Evaluation of Diversity and Public and Patient Involvement within the Sheffield Doctorate in Clinical Psychology Programme

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This report was commissioned by the Diversity Action Group which forms part of the governance structure of the Doctoral Clinical Psychology Training Programme and which is co-chaired by Dr. K. Boon & Dr. A. R. Thompson. The vast majority of the data collection, analysis and preparation of the report itself was carried out by Eleni Chambers, Service User Researcher. Sarah Blainey, Clinical Psychologist in Training, conducted the online survey that formed an important part of this evaluation. A review of the existing programme documentation was made by the following members of the programme team: Katharine Boon, Gail Coleman, Sara Dennis and Andrew Thompson.

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Evaluation of Diversity and Public and Patient Involvement within the Sheffield Doctorate in Clinical Psychology Programme

Executive Summary

Introduction
The evaluation was commissioned by the Diversity Action Group (DAG), a sub-committee within the governance structure of the Doctoral Clinical Psychology Training programme (DClinPsy) based at the University of Sheffield. The DAG is a forum for developing practice concerning both diversity and Public and Patient Involvement (PPI) and is attended by programme team, trainee clinical psychologists, external colleagues and by service users. The evaluation started in November 2009 and was completed in late 2010.

Background
The DClinPsy is commissioned by Yorkshire and The Humber Strategic Health Authority. Sheffield Health and Social Care NHS Foundation Trust (SHSC) employ all trainees who are also registered as postgraduate students at the University of Sheffield. The overall aim of the Clinical Psychology Unit (CPU), of which the DClinPsy is part, is to be a centre of excellence in translational research and professional training in clinical psychology, psychological therapies, interventions and supervision. The DClinPsy programme aims to have wide and inclusive coverage of diversity in all aspects of the training and aims to work in partnership with local stakeholders.

Aims
The main aims of the evaluation were:

- To identify existing diversity and PPI coverage within the programme
- To review existing feedback
- To gain new feedback as necessary from all relevant stakeholders so as to identify areas of strength and areas needing further development.

Method
The evaluation was led by a service user researcher and a trainee Clinical Psychologist in collaboration with members of the programme team. It used a case study approach, combining data from multiple sources:

- Survey of trainees, teachers, supervisors and programme team members.
- Focus groups (one with trainees and one with other stakeholders).
- Scoping of current practice.
- Personal knowledge of staff.
- Reflections on the process of conducting the evaluation by the evaluation team.
- Information gained from other DClinPsy programmes and the extant literature.

Summary of results

Teaching
- Most trainees felt diversity was reasonably well integrated within teaching, however tokenism was raised as an issue.
- Increased opportunities for open discussions and reflection were wanted.
Many staff currently found the feedback forms unhelpful and they wanted clearer guidance on diversity in teaching. Trainees regarded PPI very highly and both staff and trainees expressed a strong wish to increase PPI in the future.

Placements
- Mixed views were expressed regarding opportunities to develop skills in both diversity and PPI on placements.
- There was a need for clearer guidance and for the record forms (ACC) used to be revised to include PPI and increase clarity regarding diversity.

Assessment
- There was a need to review how diversity was assessed and increase emphasis on PPI in assessment.
- There was a need for further guidance to be produced for both trainees and staff.

Selection
- The Two Ticks scheme had encouraged diversity amongst applicants, however, due to the nature of the programme this wasn’t always achieved, in particular there were few trainees who were users of mental health services.
- Mixed views were expressed in relation to the programme’s ability to attract a diverse range of applicants.
- There was a need for greater PPI in the selection process.

Research
- There was a need to increase PPI throughout research, in particular to provide more training on practical elements.

Governance
- There was a need to increase both diversity and PPI in course committees.
- There was a lack of awareness regarding the remit of the DAG and a need to review its role.
- PPI was felt to be lacking in the DAG.

Summary of recommendations

Specific recommendations covering every aspect of the programme are included in the final section of this evaluation. In summary, all stakeholders acknowledged and were appreciative that there has been progress made in relation to the coverage of both diversity and PPI. However, there was a widely expressed desire for further improvements to be made. In general PPI was felt to be limited in comparison with the coverage of diversity issues and ideas to extend PPI included widening the network of people inputting into the programme. Regarding diversity, it was suggested there was a need to broaden the focus of diversity throughout the programme, with many additional areas identified by both trainees and staff. Clearly this has implications for both training and policy. The Diversity Action Group intends to liaise with all of the committees within the programme to assist in establishing realistic action lists stemming from the specific recommendations made.
1. Introduction

This evaluation was commissioned by the Diversity Action Group, a sub-committee of the DClinPsy programme, responsible for issues concerning both diversity and Public and Patient Involvement (PPI). It was recognised that there was a need to conduct a systematic and structured review of the programme with respect to current practice regarding both diversity and PPI. Similarly, there was a need to identify recommendations for future practice.

The DClinPsy programme aims to include diversity in all aspects of training for Clinical Psychologists, in accordance with the standards of proficiency for practitioner psychologists outlined by the Health Professions Council (HPC 2009). An awareness of diversity as part of reflective practice is also identified by the British Psychological Society (BPS) as a standard for training providers to meet (BPS 2010b).

PPI has been promoted by the Department of Health for some time and is now a requirement in both training and service provision (DoH 1999). In 2008, the BPS produced good practice guidelines for PPI within Clinical Psychology training (BPS 2008). The guidelines are practical, include examples from other DClinPsy programmes, and focus on user and carer advisory groups, teaching, selection, research, placements and other broader issues such as payment and funding. In 2010 the BPS produced a further set of guidelines aimed at PPI within Clinical Psychology services more generally (BPS 2010a). These cover the principles of involvement, obstacles, supporting involvement, diversity in involvement and end with a chapter on how to carry out involvement initiatives.

PPI has been undertaken in higher education for some years, mainly within the social work and nursing professions (Basset, Campbell & Anderson 2006; Levin 2004; Repper & Breeze 2007; Rudman 1996). A recent systematic review of the literature indicated there was minimal PPI in the education and training of Clinical Psychologists, in fact none of the studies identified concerned the training of any psychological therapist (Repper & Breeze 2004; Townend et al. 2008).

