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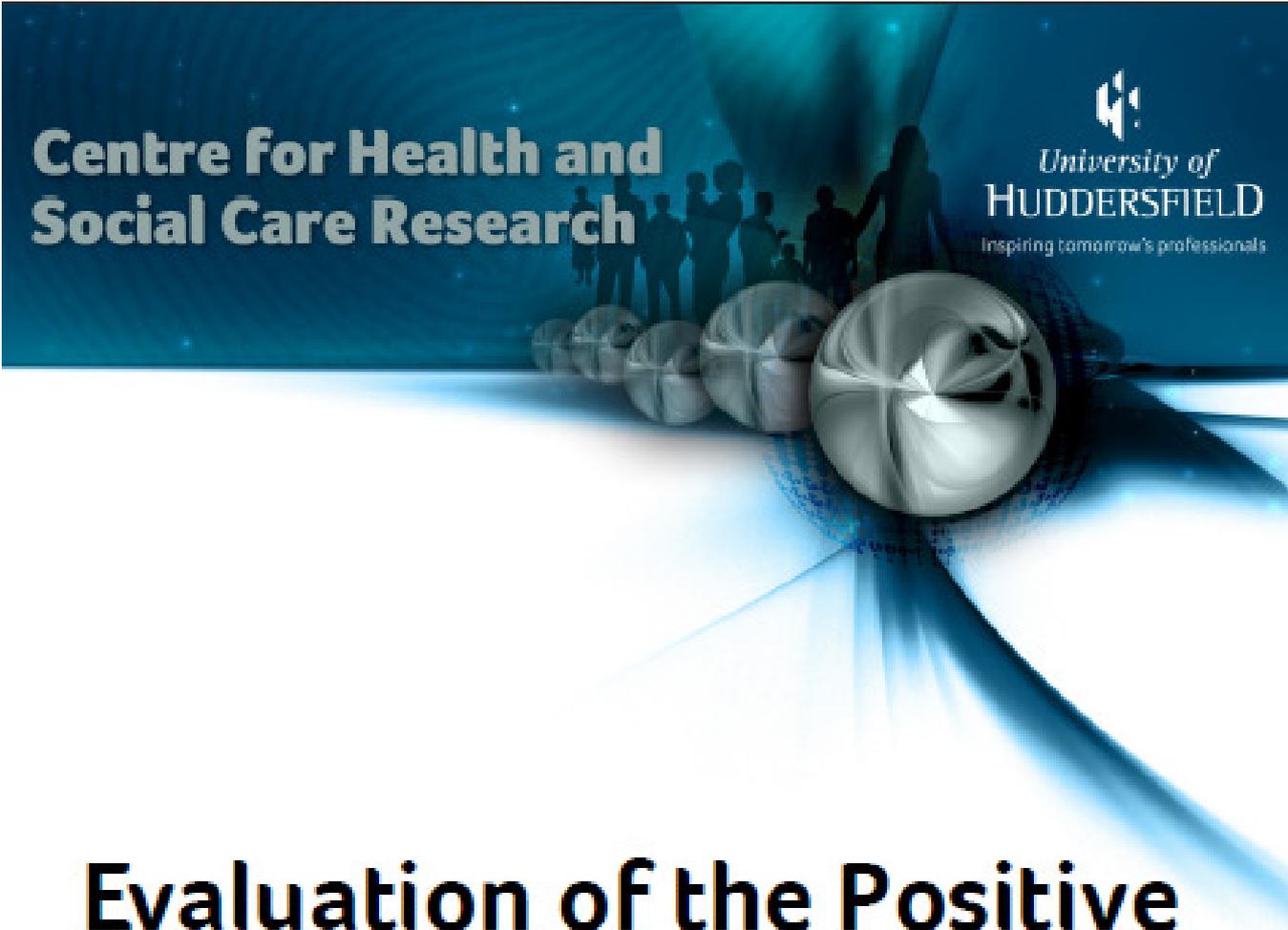
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Evaluation of the Positive Action Training Scheme e-PATS Project

Final Report

Evaluation of Positive Action Training Scheme (e-PATS)

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August 2010

Acknowledgements

For more information about this project or the work of the CHSCR please contact us at the address below or visit our website

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EXECUTIVE SUMMARY
Evaluation of the Positive Action Training Scheme (e-PATS)

Background
South West Yorkshire Partnership NHS Foundation Trust serves a population of approximately 1 million people living across the large geographical area of Calderdale, Kirklees and Wakefield. Approximately 6.4% describe themselves as South Asian compared with 4.28% of the workforce of the Trust. There is evidence that diversity in the workforce benefits organisations, employees, service users and the wider community. Positive action is a process permitted by law to overcome long-standing disadvantages experienced by minorities because of earlier discrimination in education and other aspects of their life. Positive action is seen by many, including governments, as one strategy that can used to address discrimination in employment and service provision.

The Positive Action Training Scheme
The Positive Action Training Scheme (PATS) was launched to actively recruit people from South Asian communities, that to date may not have sought employment with South West Yorkshire Partnership NHS Foundation Trust. The aim of the scheme was to provide a funded fixed term traineeship providing opportunity to gain skills and experience thereby increasing employability in the NHS and/or health and social care.

The Scheme recruited its first five trainees in 2008, and continues to recruit, trainees committed to undertake a funded traineeship in health and social care, customer service or administration. Eligible candidates must be of South Asian background and have attained no more than five GSCEs at Grade C or below. Trainees complete a fixed duration training agreement that includes working towards completion of a National Vocational Qualification (NVQ) level 2 or equivalent qualification appropriate to an individual placement area in health and social care, administration and/or customer services; and gain experience of working in the NHS in a Trust providing mental health and specialist learning disability services. Participation in the scheme does not guarantee permanent employment in the Trust.

Evaluation Design
The experiences of the trainees who participated in the scheme 2008-2009 (n=4), and workplace mentors (n=3), managers (n=2) and scheme co-ordinator (n=1) were captured through a series of semi-structured interviews. These were digitally recorded and transcribed and analysed using a thematic approach.

Findings
Participating in the Scheme
Overall the scheme was a positive experience and three of the trainees subsequently were employed in the Trust and the other trainee gained employment in a different organisation. The Trust was described as welcoming and the staff as calm, collected and professional.

A robust system was in place to support the trainees who described feeling valued by the organisation, and supported by their workplace mentors, colleagues, the NVQ assessor and scheme co-ordinator.

Achieving Personal Outcomes

There was some delay in undertaking the Trust induction programme, and commencing the NVQ training. This did not appear to impact on completion. Some trainees found the delay allowed them to gain valuable work experience.

Participation in the scheme was seen by trainees as different from previous experiences of employment - a career rather than a job. The trainees described the work as rewarding and they felt committed to the role and enjoyed coming to work. Completing an NVQ level 2 was seen as a positive achievement bringing the potential of entry to meaningful employment. Other less tangible benefits such as increased confidence, feelings of having made a contribution to the wellbeing of service users and the work of others were reported.

Benefits to the organisation

The work undertaken by trainees in direct care giving or administration was perceived by trainees, mentors and managers as bringing added value and enhancing the overall quality of care or service. The most notable contribution was the cultural intelligence that the trainees involved in direct care giving brought to their work, and the work of others, in care teams. This was perceived as making care delivery easier and responsive to the needs of service users. This ability to "*pick up on subtleties*" was seen as a significant contribution to improving the effectiveness of care.

