accompanies each module and the programme ends with a personal action plan and learning review. The materials have been designed for either group or individual learning and, it was estimated, would take approximately 16 hours to complete.

The CD-ROM is interactive and provides reading as well as practical exercises that need to be carried out. In addition the CD-ROM provides links to useful web-sites and contains a library of relevant documents that the learner may wish to access. The materials can be used in a stand-alone fashion or can be integrated into existing training programmes.

1.2 Methods

Organisations that participated in the pilot were recruited by the NHSU. The process was co-ordinated by the eight Care Service Improvement Partnership (CSIP) Regional Development Centres (RDCs). The training centres received the training packs in Autumn 2005 and were asked to complete the first programmes by December 2005. The

NHSU designed the evaluation forms which were then collected by Ian McGonagle (National Mental Health Workforce Team/Centre for Clinical and Academic Workforce Innovation [CCAWI]) after collation by the RDC leads. The sample was purposive with 46 sites and 579 learners taking part. The survey data were analysed using SPSS version 11.5. A range of illuminative quotes were elicited from the 'open' questions.

1.2 Results

A total of 579 questionnaires were returned from learners and 75 from facilitators across the eight CSIP regions. The majority (82%) of learners used the training materials within a group setting, and very few (2%) had relied on use of the CD-ROM alone.

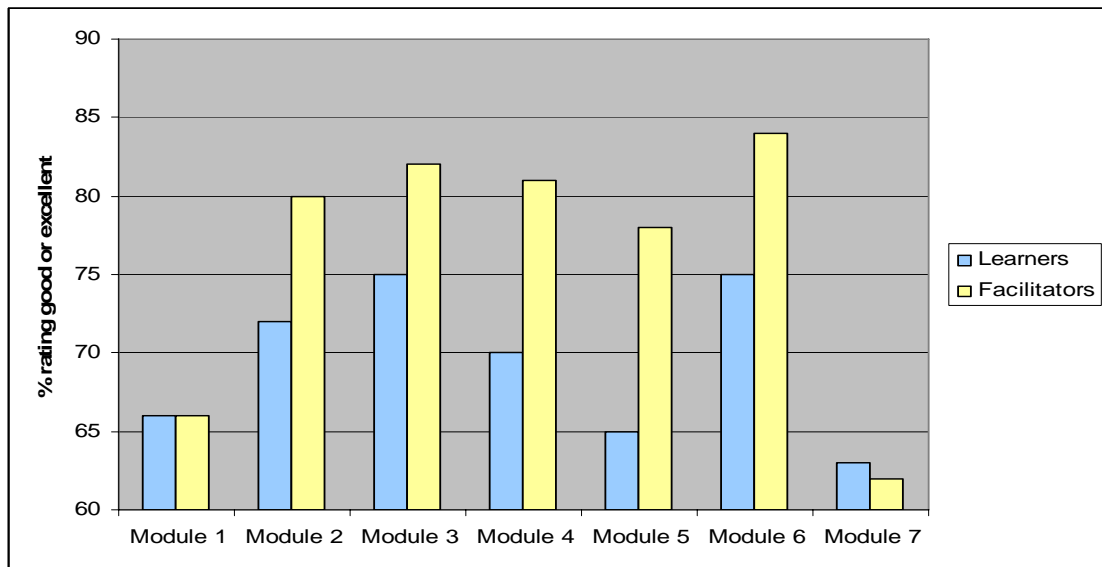
Learners and facilitators rated the training pack on a Likert scale. Learners were very positive about the materials especially the clarity, the availability of necessary information to use the materials and the enjoyment of using them. Most concerns were expressed about the length of the training programme and the level of the materials. Overall, those who did not have a clinical role, particularly administrative staff were more likely to express concerns. Ratings were also influenced by whether the person had studied alone or with a group. Those who had not been part of a group were less satisfied with the style of delivery, the environment where the learning took place and the support they had received.

Facilitators also provided positive endorsements regarding the materials, particularly their clarity, their potential for flexible delivery, the relevance and achievability of the learning outcomes and the enjoyability of the learning experience. In line with the learners, this group were most concerned with the length of the training programme and there was also some disquiet about the level and the accessibility of the programme for the range of learners it was aimed at.

Ratings of the seven modules by both learners and facilitators can be seen below. The bar chart shows that on the whole the modules were received very positively with over

70% of learners rating four of the modules as either ‘good’ or ‘excellent’. Learners were least satisfied with module five (Race Equality and Cultural Capability) and seven (Personal Action Plan and Learning Review). Facilitators tended to be more satisfied with the modules than the learners, however, more than 30% of this group rated modules seven and one (Getting Started) as below ‘good’.

Learners’ & Facilitators’ Ratings of the Modules



Overall, the training materials were rated very highly. Eighty per cent of learners rated them as either good or excellent and 90% believed they had impacted upon the way they thought about and worked with service users. Some differences in ratings were observed between professional groups. Student nurses were most contented with the materials and administrative staff were least satisfied.

1.3 Conclusion

The overall evaluation of the pilot ESC training programmes was highly positive. Learners and facilitators/mentors rated nearly all aspects of the programme highly (see Figures 1 and 3), including: the clarity of the materials; style of delivery; the extent to which the programme met their learning objectives; the level of the materials; the learning and organisational support and their enjoyment in participating. There was also widespread agreement that generally the individual modules were successful in meeting

their aims although perhaps noteworthy, is the fact that facilitators ratings were higher than learners' ratings in this regard (see Figure 4). It should be borne in mind therefore that the recommendations below refer to areas that were still evaluated positively, but maybe not to the same extent. An example would be the module ratings where only 66% of learners and facilitators agreed that Module 1 met its aims (compared to Module 6 which averaged 80%). In this context, perhaps what is most important to emphasise is that 90% of learners, and 95% of facilitators agreed that the learning undertaken would impact upon the way that practitioners would work with service users and carers.