A brief literature review on PPI in psychological therapies was carried out as part of this evaluation and twenty papers were found that related specifically to PPI in Clinical Psychology, the majority of these in a special issue on Service User and Carer Involvement in Clinical Psychology Forum (Number 209, May 2010). Four articles focussed on PPI in service delivery in NHS Trusts. A service evaluation in Leeds (Simpson 2002) and a research study in Shropshire (Soffe 2004) both explored PPI within the psychological therapy services as a whole. The involvement of users in the selection of Clinical Psychologists was discussed (Long, Newnes & Maclachan 2000) and the final article looked at how Psychologists and users worked in partnership to develop hearing voices groups (Meddings, Stapley & Tredgett 2010).

The remaining papers concerned PPI in DClinPsy programmes and concentrated predominantly on training (Goodbody 2003; Harper, Goodbody & Steen 2003; Hayward & Harding 2006; Riddell 2010a), however some also focussed on placements (Atkins et al. 2010; Cooke & Hayward 2010; Hayward, Cooke & Riddell 2008), research (Pembroke & Hadfield 2010) and issues related to user and carer advisory groups within the programmes (Curle & Mitchell 2004). Some articles also discussed the issue of users as trainees (Hayward & Harding 2006) and survivor workers (Harding 2010; Harper, Goodbody & Steen 2003; Holttum 2010; Riddell 2010b), the barriers and difficulties of PPI.
(Diamond 2010; Goodbody 2003; Harper 2010; Harper, Goodbody & Steen 2003; Hayward et al. 2010) and issues related to carers (Foster 2010).

A full search has not been carried out for literature focussing on diversity in Clinical Psychology teaching. However, two articles were identified that described diversity surveys undertaken with programme directors and trainees in Canada and the US respectively (Brooks, Mintz & Dobson 2004; Green et al. 2009). They were both used to guide the surveys in this evaluation.

It was apparent from the literature that other DClinPsy programmes involve users and carers in a variety of ways and therefore contact was made with members of the Community Liaison Group (CLG) of the DClinPsy programme at the University of Manchester. Two members of the group came to speak at the Diversity Action Group in September 2010 with a view to enable learning from each other. The CLG meets every six weeks and is involved in a wide range of initiatives including teaching, selection, sitting on sub-committees and peer-reviewing. They have further aims to increase involvement in teaching and research in particular, and further information can be found on their website (University of Manchester 2010).
2. Aims

The full evaluation proposal is provided as Appendix 1 and includes the following original aims:

- To identify and record all aspects of existing diversity and PPI coverage within the programme (teaching, placement, service user input & academic work)
- To review existing feedback on the areas identified and gain new feedback where necessary from all relevant stakeholders. To identify areas of strength and areas needing further development for example gaps in teaching, placement opportunity, and availability of resources
- To suggest methods of increasing involvement provided by service user and carer groups in the Diversity Discussion Group (now called Diversity Action Group)
- To suggest specific roles and functions that service users and carers might undertake within the programme.
3. Method

A single case study approach was used which combined data from multiple sources (Yin 2003). This allowed triangulation to be used, leading to more robust findings. A number of people were involved in the collection of the data and included a service user researcher, a second year trainee and four members of the course team.

The views of a wide range of stakeholders were sought, including trainees, teaching staff, placement supervisors, personal and clinical tutors, course team staff and Executive Committee. The following were used as methods of data collection or sources of evidence:

- Surveys
- Focus groups
- Scoping of current practice
- Evaluation project of trainee
- Literature search

A flexible approach was taken to allow additional unplanned sources of evidence to be collected, including:

- Personal knowledge of staff
- Personal reflections of service user researcher, trainee and course team members
- Information gained from the Community Liaison Group of the DClinPsy programme, University of Manchester

3.1 Surveys

Two surveys were administered with the staff and trainees, distributed online and by email respectively (Appendices 2, 3). Both focussed predominantly on diversity although some aspects related to PPI were also included. They asked respondents’ views on teaching, placements, assessment, selection and governance, as well as their understanding and awareness of general issues related to both diversity and PPI.

Both surveys contained qualitative and quantitative elements, which were analysed separately. Quantitative data from both surveys were combined, analysed by the trainee and reported in her evaluation report (Appendix 4). Qualitative data from each survey were analysed using a basic thematic analysis (Braun & Clarke 2006) and reported separately by the user researcher (Appendices 5, 6).

3.2 Focus Groups

Two focus groups were held, one each for staff and trainees, to provide broader and more in depth perspectives, mainly concentrating on PPI issues. A diverse range of participants were sought for both groups. A brief open-ended topic guide was devised and used for both groups with slight amendments made for each (Appendix 7).

The groups were audio-recorded and transcribed verbatim. They were analysed and descriptive summaries produced using methods described in Gibbs (1997) and Kitzinger (1995) (Appendices 8, 9). They were then checked by two members of the course team involved in this evaluation, to ensure that the descriptive themes and quotes chosen were representative.
3.3 Scoping of Current Practice

This was carried out by course team members, who reviewed a number of course documents related to teaching, placements and research:

- Course handbook, assessment regulations, course work guidelines, teaching feedback forms
- Placement guidance, placement objectives, learning outcomes, Logs of activity of placement, ACC forms
- Documents related to teaching sessions on PPI in research

Personal knowledge was also used and reports were produced (Appendices 10 -13) that covered issues related to diversity and PPI in the following areas:

- Teaching
- Placements
- Research
- Selection

3.4 Evaluation Project

This was undertaken by a second year trainee and was based on data obtained from the Annual feedback report, teaching feedback and quantitative data from the two surveys. (Appendix 4).

3.5 Literature Search

A brief literature search identified relevant material comprised as follows:

- BPS documents
- Literature concerning diversity in Clinical Psychology teaching
- Literature concerning PPI in Clinical Psychology teaching
- Literature concerning PPI in mental health education more generally
- Other documentation specifically related to the Sheffield DClinPsy programme

3.6 Personal Reflections

Personal Reflections were written by the user researcher, trainee and course team members involved in this evaluation. They were thought to be relevant in order to capture data that wasn’t obtained from elsewhere and allowed a variety of perspectives to be introduced into the evaluation in a more structured manner (Appendices 14-17).
4. Results

A number of data sources informed the results and are described in Appendix 18. They comprise data on both diversity and PPI in different aspects of the DClinPsy programme:

- General comments
- Teaching
- Placements/ACC forms
- Assessment
- Selection
- Research (PPI only)
- Governance

4.1 General comments

Overall the experience of carrying out the evaluation was positive for all those concerned and the evaluation was met with enthusiasm and interest from those who took part (Appendices 5, 8, 14-17).