Recommendations

1. Disseminate the learning from, and tangible and intangible benefits of, the PAT scheme across the organisation
2. Continue to deliver the PAT scheme within an overall evaluative framework to ensure that aims and outcomes of the trainee scheme continue to meet the organisational vision for diversity
3. Revisit the traineeship delivery model and examine the alignment of NVQ achievement, opportunities for group in-service time protected reflection and support, work experience and availability of mentorship
4. Maximise the ambassadorial talents and attributes of the PAT 'pioneer' trainees to accelerate marketing of the scheme to target communities, maximise recruitment and contribute to community engagement
5. Provide ongoing mentorship on completion to ex-trainees employed in the Trust to ensure their potential continues to be maximised and where appropriate further training opportunities are offered.
6. Identify and develop PAT champions from 'early adopting' teams to influence managers and teams yet to consider, or adopt the PAT scheme, as to the tangible and intangible benefits of the scheme
7. Continue to value, note and disseminate the enhancement of organisational cultural competency gained from a diverse workforce that can *"pick up on the subtleties*" and be attentive to " *the little things*" that bring benefit to the quality of care and service user experience.

Contents

Chapter 1: Background

Introduction

South West Yorkshire Partnership NHS Foundation Trust serves a population of approximately 1 million people across the large geographical area of Calderdale, Kirklees and Wakefield. The population is diverse and historically it is a region of inward migration with people moving to the area in search of employment. In a recent census, Yorkshire and the Humber had the third highest density of population that described themselves as Asian or Asian British (6 per cent) and two of the three local authorities have the largest density of these ethnic groups : Kirklees (12 per cent) and Calderdale (7 per cent) (Office of National Statistics [ONS] 2009). Both areas served by the Trust.

Overall in the UK ethnic minority groups particularly Pakistani, Bangladeshi, Black Caribbean and Black African experience higher unemployment. This differential cannot be explained statistically by age, education or foreign birth (Heath and Cheung 2006). Ethnic diversity and 'ethnic penalty' is less marked in the public sector workforce than the private sector. Although demography and population density varies across the area covered by the Trust nevertheless people from black minority ethnic (BME) communities, and in particular those of South Asian origin, are under represented in the South West Yorkshire Partnership NHS Foundation Trust workforce particularly in Calderdale (4.42%) and Kirklees (6.33%). The Trust, in compliance with equality legislation, publishes its workforce statistics[1] and developed its single equality scheme in early 2009 demonstrating its commitment to promoting equality of opportunity and inclusion (Ahmed 2010).

Delivering culturally sensitive health care services (Daly et al 2003) and assuring staff are cultural competent, can be a particular challenge when the workforce is culturally different from the communities they serve (Ryan et al 2000). Cultural competence can be defined as:

> " *a set of congruent behaviours, attitudes, and policies that come together in a system, agency or among professionals that enables that system, agency, or those professionals to work effectively in cross-cultural situations"*
> (Wynaden et al 2005:88).

The Trust has engaged in various initiatives including establishing local equality and inclusion action groups, developing a framework for ensuring the conduct of equality impact assessment on services and policies, and introduced diversity awareness

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[1] http://www.southwestyorkshire.nhs.uk/about-us/equality-and-diversity/employment-statistics/docs/EthnicityProfile4.pdf

training. The valuing diversity training was delivered in partnership with the University of Huddersfield. The initiative targeting awareness training at staff employed in Bands 1 to 5 roles; and the evaluation found that all attendees believed their practice would benefit from having attending the training (Shaw et al 2008). Together these activities create a platform for diversity management in keeping with equality legislation and mission, aims and values of the Trust.

There is evidence that diversity in the workforce benefits organisations, employees, service users and the wider community (Race for Health 2007) and is a significant element of talent management in the National Health Service (NHS Employers 2008a). Indeed the Department of Health (DH), through its five year reform programme targeted on delivering race equality in mental health, envisaged a future workforce and organisations that have the capability to deliver appropriate and responsive mental health services to BME communities (DH2005b). That said, the evidence of a relationship between culturally competent service delivery and workforce demography is not clear. Although organisational knowledge about local communities and the social fabric of those communities including key players, strategic partners, and how things work reaps returns (DH 2007). Yet based on pragmatic reasoning alone, it would seem likely that a workforce drawn from all sections of the population must hold benefits for both the organisation and the communities it serves. Hence the Positive Action Training Scheme was designed. This evaluation (e-PATS) draws on the experiences of the first cohort of trainees, their workplace mentors and managers.

Diversity Management

It over a decade ago that the report of the inquiry into the Stephen Lawrence murder first proposed the definition for institutional racism as :

> "…the collective failure of an organisation to provide appropriate and professional service to people because of their colour, culture or ethnic origin" (Macpherson 1999).

The untimely death of David Bennett in 1998 whilst an in-patient in a medium secure psychiatric unit , and subsequent independent inquiry (reported 2003) brought the issue of racism in the NHS into "*stark public glare*" (DH 2005c). The Blofield report made a number of recommendations including:

> "*The workforce in mental health services should be ethnically diverse. Where appropriate, active steps should be taken to recruit, retain and promote black and minority ethnic staff* (2003: 67).

This report published in 2003 provided the springboard for a "*coherent programme of work for achieving equality of access, experience and outcomes for BME mental health service users*" (DH2005a: 3) across the NHS in England.

Nigel Crisp's 10 point plan for Race Equality in Mental Health (DH 2004) in response proposed a raft of actions and identified that necessity for training, development and career opportunities to be made available so that "*more entry points for people from ethnic minorities to join the NHS and take up training*" were developed (DH 2005a:17). This was followed by Delivering Race Equality in Mental Health Care (DRE) which provided an *"action plan for achieving equality and tackling discrimination in mental health services*" (DH 2005a:3). One element identified in the DRE action plan was targeted on actions to develop the workforce and recruiting and supporting a diverse workforce in recognition that any workforce "*needs the right skills before it can deliver equitable and effective care to all groups of society*" (DH 2005a:42).

The problems of discrimination and inequality whether related to employment, or delivery of services such as mental healthcare, according to Archibong and colleagues (2006) do not disappear on their own but require appropriate intervention. Workplace diversity management, something that can incorporate positive action initiatives, is a strategy for changing organisational cultures in order to alter practices that may, even inadvertently, have created inequality in the past. They are intended to create a positive working environment, where individual differences are valued, and contributions maximised, in order to achieve strategic organisation goals (Dharmi et al 2006, Archibong et al 2009b). Diversity management involves action to create modify, and shift organisations, from just espousing values about diversity to managing an organisational change process and maximising return on investment in human capital.

Underpinning the "ideal of diversity" is the notion that transformation of the workplace will ensue, thus increasing tolerance, respect, improve the pool of skills, (Bennett, Kalathil and Keating 2007) and may impact on productivity. This in part builds upon the concept of cultural pluralism that acknowledges cultures persist and should be accepted and valued, for their difference rather than assimilated. Acceptance of pluralism also brings to the fore the necessity for awareness of, and recognition of unique needs resulting from, cultural difference.

