

NIMHE NATIONAL WORKFORCE PROGRAMME

RACE EQUALITY AND CULTURAL CAPABILITY (RECC) TRAINING PROGRAMME

A LEARNING AND DEVELOPMENT MODULE IN SUPPORT OF THE TEN ESSENTIAL SHARED CAPABILITIES (ESC)

IMPLEMENTATION GUIDE

DRAFT Version No. 3



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This implementation guide is designed for RECC programme managers to obtain the most out of this training programme. The 12 sessions in the RECC programme are based on the 10 Essential Shared Capabilities (Appendix 1) the core values and behaviours for the whole mental health workforce. This pack provides tools to help develop; deliver and evaluate the RECC programme.

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1. FORWARD.

(Insert here)

2. BACKGROUND AND CONTEXT OF THE PROGRAMME

The National Institute for Mental Health in England (NIMHE) have been working with Ferns Associates since November 2005 to develop and deliver Race Equality and Cultural Capability (RECC) training materials as part of the Delivering Race Equality (DRE) strategy and in response to the Inquiry into the death of David 'Rocky' Bennett.

The materials are a companion resource from the 10 Essential Shared Capabilities and form a foundation level course introducing many of the key concepts, ideas and models for good practice in a diverse and multi-ethnic social context. The materials have been piloted in four areas in England.

The RECC materials represent a unique opportunity to provide multidisciplinary/multi-agency training for all mental health practitioners with a clear focus on BME service user needs and concerns. The programme is also uniquely being delivered in partnership with BME service user trainers and consultants. The programme is designed as twelve stand alone sessions that can be aggregated to create longer workshops. We believe that it is crucial for the materials to be delivered by well-trained, well supported facilitators. Wherever possible we recommend the development of a 'regional pool' of trainers as a valuable asset to all mental health training. These regional trainers could provide expertise and training input in a variety of ways involving race equality and cultural capability issues and continue to support each other and maintain quality control over delivery of RECC training. It would also be a rare opportunity to increase the number of BME service user / survivor trainers in the area. The materials are designed for multidisciplinary working and will have an impact on local cross agency working and improve channels of communication between local services working in multi-ethnic areas.

The programme is open to BME service user/survivors or carers with an interest in mental health education and training, healthcare professionals and others who work in the mental health arena directly or indirectly and who have a desire to change local services for the better.

The programme aims to support a 'whole systems' approach to developing services that are anti-discriminatory and culturally appropriate to BME communities. We must recognise that training alone will not bring about fundamental change and improvement in mental health services for BME people. We also need to ensure that learning is brought into practice, that the culture of organisations promote race equality and value cultural diversity amongst its service users and staff and that leaders design and develop systems and structures that support good practice.

3. PLANNING FOR RESULTS

The evidence gleaned from the national pilot study on the RECC indicates that obtaining positive results (for service users, carers, individuals, teams, communities and organisations) is predicated on effective planning.

Therefore there are key questions about

- A) Obtaining Senior Management support
- B) Who should facilitate the training?
- C) Who should be trained?
- D) How should the training be delivered?
- E) How are people supported prior; during and post training
- F) What are the roles of the CSIP/NIMHE Race Equality Leads (REs) and the Community Development Workers (CDWs under the Delivering Race Equality strategy)?

3.1. OBTAINING SENIOR MANAGEMENT SUPPORT

The likelihood of training having a contribution to a positive effect for participants (and obviously Service Users and carers) is increased when the intervention is firmly linked to the organisations strategic objectives. Seeking and obtaining Board level/senior manager support for the RECC programme will make the link between strategic aims, participant project task completion and reporting.

Finding a formal reporting mechanism to senior management such as an existing DRE/Social Inclusion/Valuing Diversity group may prove a helpful resource.

3.2. OBTAINING 'EXTERNAL' SUPPORT

When considering provision of an RECC programme, it is worth thinking about other support available to you. The Race Equality Leads (REs) in the local CSIP / NIMHE development centres are an important expert resource, able to offer some support and encouragement to your programme. They may well know of other local programmes and be in a position to share learning or provide you with a network of contacts in the local area.

Another form of 'external' support may come from any local Community Development Workers (CDW's). These individuals have a great deal of experience at developing an understanding of community needs for mental health in your area.

3.3. AUDITING THE PROPOSED TRAINING PROVISION

It is important to ensure that the proposed RECC training is based on a firm foundation of organisational support and service user/carer involvement. To this end the implementation guide recommends use of the National Continuous Quality Improvement Tool for Mental Health Education (NIMHE National Workforce Programme/CCAWI 2005) as an instrument to inform good practice in the development and delivery of mental health education.

3.4. WHO SHOULD FACILITATE THE TRAINING?

An important and unique feature of the RECC materials is the full participation of BME service user/survivor and family/carer trainers in the delivery of training to practitioners.

There is a RECC 'Train the Trainers' programme available which aims to provide training and development opportunities for BME service users & carers and practitioner trainers, who are interested and committed to providing training to mental health practitioners from their perspectives. It is recommended that candidates for the Trainer Programme have undergone the RECC programme themselves prior to coming onto a trainer programme.