Staff made suggestions for improving both diversity and PPI across the course as a whole including meeting with other courses and increasing opportunities for reflection amongst the staff team. It was felt that there was progress in both diversity and PPI, but that further improvements could still be made. Staff felt that this evaluation was useful as a starting point and they expressed an interest in hearing the outcomes and being part of making changes happen (Appendix 5).

Diversity

In their survey, most staff showed an awareness of areas where diversity was promoted on the course. These mainly concerned teaching but also included placements, selection and governance. However, some staff stated they were unsure how diversity issues were currently promoted, particularly for some aspects of the course such as trainee selection (Appendix 5).

Staff felt that trainees sometimes took a narrow view of diversity, focusing predominantly on ethnicity and race issues rather than on broader aspects of diversity (Appendix 5). In the trainee survey, there was an increase in understanding and awareness of diversity issues as trainees progressed through the course – trainees full responses on their definitions of diversity can be found in Appendix 6.

PPI

In the staff survey, there was a far greater lack of awareness of PPI issues compared to diversity, although most who responded were able to give examples of PPI in teaching, placements, selection, research and governance. However, many staff said they were unaware of how the course promoted PPI, were unable to give any examples of PPI in the course or only gave one (Appendix 5).

Similarly, in their survey trainees felt that PPI was limited or minimal on the course. It was suggested that there was an emphasis on diversity in the course to the detriment of PPI, which they considered to be rarely addressed (Appendix 6). Trainees were able to provide similar examples of PPI throughout the course as staff, however in the trainee focus group,
participants stressed they wanted more PPI in other aspects of the course other than teaching (Appendix 4). They were very positive about their experiences of PPI and also provided many suggestions of how it could be improved and increased. Such suggestions include the need to consider PPI as a topic in its own right rather than it being included as part of diversity, widening the diversity of users who are involved and involving professionals who are also users. Other specific suggestions related to teaching, placements and governance (Appendices 6, 9).

Staff who attended the focus group showed a clear understanding of different types of involvement and referred to “levels” of involvement. They mentioned numerous relevant principles and issues including the need for meaningful involvement, involvement from the outset, the relevance of power and language and the importance of supportive structures for PPI:

“the structures have to truly welcome diversity in terms of not excluding people’s experiences which can often be useful, how that’s done it’s a huge question but, so I’m not sure it’s just the language I think it’s the kind of way I see is what it is still perpetuating”.

They felt that the DClinPsy programme invited involvement from users rather than it being the other way round (Appendix 8). This was echoed in the trainee focus group where participants went further by stating that when users were involved it was also on the terms of trainees or the course team. However, it was acknowledged that possible opportunities for involvement needed to be made clear otherwise users wouldn’t be aware (Appendix 9).

The issue of “representativeness” was raised by staff. As different users express different views it was thought to be inappropriate to rely on one user to provide “the user perspective” and also caused concerns for some staff of getting PPI wrong. It was suggested it may be more appropriate to think in terms of diversity instead of representativeness by, for example, involving several users not just one. It was also important to consider what the function of involvement was. If representativeness was required then research techniques could be used, if diverse views were sought then users could be recruited who held particular expertise in that area (Appendix 8). Trainees also raised similar issues, stating they wanted to see a more diverse range of users involved. They were aware that PPI wasn’t successful all the time. For example, they felt that PPI tended to attract those users who had either had very positive or negative experiences of services and this caused difficulties at times. They felt there was a certain degree of tokenism on the course (Appendix 9):

“I have had a few experiences of that where it is kind of wheeling somebody in and then wheeling them back out again and it is really uncomfortable”.

Staff felt there was a need to use more innovative methods of involvement in order to involve those groups whose voices weren’t usually heard, for example, young people or people from BME communities. However, they recognised that such groups may want considerable changes making to services and it was unclear if psychologists and organisations were currently prepared to take this on board (Appendix 8).

Both trainees and staff commented that there was a distinction between patients and the public, and it was felt that they involved patients but not the public. Similarly, carers were rarely mentioned. Several current issues were noted, including one tutor holding lead responsibility for PPI and a payment policy for PPI had recently been devised. Other
DClinPsy courses had refused to pay users and staff felt this was both insulting and unappreciative. Both trainees and staff suggested a user group could be formed to advise on different aspects and feed into the course at a senior level (Appendices 5, 6).

Mentoring was also proposed. Trainees stated they valued more informal contact with users as they felt it was easier to ask users about issues on a one to one basis rather than in a large group (Appendices 6, 9).

### 4.2 Teaching

There were some similarities between diversity and PPI in teaching, notably about how to encourage open discussion and reflection. Staff felt that a class environment wasn’t the most comfortable for looking at either issue and often people shared more in small groups. Often discussions weren’t continued elsewhere, even though a lot of material was explored in some teaching sessions. One staff member felt that if he disclosed a bit about himself then that encouraged trainees to do the same. However, other staff members didn’t feel able to disclose as much as they would like and were concerned that trainees would think that they weren’t very open (Appendices 5, 6, 8, 9).

### Diversity

Staff wanted to broaden the scope of diversity to include issues connected with power and politics. They felt trainees often held a narrow view of diversity, focusing predominantly on race, sexuality, etc and thought this could then lead to inaccurate assessments of the teaching sessions. However, staff recognised that it was hard for some trainees to identify diversity issues unless they were identified separately – modularised diversity teaching made this clearer, however may cause generalising and compartmentalising and hence stereotyping (Appendix 5).

Trainees held mixed views about how to incorporate diversity into teaching, with some wanting separate stand-alone sessions on diversity and others wanting it integrated naturally into sessions. Some trainees felt that diversity was inherent in what Clinical Psychologists did anyway, so teaching should reflect this rather than reinforce the idea that it can be split into separate groups of gender, ethnicity, etc (Appendix 6).