Positive Action

Positive action is a process permitted by law to overcome long-standing disadvantages experienced by minorities because of earlier discrimination in education and other aspects of their life. It is not the same as 'positive discrimination' (which is illegal). In the UK the term positive action is used whereas outside the European Union especially in the US the term affirmative action is more common. Positive action covers a multitude of measures and initiatives that have adopted hence the confusion and inconsistency in terminology. Positive action is seen by many, including governments, as one strategy that can used to address discrimination in employment and service provision. As a policy approach positive action is not without its critics hence the importance of positive action initiatives forming part of an overall strategic framework of equality such as Delivering Race Equality in Mental Health Care [DRE] (DH2005a).

In a recent report produced for the European Union (Archibong et al 2009a) positive action was defined as:

> " *consisting of proportionate measures undertaken with the purpose of achieving full and effective equality in practice for members of groups that are socially or economically disadvantaged, or otherwise face the consequences of past or present discrimination or disadvantage"* (2009a:3)

Evaluation of positive action

Given the wide range of initiatives that come under the umbrella of positive action it is unsurprising that there is no single approach for evaluation. Indeed there is little consensus or "*discrete list of outcome criteria characterising successful interventions" (Archibong et al 2009a:21),* and success as an attribute was in their review of the evidence "*discussed elusively*". They went on to suggest that the important issues were that the purpose of the initiative is clearly articulated; Particularly pertinent in the current climate of austerity. Also should demonstrate *"utility and value for money"* (Archibong et al 2009a:21). Many postive action schemes go unreported in the published literature as they are local, small-scale and often go unevaluated.

One scheme introduced in a multiethnic area of Greater Manchester sought to recruit bilingual Pakistani and Bangladeshi trainee dental nurses in order to improve accessibility and appropriateness of dental services by facilitating enhanced communication with service users (Fuller and Bridgman 2004). The scheme

reportedly improved communication, enhanced staff understanding of the different communities that accessed services and increased the confidence and employability of trainees. The Museums Association have been delivering a positive action scheme targeting BME groups since 1998 called *Diversify*; more recently this was opened to people with disabilities (Phillips 2007). This scheme aims to recruit individuals that are able to complete postgraduate study alongside gaining work experience in the sector hence targeting a different potential workforce but nevertheless seeks to increase diversity.

Various drivers have been linked with the introduction of positive action schemes including legislation and corporate social responsibility. Less tangible rationale such as raising awareness of race equality, and improving the reputation of an organisation, have also been offered as reasons for initiatives.

The Positive Action Training Scheme

The Positive Action Training Scheme (PATS) was launched to actively recruit people from South Asian communities, that to date may not have sought employment with South West Yorkshire Partnership NHS Foundation Trust, in order to gain training for employment whether that be with the Trust or other NHS or healthcare employers, and exposure to the organisation. It was part of a strategic approach to ensure the Trust works towards recruiting a more representative workforce so that it is the "*NHS employer of choice for all sections of the community*". This is in line with the Trust's stated mission, vision, values and goals[2] specifically to:

> "*Maintain and develop the Trust's culture so that it reflects our values and helps us provide services that are sensitive to the needs of a diverse population*".

The scheme although not guaranteeing permanent employment in the Trust initially recruited, and continues to recruit, individuals committed to undertake a funded traineeship in clinical services, facilities or administration with "*minimal regard*"[3] to their previously acquired level of qualification, skills or experience.

The objectives were to:
- Establish a scheme that increased training and development opportunities

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[2] http://www.southwestyorkshire.nhs.uk/about-us/mission-vision-values-goals/
[3] Project Proposal for Positive Action Training Scheme

- Address the issue of under-representation so the Trust works towards employing and sustaining a workforce which reflects the diverse communities it serves.
- Raise awareness of NHS career and employment opportunities
- Offer a flexible approach for training (full or part time)
- To share the learning and experience of developing positive action to strengthen workplace diversity in the NHS

To be eligible for the scheme trainees had to meet the following criteria:
- South Asian background
- Not to have attained more than 5 GCSEs at Grade C or below

Trainees have the opportunity to complete a fixed term training agreement. The trainee agreement includes working towards completion of a National Vocational Qualification (NVQ) level 2 or equivalent qualification appropriate to their individual placement area in health and social care, administration and/or customer services; and gain experience of working in the NHS and importantly in a service providing mental health and specialist learning disability services.

The PATS initiative was originally funded to offer ten traineeships, only five suitable applicants were recruited (2008) and four completed the scheme in 2009. Those four trainees are the focus of this evaluation. Three trainees subsequently gained substantive posts in the Trust, and another in a different organisation. Subsequently seven trainees were recruited to form a second cohort of the PAT Scheme (Ahmed 2010) undertaking NVQ Level 2 with where appropriate a technical certificate.

Chapter 2: Evaluation Design

The evaluation approach adopted sought to capture the personal and organisational learning that emerged from the experiences from the first cohort of PATS trainees, their mentors and managers.

Aims of the Evaluation

Specifically the evaluation sought to:

- Capture the experiences of participants (trainees) and the organisation (mentors and managers)
- Systematically document any notable successes, challenges or risks
- Produce findings that could inform local learning and training and/or dissemination of good practice.

Ethical and Governance Approval and Data Management

The study was designed as a process evaluation and therefore outside NHS Research Ethics governance structure. A submission was made to the School of Human & Health Sciences Research Ethics Panel at the University of Huddersfield and approval granted to proceed with the study. Governance approval was sought from West Yorkshire Research and Development Consortium who host the Research and Development service of South West Yorkshire Partnership NHS Foundation Trust. Approval was given to proceed.

 All data was collected after eliciting an electronic agreement to participate and/or verbal and signed approval to audio record the interviews. Data was transcribed and anonymised prior to analysis. All informants were provided with a personal identification code and this has been used on transcripts but not reporting. All data including sound and word files were kept securely on password protected computers in compliance with the University of Huddersfield requirements for research data management and storage.

Participants

All four trainee participants, their workplace mentor and/or managers who they encountered as part of the traineeship were invited to participate in the evaluation. In addition the PAT Scheme Co-ordinator was also invited to participate. A letter explaining the evaluation was sent via South West Yorkshire Partnership NHS Foundation Trust internal post by the Scheme Co-ordinator (see Appendix 1). Included in the mailing was a self report contact sheet asking the potential

participants for contact details. Participants were all approached by email or telephone to arrange a convenient time, place and venue for interview. A standard procedure of maximum of three emails and/or telephone attempts to contact individuals was adopted. Those individuals who had responded to initial invitation (n=2) subsequently failed to respond to efforts to arrange an interview were deemed as having withdrawn their consent to participate.

Given the small number of informants, irrespective of good faith attempts to fully protect identity in reporting, to assure anonymity may be challenging. All reasonable attempts have been made to protect individuals. The interviews were conducted by an experienced researcher (AT) who is cognisant of ethical requirements for research and evaluation under NHS governance and University and professional body policies and codes of conduct. Confidentiality similarly possible given the size of the cohort and inevitable disclosure of identifying information; nevertheless, data presented in the report is not be attributed to individual participants. Verbatim quotations used in the report are attributed by role: Trainee, Workplace Mentor, Manager, and Scheme Co-ordinator.

All four participants who completed the scheme agreed to participate (see Table 1). In addition three staff members acting as Workplace Mentors, two Managers and the Scheme Co-ordinator were available to participate. In total ten South West Yorkshire Partnership NHS Foundation Trust trainees or employees involved in the PAT Scheme participated in the evaluation.