The RECC Trainer Programme will provide a thorough grounding in the RECC materials and help develop the confidence of trainers in delivering the materials in a multi-agency training context. The programme will assume a certain degree of knowledge of the RECC materials themselves and hence pre-course reading of the materials will be expected of all participants on the Trainer Programme. There will be an opportunity on the programme to deepen their understanding of the RECC materials, including the theoretical models underpinning them and practice presenting them to others while receiving constructive feedback and coaching.

A training practice task will be set and further coaching provided to develop the skills and confidence of participants. A follow-up session will be provided some weeks after the main Trainer Programme to debrief from the training practice tasks and further embed learning about RECC training.

We are aware that the scope of the RECC materials themselves represents a tough challenge for most trainers but we believe that this programme will result in a group of confident, skilled and enthusiastic RECC Trainers.

While recommending all facilitators (BME Service Users and organisationally employed personnel)

receive RECC training, we recognise that this may not always be possible. This guidance is written specifically to help these trainers implement the RECC programme and to obtain optimum results. Facilitating Race Equality and Cultural Capability can be challenging and requires people with a strong value base and experience in delivery of training. Table 1 provides suggested criteria on which to consider potential RECC facilitators. In addition, table 2 provides some suggested criteria for the principles and values important in delivery of RECC.

We hope to produce additional resource packs to support the RECC implementation programme. As these become available we will post and hyperlink them, on the following: Through the DRE (www.actiondrea.org.uk); the NIMHE New Ways of Working (www.newwaysofworking.org.uk) and the Centre for Clinical & Academic Workforce Innovation (CCAWI) (www.lincoln.ac.uk/ccawi) websites.

TABLE 1. SUGGESTED CRITERIA FOR RECC TRAINERS

BME Service User/Survivor & Family/Carer Trainers	MH Practitioner & Service User Development Trainers
1. A commitment to the value-base and principles of RECC (see next page).	1. A commitment to the value-base and principles of RECC (see next page).
2. Experience of using mental health services such as out-patient clinics, acute services and day services and/or experience of being on Care Programme Approach (CPA) or of supporting a service user.	2. Experience of working in mental health services, preferably in ethnically diverse communities.
3. Identifies as a Black or Minority Ethnic service user/survivor or family member/carer.	3. A commitment to BME service user and carer participation in training and service development.
4. Some knowledge and understanding of BME service user experiences and how institutional racism operates in MH services.	4. Able to demonstrate knowledge and understanding of BME service user experiences of MH services and an understanding of institutional racism.
5. Has an interest in being involved in the education and training of MH practitioners and bringing a service user perspective to training.	5. Interest in and some experience of training and education in the mental health field.
6. Willing and able to commit to delivering at least one full programme of RECC training in the nine months following accreditation.	6. Willing and able to commit to delivering at least one full programme of RECC training in the nine months following accreditation.
7. Willingness to co-train with MH practitioner trainers in the RECC programme.	7. Willingness and ability to co-train with BME service user/survivor or carer trainers in the RECC programme.

PRINCIPLES & VALUES OF THE RECC PROGRAMME

Although RECC Trainers will have their own particular styles of training delivery it is important for all trainers to subscribe to the following set of principles and promote them throughout the delivery of an RECC programme.

1. Dealing with inequality and not just cultural difference

~ Valuing cultural difference without dealing with inequality and racism in mental health services will not work. Cultural capability without a strategy to address institutional and individual racism based on an analysis of power dynamics and structural inequalities will have a limited impact on discrimination in services.

2. Having a deeper understanding of culture

~ A superficial analysis of culture can lead to tokenism and cultural stereotyping – a simple understanding of culture leads to simply wrong judgements.

3. RECC is an ordinary part good practice

~ Race equality and cultural capability are not 'special' or different approaches, they are essentially about good practice and improve mental health services for everyone.

4. Services will improve only through a 'whole systems' approach

~ There must be a coherent strategy for change based on a 'whole systems' approach to achieve sustained and continuous improvement in services.

5. Greater BME service user participation leads to greater appropriateness of services

~ Genuine participation and involvement of BME service users, their families and communities is the most effective and rapid way to achieve mental health services that are more appropriate and accessible to BME people.

6. Miscommunication often leads to unnecessary conflicts

~ Everyone needs to share a common understanding of the fundamental concepts in equality and diversity work if we are to establish a constructive dialogue about difficult issues between the different groups involved in BME mental health.

7. We need to recognise institutional discrimination as a problem before we can begin to tackle it properly

~ Institutional discrimination is often covert and complex, mental health practitioners need help in recognising when and how it operates in their services.

8. Know yourself first before trying to understand others

~ You can only understand where other people are coming from in terms of culture only if you understand where you are coming from first.

9. Unacknowledged prejudices grow in power and influence

~ If you don't face up to the prejudices and stereotypes you hold they will become even more powerful in shaping your practice.

10. Values are central to mental health practice

~ Value judgements come into all decisions we make in mental health service as we are dealing with people and trying to improve the quality of their lives.