According to the most recent Annual feedback forms (2009/10), the majority of first year trainees (88%) felt diversity was integrated “reasonably well” or “very well” into sessions, with several sessions being particularly highlighted, but they acknowledged that diversity was not always discussed in sessions. In the second year, trainees thought diversity was less well integrated (61% said it was integrated “reasonably well”) with some believing it was tokenistic in places. Again, some specific sessions were highlighted as integrating diversity well and other sessions mentioned as lacking in diversity. In the third year, trainees felt diversity was better addressed, with 78% stating it was “reasonable well” or “very well” integrated. Specific requests were made for more teaching on certain diversity issues in all the year groups (Appendix 10).

Annual feedback forms from previous years (2007/08, 2008/09) showed similar results and were combined. For all year groups, 45-80% of all trainees felt the quantity of teaching on working with difference was “about right”, 39-90% felt the quality was “good” or “excellent” and 50-80% felt the relevance was “good” or “excellent”. For all year groups, 89-99% of trainees felt diversity was integrated “reasonable well” or “very well”. Between 60-82% of
all trainees “agreed” or “strongly agreed” that teaching staff were sensitive to and explored issues of difference (Appendix 4).

The “protected characteristics” in the Equality Act were mentioned by staff as being important to integrate into all clinical teaching. During the first year, staff wanted to provide more opportunities for trainees to reflect on the meaning of diversity. They also felt that more could be done to encourage open discussions and reflection around trainees personal issues related to diversity and prejudice. Trainees echoed this and some stated they wanted more facilitated time/space to reflect on diversity issues. They felt they hadn’t had an opportunity to consider diversity within their year group or its influence on group processes. Conversely, some trainees felt that a lot of the teaching had been very reflective and wanted more information-giving teaching (Appendices 5, 6).

Some trainees felt they needed more encouragement to share in teaching on diversity and develop more ownership in the topic. They felt teaching staff needed to be prepared to be challenged and should be able to manage the process; however, they acknowledged this could be difficult. Trainees felt the more defensive diversity teaching had been unhelpful (Appendix 6).

In their survey, trainees identified many aspects of diversity that they felt were not currently covered well, notably spirituality and religion, class, sexuality and general issues relating to power. Other areas currently not well covered and more detailed comments and suggestions can be found in Appendix 6. Trainees felt certain areas were covered well, including age, culture and ethnicity and disability/health conditions and commented specifically on different aspects of diversity issues (Appendices 4, 6).

Staff felt there was a need to provide greater co-ordination across the whole programme to ensure cohesion and a good balance. It was recognised it was sometimes necessary to prompt teaching staff to ensure diversity was integrated. Clearer guidance was thought to be useful, to increase explicitness about definitions of diversity, to provide clearer aims and key points on good practice and to ensure consistency across the team. This was echoed by the trainee evaluation which found that only 39% of teaching staff found the current guidance to be useful (Appendices 4, 5).

Staff wanted to make specific links to clinical competence and practice, for example, informal assessment could be linked to some diversity issues. Similarly, trainees suggested diversity teaching could be linked more to placements and/or applied to trainees’ own learning. Staff felt that transferability could be encouraged more, for example, some issues could be applied in physical health or learning disability fields – more specific guidance may be necessary on this initially (Appendices 5, 6).

Staff had mixed views about the feedback forms. Some thought the forms should be changed as simply providing a tick-box on the form was not providing enough information, while others felt the forms captured a broad range of perceptions. Staff felt it was difficult to cover the diversity of clinical work in teaching as there were often a huge range of issues – there will therefore always be some trainees who believe diversity has not been addressed. In the trainee evaluation, only 50% of teaching staff found the current feedback forms to be useful (Appendices 4, 5).

Many trainees who took part in the survey felt that diversity was treated in a tokenistic or “tick-box” manner, particularly when a PPT slide on diversity was included or when it seemed that people from minority groups were brought in to carry out the teaching. They
suggested it was more important to focus on quality not quantity of diversity teaching, partly because there were some areas were diversity wasn’t particularly relevant and if it was brought into all sessions in the same way then this simply increased tokenism. Staff thought that diversity was increased if teaching was carried out by people from other disciplines or agencies, including community groups, as it was felt that other professions may have a more diverse profile (Appendices 5, 6).

**PPI**

In their survey, only 6 members of staff said they had achieved PPI in teaching, through users sharing personal experiences either in sessions or on DVDs. This included a professional with a disability who was able to provide both perspectives and a user activist colleague who was already known to the staff member. Those staff who had carried out PPI in teaching said that they had found it helpful. Of all staff respondents to the survey, 96% said they would consider PPI in the future and 89% thought the course would be supportive of this (Appendices 4, 5).

Both trainees and staff wanted to see both more specific teaching on PPI and more PPI in teaching, although sometimes they both felt there was a need to manage the PPI in teaching more appropriately. Sometimes the content of what users had to say was shocking or unexpected for trainees and they felt teaching was better when balanced or facilitated by staff. Staff suggested there was sometimes a need to use more creative methods that may enable more comfortable involvement for users, including videos or use of written materials. This was supported by an example provided in the staff focus group, where despite good preparation and support systems put in place by the staff member, the user involved had found speaking about her personal experiences to be quite traumatic. However, despite this the session had gone very well (Appendices 4-6, 8, 9):

> “it was the very thing that made it so useful was also the thing that made it so difficult for her…and that was the power of it, and I mean she did it very, very well and was very in control and very contained in that environment. It was afterwards that she was able to tell me she had just got very traumatised, so actually I think if I was, I mean, I will be doing it again, I think probably I will back off and I wouldn’t take that risk of asking someone in her position, I would, I would go back to asking people familiar with telling the story”.

Numerous suggestions were made as to how such situations could be eased in future – see Appendices 8 and 9. In their focus group, trainees discussed practical issues related to teaching sessions, raising difficulties they had encountered and making suggestions how sessions could be better facilitated (Appendix 9).

It was acknowledged that sometimes there may be confidentiality issues for some users, for example, those with an HIV diagnosis. Staff mentioned that trainees found the session that involved a deaf presenter valuable – it was always commented on and trainees also appreciated having the opportunity just to meet them. Trainees suggested PPI be included on teaching feedback forms (Appendices 8, 9).