Table 1: Details of Participants (n=10)

Trainee	Workplace Mentor	Manager	Scheme Co-ordinator
1	✔		
2	✔	✔	✔
3	✔		
4		✔	

Interview Procedure

A semi-structured interview approach was used. Interview guides were developed (see Appendix 2) and used as a framework. In keeping with qualitative research the interview schedules were not followed verbatim but participants were encouraged to discuss aspects of their experiences either from the perspective of undertaking the PAT Scheme, or supporting trainees undertaking the scheme. The interviews focussed on the issues the participant perceived would assist the evaluation.

Analysis

Analysis of the interviews was based on thematic content analysis which is a widely used qualitative analytical method (Braun and Clark 2006). Thematic analysis is an interpretive process, where data is systematically searched to recognise patterns within the data in order to provide a description of the phenomenon – in this case the PAT Scheme – under investigation.

Chapter 3: FINDINGS

The results of this qualitative evaluation are presented using three organising themes that best capture and describe the process and outcomes of participating in the PAT Scheme. Outcomes in this context are those features, attributes or characteristics of the PAT Scheme described by participants. The themes are:

- Participating in the Scheme
- Achieving Personal Outcomes
- Benefits to the Organisation

Participating in the Scheme

Recruitment

Recruitment of the first cohort of trainees was supported by an independent organisation, ATL[4], based in Bradford. A number of open information and recruitment events including one at a local community centre were held to disseminate the scheme. This was attended by some of the Trainees.

Word of mouth also seemed to have been an effective means of cascading information about the initiative. For example one Trainee heard about the PAT Scheme: *"through a colleague who works in the Trust, he's a member of the family as well* " (Trainee). This Trainee reported passing on the information to another friend who *"wanted to get into something because he was like me (going) from job to job"*. Whereas another heard via: *"My next door neighbour actually"* (Trainee).

Information about the PAT Scheme seemed to have been filtered to the target audience in advance of the open event:

> *" I knew about it two months in advance, so it (PAT Scheme) was something I was thinking about"* (Trainee).

The trainees came to the Scheme with different understanding of mental health services and mental ill health in general. Some described having some insight of mental health; depression and dementia were mentioned specifically. This insight was gained from contact with family members with mental health problems and/or

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[4] http://www.atlenterprise.co.uk/content/files/pdf/10.pdf

working and volunteering in the care sector with older people. Whereas another was less familiar:

> *"Well I was totally unaware of how mental health was so in-depth, that is under the NHS, ……I was totally unaware really of how health gradually used to improve, so I was totally unaware of the mental health, how it worked"* (Trainee).

This trainee went on to describe why s/he believed some South Asian people might be reticent to access mental health services:

> *"Well the ethnic minorities are somewhat quite an amazing community which tries to find itself, you know, self-medication, medicating or self reliant in trying to find out how to eliminate symptoms of mental health illness, etc by keeping it enclosed, because I think there's a bit of stigma attached "* (Trainee)

A slightly different but nevertheless insightful perspective:

> *"People sort of define mental health, different cultures define mental health in different ways. Now the service that would be received in the South Asian continent would be next to none, whereas here, they would define mental health to be something else. So that is the only culture clash there is between mental health within the South Asian community and mental health within the NHS, and getting that through to people…….. the Asian community needs to be educated on how the understanding of mental health is within the NHS, what you can benefit from, the services they (NHS) provide…"* (Trainee).

The trainees joined the scheme with a range of previous work experience: in youth and community work, working in service industries such as call centres and sales, child care and hairdressing. All of the four trainees had previous experience of working in employment and/or volunteering roles involving contact with the public where customer care were significant factors. Two had experience of health or social care work and/or voluntary experience. That said all four could identify personal transferable skills from previous employment which they could bring to the trainee role. For example:

> *"I was quite excited actually (about the PAT Scheme) because I felt I'm a good listener and I felt in mental health you need to be a good listener and take into account what the service users problems are, what they're distressed about and try resolving them and reassuring the service user"* (Trainee).

The PAT Scheme was perceived as different from previous work experience as it offered entry into a career framework:

> *"Prior to working here I was working at a call centre which was a totally different experience. Whilst I was working at the call centre, it was more like a job, whereas now I'm working here as a carer, it's more like a career in a way. Cos' I've just completed my NVQ 2 as well, and I'm looking into doing further qualifications, which is a positive thing."*
> (Trainee).

Another trainee described how an opportunistic conversation appeared to clarify their thinking about their employment aspirations:

> *"Yeah, she just said (neighbour) "what are you doing?". And then I went "Well, I want to work, but I want some, well I want to work for the NHS". That's what I actually said to her. I said I want some sort of qualification behind that as well, and then she told me about the PAT Scheme and I thought that is a perfect opportunity because it's what I want.* (Trainee)

From the interviews with managers and scheme co-ordinator it appeared that developing a scheme that met the requirements of discrimination legislation, offered an appropriate training package, identified areas in the service that had a vacancy (resource window) suitable for a trainee and the complications of trainee, as opposed to employment contracts all exerted challenges and contributed to the complexity associated with establishing the scheme. An issue reportedly raised by staff prior to the scheme commencing was a concern about fairness. It was suggested that offering a trainee scheme was perceived as unfair if there was little opportunity for employment on completion. This concern was reportedly raised prior to the first cohort commencing when the UK economic state and austerity measures in the public sector were less challenging than they are now in 2010.

The literature associated with positive or affirmative action identifies the concept of fairness as central to success or failure of initiatives (McMillan-Capehart et al 2009). Fairness is more frequently linked to the perception that one group is given preferential treatment, thus can create resentment towards the organisation and the beneficiaries. This issue did not appear in any of the interviews and indeed the notion of distributive justice[5], although not expressed in those terms, was the overriding message voiced. For example:

> *"I think we are a Trust who works with a diverse community, but I don't think our staff reflect that diverse community, and I think we should be encouraging*

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[5] Participative justice tend to refer to the notion that outcomes (of a scheme or decision) are equitable (McMillan-Capehart et al 2009).

recruitment from the communities we work with, and I think it (PAT Scheme) was a good opportunity to try that out and see how it would work" (Manager)

Another challenge was managing the different timelines of the NVQ process (and/or local college involvement) with that of the recruitment and appointment of the original cohort of traineeships. There appeared to be asynchrony between recruitment and commencing and completing the NVQ assessment process. This had a consequence on the trainees' for early employability as achievement of an NVQ Level 2 was deemed an essential requirement for posts. Hence some of the trainees were not in a position to apply for vacancies that were advertised before the end of the scheme. This appears to have been identified and advice amended for the subsequent cohort:

> *" …this is what I'm trying to push with the current ones (PATS Cohort 2) now: " Get your NVQ completed, because as soon as it's completed, we can actively help you start searching for posts"* (Scheme Co-ordinator)

A feature of the recruitment process that may have contributed to its success was involvement of staff from those parts of the service 'early adopters' that chose to participate in the scheme. Recruitment seemed to be characterised by mutuality.

> *"we were able to kind of select someone that we felt would fit well with the team. With the team's philosophy, would be able to make a good contribution to our team, but also we were going to get, you know, get something from having them within the team for the community as well. So it felt like you weren't just being told this is what you're having and get on with it. You know, you were both able to gain I guess, the recruit able to gain from us and we were able to gain from them…..it felt like you were involved in the process rather than having the process done to you."* (Manager)

Impressions of the Trust

The trainees expressed (very) positive views about the Trust as an employer in the interviews.