3.5. IDENTIFICATION AND PREPARATION OF THE RECC PARTICIPANTS

If we contended that the most effective way to create and sustain change through training is to train 'whole teams'. There is anecdotal evidence from our pilot sites that this approach is associated with a positive effect. The RECC programme (12 sessions 1.5 – 2 hours each) are designed to be flexible and we encourage innovative approaches to the delivery of the training.. An example would be a whole practice team could engage in a full RECC programme in their work setting over a period of weeks/months.

When team training is not considered a possibility, it may be preferable to identify influential 'culture carriers' within teams to engage in the training. These people may not always be in 'senior' positions but do have an important role in aiding teams to respond positively to emerging change and alteration of work pattern processes.

These materials are written with proactive practitioners and workers in mind and many of the work tasks reflect this assumption. A facilitator for RECC can manipulate the materials to make them applicable to non-clinical / proactive personnel as well.

3.6 HOW THE TRAINING SHOULD BE DELIVERED

Some additional ideas to consider in how an RECC programme could be delivered

- Teams vs mixed groups of practitioners.
- Training for managers/team leaders first?
- Statutory, independent and voluntary sector involvement.
- Twelve fortnightly sessions, three one day workshops with half day follow-ups for each, other formats?
- BME service user, family/carer involvement.

3.7. PREPARATION FOR LINE MANAGER RESPONSIBILITY

Line managers are powerful 'gate keepers' on responding to the issues raised throughout the RECC programme. In collaboration with service managers/board level personnel, they are in a powerful position to support future change in services for BME communities. Keeping line managers informed and involved prior, during and after the RECC programme is an important role of the RECC facilitator. The programme is action related, with completion of 12 'practice tasks' an integral part of the RECC programme. These 'tasks' will all be received by line managers. Therefore, ensuring they are adequately prepared and assisted to respond to these tasks is critical to successful implementation of RECC.

4. USING THE MATERIALS

In the first instance the NIMHE National Workforce Programme recommends utilising the Essential Shared Capabilities (Module 5) as a broad introduction for the whole workforce on the issues pertinent to Race Equality and Cultural Capability. NIMHE also recommends that a deeper understanding of practice issues for Race Equality and Cultural Capability (RECC) can be obtained using the specific RECC 12 session training programme for personnel.

Over time, as facilitators continue to become more proficient and innovative in using these materials, NIMHE will support the integration of Race Equality & Cultural Capability training into other available training. The need to ensure that these values, knowledge and skills are embedded in undergraduate and pre-qualification training is self evident as they are inherent to good practice. Delivering Race Equality is a priority for all organisations and so innovation in integration of Race Equality in all training provision is to be supported.

The RECC materials are delivered over 12 sessions, each associated with a specific workplace task). These sessions vary in length from 1 ½ to 2 hours and are designed to be delivered in short bursts over a number of months. For example, they could be delivered once a fortnight for two hours over a period of six months. This allows learners time to 'absorb' the content of the module, consider opportunities for project completion and report back on progress.

5. EVALUATION

Making time for provision to evaluate the impact/ achieved outcomes is good practice in the delivery of any training. Robust evaluation supports organisations/commissioners make judgements about the effectiveness in achievement of learning objectives and most importantly positive change in the experience of services by Service Users.

The section on 'Planning for Results' identified the principle role of the National Continuous Quality Improvement tool in establishing the foundation requirements for high quality education and training.

In addition to this recommendation, a number of audit/research instruments are provided (appendix 2) as suggested approaches to RECC audit/evaluation. These instruments are designed to help programme leaders think carefully about the need to measure the achievement of learning outcomes and the (possible) impact, over time on practice change and service user experience. They are also useful in helping to continuously improve the delivery of the RECC materials into the future thereby making service improvements more sustainable.

These instruments are offered as possible approaches to audit and evaluation. It is not necessary to use all of them or indeed any of them. You may have more locally developed or research reliable and validated measures. The key point we wish to emphasise is that effort is placed on thinking about how the training is to be evaluated.

The evaluation resources available in this guide are:

(Appendix 2.1) RECC Evaluation Inventory (Pre and Post training).

(Appendix 2.2) Service User Audit (Pre and Post training)

(Appendix 2.3) RECC Self Assessment Learning Outcomes Scale (Pre and Post training)

(Appendix 2.4) RECC Work Task Impact Scale

5.1. ONLINE RESOURCES

The evaluation tools in this document are available as on-line questionnaires. This enables speedy collection and analysis of pre and post training measures. In addition the on-line approach means that reports can be generated for each training programme quickly and easily.

The DRE programme strongly recommends using the e-format for data collection, on this approach as this will also provide a national report on RECC training effectiveness.

5.2. ONLINE REGISTRATION

Registry on RECC programme for the e-format evaluation. In order to generate specific reports for RECC training sites it is critical that each programme is provided with a unique identifier number. To do this we are asking the nominated programme leader to register the programme at the following website www.lincoln.ac.uk/ccawi. This page will keep basic data on who you are, your location, expected participant numbers and expected dates for the RECC course. On completion, a unique number will be generated. It is imperative that all participants of this RECC can use this number (first three boxes).