1.4 Main recommendations

A Key Principles of ESC Delivery

- A1 The role of Service Users and Carers in delivery of the ESC is an adoption of a best practice statement by the NIMHE/CSIP Workforce Implementation Team.
- A2 Partnership with 'Experts by Experience' should be utilised in delivery of specific ESC modules wherever possible (an example of this would be training co-facilitated by individuals with good understanding of the cultural needs of local communities for Module 5 'Race Equality and Cultural Capability')

B Delivery of the ESC Training Programme

- B1 The preferred mode of delivery for the ESC is through group facilitation and mixed group discussion rather than through individual study alone. This approach was associated with significantly better rates of learner outcomes with the ESC materials.
- B2 The guidance notes for facilitators and learners (Module 1) were considered to be confusing and repetitive. It is recommended that the module be re written with introductory learner and facilitator guidance separated out in the text.

C The Length and Content of the Programme

- C1 The programme clearly takes longer to complete than was originally signposted. Estimates of the time needed to carry out the programme need to be revised significantly.

- C2 The ESC learning materials need to be further developed to widen the range of applications/exercises/examples to include all personnel in mental health services (including non clinical/practice personnel).
- C3 The ‘practice examples’ within the programme should be re-examined as they have a narrow focus on work with service users in adult secondary services. The full range of service settings in which mental health care is delivered should be considered.
- C4 The ESC materials will need to be reviewed to ensure the learning programme is suitable to the national reading age. Some of the ‘technical’ language requires attention and rewriting.

D Feedback on Specific Modules

- D1 Module Five (Race Equality & Cultural Capability) received most mixed views from learners. While there is overall general support for the module, the results indicate an additional review and rewrite where necessary.
- D2 Module Seven (Learning Review and Action Plan) was criticised heavily by both learners and facilitators. The methods of supporting reflective learning and practice development in the ESC learning material require attention.

2. Background

Since the publication of the Mental Health National Service Framework (NSF) (Department of Health, 1999) and the NHS Plan (Department of Health, 2000), there has been a growing recognition that the education and training of the mental health workforce needs to change to keep pace with how modern mental health services should be delivered. In 2001, the Workforce Action Team began work to identify the knowledge, skills and attitudes that all staff working in mental health services should possess to deliver each of the NSF standards; from the core capabilities that the entire workforce should hold to those competencies that should be held by specialist practitioners. The Capable Practitioner Framework (CPF) (Lindley et al, 2001) produced by the Sainsbury Centre provided this outline.

In addition to the CPF, the Workforce Action Team commissioned a piece of work to identify the capabilities of the current workforce in relation to the new vision for mental health delivery. A national exercise was conducted which mapped mental health education and training across England (Brooker et al, 2002). This review demonstrated that mental health training provision was inadequate in relation to the delivery of the NSF and the NHS Plan. It appeared that training often had too narrow a clinical focus and specific teaching on values implicit in service delivery and on socio-cultural aspects of care were often neglected. The findings were consistent with the concerns of service users and carers who complained that they were often not listened to, that their contribution to mental health care was not valued and that care delivery was not conducted as collaboratively as possible.

The Ten Essential Shared Capabilities emerged from these two pieces of work as a joint National Institute of Mental Health in England (NIMHE) and Sainsbury Centre for Mental Health (SCMH) project. Guided by a national steering group they were developed through consultation with service users, carers, managers, academics and practitioners. Spanning both values and evidence based practice they provide an explicit benchmark of core attitudes, skills and knowledge for the entire mental health workforce. It is expected that these capabilities will be incorporated into individuals' appraisals and

personal development plans and within all types of pre and post qualification training aimed at those working within mental health services. The 10 Essential Shared Capabilities (ESC) have been developed separately but compliment two other existing skills frameworks, namely The Knowledge Skills Framework (KSF) (Department of Health, 2004) and The Mental Health National Occupational Standards (NOS) The relationship between these three national skills and values frameworks are complex but have been described (Allcock, 2004).

The Ten Essential Shared Capabilities learning pack for mental health practice has been developed to be piloted as part of an overarching implementation plan to introduce the mental health workforce to the shared skills, attitudes and knowledge needed to deliver best practice. Commissioned by the NIMHE National Workforce Implementation Team and funded by the NHSU, the pack has an ambitious goal: to provide effective training to the entire health and social care workforce spanning the different roles and qualifications, from those who are starting out in their training to experienced workers. In addition, the aim is to make the training interesting and accessible to this wide audience.

The ESC pilot programme consists of a Learner Pack which contains the learning materials in both CD-ROM and paper format. The programme has an introductory guide followed by a central module on the ESC. There are four additional linked satellite modules on ‘involving service users and carers’, ‘values-based practice’, ‘race quality and cultural capability’ and ‘developing socially inclusive practice’. A learning log or workbook accompanies each module and the programme ends with a personal action plan and learning review. The materials have been designed for either group or individual learning and, it was estimated, would take approximately 16 hours to complete.

The CD-ROM is interactive and provides reading as well as practical exercises that need to be carried out. In addition the CD-ROM provides links to useful web-sites and contains a library of relevant documents that the learner may wish to access. The materials can be used in a stand-alone fashion or can be integrated into existing training programmes.

The Ten Essential Shared Capabilities for Mental Health Practice

Working in Partnership. Developing and maintaining constructive working relationships with service users, carers, families, colleagues, lay people and wider community networks. Working positively with any tensions created by conflicts of interest or aspiration that may arise between the partners in care.

Respecting Diversity. Working in partnership with service users, carers, families and colleagues to provide care and interventions that not only make a positive difference but also do so in ways that respect and value diversity including age, race, culture, disability, gender, spirituality and sexuality.

Practising Ethically. Recognising the rights and aspirations of service users and their families, acknowledging power differentials and minimising them whenever possible. Providing treatment and care that is accountable to service users and carers within the boundaries prescribed by national (professional), legal and local codes of ethical practice.

Challenging Inequality. Addressing the causes and consequences of stigma, discrimination, social inequality and exclusion on service users, carers and mental health services. Creating, developing or maintaining valued social roles for people in the communities they come from.

Promoting Recovery. Working in partnership to provide care and treatment that enables service users and carers to tackle mental health problems with hope and optimism and to work towards a valued lifestyle within and beyond the limits of any mental health problem.

Identifying People's Needs and Strengths. Working in partnership to gather information to agree health and social care needs in the context of the preferred lifestyle and aspirations of service users their families, carers and friends.