> *"The NHS and the Trust is very, very professional and it outlines everything very clearly, and it's a good place to be and the services they provide, it's a good place to work*" (Trainee)

> *"Everything's been good I'd say. It makes me come back and work and carry on every day, so it must be good"* (Trainee)

Part of the Trust's vision is to be the "*employer of choice for staff*". When the trainees were asked why they perceived the Trust to be a good employer one responded as follows:

> " I think everybody has a really strong role to play whether it's the cleaners to the big managers, yeah everybody has a strong role to play and I think the admin staff have a strong role to play" (Trainee)

Although starting the job role was understandably anxiety provoking: "*At first I was a bit wary because I didn't know much about it*". This seemed to resolve rapidly as: *"I mean all the staff here are so, made me feel welcome and stuff, they were just, just I don't know, just felt like home"* (Trainee).

Another trainee described *: "the staff were very calm and collected really"* . Whereas another described his/her impression in the following way:

> "….and the welcome I got in the Trust was probably the best welcome I've ever got in any employment that I've been in."

The environment of care was initially found to be testing for one trainee:

> " I found the enclosure, was quite, really, for the for the first couple of weeks, I was quite horrified because of the doors being locked and I thought well this is no different from really a prison. But then I saw how vulnerable these adults were and people were, I thought no, no wonder these things are in place, you know, because they could self harm, they could virtually be dangerous to other people as well"

The trainees reported that they attended the Trust induction programme for all new staff sometime after the start of the trainee scheme.

> " I started the programme in October….so it was in January when the induction was, So it was two to three months down the line, which was, I felt that if the induction was at the beginning of the programme rather than two months in it would have been better" (Trainee 2)

This slippage meant that much of the information had been covered in the workplace nevertheless the induction programme was well evaluated despite the delay:

> "it was really good though" (Trainee 1), and *"I felt it was quite productive, but it was a two day programme, which was quite, there was a lot of information to be taken in "* (Trainee 2).

One of the Trust's values is to "*embrace diversity and treat people fairly*" and this appears to have been the experience of trainees:

> "*....just everyone's treated as an individual and whatever colour or background you are it doesn't matter*" (Trainee)

> "*I say along the way I met people, you know from the Trust side, you know, trying to make things work and trying to embrace the ethnic minority into the working of how mental health can run*" (Trainee).

Improving the Traineeship

Whilst largely positive about the scheme the trainees offered a number of suggestions that might be employed to improve the existing scheme.

Many of the trainees attended an open event advertising the scheme and although there was good attendance there was a view that the number of people who attended was not translated into applications and/or ultimately trainees appointed. One trainee thought that an approach might be to offer taster days to applicants providing more information about the types of service users and nature of the work in specific units, teams or departments. This it was thought might give potential candidates more insight into the range of services offered and hence be better placed to judge what they might offer, and gain, from undertaking the traineeship.

The trainees for the most part undertook work experience based in one setting with some opportunity to visit, not work in, others. It was suggested that there would benefits from trainees experiencing other parts of the service not just visiting:

> "*that would give a good insight for the person on how it (the Trust) is run and how to deal with different people with different mental health problems*" (Trainee).

The trainees attended workshop days as a cohort to discuss experiences and progress with completing their NVQ portfolios. These were valued by trainees but it seems these did not occur regularly as "*there wasn't enough time*". These were perceived valuable and provided opportunities for learning from other the other trainees and reflection on learning. Consideration might be given to regularising these as protected learning time as a feature of the trainee scheme.

The Trust covers a large geographical area and travel to work placements poorly served by public transport, or requiring long journey times with changes, may have created problems for some trainees. Assistance with travel costs might encourage

uptake of distant from home placements and/or if necessary college attendance. This might be significant in recruitment.

Achieving Personal Outcomes

One of the aims of the PAT Scheme was to provide the opportunity to achieve a NVQ level 2 qualification in order to demonstrate trainees had gained the skills needed to gain employment in the NHS. For the first cohort the system did not appear to be in place for the start of the programme.

As one of the trainees describes:

> "..because we wasn't given the work (NVQ) until February, middle of February and October was the cut off date…but I completed it in under five months".

However in this Trainee's case that slippage had little effect on the outcome. Whereas for another Trainee it meant the traineeship was extended to allow completion of an NVQ and a technical certificate. Availability of assessors has frequently been cited as a problem in care settings (Thornley 2000) as has availability of workplace facilitators to support completion of competencies.

Support and NVQs

There appeared to be a robust framework of support available from the workplace mentors, other staff, NVQ assessor and scheme co-ordinator to enable the trainees to complete the portfolio of evidence necessary for completion of the NVQ and gain much from the experience.

> "they all took time, sometimes specially the health care assistants, they were excellent. As they were doing the chores and the duties of the ward, they were explaining things and with experience of them, you know what they face in their careers as well" (Trainee)

> " Well it's the opportunity to learn, they've just, all the staff have just pushed me all the way,.......So it's not just given me the skills and training for a job, it's given me loads of confidence as well" (Trainee)

> "..you know you can develop but you need the extra support from the people around you to develop and for them to teach you, you're learning off them, I didn't learn it off myself. I learnt off the Team and how they work and what needs to be done, and the support I got " (Trainee)

Although one trainee experienced some delays in meeting with their workplace mentor because of rotas and annual leave:

> " It was like a month down the line when we met and we could talk about issues on the ward and my personal and professional development"

Despite the reported delays in commencing the formal NVQ aspect of the trainee scheme, and in this one case meeting the allocated workplace mentor, the experience gained from doing the role was seen as an asset rather than a detriment:

> " me and my assessor worked it out, we did it in 6 months and a week.....we actually (started) did it 5 months into the traineeship, so it gave us a period to gain experience, put relevant scenarios into writing and then the NVQs made more, it was made easier in a way" (Trainee)

Workplace mentors also seemed to value the experience of participating in the scheme as it brought a new challenge and also an opportunity to learn from the trainees.

> " …because it's (PAT Scheme) another challenge….and I feel like I've been lucky. I've also learnt from (Name)……..it hasn't just been one sided, you know" (Mentor)

Identifying workplace mentors with the appropriate skills and attributes matched to those of the trainees was given consideration by managers. This may have contributed to the effectiveness of the support received.

> " I guess we looked at the kind of skills we had in the team. We chose someone who was experienced, an experienced clinician. S/he'd also in the past supported people doing NVQs so s/he knew about that aspects of things, and s/he was someone willing to offer that support" (Manager)

The Work Experience

The experience of working in the Trust was valued in a number of ways by the trainees. Firstly, the nature of the work, being of service to others was perceived as an important part of the experience and brought personal satisfaction.

> " It is a rewarding career one can really help people from all different backgrounds"

and

> *"I've noticed every day you learn there is something new, you do learn every day. There could be certain day to day activities or day to day routines for service users, which could be different to the day before. So you know you do have to be on your toes, cos' you can expect something different every day".* (Trainee)

Secondly, satisfaction with the work engendered positive attitudes to working and established role commitment.

> *"It's like before this job I wasn't committed and it's like my time management skills have just improved so much. I had a bit of a problem with my time and this has just, it's really helped me and commitment to work, like I'm committed to work now and I know what it is like to get up on a morning and go to work"* (Trainee)

Third, the experience was seen as positive for the development of transferable personal and employment skills.

> *"Obviously it was an opportunity which I had to gain experience in and it has opened quite a few doors for me as well. And I can see doors being opened in the future as well, through caring and nursing as well, which is a positive thing. "* (Trainee).