The majority of comments that trainees made regarding PPI were related to teaching and were overwhelming positive. They found it to be beneficial and engaging, it had made a huge impact on them and influenced their practice the most, led to a deeper understanding, brought teaching to life and so on. A small number if trainees felt PPI hadn’t had any impact on them. All the comments from the trainee survey are found in
Appendix 6. Similar comments were made in the trainee focus group with trainees adding that they appreciated listening to users talking about their experiences and being able to ask them questions. They also spoke positively of the basic clinical skills training (Appendices 6, 9).

It was acknowledged by staff in the focus group that the majority of teaching was carried out by external staff and therefore perhaps more assistance could be given regarding preparation or improving the documentation and it was suggested that external staff could be asked what would be useful for them in this respect. Teaching was an opportunity for both external staff and users to get something out of it for themselves, including experience or fun. Trainees stressed it was important to thank users for their involvement (Appendices 5, 8, 9):

“It’s not often that, you know, we all say thank you at the end…I just feel like, you know, to keep people, I mean they are so honest about you know, a really really difficult story and I just wanted to kind of acknowledge that by saying a personal thank you…because how are you supposed to keep people motivated?”

In the Annual feedback forms, first year trainees didn’t mention PPI at all. In the second year, 44% of trainees felt there was “too little” teaching on PPI, 11% cited the PPI teaching as “unsatisfactory” and several comments were made stating that there were too few users who had been involved in teaching. In the third year, the number of trainees who regarded the PPI teaching as “too little” had increased to 50% and they believed that the core competency of PPI had been covered to a “very little” extent only (Appendix 10).

4.3 Placements/ACC forms

Diversity

Staff raised similar issues regarding placements as with teaching, including wanting guidance on best practice and the need to broaden the definition of diversity to enable trainees and supervisors to think beyond ethnicity, gender and age – differences regarding values/morals and education were mentioned. Trainees felt that placements were a better forum for addressing diversity issues than teaching. And 80% of trainees felt that their placements had provided appropriate opportunities (Appendix 4-6).

Staff suggested that placement supervisors could find opportunities for discussion of and exposure to aspects of diversity for trainees whilst on placement, although it was acknowledged, by both staff and trainees, that this can be difficult in some areas, for example, a rural area where diversity mainly concerned culture, age and socio-economic grouping. Trainees identified opportunities concerning ethnicity, religion and sexuality to be particularly lacking. Trainees had mixed experiences regarding the helpfulness of supervisors regarding diversity issues (Appendix 4-6).

Both staff and trainees suggested that case studies were a good opportunity for considering diversity. Staff wanted diversity built into part of the marking criteria on placements and they wanted ACC forms to be amended to ensure that specific and personal learning objectives on diversity were made clear. Trainees had mixed views regarding the ACC forms. Some felt the forms were sufficient in highlighting diversity issues, others raised issues such as feeling the forms were too focussed on culture (see Appendices 4-6 for further information).
The scoping review of placement-related documents showed that both trainees and supervisors describe their learning objectives regarding diversity in very general terms on their ACC forms in the trainees first year. By the second and third years this had broadened to including wider learning objectives taking into account power, values, prejudice and many other issues related to diversity. Trainees also recognised the need to discuss diversity issues in supervision. Only 53% of supervisors found the information provided by the course to be useful with regards to diversity and they found the ACC forms to be more useful (63% stating it was useful) (Appendix 4, 11).

**PPI**

One staff member commented that PPI needed to be more embedded in placement goals because PPI was a Care Quality Commission target. It was suggested that trainees could carry out a PPI project as one of their placements. Trainees wanted more PPI in placements in general (Appendix 4, 5).

Trainees had mixed experiences regarding PPI in placements and felt that PPI could be more encouraged. Often PPI seemed to be as a result of the trainee themselves expressing an interest and actively seeking out the experience (Appendix 6).

Trainees suggested there should be a section on PPI on the ACC forms and acknowledged that PPI appeared in many of the different competencies as a bullet point. The scoping review supported this in that there was no mention of PPI in the ACC forms that were reviewed (Appendices 6, 9, 11).

**4.4 Assessment**

**Diversity**

Staff identified a need to work on diversity in assessment and made various suggestions for improving the coverage of diversity including increasing clarity in marking criteria that consideration of diversity issues is essential, introducing a diversity focussed piece of work and introducing specific SAQs for diversity. Other suggestions from staff can be found in Appendix 5. In the trainee evaluation, most staff (50-63%) stated they were unsure how guidance encouraged diversity or didn’t think diversity was covered too well (25-37%) for case studies, SAQs and ACPs (Appendices 4, 5).

Trainees agreed that more detailed guidance regarding diversity in assessment and marking would be useful. However, they had mixed views about the appropriateness of having a diversity section in the assessed work. Some thought it would be contrived and artificial and would force trainees to comment on issues that may not have been relevant whereas others thought it would be useful. See Appendices 4 and 6 for further comments.

In the trainee evaluation, most trainees (77%) felt that the guidance on case studies encouraged them to consider diversity issues “quite well” or “very well”. However, for both SAQs and ACPs, most trainees were unsure or thought they were encouraged “not too well” (Appendix 4).

**PPI**

Staff felt there was a need to increase PPI in assessment (Appendix 5).
4.5 Selection

Diversity

Staff felt that the course had a “strong ethos of encouraging and supporting people with identified or disability needs” that started with selection and continued throughout the programme. The Two Tick scheme was adopted in 2009, the course has a designated Disability Liaison Officer and the Disability and Dyslexia Support Service and other sources of support can be accessed by trainees (Appendix 13).

Staff made very few comments on this in their survey, stating that it should be discussed within the course team and that increasing diversity in this area would be difficult without changing the nature of the current selection criteria. Mixed views were expressed by staff, with some stating they felt the course was good at encouraging a diverse range of applicants and others suggesting that the profile of the course could be raised more within communities and that there was often a lack of diversity within the trainee groups (Appendix 4, 5).

Staff believed that the course had a reflective position on diversity and in the selection interviews trainees are encouraged to be reflective. However, the course also has a strong reputation for being somewhat exacting and this causes trainees to be fearful about disclosure. Staff felt that trainees had a lot to prove and they often believed they had to be super human, through out all three years of the course. Trainees expressed similar views (Appendices 8, 9):

“you have to be super human and perfect, you know that’s the view when you are in the system, you have to be just absolutely confident and brilliant and enthusiastic and energetic, you have to be all these things to enable you to get on to clinical training and so as soon as you gain your first year you are not going to own the fact that you’re not perfect because it’s like, you know, I’m really confident you can trust me and you know, you have to be because you just have that you know, that you’re being assessed all the time”.