Providing Service User Centred Care. Negotiating achievable and meaningful goals; primarily from the perspective of service users and their families. Influencing and seeking the means to achieve these goals and clarifying the responsibilities of the people who will provide any help that is needed, including systematically evaluating outcomes and achievements.

Making a Difference. Facilitating access to and delivering the best quality, evidence-based, values-based health and social care interventions to meet the needs and aspirations of service users and their families and carers.

Promoting Safety and Positive Risk Taking. Empowering the person to decide the level of risk they are prepared to take with their health and safety. This includes working with the tension between promoting safety and positive risk taking, including assessing and dealing with possible risks for service users, carers, family members, and the wider public.

Personal Development and Learning. Keeping up-to-date with changes in practice and participating in life-long learning, personal and professional development for one's self and colleagues through supervision, appraisal and reflective practice.

3. Method

3.1 Design

The NHSU who initially helped to develop the training materials sent out an ‘expression of interest’ to a range of organisations (NHS, Local Authorities, HEIs and the Voluntary Sector) in February 2005. At this time 60 organisations stated that they would be keen to be involved in pilots for the initial dissemination of the 10 ESC training materials (see Table 1). The eight Care Services Improvement Partnership (CSIP) Regional Development Centres (RDCs) agreed to co-ordinate this process through the support of local mentors/facilitators. The RDCs also agreed to help to promote response rates for the evaluation forms to be completed by mentors and facilitators. The local sites received the ESC training materials in September 2005 and were asked to complete the first programmes by December 2005.

3.2 Procedure

The evaluation forms (or questionnaires) for learners and facilitators were largely designed by the team at the NHSU (see Appendices 1 and 2). However the evaluation team and some members of the ESC Steering group were given a brief opportunity to comment on the questionnaire design. Local facilitators collected the forms, completed their own and sent them back via RDC workforce leads for collation. All completed questionnaires were collected by Ian McGonagle (National Workforce Development Team/Centre for Clinical & Academic Workforce Innovation, [CCAWI]) who passed these on to the evaluation team.

3.3 Sample

The sample was purposive. Early in 2005 the NHSU led the exercise to recruit pilot sites and communicated widely with relevant agencies. It had been hoped following this invitation that 60 sites representing 1075 individual learners would participate in the event. In total 46 sites (77%) and 579 (54%) individuals participated. These figures are given in full by RDC patch in table one below. The shortfall was highest in the South West and North-East, Yorkshire & Humber patches with more accurate predictions coming from the North-West and East Midlands. It would seem that the RDC patches

that chose more conservative estimates of the number of learners who would complete the pilots were more accurate in their prediction of completers.

4. Analysis

4.1 Statistical Analysis

Data collected on the two questionnaires were separately double-entered onto a computer database and data entry errors were identified by matching the data entry files using the epidemiological software EpiInfo. All errors were corrected with reference to the original questionnaires and a final validated data file produced. Data analysis was then undertaken using the software SPSS version 11.5.

The only statistical test employed was the chi-square test. This was used to test whether, for categorical data, there were differences between groups.

4.2 Analysis of qualitative data

There were several opportunities in the questionnaires for both learners and facilitators to answer 'open' questions. Here, a formal qualitative methodology was not employed. When there were significant issues to examine, the questionnaires were searched for a range of illuminative quotations.

5. Results

A total of 579 questionnaires were returned from learners and 75 from facilitators across the eight CSIP regions. Responses came from 46 of the 60 sites that had originally agreed to participate in the pilot study including mental health NHS Trusts, Primary Care Trusts, Social Services, HEIs and housing agencies.

Demographic details of respondents can be seen in Table 2. Over two thirds of both the learners and facilitators were female. Respondents were from all age groups and from a mix of ethnic backgrounds. Approximately one quarter of learners and facilitators were from a minority ethnic group. Over two thirds of the learners were NHS workers

Table 1: Learner response from each region

Region	Site Returns (Potential Returns)	Percent Returned	Number of Returns (Potential Returns)	Percent Returned
Eastern	7 (8)	88%	100 (181)	55%
NEYH	9 (13)	69%	113 (225)	50%
North West	4 (4)	100%	42 (48)	88%
East Midlands	4 (5)	80%	40 (50)	80%
West Midlands	8 (11)	73%	107 (209)	51%
South East	5 (6)	83%	77 (113)	68%
South West	5 (7)	72%	50 (153)	33%
London	4 (5)	80%	50 (96)	52%
Total	46 (60)	77%	579 (1075)	54%

compared to less than half of the facilitators and over 45% of both groups held a professional qualification or a degree. There was wide variation in the professional background of the learners, though 42% of the overall sample was made up of nurses and support workers. No data were available on the professional backgrounds of the facilitators.

5.1 Mode of Delivery

Of the learners who stated a mode of delivery, 82% (n=557) said that the training materials had been delivered within a group setting. Less than two thirds of those who

responded commented on the method of delivery, however, of those who did only 2% (n=12) had relied solely on the CD-ROM and over half (n= 200) had used only the paper materials. Of those learners who did report used the CD-ROM, 70% had done so without experiencing any technical problems.

Table 2: Demographics of Learners and Facilitators

	Learners	Facilitators
Gender	Male 30%; Female 70%	Male 30%; Female 70%
Age Range (mode)	16 – 65+ (35 – 44)	16 – 64 (45 – 54)
Ethnic Group (%)		
White	451 (78)	56 (75)
Asian	49 (8.5)	6 (8)
Black	49 (8.5)	8 (11)
Mixed	14 (2)	1 (1)
Other	7 (1)	
Missing	9 (2)	4 (5)
Capacity (%)		
NHS	400 (69)	34 (45)
Voluntary Sector	57 (10)	3 (4)
Social Services	27 (5)	6 (8)
Service User	18 (3)	13 (17)
Carer	35 (6)	5 (7)
Other	20 (4)	9 (12)
Highest Educational Qualification		
Prof Qualification	146 (25)	31 (41)
Degree	130 (23)	25 (33)
Diploma	55 (10)	8 (11)
Certificate	97 (17)	5 (7)
NVQ	77 (13)	6 (8)
No Qualification	41 (7)	
Missing	33 (6)	
Professional Background		
Nurse	121 (21)	-
Support workers	122 (21)	-
Occupational Therapist	34 (6)	-
Student Nurse	29 (5)	-
Social Workers	15 (3)	-
Housing Support Worker	17 (3)	-
Service User	15 (3)	-
Carer	26 (5)	-
Admin Staff	21 (4)	-
Other*	145 (42)	-
Missing	34 (6)	-