A number of the trainees talked of growing in confidence as a consequence of undertaking the scheme. One described the experience of doing a presentation as part of an open event to promote ongoing recruitment to the scheme:

> *" I was nervous and a bit shaky as well, but then ….I think I was really good and just got in there and said what I had to say and answered questions and I'll do it again now"*

This trainee went on to describe the responses from his/her workplace mentor and manager following the presentation as "*amazing and I got really good feedback*". This was echoed by the workplace mentor *"I was so proud.. yes that's it, that how I felt"* .

Benefits to the organisation

News of the scheme appeared to have filtered through the organisation prior to appointment of trainees and this seemed to have generated real enthusiasm; as one of the workplace mentors describes:

> *"(Name of manager) said that he was going off to do some interviews and see if there was anyone really who was interested in coming, and just to get a feel of how we (the Team) all thought, whether it would be a good idea or not, and we all jumped up and down and said: Oh yeah, that's a fantastic idea. "*
> (Workplace Mentor)

The benefits of recruiting trainees who were "*not white, British and local*" was seen as an asset to the Trust; as was the part investment from staffing budgets. This investment in the trainee was both real and symbolic.:

> *" …s/he would be part funded by government, part by us, and it obviously, they've been extended over the six month period as well. In some ways I think that was good because s/he didn't come as somebody different, s/he came and was part of the Team".*
> (Workplace Mentor)

However the decision making associated with funding a trainee over filling a vacant post was seen as having potential to create challenges particularly when workforce pressures changed over the period of the traineeship. For the trainees this might be perceived as lack of commitment by the organisation as vacancies could be advertised before the trainee met the essential criteria for short listing. This balancing act of managing staffing resources and vacancies against trainee for the unit or department, and for the first cohort, appeared to be untested territory.

> *"So it (the Scheme) was coming towards the end. That was where we were falling down because we kept saying to (the trainee) but we (The Trust) can't do anything and that's part of the scheme. We are not going to start looking at posts because if they haven't got the NVQ they can't apply for anything…….cos' they may be sitting in a vacant post at the beginning but if things change then the service has actually got to recruit somebody else.*
> (Scheme Co-ordinator)

For the first cohort the outcome was positive as three of the four trainees were ultimately appointed by the Trust and the other obtained employment in the NHS. Hence, one tangible benefit of the first trial of the scheme would appear to be the development of a fit for purpose workforce.

Enriching the workforce and organisation

A second tangible benefit of the scheme was the perceived added value the trainees brought to service teams to enable them to function more effectively. "*It's made our working lives easier*" (Manager) and "*the team have gained so much*" (Workplace Mentor). This is one example:

> *"We took an interest in what the individual came with really, so what previous experience they got, but also what knowledge they got of the local community, because they lived in the community that we were working with, they came with a vast amount of knowledge really, and also came with some language skills, which…….we never took advantage of so far as using them for translation or anything like that. But just the cultural sensitivities of working with people, those times where as a team we often have to react to crisis and as I'm sure you aware booking an interpreter you have to wait 24, 48 hours, so sometimes it was just helping with a phone call….and just kind of giving us an awareness of things that we might not have ultimately picked up on"* (Manager).

A report of an organisational approach for improving care services in terms of cultural sensitivity implemented in Bradford identified the real benefits that ensued from employing a workforce that were bi-lingual in languages spoken by service users. Language skills were seen as facilitative and a major contributor to reducing the impact that limited communication can have on relations between staff, service users and carers (Daddy and Clegg 2001). However the enrichment provided by the trainees in this evaluation was greater than that that ensues from having a member of staff available to communicate with a service user or carer in a language other than English. The benefits were more related to the impact of heightened sensitivity.

The ability to *"pick up on subtleties"* was seen as a real asset in providing quality care. A phrase that was used in a number of interviews was "*it's just the little things"* yet these intangible contributions appeared to be of immeasurable worth in making the service more effective.

> *"I think we've learnt a huge amount about our community that we work with, and certainly our Asian community that we work with. S/he has given us a lot of insight into kind of practices, just within the family really, the dynamics, what's expected of people, you know, what's expected of young people, the differences between men and women, the kind of routines that we have. You know, just the little things really, I mean anyone can go away and read a book……It's the things that you can come back and go is this? Should we be expecting this? Is this out of the ordinary? "* (Manager).

This contribution that they could make to service users was also recognised by the trainees*;*

> *"But it does help with the communication as well and understanding the culture, which people from other backgrounds might not understand.* (Trainee)

It was recognised that "being from the community" was not without its own particular challenges:

> " s/he's acknowledged that, you know, there is difficulties in working and living in the same community and dealt with those very sensitively and worked within kind of the parameters of confidentiality and has been able to set those boundaries" (Manager).

Indeed the literature warns against organisations using recruitment as a strategy without due consideration of the pressures it may exert on employees, or in this case trainees, to be the organisational source of expert knowledge (Givens and Bennett 2004). A separate issue surrounding organisational learning is that the impact or influence may be greater at the start of the initiative than when it becomes embedded or normalised. What was clear is that the trainees brought many personal attributes, beliefs and attitudes to their roles which may have influenced the apparent success of the scheme. For example the following were examples of the comments made about individual trainees:

- "superb role model"
- "having this lovely calm attitude"
- "Motivated and driven to learn and curious and wanted to know"
- "Had a good rapport with our client group and that came naturally"

The impact of these 'pioneer' trainees may not be sustainable with future cohorts. Literature suggests successful positive action programmes should pay attention to both demand and supply; in effect availability of suitable applicants (Dhami et al 2006, Archibong et al 2009b). The first cohort came with a wealth of personal attributes and previous experiences that appear to have been significant in contributing to the success of the scheme. Ongoing review will be important to ensure that the scheme remains flexible, fair , attractive to high calibre applicants and effective in meeting organisational goals for diversity.

Chapter 4: Conclusion

Overall the scheme was a positive experience and three of the trainees subsequently were employed in the Trust and the other trainee gained employment in a different organisation. This outcome goes some way to address the commitment to employing a workforce that reflects the diverse community served by the Trust. It is too early to demonstrate whether that outcome is sustainable as that will be inevitably contingent on a number of factors not least ongoing economic restraint as a consequence of the national and global economic crisis.

The Trust was described as welcoming and the staff as calm, collected and professional. A robust system was in place to support the trainees who described feeling valued by the organisation, and supported by their workplace mentors, colleagues, the NVQ assessor and scheme co-ordinator.

There was some delay in undertaking the Trust induction programme, and commencing the NVQ training. This did not appear to impact on completion in most cases and the traineeship was able to accommodate slippage. Some trainees found the delay positive in that it allowed them to gain valuable work experience.

Participation in the scheme was seen by trainees as different from previous experiences of employment - a career rather than a job. The trainees described the work as rewarding and they felt committed to the role and enjoyed coming to work. Completing an NVQ level 2 was seen as a positive achievement bringing the potential of entry to meaningful employment. Other less tangible benefits such as increased confidence, feelings of having made a contribution to the wellbeing of service users and the work of others were reported.

The work undertaken by trainees in direct care giving or administration was perceived by trainees, mentors and managers as bringing added value and enhancing the overall quality of care or service. The most notable contribution was the cultural intelligence that the trainees involved in direct care giving brought to their work, and the work of others, in direct care teams. This may have increased the cultural competence of the workforce in those settings. This was perceived as making care delivery easier and responsive to the needs of service users. This ability to "*pick up on subtleties*" was seen as a significant contribution to improving the effectiveness of care. The welcome and support shown to trainees and importantly

willingness of trainees and staff to learn from each other bodes well for this scheme contributing to the Trust's mission, vision, values and goals in terms of diversity.