Trainees believed that some users were represented in their profession but certain areas of representation were lacking (Appendix 9):

“we’ve had service users come and talk about homosexual views and removal of children into care, and you know heroin addiction, and these are things which I really feel probably aren’t very well represented in our profession”.

Trainees also felt assumptions were made with people sometimes assuming all psychologists were “20 something slack-jawed middle class people”. This made it harder for them to disclose and they recognised a conflict between sharing experiences and being evaluated, perhaps more so than in other professions. Sometimes it was found in the year groups that there were one or two trainees who were more comfortable disclosing, simply because they were more vocal, but this in itself could then be off putting to other trainees as the groups tended to focus disproportionately on those who had disclosed (Appendix 9).
PPI

Staff wanted greater PPI in the selection process. At present, although some users are involved at selection, both the diversity and number of them appears to be limited (Appendix 8).

Staff felt that users of mental health services should not be excluded from the DClinPsy programme and if they were excluded then any user involvement could always be considered as tokenism. They felt that generally psychologists rarely told people if they were also a user because it was felt that it would have implications. They thought that trainees in this position may sometimes discuss the matter with their clinical or personal tutor but it was far more likely that they would keep such information hidden. In the focus group, staff discussed how some years ago they were explicitly told not to disclose any mental health difficulties as trainees and they were unsure what had changed in this respect. In the trainee focus group, Rufus May was mentioned as being open about his experiences as a user, however when he was training he didn’t disclose his experiences (Appendices 8, 9).

The Two Ticks scheme was mentioned and this was thought to have enabled some positive changes but there was still a long way to go. Through the scheme, some trainees had declared a specific general health condition or dyslexia but no one had ever declared they had mental health difficulties. Trainees were also aware of the scheme, however they were unsure whether disclosure would help them at selection or not (Appendices 8, 9).

Trainees also commented on this issue, stating that when they had spoken to personal tutors or individual staff they felt the issue had been handled sensitively. However, they also said that other staff had made assumptions about the mental health status of trainees resulting in trainees feeling pigeon-holed. In the first year trainees felt it was inhibiting in general to disclose personal information but that this became easier in subsequent years (Appendix 9).

Trainees described the pressures they felt on the course (Appendix 9):

“we are more vulnerable I think to experiencing mental health difficulties while going through this process and I just don’t know whether the course recognises just how stressful sometimes it can be and that may well put a lot of people off, that would be really good clinical psychologists”.

The evaluation itself illustrated the need for ongoing discussions and negotiations regarding PPI that take into account the roles and support needs of users (Appendices 16, 17). Similarly, other examples of PPI within the CPU have highlighted contradictions between rhetoric and reality regarding involvement and have shown that assumptions can sometimes be made (Appendix 14).

4.6 Research

PPI

Staff held mixed views about PPI in research – compared to other areas of the course, some felt it was under-developed and others thought it was more advanced (Appendices 5, 8).
Several research skills teaching sessions in the first and second years include elements of PPI, including those on ethics and governance and preparing a proposal. There is one specific session on PPI in research which is jointly facilitated by a user, which although covering a lot of material, appears to be more theoretical than practical. Trainees also have access to several resources through MOLE but unfortunately some of these are several years out of date. There is also access to a small amount of funding for each trainee which could be used to pay for PPI and a self-review form which explicitly asks how PPI has been considered (Appendix 12). The user researcher in this evaluation has been asked by both staff and trainees to assist several trainees with their research projects, however, this PPI was unfunded on all occasions (Appendix 14).

Trainees wanted more teaching on practical elements of PPI in research – how to actually involve users in designing, analysing and disseminating research. This was supported by the views expressed in the trainee focus group where some trainees had experienced difficulties in recruiting users to be involved, constraints due to timescales and areas where teaching in involvement in research had been lacking (Appendices 4, 6, 9):

“I didn’t even really know about [how to involve users], like what there is out there, so I guess maybe someone could include that because we did have some teaching but it was so far off the time when we were doing anything that I don’t really know what is out there to use”.

Trainees felt that the priority given to PPI in their research projects was often dependent on their research supervisor’s attitude to PPI. They also felt that PPI in research was often limited to certain areas only – the design of proposals and qualitative research were mentioned. There were other areas including service evaluations, where PPI could clearly be improved. This evaluation highlighted the benefits of involving users in itself, and showed that alternative perspectives during the design and analysis stages could be very valuable (Appendices 6, 9, 15).

4.7 Governance

Diversity

In the trainee evaluation, 63% of staff members felt that diversity was covered in course committees quite or very well with the remainder unsure or stating it wasn’t covered very well (Appendix 4).

PPI

Staff suggested users could be involved in staff recruitment and other areas of governance such as on committees and in decision-making. Trainees suggested users should be involved in all the course committees, however they acknowledged difficulties that they themselves experienced in such meetings (Appendices 5, 9):

“I find it quite hard staying tuned in a lot of the time to what’s being talked about and I just think people have to see it as meaningful or that they can see an impact and I think even as a trainee a lot of the time you just like, you know, you can argue and I think that was the impression you have a lot more energy to kind of argue a point and still nothing happens and like you always talk about all the ways of the University moves slowly and it’s true, it’s so hard to effect any form of change”.

17
The Diversity Action Group (DAG)

In the staff survey only 7 people were able to state what the role of the DAG was – these were all course team members, as the question was limited to them. Full responses can be found in Appendix 5. In the staff focus group some staff were familiar with the DAG and its purpose and had attended meetings, whilst others had never attended (Appendices 5, 8).

Staff felt that a lot of work had been done on the course regarding diversity but that it wasn’t always co-ordinated by the DAG or any other group. They suggested a review would be useful, to explore how the DAG fitted in with the other committees and the Annual report. It was acknowledged there could be a tension in the DAG between the need to discuss course business and it being a forum for reflection and discussion (Appendices 5, 8).