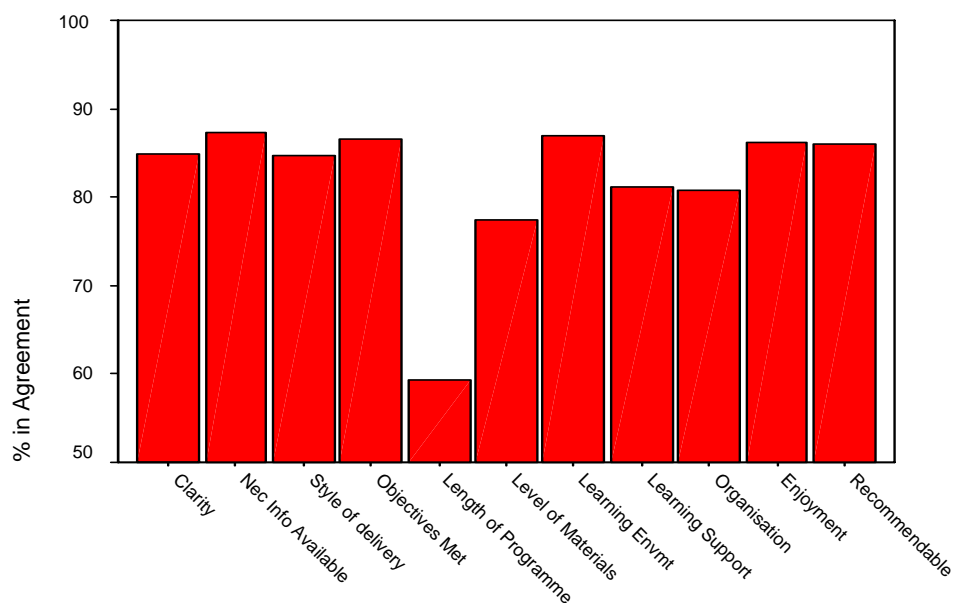
* Includes student social worker, student occupational therapists, chaplains, CDWs, psychologists, medics etc (each individual group represents < 2% of overall sample).

5.2 The Training Materials

Learners Ratings

Learners were asked to rate statements relating to the training materials on a Likert scale with four categories, namely 'Agree Strongly', 'Agree Slightly', 'Disagree Slightly' and 'Disagree Strongly'. Figure one displays the percentage of respondents rating who *agreed* with the statements either 'strongly' or 'slightly'. The clarity of the materials, the availability of necessary information to use the materials, the style of delivery, the environment in which the materials were delivered, and enjoyment of using the materials were all rated highly, with over 80% of the learners providing positive responses.

Figure 1: Learners' Ratings of the Training Programme



The level at which the programme was pitched, the level of support and the organisation of the programme were again rated highly, though over 20% of respondents did provide a negative response about these elements.

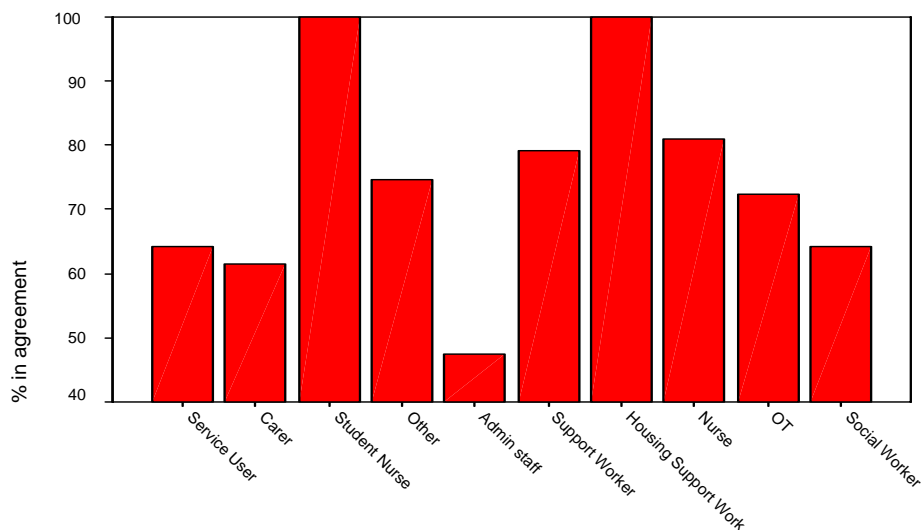
When the ratings of the 'level of the programme' were scrutinised by professional group it became apparent that certain groups were more positive about this than others (see fig

two). Although 100% of student nurses and housing support workers were in agreement that the programme was pitched at the right level, less than 50% of administrative workers shared this view. It is not surprising that those not working face-to-face with service users felt that the training was less appropriate for them as so much of the material asks participants to draw on such experiences. Similarly, over a third of service users and carers were of the opinion that the level of the materials was not appropriate for them. Many of these, in fact, suggest that a more relevant role for service users and carers was to facilitate the learning itself.

‘It is very important that service users and carers continue to play an important part in the delivery of the programme no matter what form it takes’

Service setting of the participant also impacted upon overall evaluation of the content. A number of learners who worked in primary care felt that examples given were too focused on adults receiving secondary service provision.

Fig. 2: Percentage of Respondents Endorsing Appropriateness of the Level of the Programme by Professional Grouping



Overall, the length of the training programme received most negative endorsements, with 60% of learners disagreeing with the statement that “the programme was the right length for me”. Of the comments made on the delivery of materials the majority complained that the programme had taken much longer to complete than had been suggested. It was

suggested that this could be reduced by minimising repetition of exercises that occurred between modules.