Chapter 5: Recommendations

1. Disseminate the learning from, and tangible and intangible benefits of, the PAT scheme across the organisation
2. Continue to deliver the PAT scheme within an overall evaluative framework to ensure that aims and outcomes of the trainee scheme continue to meet the organisational vision for diversity
3. Revisit the traineeship delivery model and examine the alignment of NVQ achievement, opportunities for group in-service time protected reflection and support, work experience and availability of mentorship
4. Maximise the ambassadorial talents and attributes of the PAT 'pioneer' trainees to accelerate marketing of the scheme to target communities, maximise recruitment and contribute to community engagement
5. Provide ongoing mentorship on completion to ex-trainees employed in the Trust to ensure their potential continues to be maximised and where appropriate further training opportunities are offered.
6. Identify and develop PAT champions from 'early adopting' teams to influence managers and teams yet to consider, or adopt the PAT scheme, as to the tangible and intangible benefits of the scheme
7. Continue to value, note and disseminate the enhancement of organisational cultural competency gained from a diverse workforce that can *"pick up on the subtleties*" and be attentive to " *the little things*" that bring benefit to the quality of care and service user experience.

References

Ahmed K (2010) *Single Equality Scheme & Action Plan 2009-2011 Annual Report* South West Yorkshire Partnership NHS Foundation Trust

Archibong U, Bucktrout A, Giga S, Ashraf F, Baxter C and Johnson M (2006), A concept Analysis of Positive Action in Health and Education *Diversity in Health and Social Care* 3 (4) 223-243

Archibong U et al (2009a) *Positive Action measures in the European Union, Canada, United States & South Africa Synthesis Report* Pamecus Series: Volume 1 Bradford: University of Bradford, Centre for Inclusion and Diversity

Archibong et al (2009b) *International Perspectives on positive action measures* Luxembourg: European Commission.

Braun V, Clarke V (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology* **3**: 77 – 101

Bennet J, Kalathil J and Keating F (2007) *Race Equality Training in Mental Health Services in England Does one size fit all?* London. The Sainsbury Centre for Mental Health.

Blofield J (2003) Independent Inquiry into the death of David Bennett Norfolk, Suffolk and Cambridgeshire Strategic Health Authority (download: http://www.eoe.nhs.uk/page.php?page_id=179 accessed 23.08.2010)

Chevannes M (2002) Issues in educating health professionals to meet the diverse needs of patients and other service users from ethnic minority groups *Journal of Advanced Nursing* 390: 290-08

Daddy J & Clegg A (2001) Cultural sensitivity: a practical approach to improving services *Nursing Standard* 15 (33) 39-40

Daly W M, Swindlehurst L, & Johal P (2003) Exploration into the recruitment of South Asian nurses *British Journal of Nursing* 12 (11) 687-696

DH (2004) *Race Equality Plan* http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/DH_4072494

DH (2005a) *Delivering race equality in mental health care: an action plan for reform inside and outside services; and the Government's response to the independent inquiry into the death of David Bennett* London: Department of Health

DH (2005b) *Delivering Race Equality in Mental Health Care: A Summary* http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4139351

DH (2005c) *Department of Health Race Equality Scheme 2005-2008*
http://www.dh.gov.uk/dr_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_4112159.pdf

DH (2007) Positive Steps Supporting Race Equality in Mental Healthcare
London: Department of Health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_066059

Dharmi R S, Squires J and Modood (2006) *Developing positive action policies: learning from the experiences of Europe and North America* Leeds: Department of Work and Pensions.

Fuller S S and Bridgman C M (2004) A scheme to recruit Pakistani and Bangladeshi trainee dental nurses in a multiethnic area of Greater Manchester *British Dental Journal* 197: 185-187

Givens N and Bennett S (2004) Tentative progress in a mainly white setting: hearing from trainee teachers from ethnic minority backgrounds *Race Equality Teaching* 39-44

Heath A & Cheung S Y (2006) Ethnic penalties in the labour market: Employers and discrimination Leeds: Department of Work and Pensions.

McMillan-Capehart A, Lee Grubb W and Herdman A (2009) Affirmative action decisions: when ignorance is bliss *Equal Opportunities International* 28 (5) 415-431

MacPherson W (1999) *The Stephen Lawrence Inquiry* TSO: London Cm 4262-I (see http://www.archive.official-documents.co.uk/document/cm42/4262/4262.htm)

NHS Employers (2008) *Delivering Race Equality in Mental Health*
http://www.nhsconfed.org/Publications/Documents/Delivering%20race%20equality%20in%20mental%20health%20care.pdf

Office for National Statistics (2009) *Yorkshire and The Humber Population and migration* http://www.statistics.gov.uk/cci/nugget.asp?id=2231

Phillips L (2007) Museums Association widens diversity *People Management* 14th June : 14.

Phillips T (2009) (see
http://www.equalityhumanrights.com/uploaded_files/speeches/stephen_lawrence_speech.pdf)

Race for Health (2007) *Towards Race Equality in Health*
http://www.raceforhealth.org/storage/files/news/Race_for_Health_Workforce_Guide.pdf

Shaw S, Sutcliffe L., Padgett K, McLoughlin N, (2008) *How Can We Develop Our Increased Awareness of Equality and Diversity Issues among Staff*? Report to South West Yorkshire Partnership NHS Foundation Trust

Singleton N & Lewis G (2003) *Better or worse: a longitudinal study of the mental health of adults living in private households in Great Britain* London Office of National Statistics HMSO
http://www.statistics.gov.uk/downloads/theme_health/PMA-AdultFollowup.pdf

Thornley C (2000) A question of competence? Re-evaluating the roles of the nursing auxiliary and health care assistant in the NHS *Journal of Clinical Nursing* 9: 451-458

Wynaden D, Chapman R, Orb A, McGowan S, Zeeman Z, and Yeak S (2005) Factors that influence Asian communities' access to mental health care *International Journal of Mental Health Nursing* 14 88-95

Appendix 1

University of HUDDERSFIELD

First let me introduce myself: I am Annie Topping, Professor of Health and Social Care (see http://www2.hud.ac.uk/hhs/staff/shumaet.php) along with Kath Padgett Head, Division of Mental Health Nursing, University of Huddersfield. We have been commissioned by South West Yorkshire Partnership NHS Foundation Trust to undertake an evaluation of the Positive Action Training Scheme (PATS) in progress in the Trust. I understand that you have participated in the scheme You may be aware that it was funded by NHS Yorkshire and the Humber Strategic Health Authority and they and the Trust are interested in evaluating your experiences of the scheme to date; hence this invitation.

It is now a little while since you started the Scheme. You have probably thought about your experiences over the last few months. We would like to capture those views, and to that end would like to arrange a convenient time to conduct an interview with you.