Section 1 General Information

Serial No

<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>
						<input type="text"/>
						<input type="text"/>
						<input type="text"/>

Pre
Post

In addition each participant will be allocated a unique personal number in the last three boxes. On completion of the full registration, the participants can begin to answer the evaluation questionnaires on-line. The programme lead will be expected to direct participants to complete post training questionnaires at the end of the RECC training.

5.3. REPORTS

The completion of e-format evaluations means that quick and helpful reports can be automatically generated for the programme leads when all the questionnaire data is complete. These reports showing before and after scores can be utilities in local evaluation reports to senior managers / organisation board representatives.

6. FREQUENTLY ASKED QUESTIONS

(Insert here)

7. KEEPING IN TOUCH

The RECC training materials were commissioned by the NIMHE National Workforce Programme and education and Training sub-group (Appendix 3).

Project management of this programme was provided by:

Ian McGonagle (imcgonagle@lincoln.ac.uk)

The RECC learning materials were developed, piloted and provided by Peter Ferns and colleagues (Ferns Associates) (ferns@dsl.pipex.com)

APPENDIX 1. THE TEN ESSENTIAL SHARED CAPABILITIES

- 1. 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.
- 2. 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.
- 3. 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.
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. 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.
- 10. 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.

APPENDIX 2. EVALUATION TOOLS

Appendix 2.1

NIMHE National Workforce Programme/
Centre for Clinical & Academic Workforce Innovation (CCAWI)
University of Lincoln
Ferns Associates

RECC Evaluation Framework

PRE-RECC Training Questionnaire

Your careful consideration of your feelings about completing the RECC programme will help us to refine a training programme that best meets the requirements of your service.

Electronic versions of these questionnaires are available at www.lincoln.ac.uk/ccawi which can be completed quickly and easily online. Please contact your programme lead for advice on doing this. Section 5 of this implementation guide provides information on how to setup an electronic data collection process.

THANK YOU FOR YOUR CO-OPERATION.

RECC EVALUATION INVENTORY

COMPLETING THE QUESTIONNAIRE

It will take about 5 -10 minutes.

1. The questionnaire is in two sections:
2. Section One: contains questions about you, where you work, your background and education.
3. Section Two: contains questions on your feelings about the RECC programme.
4. After you have completed the questionnaire return it to the person identified.

Please be assured that the information you provide is confidential and it will not be made available to anyone outside of the evaluation team in a format that identifies you.

Section 1 General Information

Serial No

Start date of RECC programme

		/			/		
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Please complete each question. Tick boxes where appropriate.

1. Job Title:	
Organisation Name:	
Sector (delete as appropriate): statutory / voluntary / independent / service users and carers / other (please specify)	
2. Main role within the service:	
3. How many years' experience do you have in mental health? (Please tick one)	
Up to one year	1 <input type="checkbox"/>
1 to 2 years	2 <input type="checkbox"/>
3 to 5 years	3 <input type="checkbox"/>
6 to 10 years	4 <input type="checkbox"/>
More than 10 years	5 <input type="checkbox"/>
4. What are your professional qualifications? (tick all that apply):	
No formal professional health qualifications	1 <input type="checkbox"/>
NVQ Level 1 or equivalent	2 <input type="checkbox"/>
NVQ Level 2 or equivalent	3 <input type="checkbox"/>
NVQ Level 3 or equivalent	4 <input type="checkbox"/>
NVQ Level 4 or equivalent	5 <input type="checkbox"/>
Certificate in Mental Health Care	6 <input type="checkbox"/>
Diploma or degree in OT	7 <input type="checkbox"/>
Qualified Social Worker	8 <input type="checkbox"/>
Registered Mental Nurse	9 <input type="checkbox"/>
Registered General Nurse	10 <input type="checkbox"/>
Chartered Clinical Psychologist	11 <input type="checkbox"/>
Member or Fellow of Royal College of Psychiatry	12 <input type="checkbox"/>
Other (specify.....)	13 <input type="checkbox"/>

5. Have you completed training in Race Equality previously? Yes No

THE RECC EVALUATION INVENTORY

This scale needs to be completed **before** you begin the RECC programme. It is a short set of questions about your thoughts on the RECC programme and how your organisations uses educational programmes such as the RECC.

