

# SCPP - Training and Development Project.

## End of Contract Report: Performance and Analysis 2018-2020

This report details performance during 2018-2020. A contract extension has been agreed for 2020-2021. Delivery style and timescales will require revision given the current global pandemic.

There are two sections to the report.

### Section 1: Workforce

Section 1 has 8 parts:

1. Performance Against Targets
2. Workshop Breakdown
3. Participation by Sector and Geographical Location
4. Participation by Role and Organisation
5. Evaluation
6. Impact Evaluation
7. Analysis and Learning
8. Next Steps

#### 1. Performance Against Targets

##### Workforce Target

A minimum of **800** people to participate via a total of **40** workshops.

**858** workshop attendees  
**456** 2018-2019  
**402** 2019-2020

**45** workshops  
**22** 2018-2019  
**23** 2019-2020

#### 2. Workshop Breakdown

In line with commissioning priorities the resource was split according to:

- Geographical location
- Workshops with an open booking system and facilitated in a multi-disciplinary context. (Universal)
- Workshops that were targeted at specific teams / work roles. (Targeted)

**27** Universal and **18** Targeted workshops were facilitated within the contract period.

**27** Universal

**11** 2018- 2019  
**16** 2019-2020

**18** Targeted

**11** 2018-2019  
**7** 2019-2020

The number of refresher / developing workshops grew in the second year of the contract from two to five.

The number of targeted workshops declined in year 2.

Two additional workshops were facilitated for those who participated in the SMILE facilitator programme.

Targeted workshops often relied on a commissioner's existing relationship and influence to open the door followed by ongoing persistence of contact from RIPEN.

During 2019-20 a number of workshops that were set aside for targeted were converted to universal workshops. There is further analysis of targeted workshops in section 7.

### 3. Participation by Sector and Geographical Area

	2018-2019			2019-2020			% allocation
	Total	Bradford City & District	AWCCCG	Total	Bradford City & District	AWCCCG	
<b>Bradford Council</b>	114	109	5	167	140	27	33
<b>NHS</b>	182	143	39	9	6	3	22
<b>BDCT</b>	46	37	9	21	17	4	8
<b>Airedale NHS Trust</b>	22	5	17	33		33	6
<b>Bradford Uni Pharmacy Students</b>				85	85		10
						Total Health %	(46)
<b>VCS</b>	65	42	23	81	59	22	17
<b>Education</b>	21	16	5	4	1	3	3
<b>DWP</b>	6		6				1
<b>Police</b>				2		2	
	<b>456</b>	<b>352</b>	<b>104</b>	<b>402</b>	<b>308</b>	<b>94</b>	

Bradford City & District used approximately 77% of the places and AWCCCG 23% of the places. This split has remained steady over the two year contract period.

Bradford University students have been included within City & District figures.

AWCCCG universal and targeted workshops had lower take up and attendance rates than Bradford City and District. This impacted on overall percentage.

Split per sector is broadly in line with 2017-2018 when Health utilised 43% of the places, Bradford Council 37% and VCS 20%.

#### 4. Participation by Role and Organisation

Social Workers had a greater workshop representation than any other professional role. This has remained constant over the duration of the contract.

The last year of the contract has seen a growth in attendance from professionals who work to support mental health and wellbeing. This growth is across all sectors.

There is evidence to suggest that a number of teams now build Conversations for Change into staff training plans. Those teams are:

Collaborative Care Team, Airedale General Hospital  
Early Intervention and Prevention, Children and Families, Bradford Council  
Carers Resource  
Community Team, Learning Disabilities, Bradford Council  
Safeguarding and Reviewing Team, Bradford Council  
Hale  
Access Team, Bradford Council  
Living Well, Bradford Council  
Cardiac Rehab, Airedale General Hospital  
0-19 Service BDCT  
Physiotherapists, Airedale General Hospital

RIPEN senses a possible correlation between commissioner relationship and take up of training by service. The services above are also more likely to have attended a Conversations for Change workshop and then followed this up with attendance at a Developing workshop to refresh and further develop their practice.

Whilst it may be interesting to explore more deeply the impact on these teams it also needs to be noted that individuals within teams have often had a maximum of two days training in the technique, an amount that is considered introductory by the Motivational Interviewing Network of Trainers (MINT).

In addition, through observation of participation and listening to groups practice at the workshops, RIPEN feels that some of the above services may have developed their skills as far as they are able within a multi disciplinary generic context. Service specific engagement in the future may be more beneficial in order to enable more focussed coaching and mentoring of their daily service specific conversations.

A full list of workshop participants including name, job role, team and sector as an addition to this report as per contract requirement.