The style of delivery impacted greatly upon the ratings of a number of the above elements of the programme i.e. whether the learner had undergone the training alone or as part of a group programme. Chi-square analyses revealed that those who had studied alone were significantly more likely to disagree with the statements relating to the appropriateness of the 'style of delivery' (individual or group) ($\chi^2= 83.1$, d.f.=1, $p<0.001$), 'the level of the programme' ($\chi^2 = 7.06$, d.f.=1, $p=0.008$), the 'environment where the learning took place' ($\chi^2= 24.1$, d.f.=1, $p<0.001$) and the 'support received' ($\chi^2= 13.90$, d.f.=1, $p<0.001$). In addition, many learners and facilitators fed back concerns about 'quality control' issues when studying independently and most who commented on the style of delivery believed the materials should be used within a group setting. Without a group available for discussion, it was felt there was no way of determining whether exercises and responses were being answered appropriately and learning was taking place in the required direction. The comments of two learners, who undertook the materials individually, describing the impact of the materials, demonstrate this point clearly:

“it has made me realise that there is no recovery from a mental health problem, it is only a remission”

“it has made me realise that you do not recover from mental illness you only improve and are stabilised with medication”

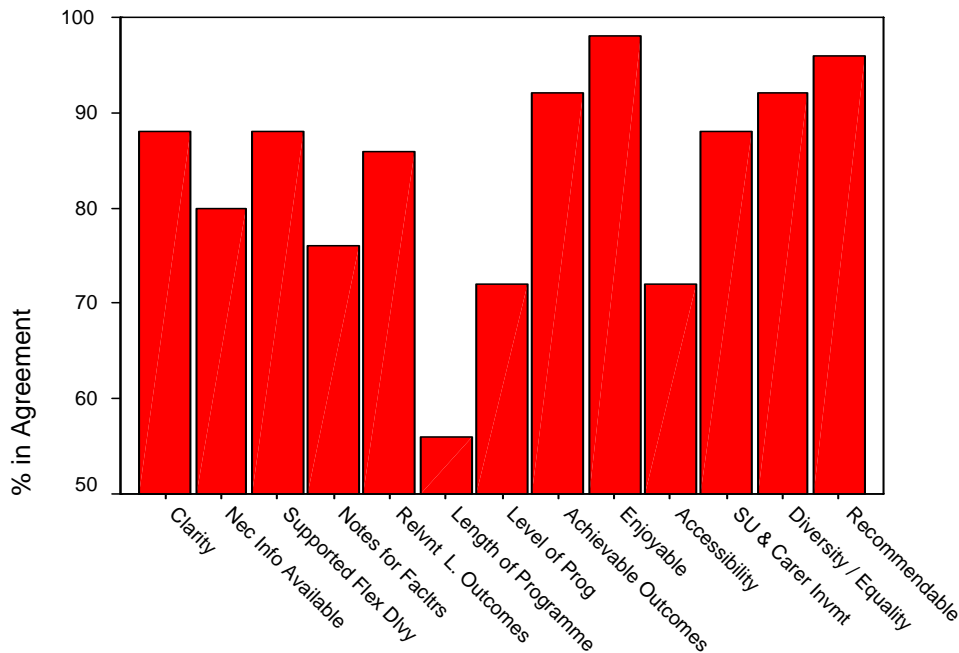
Therefore, although the flexibility of this distance learning package is advantageous in that it allows for individuals to learn in their own time and at their own pace, it would seem important for learners to have contact with a tutor or mentor to ensure *appropriate* learning has taken place.

Facilitators Ratings

Ratings of the materials by facilitators were also positive, with over 70% of respondents providing a positive rating for all but the length of the programme. In keeping with the

responses of the learners however, the length of the programme was rated most negatively with over a third of respondents disagreeing with the appropriateness of this.

Figure 3: Facilitators' Ratings of the Training Programme



Over 85% of the facilitators provided a positive endorsement to statements on the clarity of materials, that the materials supported flexible delivery, on the relevance of the learning outcomes, the achievability of the outcomes and the enjoyment of the learning experience. A high proportion also rated the materials as addressing diversity and equality issues appropriately and also encouraging service user and carer involvement.

Although in general there was a high rating of the materials, 20% or more of facilitators disagreed with the adequacy of notes and information that was available for facilitators. Comments were received suggesting there should be additional facilitators' notes and possible PowerPoint presentations to accompany the basic materials. In addition, more than a quarter of the respondents also disagreed with the appropriateness at which the level of the programme was set and the accessibility of the programme to a range of

learners. A number of facilitators commented upon the clarity of the language and the readability of the materials, suggesting that there was room for improvement, particularly within module five. One facilitator had applied the SMOG indicator throughout the materials and found the reading age to be averaging at about 16 years. This might suggest that the ESC learning pack would provide a challenge for anyone without a college-level education (McLaughlin, 1969). In relation to accessibility, there was consistent feedback that the materials appeared to be targeting clinical practitioners working in secondary care services. Comments suggest that they were less accessible to those working in primary care and many non-clinicians found them difficult to use.

5.3 Module Ratings

Table 3: The Seven Modules

Module 1	Getting started – guidance notes
Module 2	The Ten Essential Shared Capabilities
Module 3	Involving service users and carers
Module 4	Values-based practice
Module 5	Race Equality and cultural capability
Module 6	Developing socially inclusive practice
Module 7	Personal action plan and learning review

Learners’ Ratings of the Seven Modules

The response rate varied between modules. Most feedback was received on module one and least on module seven (see table four for details).