For each of the following statements, please indicate how true it is for you, using the following scale:

	1	2	3	4	5	6	7
	strongly disagree			Neither agree or disagree			Strongly agree

	About you	Score		
1	I think I will enjoy completing the training very much			
2	I think I am very good at implementing race equality already			
3	I feel competent in applying the training in my practice/work			
4	I believe this training programme will be of some value to me			
5	I think implementing race equality is not something I do very well			
6	I think the training is important to do because it can improve service user and carer satisfaction with services.			
7	I think I am very skilled in the application of this training			
8	The prospect of completing the training programme does not hold my attention at all.			
9	I believe this programme will improve my performance			
10	I think I will learn a great deal on this programme			
11	I am not able to make any changes in my practice to deliver race equality			
12	I see a great deal of evidence in people around me that they are interested in Race Equality			
13	People around me are keen to look and change practice to support race equality and cultural capability			
13	I think my knowledge of this subject will significantly increase while doing this programme			
15	I think the training programme will be enjoyable			
16	I am satisfied with my practice in delivering race equality			
17	I think this is an important training programme			

	About your Organisation	
18	There is adequate support to put training into practice	
19	I know this training is part of this organisations strategic objectives	
20	This organisation takes race equality seriously	
21	Delivering Race Equality is something we discuss in a lot of forums in this organisation.	
22	Supervision supports my performance in practicing in a culturally competent manner	
23	There is no time to implement any learning from training programmes	
24	Colleagues in my team are really interested in this training programme	
25	Training is a high priority in this organisation	
26	Managers monitor my performance around competence to deliver race equality	
27	There is no support to change practice in this organisation to aid delivery of race equality	

----- Thank you for completing this questionnaire -----

NIMHE National Workforce Programme/
Centre for Clinical & Academic Workforce Innovation (CCAWI)
University of Lincoln
Ferns Associates

RECC EVALUATION FRAMEWORK

POST-RECC Training Questionnaire

Your careful consideration of your feelings following completion of the RECC programme will help us to refine a training programme that best meets the requirements of your service.

THANK YOU FOR YOUR CO-OPERATION.

Section 1 General Information

Serial No

				/			
							Pre
							Post

Start date of RECC programme

		/			/		
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THE RECC EVALUATION INVENTORY

This scale needs to be completed **after** you have completed the RECC programme.

For each of the following statements, please indicate how true it is for you, using the following scale:

For each of the following statements, please indicate how true it is for you, using the following scale:

	1	2	3	4	5	6	7
	strongly disagree			Neither agree or disagree			Strongly agree

	About you	Score		
1	I enjoyed completing the training very much			
2	I think I am very good at implementing race equality			
3	I feel more competent in applying the training in my practice/work			
4	I believe the training programme is of value to me			
5	I think implementing race equality is not something I do very well			
6	I think the training is important to do because it can improve service user and carer satisfaction with services.			
7	I think I am very skilled in the application of the training			
8	The training programme did not hold my attention at all.			
9	This programme has improved my performance			
10	I learned a great deal on this programme			
11	I am not able to make any changes in my practice to deliver race equality			
12	I see a great deal of evidence in people around me that they are interested in Race Equality			
13	People around me are keen to look and change practice to support race equality and cultural capability			
14	I think my knowledge of training has significantly increased following this programme			
15	The training programme was enjoyable to do			
16	I am satisfied with my practice in delivering race equality			
17	I think this is an important training programme			

	About your Organisation	
18	There is adequate support to put training into practice	
19	I know this training is part of this organisations strategic objectives	
20	This organisation takes race equality seriously	
21	Delivering Race Equality is something we discuss in a lot of forums in this organisation.	
22	Supervision supports my performance in practicing in a culturally competent manner	
23	There is no time to implement any learning from training programmes	
24	Colleagues in my team are really interested in this programme	
25	Training is a high priority in this organisation	
26	Managers monitor my performance around competence to deliver race equality	
27	There is no support to change practice in this organisation to aid delivery of race equality	

----- Thank you for completing this questionnaire -----

NIMHE National Workforce Programme/
Centre for Clinical & Academic Workforce Innovation (CCAWI)
University of Lincoln
Ferns Associates

RECC Evaluation Framework

Scoring information on the 'PRE' and 'Post'-RECC Evaluation Inventory

THE RECC EVALUATION INVENTORY

VERY IMPORTANT NOTE:

If you are looking to use these instruments in the evaluation of your RECC training then please consider the issue of obtaining appropriate consent to do so.

You will need to ask the learners if they are happy to provide this data

You may need to discuss this evaluation with senior managers and clinicians/practitioners in your organisation

You will need to think carefully (and adequately reassure) all parties that you have effective procedures for collecting, holding, storing and reporting on this information.

The RECC Pre & Post questionnaires are trying to measure a number of issues that are considered to be important in delivery of effective training and development.

These are:

- The motivation that learners have to engage in training
- The environment in which they practice
- The learning they develop
- The changes (if any) in their perceived individual performance
- The link between their training and the results or changes the organisation is trying to achieve
- Their own sense of having the ability to make changes

The questionnaire is divided into two sections

Section one allows you to collect some basic demographic information about your learners.

There may be a number of other pieces of information you wish to collect and these can be added as required.

Section 1 General Information

Serial No.

		/		
			Pre	
			Post	

This allows you to provide all learners (who consent to take part) with a unique identification number and to identify whether the data is the 'pre' or 'post' questionnaire.

Please note: this questionnaire is not a validated research instrument. Therefore it is a tool we suggest you use, but alternatively you can research and use a number of validated instruments instead. The aim of this instrument is to provide some useful information for participants and your organisation on the results from using the RECC programme.