## 5. Evaluation

Evaluation forms are completed anonymously at the end of each workshop. Honest and open feedback is invited in order to support the ongoing development of the workshops. Over the contract period feedback had remained pretty constant:

	2018-2019	2019-2020
Agree or strongly agree that participation was encouraged	100%	100%
Agree or strongly agree that it was organised and easy to follow	99%	100%
Agree or strongly agree it would be useful in their work	97%	100%
Felt the facilitator was knowledgeable and well prepared	100%	100%
Felt the time allotted was sufficient	91%	92%

Of the 8% (19-20) who felt the allotted time was insufficient, 90% wanted more time. Full data for further perusal is included as an addition to this report. RIPEN has analysed the data and formed the following insights.

There appears to be two main types of workshop 'take away' according to participants prior experience in guiding / person centred approaches.

Those who are more familiar with a directive style tend to take away with them plans to:

- Listen more and talk less;
- Use more open ended questions;
- Ask people how important change is and how confident they feel about making changes;
- Explore what they have already tried and what they feel might work for them before offering advice and guidance.

If participants are familiar with person centred practice they tend to take away plans to:

- Use more affirmations, reflections and summaries;
- Attend to sustain talk and cherish change talk.

## 6. Impact Evaluation

Workshop participants are invited to evaluate the impact of the workshop on practice approximately three months after participation. A prize draw, offering a £20 voucher is offered as an incentive.

There has been notable decline in impact evaluation participation:

55% in 2017-2018  
39% in 2018-2019  
22% in 2019 - 2020

RIPEN holds a view that service redesign, workload pressures along with the reducing numbers of people in teams has had an effect upon impact evaluation participation. This view is reinforced by listening to the personal change conversations that participants have when practicing the techniques within the workshops.

As part of impact evaluation participants are invited to provide an impact case study. This can be completed online or over the phone in a conversation. Whilst individuals often tick the box to say they are happy to be contacted to provide an impact case study there has been a nil response to

follow on communication during 2019-2020. One case study was provided during 2018-2019 and 5 during 2017-2018. Work pressure and demands are cited as the reasons for this.

Response by sector to impact evaluation has been pretty static over the duration of the contract.

	2018-2019	2019-2020
<b>Council</b>	44%	43%
<b>Health</b>	29%	27%
<b>VCS</b>	25%	23%
<b>Other</b>	2%	5%

The analysis hereinafter is based on 122 participants between 2018-2020. This equates to 14% of overall attendees.

Impact evaluation asks participants to consider workshop impact in the following ways:

- 6.1 Embedding New Skills
- 6.2 Changes to Personal Practice
- 6.3 Impact on Others
- 6.4 Change as a Consequence of New Skill Development
- 6.5 Use of Online Tools and Resources
- 6.6 System / Process Change Suggestions

## 6.1 Embedding New Skills

This area has remained relatively constant within the contract timeframe.

	2018-2019	2019-2020
I listen more	83%	90%
I use more open ended questions	89%	80%
I use more reflections and summaries	87%	84%
I use more affirmations	71%	72%
I ask permission and / or find out what people know before I give advice	78%	73%
I guide more than I direct	80%	80%

## 6.2 Changes to Personal Practice

Three themes have emerged in relation to practice changes:

1. Moving from a style of **Doing To** → **Doing With**
2. Taking more time to consciously look for **strengths** and build on what people **can do**
3. Adapting tools and assessments to **enable** the style of working alongside

### Doing To → Doing With

*"I ask people how they would like to be supported/assessed."*

*"I don't jump in with solutions or suggestions so quickly. I take time and let people come up with their own solutions if possible."*

*"I have adapted the way I carry out assessments mainly with a change of vocabulary."*

*"I give the client plenty of time to talk and do not interrupt."*

*"I have learned to leave the patient to express their own problems and develop their own care plans without prompts, using open ended questions that I have had to develop myself into my discussions either on assessments or on the telephone."*

*"I ask more about what the person wants to get from the intervention and what they would like to change to find out what their motivation is rather than jumping in with my own idea of what would be helpful."*

### Consciously looking for **strengths** and building upon what people **can do**

*"I use reflections to remind people of their strengths, what's going well and what they could be supported with to improve their own situation so they feel in charge."*

*"I now summarise/ reflect plus I am a lot more affirming with clients."*

*"Starting with positives and supporting people to look back at successes, as a way to enable them to move forwards."*

*"Do a lot more reflecting and summarising and make clients feel important and that they are heard."*

*"Trying always to be aware of what is/might be motivating the person I'm working with. Using listening skills more and waiting for positive cues rather than saying do this or that."*

### Adapting tools and assessments to **enable**

*"Made changes to the assessment form."*

*"Adapted the way we do face to face and phone communication."*

*"Being more aware of how I am communicating in an assessment and reminding myself to talk less."*

## 6.3 Impact on Others

99% of respondents feel that their workshop participation has made a positive difference to the way in which they work alongside others.