The interview will be conversational in style, and take approximately 30 minutes to complete. It will be held at South West Yorkshire Partnership NHS Foundation Trust during the time you are normally undertaking your placement. With your permission, I would like to record our conversation. This allows the interview to be downloaded directly to my computer making it much easier for me and Kath Padgett to draw out themes from what you say. The interview will not be transcribed in full, but any comments that best reflect your, and the other trainees thoughts, may be transcribed. Your name will not be connected to those quotes or any other information you provide. If for any reason you feel uncomfortable discussing your experiences please feel free to ask me to stop the interview. The interviews of all trainees will be compared and common themes will form the basis of the report we will produce for South West Yorkshire Partnership NHS Foundation Trust NHS and Yorkshire and Humber Strategic Health Authority. A personal copy of the report will be sent to you if you wish. The team may seek to publish the results of this evaluation in a professional journal but this requires permission from South West Yorkshire Partnership NHS Foundation Trust prior to publication.

Attached to this letter is a contact details form if you could return it to me by email as soon as possible. I will then contact you to arrange a time to undertake the interview.

I do hope you feel able to participate and I look forward to having the opportunity to discuss your experiences.

Yours faithfully

Annie Topping
Professor of Health & Social Care

UNIVERSITY OF HUDDERSFIELD

SCHOOL OF HUMAN & HEALTH SCIENCES

Centre for Health and Social Care Research

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Evaluation of Positive Action Training Scheme (e-PATS)

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Please complete the following information and return the contact details form to me by email to a.e.topping@hud.ac.uk

My contact details:
Professor Annie Topping,
CHSCR, University of Huddersfield, Queensgate, HUDDERSFIELD, HD1 3DH.

01484 473974 (Direct line)or 01484 473646 (Secretary)
Text: 07802 860633

NAME	
WORK CONTACT ADDRESS	
Telephone	
Mobile*	
Email	

* Do not feel you have to supply this information unless you are happy to provide it. Once the evaluation is complete these personal details will be erased from our records.

University of HUDDERSFIELD

First let me introduce myself: I am Annie Topping, Professor of Health and Social Care (see http://www2.hud.ac.uk/hhs/staff/shumaet.php) along with Kath Padgett Head, Division of Mental Health Nursing, University of Huddersfield. We have been commissioned by South West Yorkshire Partnership NHS Foundation Trust to undertake an evaluation of the Positive Action Training Scheme (PATS) in progress in the Trust. I understand that you have participated in the scheme as either a workplace mentor or manager of a placement. You may be aware that the Scheme was funded by NHS Yorkshire and the Humber Strategic Health Authority and they and the Trust are interested in evaluating your experiences to date; hence this invitation.

It is now a little while since PATS started. You have probably thought about your experiences over the last few months. We would like to capture those views, and to that end would like to arrange a convenient time to conduct an interview with you.

The interview will be conversational in style, and take approximately 30 minutes to complete. It will be held at South West Yorkshire Partnership NHS Foundation Trust during the time you are normally at work. With your permission, I would like to record our conversation. This allows the interview to be downloaded directly to my computer making it much easier for me and Kath Padgett to draw out themes from what you say. The interview will not be transcribed in full, but any comments that best reflect your experience of supporting a trainee may be transcribed. Your name will not be connected to those quotes or any other information you provide. If for any reason you feel uncomfortable discussing your experiences please feel free to ask me to stop the interview. The interviews of all trainees, mentors and managers will be compared and common themes will form the basis of the report we will produce for South West Yorkshire Partnership NHS Foundation Trust NHS and Yorkshire and Humber Strategic Health Authority. A personal copy of the report will be sent to you if you wish. The team may seek to publish the results of this evaluation in a professional journal but this requires permission from South West Yorkshire Partnership NHS Foundation Trust prior to publication.

Attached to this letter is a contact details form if you could return it to me as soon as possible by email. I will then contact you to arrange a time to undertake the audit interview.

I do hope you feel able to participate and I look forward to having the opportunity to discuss your experiences.

Yours faithfully

Annie Topping
Professor of Health & Social Care

UNIVERSITY OF HUDDERSFIELD
SCHOOL OF HUMAN & HEALTH SCIENCES
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Evaluation of Positive Action Training Scheme (e-PATS)

Please complete the following information and return the contact details form to by email:
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NAME	
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WORK CONTACT ADDRESS	
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Appendix 2

INTERVIEW TRAINEES:
Evaluation of Positive Action Training Scheme (PATs)

- Before Starting the Scheme
  - How/who suggested the scheme to you?
  - What were your first thoughts about working for SWYPFT (probe meaning of mental health and learning disabilities)
  - Did you prepare yourself in any way?
  - What were your feelings arriving for the scheme on your 1st day?

- First impressions – "think back to your first day at SWYPFT…..
  - Did you get adequate information (probe if positive or negative)
  - Did you feel welcomed by the organization (probe positive or negative)
  - Did you find the trust induction helpful (probe what specifically?)
  - Did you find the workplace induction helpful?
  - Did you feel adequately prepared for your placement?
  - Had you met your workplace mentor/manager?

- Placement – "think back and tell me about your placement – where, when, etc….
  - Where you welcomed,? inducted?
  - Did you feel supported (probe who by and how)
  - What did you learn/gain/enjoy?
  - Would you want to work there again (probe response)
  - What is your view of the Trust as an employer?
  - What is your view of the NVQ and training opportunities you have been offered as part of the traineeship?
  - What is your view of the work based experience element of your traineeship?
  - Regarding BME support provided to you during your traineeship, was this sufficient? Would you have like to have had more BME support or would you have liked to have had a BME mentor?
  - Would you like to suggest any improvements to the training scheme? What went well, what could have been done better?

- Overall impressions of the scheme
  - What has been good?
  - What was not so good? Could be better?
  - If someone outside asked you about PATS what would you say?
  - If someone outside asked you about SWYPFT what would you say? (probe whether encourage to take a job at the Trust)
  - Do you feel the same as before you started about mental health? learning disabilities?

- Is there anything else you haven't yet said you would like to share?

INTERVIEW Workplace Mentors: Evaluation of Positive Action Training Scheme (PATs)

- When you first heard about PATS what did you think?
    - Anticipate any issues/concerns?

- How did you get involved in PATS?
    - Probe motivations
    - Did you volunteer?

- Did you feel prepared to act as a mentor?
    - Documentation
    - Role
    - Skills
    - Personal preparation

- Your involvement in PATS
    - How did you prepare the placement for the trainee?
    - How did you monitor performance?
    - What has been good?
    - What has been less positive?

- What has been your experience of supporting a PATS trainee(s)
    - If not picked up in 4) any issues? Concerns
    - What personal learning gained from involvement
    - Would you do it again?

- If someone asked you about being a mentor to a trainee what would your advice be?

- Did you feel adequately supported by Human Resources/Placement coordinator?
    - Were you given sufficient information by Human Resources/Placement coordinator?
    - Would mentor/buddy or Manager support meetings have been helpful?
    - Would they be willing to support or take another trainee?

- Is there anything else you would like to add?

- When you first heard about PATS what did you think?
  - Anticipate any issues/concerns?

- How did you get involved in PATS?
  - Probe motivations

- Did you feel prepared to support a trainee/mentors?
  - Documentation
  - Role
  - Skills
  - Personal preparation

- Your involvement in PATS
  - How did you prepare the placement for the trainee?
  - How did you monitor performance?
  - What has been good?
  - What has been less positive?

- What has been your experience of supporting a PATS trainee(s)/mentors
  - If not picked up in 4) any issues? Concerns?
  - What personal learning gained from involvement
  - What has your ward/unit learnt?
  - Would you do it again?

- If someone asked you about having a trainee what would your advice be?

- Is there anything else you would like to add?