Table 4: Response Rate of Learners Rating Each Module

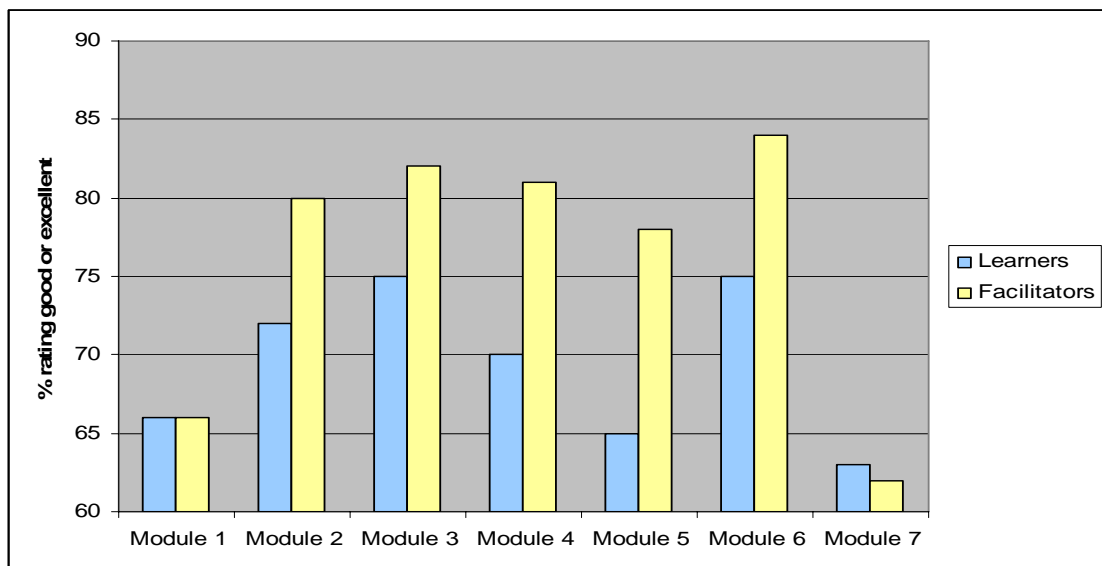
Mod 1	Mod 2	Mod 3	Mod 4	Mod 5	Mod 6	Mod 7
509	507	493	476	453	451	418

Learners were asked to rate each module on a Likert scale with four points namely ‘Unsatisfactory’, ‘Satisfactory’, ‘Good’ and ‘Excellent’. Overall the modules were received very positively with 70% or more of the learners rating modules two (The Ten Essential Shared Capabilities), three (Involving Service Users and Carers), four (Values Based Practice) and six (Developing Socially Inclusive Practice) as either ‘Good’ or

‘Excellent’. Of these modules three and six received the highest rating. Respondents were least satisfied with modules five (Race Equality and Cultural Capability) and seven (Personal Action Plan and Learning Review), with over a third of them rating these as either ‘satisfactory’ or ‘unsatisfactory’. Figure four shows the percentage of learners and facilitators rating each module as either ‘good’ or ‘excellent’.

Qualitative feedback on module five on Race Equality and Cultural Capability was extremely diverse. Many learners found it “difficult” and “heavy going” but felt their thinking had been challenged. Others felt there had been too narrow a focus on Afro-Caribbean and “visible” minority groups. Some comments suggested that the module was at times “insulting”, “offensive” and “possibly discriminatory in itself”. A number of respondents from black and minority ethnic (BME) backgrounds felt there should be a clear instruction for such a session to be led by someone from a BME group. The qualitative results of the ratings of this module were examined to see whether any differences were apparent

Figure 4: Learners’ & Facilitators’ Ratings of the Modules



between learners with different cultural backgrounds. In general, black and Asian learners were more satisfied with this module than white learners and those of mixed

race. When these groups were combined, it was found that the ratings from black and Asian learners were significantly higher than the other two groups ($\chi^2 = 6.09$, d.f.=1, $p=0.01$).

There was also mixed written feedback on module seven (Personal Action Plan and Learning Review). Those who rated this module highly found it “useful”, “detailed” and “helpful with KSF appraisal” however, many learners found the module “confusing”, “complicated”, “over long” and “too labour intensive”. A number of respondents believed this module should have been introduced in module one rather than left till the end.

Considering the modules overall, when professional background of learners was considered it was found that the majority of student nurses and housing support workers were most satisfied with each of the modules and administrative staff and occupational therapists were the least satisfied.

Facilitators’ Ratings of the Seven Modules

Facilitators rated each of the seven modules on the same Likert scale as the learners (see above). Table four shows that earlier modules within the training programme received more ratings than those towards the end.

Table 5: Response Rate of Facilitators

Mod 1	Mod 2	Mod 3	Mod 4	Mod 5	Mod 6	Mod 7
61	60	60	58	55	57	53

Facilitators rating of the modules, shown in figure four, demonstrate that the facilitators were extremely positive towards most of the modules. Only modules one (Getting Started) and seven (Personal Action Plan) had more than 30% of respondents rating them as below ‘good’. Facilitators did not show the same level of dissatisfaction with module

five as the learners, only 22% rated this module as less than 'good' compared to 35% of the learners.

5.4 Impact and Overall Rating

Learners' Ratings

In total, 90% of learners who rated the materials agreed (either 'strongly' or 'slightly') that the materials had impacted on the way they thought about and worked with service users with mental health problems. When responses were compared by professional group there were some differences; the entire group of student nurses who rated the materials (n = 29) believed that the materials would make a difference to the way they worked whereas a fifth of the social workers (n=14) disagreed slightly with this statement.

When rated overall, the programme was well received. Eighty per cent of learners (n = 486) rated them as either good or excellent. Once again there was some variation in satisfaction between professional groups. The entire group of student nurses rated the programme as good or excellent compared to only 55% of the administrative staff (n = 21) and 62% of occupational therapists (n = 26).

In addition, 29% of learners who had undertaken learning on their own rated the materials overall as either 'acceptable' or 'poor' compared to only 17% who had been part of a group. A chi-square analysis revealed this difference as highly significant ($\chi^2 = 7.65$; d.f. = 1; p = 0.006).

Facilitators' Ratings

In response to a statement asking facilitators to rate whether the learning programme had impacted on the way the learners would work with service users, 95% agreed that this was the case (slightly or strongly). They were also very positive when rating the programme overall. None of the 70 facilitators who rated the materials rated them as 'poor' and 85% rated them as good or excellent. However, more than one facilitator did comment that:

'In terms of content there was a good deal of overlap with the L3 Mental Health care NVQ course. This course has just been re-written and there was a missed opportunity to combine/integrate the 10 ESCs into this award'

6. Conclusion

The overall evaluation of the pilot ESC training programmes was highly positive. Learners and facilitators/mentors rated nearly all aspects of the programme highly (see Figures 1 and 3), including: the clarity of the materials; style of delivery; the extent to which the programme met their learning objectives; the level of the materials; the learning and organisational support and their enjoyment in participating. There was also widespread agreement that generally the individual modules were successful in meeting their aims although perhaps noteworthy, is the fact that facilitators ratings were higher than learners' ratings in this regard (see Figure 4). It should be borne in mind therefore that the recommendations below refer to areas that were still evaluated positively, but maybe not to the same extent. An example would be the module ratings where only 66% of learners and facilitators agreed that Module 1 met its aims (compared to Module 6 which averaged 80%). In this context, perhaps what is most important to emphasise is that 90% of learners, and 95% of facilitators agreed that the learning undertaken would impact upon the way that practitioners would work with service users and carers.