Trainees were aware of the DAG and felt there could be greater PPI in it. Most trainees in the focus group actually didn’t realise that the DAG also included PPI in its remit and felt the name was misleading (Appendix 9).
5. Discussion

5.1 General comments

It was felt that the Sheffield DClinPsy programme had made progress in both diversity and PPI, diversity in particular, but that there were still improvements to be made. Participants were able to provide positive examples of diversity in different areas of the programme, however, PPI was felt to be limited to teaching mainly, although was received positively.

There was a lack of awareness of PPI shown by some participants who completed the surveys, suggesting a need to increase understanding of the issue and to considering developing some basic training, guidelines and resources. The BPS Good Practice Guidelines (2008; 2010a) and other resources (PEPIN 2011; Tew, Gell and Foster 2004) will be useful in this respect.

Those participants who attended the focus groups generally showed a strong interest in, and greater experience and understanding of PPI. They discussed issues that were often missed in the survey, including ownership of PPI initiatives, who to involve and the use of more innovative methods of involvement. However, as is common with PPI, some participants expressed a fear of getting it wrong which can act as an obstacle to PPI (Harper 2003; Hayward and Harding 2006).

Psychologists are well placed to recognise and work with any difficulties associated with organisational change (BPS 2010a) and the environment within the CPU was found to be friendly and welcoming, showing a culture that is open to both PPI and diversity issues (Appendix 14). This can be drawn upon, along with the enthusiasm shown by both staff and trainees who took part in this evaluation. Trainees and staff made numerous suggestions for the future, as provided in the Results section and relevant appendices.

It is clear that there are mixed views regarding diversity throughout the course and it will be impossible to meet everyone’s expectations regarding this. However, the majority of participants wanted to see greater consideration of diversity issues. Staff felt there was a need for greater co-ordination across the whole programme to ensure cohesion.

5.2 Teaching

There were similarities between diversity and PPI in teaching, notably concerning the wish of both trainees and staff to encourage more open discussion and reflection, including reflection on trainees’ own personal experiences. Furthermore, Goodbody (2003) states that reflective practice is useful for engaging in PPI activities. Trainees recognised that they needed greater encouragement to participate in this type of teaching, that teaching staff needed to be prepared to be challenged and they acknowledged such teaching could be difficult. It was acknowledged that the class environment was not the most appropriate for this and that small groups often worked best.

Trainees held mixed views regarding how to incorporate diversity into teaching with some wanting separate stand-alone sessions and others wanting it integrated into sessions. Currently trainees felt that this integration was done reasonably or very well most of the time, however they identified tokenism as an issue. They suggested the focus should be on quality of teaching in diversity and not quantity and that this would help to reduce such tokenism. Mixed views were expressed regarding the quantity of teaching on working with difference, the relevance of the teaching and the sensitivity of teaching staff to the issues.
Both staff and trainees wanted to broaden the scope of diversity in teaching, however, some staff felt that trainees held a narrow view of diversity. Due to the number of detailed comments and suggestions from trainees on this issue it appears that trainees have a greater understanding, encompassing a wider range of diversity issues, than staff may realise. Other differences were illustrated, in particular with regard to tokenism. This was highlighted by trainees as an issue with regard to diversity in teaching, although not mentioned by staff at all. Trainees identified many aspects of diversity not currently sufficiently, notably spirituality and religion, class, sexuality and general power issues. This is consistent with results from studies that have explored diversity in Clinical psychology teaching (Green et al. 2009).

There was a strong interest displayed by both staff and trainees for increased PPI in teaching. Very few staff members had actually involved users in their teaching and most trainees and staff felt there needed to be both more teaching on PPI itself and more PPI in teaching. The majority of PPI in teaching had been very well received with trainees stating they had found it to be powerful, engaging and beneficial. Sometimes difficulties had occurred, but both trainees and staff were able to provide suggestions for improvements in the future and there are many innovative ideas available in the literature (Curle and Mitchell 2004; Harper 2003; Riddell 2010a).

Staff suggested a review of the guidance regarding both diversity and PPI would be useful, and this would obviously help to increase and improve PPI. Regarding diversity, clearer guidance would be useful to increase explicitness about definitions and to provide clearer aims and key points on good practice.

Many staff also requested a review of the feedback forms as it was felt that they didn’t currently reflect the broad nature of diversity and a simple tick-box approach wasn’t sufficient. Similar it was felt that PPI also needed to be included on the form.

5.3 Placements/ACC forms

Similar issues regarding placements were raised as with teaching. Staff wanted guidance on best practice and identified a need to widen the definition of diversity to encourage broader thinking around the issue. However, it was clear that trainees’ awareness and understanding of diversity issues increased as they progressed through the three years of the programme. It was also recognised that diversity is a personal matter and trainees’ development would depend on a number of factors.

Trainees felt placements were a better forum for addressing diversity issues than teaching and the majority felt that their placements had provided appropriate opportunities, although it was acknowledged this was difficult for some placements and they had mixed experiences regarding their supervisors in this respect. Trainees wanted increased PPI in placements but similar mixed experiences with supervisors were described and often trainees felt that PPI only occurred because of their own interest and pro-active seeking of opportunities.

The opportunities for experiences regarding diversity and PPI were thought to be a joint responsibility between trainee and supervisor and various suggestions were made to improve such opportunities. These included reviewing the ACC forms and guidance, in particular to provide more specific guidance on diversity for the first year, to ensure that learning objectives on diversity were clearer and to include PPI more explicitly. It was also
suggested that Clinical Case Studies (CSS) were a good opportunity for considering diversity, however it was recognised that this would necessitate the revision of the Assessment Regulations and Coursework Guidelines. Also, it was felt there was some duplication of information regarding placement activity and therefore the Log of Activity of Placement could be revised to avoid this.

PPI in placements is clearly currently quite unstructured and dependent on both the trainee and supervisor. Therefore, there is scope for future development as described above and as indicated by examples from the literature. These cover activities such as users and carers acting as placement advisors and increased partnership working between external groups, NHS Trusts and higher education establishments (Atkins et al. 2010; Cooke and Hayward 2010; Hayward, Cooke and Riddell 2008).

5.4 Assessment

Staff identified a need to examine how diversity is considered in assessment and made suggestions such as introducing a diversity-focused piece of work or specific SAQs for diversity.

Most participants felt that more detailed guidance was needed regarding assessment and marking, for case studies, SAQs and ACPs. This would benefit both trainees and markers and would assist with the current lack of clarity regarding how diversity is covered in assessment.