The questionnaires

The evaluation inventory consists of 30 questions, answered on a 7 point 'Likert' scale. The questionnaire has the following sub-scales.

Interest/Enjoyment

This sub-scale measures items related to whether learners are intrinsically motivated to learn about the subject.

- 1. I think I will enjoy completing the training very much
- 8. The prospect of completing the training programme does not hold my attention at all. **(R)**
- 15. I think the training programme will be enjoyable.

Perceived competence

This sub-scale is theorized to be a positive predictor of whether the learners are in self-report and in their behaviour motivated to use the learning programme.

- 2. I think I am very good at implementing race equality already
- 3. I feel competent in applying the training in my practice/work
- 5. I think implementing race equality is not something I do very well **(R)**
- 7. I think I am very skilled in the application of this training.
- 16. I am satisfied with my practice in delivering race equality

Value

It is hypothesized that for things that people value, they become self-regulating. They maintain their own standards because of its perceived importance to them.

- 4. I believe the training programme will be of some value to me
- 6. I think the training is important to do because it can improve service user and carer satisfaction with services.
- 17. I think this is an important training programme

Sense of self-efficacy

It is assumed that people who express a view that they have a positive conviction and influence over their actions, that see positive behaviours modelled by others will be in a better position to perform successfully.

- 9. I believe this programme will improve my performance
- 11. I am not able to make any changes in my practice to deliver race equality
- 12. I see a great deal of evidence in people around me that they are interested in Race Equality
- 13. People around me are keen to look and change practice to support race equality and cultural capability

Learning

- 10. I think I will learn a great deal on this programme
- 14. I think my knowledge of this subject will significantly increase while doing this programme

About the Organisation Questions

This sections looks at the environment in which the participants work. It is hypothesized that working in environments which are supportive, where performance is monitored and rewarded and where practice is linked to the aims of the organization, are more likely to have positive results from an education programme such as the RECC.

Environment

- 18. There is adequate support to put training into practice
- 21. Delivering Race Equality is something we discuss in a lot of forums in this organisation.
- 24. Colleagues in my team are really interested in this training programme
- 25. Training is a high priority in this organisation
- 27. There is no support to change practice in this organisation to aid delivery of race equality

Performance

- 22. Supervision supports my performance in practicing in a culturally competent manner
- 23. There is no time to implement any learning from training programmes
- 26. Managers monitor my performance around competence to deliver race equality

Organisational results

- 19. I know this training is part of this organisations strategic objectives
- 20. This organisation takes race equality seriously

Scoring the scales

The maximum (unrefined) total score is 189 and the minimum (unrefined) total score is 27. To refine the scores and put them in a chart you must complete the following tasks:

Some items are marked with an (R) these are negatively expressed statements and their score will need reversing. To do this, subtract the item score from 8. So a (R) item score of 5 will be; $8 - 5 = 3$. The item score therefore is not 5 but 3. On the table below there are spaces highlighted where a subscale item requires refinement.

After you have totalled the scores, you must divide the score by the number of the items on each sub-scale. This will provide you with your total refined score (in the far right hand column).

Pre-training table

Subscale															Total
Interest/Enjoy.		+			+		=		/3	=				=	
Competence		+		+			+		+		=		/5	=	
Value		+		+		+		=		/3	=			=	
Self Efficacy		+		+		+		=		/4	=			=	
Learning		+		=		/2	=							=	
Org questions															
Environment		+		+		+		+		=		/5		=	
Performance		+		+		=		/3	=					=	
Org. results		+		=		/2	=							=	

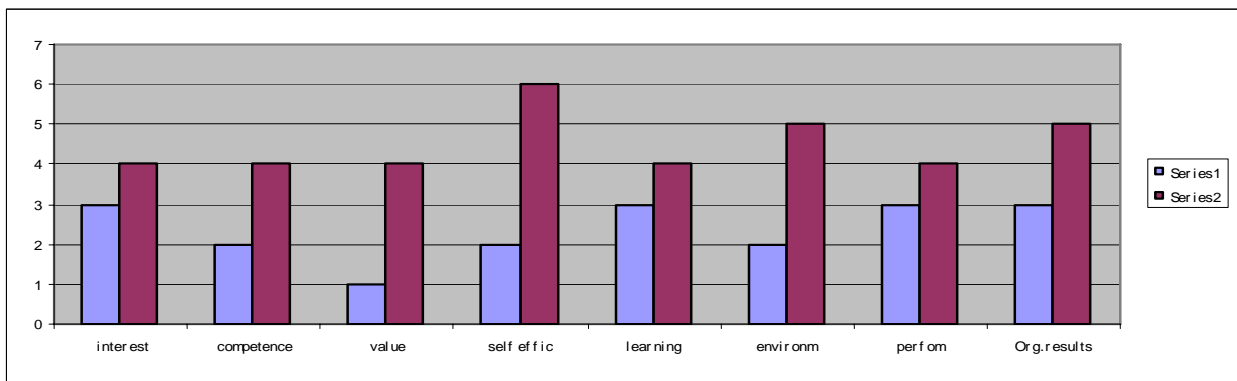
Post-training table

Subscale															Total
Interest/Enjoy.		+			+		=		/3	=				=	
Competence		+		+			+		+		=		/5	=	
Value		+		+		+		=		/3	=			=	
Self Efficacy		+		+		+		=		/4	=			=	

Learning		+		=		/2	=							=
Org questions														
Environment		+		+		+		+		=		/5		=
Performance		+		+		=		/3	=					=
Org. results		+		=		/2	=							=

The refined scores can be placed on a bar chart displaying pre and post scores (the minimum score on each sub-scale bar will be 1 and the maximum on each subscale bar will be 7). Figure 1 provides an example of a pre and post RECC training comparison bar chart. This can be completed for each individual or for whole cohorts of participants.