7. Recommendations

A Key Principles of ESC Delivery

- A1 The role of Service Users and Carers in delivery of the ESC is an adoption of a best practice statement by the NIMHE/CSIP Workforce Implementation Team.
- A2 Partnership with 'Experts by Experience' should be utilised in delivery of specific ESC modules wherever possible (an example of this would be training co-facilitated by individuals with good understanding of the cultural needs of local communities for Module 5 'Race Equality and Cultural Capability')

B Delivery of the ESC Training Programme

- B1 The preferred mode of delivery for the ESC is through group facilitation and mixed group discussion rather than through individual study alone. This approach was associated with significantly better rates of learner outcomes with the ESC materials.

- B2 The guidance notes for facilitators and learners (Module 1) were considered to be confusing and repetitive. It is recommended that the module be re written with introductory learner and facilitator guidance separated out in the text.

C The Length and Content of the Programme

- C1 The programme clearly takes longer to complete than was originally signposted. Estimates of the time needed to carry out the programme need to be revised significantly.
- C2 The ESC learning materials need to be further developed to widen the range of applications/exercises/examples to include all personnel in mental health services (including non clinical/practice personnel).
- C3 The ‘practice examples’ within the programme should be re-examined as they have a narrow focus on work with service users in adult secondary services. The full range of service settings in which mental health care is delivered should be considered.
- C4 The ESC materials will need to be reviewed to ensure the learning programme is suitable to the national reading age. Some of the ‘technical’ language requires attention and rewriting.

D Feedback on Specific Modules

- D1 Module Five (Race Equality & Cultural Capability) received most mixed views from learners. While there is overall general support for the module, the results indicate an additional review and rewrite where necessary.
- D2 Module Seven (Learning Review and Action Plan) was criticised heavily by both learners and facilitators. The methods of supporting reflective learning and practice development in the ESC learning material require attention.

8. References

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Appendix A Learner Evaluation Form

The Ten Essential Shared Capabilities

Feedback and evaluation

We welcome your feedback on these learning materials.

We hope that you have enjoyed using these modules and that they have helped to develop your understanding of the Ten Essential Shared Capabilities. Your feedback will help us improve the next edition.

Please complete the feedback and evaluation form below and return it to the person who gave you this learning pack. Any information that you provide will not be shared with anyone outside our project team in a way that identifies you.

Centre code

Learner code

Thank you for undertaking this learning programme. It is important to us that we learn from your experience, so we would be grateful if you would complete and return this questionnaire.

All responses will be treated in confidence. If you would be happy to be contacted, we would be grateful if you would include your details at the end of this form.

SECTION 1: Equality Monitoring

1. Gender. Please tick appropriate response

Male Female

2. Which one of the following age groups do you fall into?

16 to 24 45 to 54

25 to 34 55 to 64

35 to 44 65+ years

3. Education. Do you have any of the following qualifications? Please tick as many boxes as apply.

NVQ Professional qualification (please state)

.....

Certificate Diploma

Degree No educational qualifications

The Ten Essential Shared Capabilities

4. Which one of these ethnic groups do you consider you belong to?

White		Pakistani
British		Bangladeshi
Irish		Other Asian background
Other White background		Black or Black British
Mixed		Caribbean
White & Black Caribbean		African
White & Black African		Other Black Background
White & Asian		Chinese or Other ethnic group
Other Mixed background		Chinese
Asian or Asian British		Other (please write in)
Indian		

5. Do you consider yourself to be disabled?

Yes

No

6. In what capacity did you take this programme (please tick one)?

Member of NHS staff

Carer

Patient / service user

Social Care staff

Voluntary Sector

Independent contractor

Volunteer

Independent contractor

Other (please state)

7. When did you undertake this programme? Please insert date in box below, e.g. 09/01/05

D	D	M	M	Y	Y

The Ten Essential Shared Capabilities

SECTION 2: Preparation

8. Did you receive the ESC learning materials prior to undertaking the course?

Yes

Yes, but I received them late

No, didn't need any

No, but I should have

9. Please rate the learning materials below (if applicable).

Comment	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly
I found the materials clearly written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials contained all the information I needed for the programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Were the learning objectives of the programme made clear to you before you started the programme?

Yes

No

SECTION 3: Experience

11. How was the learning programme delivered? Please tick as many boxes as apply.

Workshop / classroom

Distance learning & tutor support

Through a CD-ROM

Other (please state):

12. If you accessed some, or the entire programme via the CD-ROM did you experience any technical problems?

Yes - many

Yes - some

No

Didn't use the CD-ROM

The Ten Essential Shared Capabilities

SECTION 4: Outcome

15. Think about your learning experience and how this could be improved

Rating: 1 = unsatisfactory 2 = satisfactory 3 = good 4 = excellent

Please rate each module using the scale above and identify any changes we should make to the learning materials:

Module 1

Rating:

Comments:

.....

.....

.....

Module 2

Rating:

Comments:

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.....

.....

Module 3

Rating:

Comments:

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.....

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Module 4

Rating:

Comments:

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The Ten Essential Shared Capabilities

Module 5

Rating:

Comments:
.....
.....
.....

Module 6

Rating:

Comments:
.....
.....
.....

Module 7

Rating:

Comments:
.....
.....
.....

The Ten Essential Shared Capabilities

Please rate the support you received with your learning (using the same scale) and suggest ways in which learner support could be improved:

.....

.....

.....

16. Has doing the programme highlighted any other learning needs that you would like to see covered in additional programmes? If so, please give details below.

.....

.....

.....

17. Overall rating

Comment	Excellent	Good	Acceptable	Poor
Overall I would rate the programme as				

On completion of this form please return it to your learning co-ordinator at the address below.

