



## **MENTAL HEALTH TRUSTS COLLABORATION PROJECT**

**Meeting the needs of survivors of abuse**

### **4. EVALUATION OF TRAINING PROVIDED BY WAVE TWO PILOT TRUSTS**

**Executive Summary**

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## Executive Summary

### Background

- The Mental Health Trusts Collaboration Project (MHTCP) was initiated by the Department of Health and the National Institute for Mental Health in England (NIMHE) in July 2006, led by a National Team comprising a Project Director and Clinical Lead. It originally involved nine mental health trusts<sup>1</sup> in the first wave of the pilot with a second wave of seven trusts joining the collaborative in September 2007<sup>2</sup>. The MHTCP objective was to implement Section 8.1 of the Mainstreaming Gender and Women's Mental Health Implementation Guidance<sup>3</sup> which states that services need:
  - To acknowledge and address the links between violence and abuse and women's mental health in the delivery of mental health services in inpatient and community settings and, most importantly:
  - *Once satisfactorily trained*, to ensure that staff raise issues of violence and abuse routinely and consistently in assessment and care planning, with all service users.
- The training element of the MHTCP had a particular focus on meeting the needs of women and men who are adult survivors of child sexual abuse.
- A full evaluation was undertaken of the first wave of the initiative<sup>4</sup>. For the second wave, the evaluation was designed to focus on what was measurable within the timescale and resources of the remaining project funding. The focus has, therefore, been on the quality of training in those six trusts that commenced delivery during 2008: in particular, the fidelity of cascade courses with the previously evaluated model, and the immediate value and impact of the training for participants.

### The national training for cascade trainers

- In a questionnaire completed prior to the training for trainers course in September 2007, participants gave generally low ratings to their own trust's provision for survivors with no-one scoring their trust above '3' on a scale of 1(very poor) to 5(excellent). Most references to aspects

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<sup>1</sup> The eight trusts involved in wave one were Barnsley, Camden & Islington, Devon, Nottinghamshire, Plymouth, Sheffield, (West) Sussex and Warwickshire. Surrey was also recruited but was unable to commence training within project timescale.

<sup>2</sup> The seven trusts involved initially in wave two were Birmingham & Solihull, Dorset (Healthcare), East London, Kent and Medway, Leicestershire, Lincolnshire and Wolverhampton. However, Birmingham and Solihull had not commenced cascade training by the end of 2008 and therefore their inclusion in the evaluation only pertained to the two day 'training the trainers' course.

<sup>3</sup> Department of Health, 2003

<sup>4</sup> Evaluation reports for wave one are available at: [www.dmss.co.uk](http://www.dmss.co.uk)

their trusts did well were to specialist practice within psychology/psychotherapy services or to specialist teams.

- The main barriers to improvement were seen as limited resources, lack of training, some staff attitudes, lack of clear expectations and cuts to specialist services. Enabling factors included staff motivation and management commitment.
- Cascade trainers were clear about the practice and value of routine exploration and were optimistic that, over time, its implementation would increase practitioners' confidence and skills. They also expressed their hope that it would force trusts to acknowledge the need for additional services.
- There was a wide range of experience, knowledge and confidence amongst cascade trainers with regard to both the subject matter and the delivery of training.
- Cascade trainers expressed high levels of satisfaction with the training for trainers course and all reported that it had increased their knowledge and/or confidence.

### **Cascade training in the second wave trusts**

- An analysis was undertaken of approximately 50 post-course questionnaires completed by those attending the first three or four cascade courses taught in each wave two trust.
- Participant satisfaction with the training was high across all trusts, with three out of six trusts achieving exceptionally high ratings of over 80% of 'yes' responses across all the satisfaction criteria, and another two trusts falling just below this at 77%. Even in the lowest ranking trust the mean average rating was 70% of 'yes' responses. This represents a significant achievement across all trusts.
- 91% of participants responded 'yes' (73%), or 'mostly' (18%) to the statement that the training had provided the information they needed to conduct routine exploration.
- 90% said the training had increased their knowledge and 85% their confidence, in relation to working with survivors of sexual abuse.
- However, almost half of participants felt they needed more information or support in dealing with disclosures and providing support to survivors.
- The sample of participants varied slightly, but not significantly, between trusts. All the trusts had a mix of staff groups attending the training and a cross-section of community and ward based staff. There were some differences in the level of attendance of psychiatrists.

- A key success of the training is that it seems to have been experienced as useful across all groups of staff irrespective of prior knowledge and experience.
- Suggestions for improvements to the course were few, but included the need for more information on working with service users from Black and minority ethnic communities, including more survivor perspectives and providing more opportunities for participation and interaction.
- Observations of courses in each trust confirmed a high degree of consistency in the delivery of materials and appropriate use of case examples.
- The same few exercises/illustrations caused difficulties for a number of cascade trainers. These have been amended, or additional guidance provided, in the revised version of the course produced for national replication of the pilot process.
- Training teams worked well together and trainers were supportive, relaxed and confident in their approach.
- Compared to trainers in the early stages of wave one, wave two trainers were more confident in communicating the expectation that routine exploration was to be implemented by participants following the training. It is likely that the insertion of the question about violence and abuse into assessment documentation (as outlined in CPA Guidance) has been the main factor in this development.

## **Conclusion**

- The national two day 'training for trainers' course had adequately prepared participants for cascading the training. Trainers were confident of their ability to deliver the course and there was a high degree of fidelity to the previously evaluated model.
- Timescales for commencement of cascade training for staff varied between trusts with two trusts delivering at the very beginning of 2008, two getting underway in late Spring and two in late Summer. One trust, Birmingham and Solihull, did not commence delivery of courses during the timescale of the project.
- There are good early indications that the training is enabling staff to undertake routine exploration of violence and abuse. Post-course questionnaires suggest that the training impacts positively upon confidence and knowledge. Participants also leave the training clear that they are expected to ask 'the question' in assessments they conduct, with a good understanding of why it is an important question to ask and of the positive outcomes for survivors which should result.