Figure 1.



APPENDIX 2.2. RECC SERVICE USER AUDIT

This scale is a simple audit ¹ is conducted through a question and response approach in an interview situation. The Service User Audit scale is designed to be used by Service User researchers/auditors. It is conducted at pre and post RECC intervention to make a comparison of impact from a service user experience, over time. Time scale for post data collection can be determined locally. During an interview the following questions can be offered and scored on the following scale.

Scale:

0	+	1	+	2	+	3	+	4	+	5

- 0 – 1 = my experience has been **poor**
- 1+ - 3 = my experience has been **average**
- 3+ - 4 = my experience has been **good**
- 4+ - 5 = my experience has been **excellent**

1. Do you feel that you have been listened to?
2. Do you feel that you were understood?
3. Has your medication been explained to you?
4. Did you understand the explanation?
5. Has your diagnosis been explained to you?
6. Did you understand the explanation?
7. Have you been treated with respect?
8. Were you involved in planning your care?
9. Have you had help with your feelings?
10. Have your cultural needs been met?
11. Is there enough to do on the ward?
12. Is your Named Nurse* helpful?
13. Do you feel safe on this ward?
14. Has your privacy been respected?
15. Is the physical environment comfortable enough?
16. Is the physical environment clean enough?

* Substitute 'named nurse' for key worker or other named main practice carer/coordinator

¹ The first version of this audit was developed and piloted at North East London & City Mental HealthTrust. We are grateful for permission of Tim Bishop, Director of Social Inclusion for permission to use in this implementation guide

APPENDIX 2.3. RECC - SELF ASSESSMENT LEARNING OUTCOMES SCALE

ID: _____

RECC Pre-course – Self evaluation

Please read the following statements and indicate your degree of capability by ticking the appropriate box.

		1. Could be much better	2. OK	3. Not sure	4. Good	5. Excellent
1	I have a clear understanding of the variation and complexity of the concept of 'culture'.					
2	I can explain how cultural assumptions influence the values and behaviours of practitioners.					
3	I understand how culture influences the process of diagnosis in mental health work.					
4	I can recognise the impact of social, political and personal factors on practice with service users in the mental health system.					
5	I can explain how culture, power, privilege and oppression are inter-related within society.					
6	I understand the importance and power of personal assumptions for a practitioner's quality of practice.					
7	I can describe the impact of common stereotypes of BME people on communication between service users and practitioners.					
8	I understand the differences between the use of power and authority in my practice.					
9	I have a clear understanding of my own assumptions and beliefs that underpin my values in practice.					
10	I can deal with cultural differences and work towards cultural inclusivity.					
11	I can critically analyse cultural differences between personal, team and organisational cultures which may be the source of tensions within services.					
12	I can describe some of the main ways in which institutional discrimination impacts on service delivery.					
13	I can describe the key elements of a race equality approach in mental health services at different levels.					

		1. Could be much better	2. OK	3. Not sure	4. Good	5. Excellent
14	I can identify some ways in which local mental health services can better promote race equality.					
15	I understand BME service user /survivor views of powerlessness and its wider impacts for them in society.					
16	I can describe empowerment that helps people in distress to formulate strategies for dealing with powerlessness.					
17	I understand the experiences and support needs of BME families in mental health services.					
18	I understand the importance of BME family and carer participation in mental health service delivery.					
19	I understand how to empower BME families and communities involved in mental health services.					
20	I understand the dangers of superficial analyses and short-term solutions in complex situations in mental health.					
21	I can use a 'whole systems' approach for examining complex discriminatory mental health situations involving BME people.					
22	I can describe the key principles of a holistic approach to BME mental health service provision.					
23	I can describe a holistic and anti-discriminatory process of assessment with BME people.					
24	I can describe a holistic and anti-discriminatory process of person-centred planning with BME people					
25	I can identify the desirable lifestyle of a BME service user and check the cultural appropriateness of the package of assistance being provided by local services.					
26	I have an awareness of the dangers involved for BME service users in assessing risk in mental health practice.					
27	I understand how judgements about risk in complex situations involving BME people are heavily influenced by the depth of analysis that is made of the situation.					

RECC – SELF ASSESSMENT LEARNING OUTCOMES SCALE

ID: _____

RECC Post-course – Self evaluation

Please read the following statements and indicate your degree of capability by ticking the appropriate box.