Three themes emerged through data analysis.

1. Relationships are **stronger** and **more productive** when we let go of professional power and purposefully seek to increase the involvement of the person we are seeking to help.

2. Professionals develop a greater understanding of how they can be **useful** through **deeper listening** and the use of **open questions** and **reflections**.
3. When we intentionally listen out for and respond to **change talk (strengths)** there is a greater chance of people **moving forward** as opposed to staying stuck in problem

### **Stronger and more productive relationships**

*"People are assisted to think of their own solutions rather than looking to me to provide it all."*

*"Interviews seem to be better."*

*"I think I'm more prepared to 'give up' my professional knowledge and opinions and allow a client more space to tell me about themselves in terms of the solutions they've considered. I think I'm less judgmental about what people are facing and attempts to address it."*

*"Improved communication and I have better relationships."*

*"I put the ball in the court of the individual more. I have removed the carer management imperative from my work practice and just concentrate on giving the person the best opportunity to express their wishes and then enable them to act on this."*

*"I allow more time for them to speak and allow quiet spaces in conversation."*

*"Able to get people to open up a bit more than previously."*

*"I use the 'coming alongside' part now."*

*"A lot of the families under our caseload have difficult lives. It has made me more responsive to what they tell me and using reflections so they feel listened to."*

*"I have developed my practice further from this training by further practicing open ended questions and allowing patients to express their own views and react to them in their own way, especially in the mental health side of my position."*

saturated sustain talk (arguments for the status quo).

### **More useful due to deeper listening, using open questions and reflections**

*"Made me more aware of my language choice."*

*"Helps me understand their needs more."*

*"I listen more and gain more information from the person before giving my advice."*

*"Trying always to be aware of what is/might be motivating the person I'm working with."*

*"It has made me take a breath and look at what is in front of me instead of rushing to find the solution."*

## Helping people to **move forward** by focusing on **change talk**

*"It has made me more aware of how to ask questions, confirm, enable people to reflect on positives and where they need support (not just focus on problems)."*

*"I feel I am better able to communicate with clients in order to motivate them to achieve their goals. I am more focussed on allowing the person to find their goals and solutions and less focused on trying to find those solutions myself."*

*"I have always listened carefully to what people are saying. Now I try to direct their thoughts towards how they will look at solving problems, rather than being just sympathetic."*

*"Focus on collaboration during the assessment, change talk - I have needed to practise."*

### 6.4 Change as a Consequence of New Skill Development

This is the golden question, the reason for commissioning this project.

Participants are asked if the people that they work with are making more changes because of the way that they work with them. Responses have remained pretty static over the time frame.

	2018-2019	2019-2020
Yes	15%	14%
No	6%	5%
Some Are	23%	22%
Difficult to Tell	56%	58%

#### Analysis - Themes and Trends

Those who stated **'yes'** have usually also attended the follow-on refresher / developing session. Their teams tend to be included within the list of teams who have built the workshop into ongoing learning and development, albeit not exclusively.

- Yes, they are finding their own solutions and making decisions that fit their own lives.
- Aids me in establishing good rapport with patients therefore increasing the chances of setting collaborate goals.
- They are taking ownership.
- Staff I manage are working differently due to the way I manage following on from my training.

Those who stated **'no'** would have liked more time practicing or their roles did not include change conversations.

- Personally I think I needed more time to get to grips with it.
- Like I said - it's just not part of my function, at present.
- Training required for shorter hours over a longer period to absorb the learning so that I feel more comfortable applying.

Those who stated '**some are**' raised issues of readiness to change and the way in which their service is structured / delivered - one off, over the telephone or short term.

- I don't work with people long term. I co-ordinate others to work with people, but I do feel due to my intervention that some people have better quality of care and for example now access the community more, which was an area for a few people that wasn't happening.
- It's been a very useful tool in my practice but I feel that it only works when people actually want to change.
- Some are more receptive to the ideas than others.

Those who stated '**difficult to tell**' raised issues concerning the length of time that participants have work with people. They don't track or follow on the people that they see.

- They are making changes, but I can't, hand on heart, pin down the factors for that.
- The changes overall are quite subtle but important.
- We only have limited short term involvement.

## 6.5 Use of Online Tools and Resources

The contract required the development of a suite of tools and resources that are available to all. Currently they are housed on RIPENs website. RIPEN is open to those tools being transported elsewhere as local plans for an Academy evolve.

The use of online resources by evaluation participants has remained at 28% during 2018-2019 and 2019-2020. In 2017-18 it stood at 17%. Time seems to be the factor that prevents the majority of people returning.

## 6.6 System / Process Change Suggestions

Participants are asked to identify what prevents them from putting the skills learned into practice and also to make suggestions that would enable the style to flourish.