Name

Phone

Email

Contact Address

Thank you for completing this form and sharing your experiences. We would like to follow up this evaluation by talking with some of the learners who have completed this programme. If you are happy for us to contact you, please add your details below.

In accordance with the Data Protection Act, your details will remain confidential and will not be used for any other purpose.

Name

Phone

The Ten Essential Shared Capabilities

Email

Contact
Address

We would also like to talk to a selection of supervisors or mentors. If you have a supervisor or mentor and would be happy for us to contact them please include their details below:

Name

Phone

Email

Contact
Address

Thank you for your help.

The Ten Essential Shared Capabilities

Facilitator / Mentor / Manager feedback

Thank you for providing support to an individual, or group of learners, working through these modules. It is important to us that we learn from your experience, so we would be grateful if you would complete and return this questionnaire.

All responses will be treated in confidence. If you would be happy to be contacted by us please include your details at the end of this form.

1. Gender. Please tick appropriate response

Male Female

2. Which one of the following age groups do you fall into?

16 to 24 <input type="checkbox"/>	45 to 54 <input type="checkbox"/>
25 to 34 <input type="checkbox"/>	55 to 64 <input type="checkbox"/>
35 to 44 <input type="checkbox"/>	65+ years <input type="checkbox"/>

3. Education. Do you have any of the following qualifications? Please tick as many boxes as apply.

NVQ <input type="checkbox"/>	Professional qualification (please state)
Certificate <input type="checkbox"/>	Diploma <input type="checkbox"/>
Degree <input type="checkbox"/>	No educational qualifications <input type="checkbox"/>

The Ten Essential Shared Capabilities

4. Which one of these ethnic groups do you consider you belong to?

White		Pakistani
British		Bangladeshi
Irish		Other Asian background
Other White background		Black or Black British
Mixed		Caribbean
White & Black Caribbean		African
White & Black African		Other Black Background
White & Asian		Chinese or Other ethnic group
Other Mixed background		Chinese
Asian or Asian British		Other (please write in)
Indian		

5. Do you consider yourself to be disabled?

Yes

No

6. In what capacity did you support learning (please tick one)?

Full-time trainer / educator

Service user trainer

Line manager

Carer trainer

Formal mentor

Informal mentor

Other (please state)

7. When did you undertake this programme? Please insert date in box below, e.g. 09/01/05

D	D	M	M	Y	Y

7. Are you still supporting learning?

Yes

No

If NO please indicate when support ended:

D	D	M	M	Y	Y

The Ten Essential Shared Capabilities

SECTION 2: Preparation

8. Did you receive the ESC learning materials prior to undertaking the course?

Yes

Yes, but I received them late

No, didn't need any

No, but I should have

9. Please rate the learning materials below (if applicable).

Comment	Agree strongly	Agree slightly	Disagree slightly	Disagree strongly
I found the materials clearly written	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials contained all the information I needed to support learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The materials complemented the learning programme I was delivering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Were the learning objectives of the programme clear to you before you started the programme?

Yes

No

SECTION 3: Experience

11. How was the learning programme delivered? Please tick as many boxes as apply.

Workshop / classroom

Distance learning & tutor support

Through a CD-ROM

Other (please state):

12. If the learner/s you supported accessed some, or the entire programme via the CD-ROM did they experience any technical problems?

Yes - many

Yes - some

No

Didn't use the CD-ROM

The Ten Essential Shared Capabilities

SECTION 4: Outcome

15. Think about your learning experience and how this could be improved

Rating: 1 = unsatisfactory 2 = satisfactory 3 = good 4 = excellent

Please rate each module using the scale above and identify any changes we should make to the learning materials:

Module 1

Rating:

Comments:

Module 2

Rating:

Comments:

Module 3

Rating:

Comments:

Module 4

Rating:

Comments:

Module 5

Rating:

Comments:

Module 6

Rating:

Comments:

Module 7

Rating:

Comments:

The Ten Essential Shared Capabilities

Please rate the advice and support you received with supporting learning (using the same scale) and suggest ways in which support for tutors / facilitators / managers could be improved:

.....

.....

.....

.....

16. Has supporting this learning programme highlighted any other learning needs that you would like to see covered in additional programmes? If so, please give details below.

.....

.....

.....

.....

17. Overall rating

Comment	Excellent	Good	Acceptable	Poor
Overall I would rate the programme as				

Please return this completed form to your NIMHE Regional Development Centre. The postal address can be found by visiting the NIMHE website at: www.nihme.org.uk

Name

Phone

Email

Contact Address

The Ten Essential Shared Capabilities

Thank you for completing this form and sharing your experiences. We would like to follow up this evaluation by talking with some of the facilitators / tutors / managers who have supported learners on this programme. If you are happy for us to contact you, please add your details below.

In accordance with the Data Protection Act, your details will remain confidential and will not be used for any other purpose.

Name

Phone

Email

Contact
Address

Thank you for your help.

Completed evaluation forms should be returned to:

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ScHARR
Regent Court
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Sheffield
S1 4DA

c.g.brooker@sheffield.ac.uk

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London Development Centre -

Oxleas Mental Health Trust
St Mungos Community Housing Association
Community Options
East London City NHS Trust

South East Development Centre

Berkshire Healthcare Trust
West Kent Trust
Hampshire Partnership Trust
East Sussex County Healthcare Trust
South Downs NHS Trust
Surrey & Sussex SHA

North East Development Centre

South of Tyneside & Wearside
Tyne Metropolitan College
South West Yorkshire Mental Health Trust
Tees and NE Yorks Trust
Sheffield Care Trust
Humber Mental Health Teaching NHS Trust
Doncaster & S Humber Healthcare NHS Trust
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County Durham & Darlington Priority Services Trust
Leeds Mental Health Trust

The Retreat, York

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Harvesters/ Making Space
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Oldham Social Services

West Midlands Development Centre

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Herefordshire Mental Health Services PCT
South Staffordshire Healthcare Trust
North Staffordshire Combined Healthcare Trust
Birmingham & Solihull Mental Health Trust
Walsall MBC & Walsall tPCT

South West Development Centre

North Dorset PCT
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Cornwall Partnership Trust

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