		1. Could be much better	2. OK	3. Not sure	4. Good	5. Excellent
1	I have a clear understanding of the variation and complexity of the concept of 'culture'.					
2	I can explain how cultural assumptions influence the values and behaviours of practitioners.					
3	I understand how culture influences the process of diagnosis in mental health work.					
4	I can recognise the impact of social, political and personal factors on practice with service users in the mental health system.					
5	I can explain how culture, power, privilege and oppression are inter-related within society.					
6	I understand the importance and power of personal assumptions for a practitioner's quality of practice.					
7	I can describe the impact of common stereotypes of BME people on communication between service users and practitioners.					
8	I understand the differences between the use of power and authority in my practice.					
9	I have a clear understanding of my own assumptions and beliefs that underpin my values in practice.					
10	I can deal with cultural differences and work towards cultural inclusivity.					
11	I can critically analyse cultural differences between personal, team and organisational cultures which may be the source of tensions within services.					
12	I can describe some of the main ways in which institutional discrimination impacts on service delivery.					
13	I can describe the key elements of a race equality approach in mental health services at different levels.					
14	I can identify some ways in which local mental health services can better promote race equality.					

		1. Could be much better	2. OK	3. Not sure	4. Good	5. Excellent
15	I understand BME service user /survivor views of powerlessness and its wider impacts for them in society.					
16	I can describe empowerment that helps people in distress to formulate strategies for dealing with powerlessness.					
17	I understand the experiences and support needs of BME families in mental health services.					
18	I understand the importance of BME family and carer participation in mental health service delivery.					
19	I understand how to empower BME families and communities involved in mental health services.					
20	I understand the dangers of superficial analyses and short-term solutions in complex situations in mental health.					
21	I can use a 'whole systems' approach for examining complex discriminatory mental health situations involving BME people.					
22	I can describe the key principles of a holistic approach to BME mental health service provision.					
23	I can describe a holistic and anti-discriminatory process of assessment with BME people.					
24	I can describe a holistic and anti-discriminatory process of person-centred planning with BME people					
25	I can identify the desirable lifestyle of a BME service user and check the cultural appropriateness of the package of assistance being provided by local services.					
26	I have an awareness of the dangers involved for BME service users in assessing risk in mental health practice.					
27	I understand how judgements about risk in complex situations involving BME people are heavily influenced by the depth of analysis that is made of the situation.					

APPENDIX 2.4. RECC WORKTASK IMPACT SCALE

About the scale

[put information here on how to complete the scale and describe the variables under scrutiny]

Scoring the RECC Work task scale

1	2	3	4	5
Largely a negative impact		No noticeable impact		Largely a positive impact

	1	2	3	4	5	Project not completed
	Largely a negative impact		No noticeable impact		Largely a positive impact	
Work Task. 1						
Understanding Culture change						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task. 2						
Examining Own beliefs & Assumptions						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task. 3						
'Breaking the Circles of Fear'						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 4						
Breaking barriers to communication						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 5.						
Team and Organisational Culture						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 6.						

Promoting Race Equality						
Impact on your values						
	1	2	3	4	5	
Impact on your practice						
Impact on team practice						
	Largely a negative impact		No noticeable impact		Largely a positive impact	Project not completed
Work Task 7.						
Empowering BME Service Users						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 8.						
Empowering BME families						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 9.						
Understanding Discriminatory Situations						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 10						
Identifying Needs in a Holistic Way						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 11						
Improving assessment & planning processes						
Impact on your values						
Impact on your practice						
Impact on team practice						
Work Task 12						
Anti-discriminatory Risk Work						
Impact on your values						
Impact on your practice						
Impact on team practice						

APPENDIX 3. RECC 'WHAT TO DO' CHECKLIST

Actions	When?	Who by?
Obtaining senior management support		
1. Target key individuals / groups		
2. Investigate reporting mechanisms		
Obtaining 'external' support		
3. Contact RELs in the region		
4. Contact CDWs and their networks		
Auditing the Proposed Training Provision		
5. Ensure BME service user and carer involvement		
6. Check out organisational supports for RECC training initiative		
Finding the RECC facilitators/trainers		
7. Organise a RECC Trainer Programme		
8. Recruit and select a cohort of potential RECC trainers		
9. Ensure BME service user and carer trainer participation		
Arranging an RECC programme for practitioners		
10. Decide who is going to be targeted to attend the RECC programme		
11. Decide the method of delivery of the programme e.g. teams or a wider geographic mix of practitioners.		
12. Decide the design of the programme in terms of timing such as one-day workshops or short sessions over a longer period.		
Preparation for Line Manager Responsibility		
13. Briefing line-managers involved about RECC		
14. Negotiating the role of line-managers in work task supervision		
15. Brief line managers about any evaluation activities required		
Evaluation		
16. Decide which evaluation tools you intend to use		
17. Register for on-line evaluation?		

APPENDIX 4. THE NIMHE NATIONAL WORKFORCE PROGRAMME & EDUCATION AND TRAINING SUB- GROUP

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