The following themes emerged:

1. Ongoing training / Peer support mechanisms
2. Supporting Tools
3. Service Redesign

### Ongoing Training / Peer Support Mechanisms

*"Refresher sessions to improve my confidence."*

*"I think a chance for reflective, peer-supported practice might be helpful. It's very easy to slip back into old habits of thought, and having peers and colleagues 'watching your back' might be helpful."*

*"It may be helpful for more people in the team to learn about motivational interviewing techniques and the reasoning behind it, so that it can become part of the team ethos."*

As expected, workload and associated pressures was cited as a considerable barrier.

## Supporting Tools

*"Changes to our assessment document to support this way of conversations - this is already underway."*

*"Long assessment document, which is not user friendly."*

*"I'd like to revisit our service paperwork/forms/questionnaires and develop them."*

*"Assessments forms are very long and not user friendly, I need to explain the meaning of each section to service users before we start conversation."*

*"The paperwork involved in my job does not allow as much time to spend with a person as i would like."*

*"Assessment forms do not lend themselves to asking questions in a different way or allowing more space for listening. Amount of paperwork to be filled in with specific questions that require specific answers."*

*"Sometimes all the stuff that we are expected to do the first time we meet someone gets in the way. It straight away makes it something that you are doing to someone else."*

## Service Redesign

*"Further flexibility and time to have with individuals and build rapport to work on specific areas of support depending on level of care and support needs."*

*"Power issues and organisation bureaucracy."*

*"I would like to suggest that our wellbeing plans are written in the first person and sent to the person visited."*

*"Supervision would be better if it incorporated more reflective discussions rather than case discussions."*

*"Processes. Processes have to be adaptable and fit to individuals. People sometimes don't fit into a specific process and so it's a case of trying to provide supporting information as to why involvement should continue."*

*"Working with people whose first language is not English. This could also relate to others who have limited verbal communication."*

*"Written communication often excludes people with an LD from contributing well and we need to invest more in our assessment tools being accessible and the need for more social work time to support this. There are many other barriers to positive conversations and many of these start in children's support services / education particularly around those children with LD achievement potential and listening to their voice (not just the carer)"*

*"Change takes time this needs to be recognised at a senior management level. To motivate individuals, especially those who may have lost confidence needs commitment to secure real change."*

*"Sometimes people have been offered or identify potential solutions prior to assessment which clouds the process."*

*"More opportunity to practice and work in this way. Currently I get very little opportunity."*

*"We only usually have one appointment in which to do everything. A follow up appointment would help build relationships, trust and move forward further with changes."*

*"Underlying more serious matters. We are set up to fix in as short as time as possible."*

## 7. Analysis and Learning

The universal workshops consistently evaluate well. The fact that a baseline assessment is included within the booking form enables RIPEN to prepare accordingly and pitch the content on the day. For the vast majority of people this works very well as per evaluation outcomes.

People do require more than one day to learn this new skill, especially if working in this way is new. Occasionally participants can reject the approach if it conflicts with the way in which they have historically practiced or if they derive personal satisfaction from being the expert. Participants who have noted most changes with the people they work alongside have usually attended the follow-up session, or naturally use a guiding style.

There is a growing number of services that have attended Conversations for Change and the follow on Developing / Refresher half day. Further input to these groups would be more impactful via service specific rather than multi disciplinary groupings.

As the facilitator RIPEN feels that the targeted sessions have, on the whole, been less successful than universal sessions. Exploration of the reasons is useful.

Targeted session haven't worked as well when:

- They are facilitated for less than two hours.
- When RIPEN hasn't known who will be attending until the day.
- When there is a high degree of ambivalence within a team, usually as a consequence of an embedded directive approach to service delivery. This requires more than one day to build trust.

It feels like the targeted sessions have worked less well in Bradford City and Bradford District CCG areas than in AWCCCG. Whilst participant numbers have been much lower at the targeted sessions in AWCCCG, and sessions have usually taken longer to set up, when they have happened they have worked very well. It is also notable that participants from targeted sessions in AWCCCG take up more places at the Developing / Refresher sessions than those from Bradford City and District targeted sessions.

RIPEN also acknowledges that whilst the company has an extensive background of skills and expertise there are also other very well respected providers of Motivational Interviewing training in Bradford, namely Et AI Training, who are very possibly better placed for work within GP settings and its application to short consultations.

Learning from this two year contract has been built into the workforce offer contained within the contract extension. Targeted sessions will be reduced in number and increased in duration and intensity of support. This should also enable more data to be collected in terms of impact evaluation.

Given too that this report is written at a time when the country is living physically distanced lives it seems timely to explore the ways in which the training offer can be facilitated in modules within the virtual world, perhaps through the use of platforms such as Zoom.