It appeared there was currently no PPI at all in assessment. In some disciplines there is a long history of non-academics, usually clinicians, being involved in marking and this has worked well in practice where there been clear guidelines (Tew, Gell and Foster 2004). There is nothing to prevent similar principles being applied to the involvement of users or carers in this manner and in fact some disciplines such as social work have been doing this for some time (Bailey 2005).

5.5 Selection

The current policies and procedures of the Two Tick scheme that have been adopted by the programme are in line with those of other departments throughout the University. While this in principle may encourage prospective trainees with health needs or disabilities on to the course, in reality this appeared to be limited to those with physical health conditions only.

There was an obvious conflict between what was espoused by the department in this respect and what actually happened in reality, with trainees having to complete a demanding three year programme which has a reputation for being one of the most sought after in the country. This is in addition to the usual assumptions and expectations that are placed on all mental health professionals to some extent. Participants in the focus groups felt strongly that trainees with mental health difficulties should not be excluded from the programme, however, it was acknowledged that cultural and other changes were required to address this issue. General awareness training would be helpful in this area also.

Staff wanted greater PPI in the selection process, which appeared to be limited at present. There are several advantages to developing this aspect of PPI further. Often users express concern about the values and attitudes of mental health staff they encounter and stress the importance of “people skills” – greater PPI in selection would enable these skills
to be given more prominence. The DClinPsy programme has recognised this and involved users in basic clinical skills training to good effect. A further benefit to PPI in selection is that it highlights the attitudes and culture of the programme from the outset, showing trainees what the programme considers to be of value (Long, Newnes and Maclachan 2000; Tew, Gell and Foster 2004).

5.6 Research

Trainees expressed a strong wish for increased opportunities of PPI in research and for more effective teaching on the subject. Teaching appeared to be limited to mainly theoretical aspects and trainees highlighted a need for teaching on more practical issues such as how to actually involve users, how to pay them, etc.

Trainees felt they were often dependent on their supervisor’s attitude towards PPI in research and that PPI was often limited to certain types of research only. There also appeared to be a lack of understanding and confusion regarding whether Ethics was required for PPI activities and some resources provided to trainees were found to be out of date.

This suggests a need to review the teaching sessions, resources and any guidance used. There are many resources available on PPI in research, notably produced by INVOLVE (2011) and also more specific literature available on initiatives such as mentoring (Pembroke and Hadfield 2010).

5.7 Governance

Diversity was thought to be better covered in Governance issues than PPI, although it was acknowledged that the work on diversity wasn’t always co-ordinated as well as it might be. It was suggested that there could be far greater PPI than at present, with opportunities for users and carers to be on all the course committees and to be directly involved in decision-making. This may necessitate changing the culture of meetings to make the processes more transparent and understandable.

Only some of the staff and trainees were aware of the role and remit of the Diversity Action Group (DAG) and it was felt that the name was misleading as it didn’t include PPI, which also came under the remit of the DAG.

5.8 Limitations

The funding required to carry out this evaluation was limited, resulting in difficulties for all those concerned. In particular work for the evaluation was carried out in people’s own time and there was a lack of clarity regarding the proposal, work to be done and payment issues. This illustrates the need for clearer planning and structures when involving both users and trainees in future initiatives (Appendices 14-17). More particularly, this impacted on the amount of work that could be carried out, for example, it was not possible to carry out a literature search on diversity issues.

It is believed that very few members of the Executive Committee/senior staff course team took part in the focus group or survey.
6. Summary and Recommendations

Clearly future improvements to both PPI and diversity in the Sheffield DClinPsy programme have resource implications, in terms of both time and finances, and these need to be considered alongside the following recommendations. However, the allocation of specific staff time and a ring-fenced budget to these areas would be a practical demonstration of the commitment the Programme has to both PPI and diversity issues.

Please note some of these recommendations are already in progress. Also, some recommendations are very broad. It is the intention of the evaluation team to enable the involvement of others within the programme in order to gain their views on more detailed recommendations where appropriate. This would encourage ownership and is important for both PPI and diversity.

General recommendations

- Capitalise on interest and enthusiasm of both trainees and staff; keep momentum by moving forward on these recommendations
- Learn from other courses with regard to both diversity and PPI by maintaining links with programmes with developed models of practice in this area
- Seek funding to further develop PPI and diversity initiatives described below
- Allocate resources, both staff time and funding, to PPI and diversity and ensure such resources are used effectively
- Consider holding a launch event to promote the evaluation and accompanying report
- Review away-days: consider dedicating an away-day to PPI and diversity; review structure and consider making PPI and diversity a regular item
- Consider training and awareness-raising regarding PPI and diversity to increase knowledge and skills generally
- Develop relationships with external groups, for example Voluntary sector organisations and user/carer groups to assist with all areas of the programme as appropriate
- Develop policies, procedures and systems for PPI, including basic guidelines on how to carry out PPI, useful resources and a database of external contacts
- Consider mentoring scheme using users/carers.

Teaching

- Review guidance to presenters regarding enhancing diversity and PPI generally
- Consider facilitating the use of a wider range of PPI input into teaching (such as recorded materials, use of personal disclosure)
- Consider how to create opportunities for more discussion and reflection in teaching
- Review the content diversity teaching with a view to including those areas identified as currently lacking and reducing tokenism
- Introduce specific teaching on PPI
- Review feedback forms to separate out PPI and diversity
- Make greater use of existing Voluntary sector organisations, user and carer groups and professionals from other disciplines
- Consider providing workshops on PPI and diversity for presenters.
Placements/ACC forms

- Review ACC forms and ACC guidance
- Enhance supervision training (STARR) to enable diversity and PPI issues to be considered in supervision
- Consider making better use of CSSs
- Review Log of Activity of Placement forms
- Develop placements with Voluntary sector organisations and user/carer groups
- Review workshops and training for supervisors; increase input on PPI and diversity
- Consider implementing collection of routine feedback from trainees clients via exit interviews, client satisfaction ratings or helpful aspects of therapy forms.

Assessment

- Review guidance for trainees and markers
- Consider introducing PPI in assessment
- Consider providing a service user/carer mentor to facilitate formative development of clinical skills
- Consider diversity or PPI focussed case study.

Selection

- Address the conflict between rhetoric and reality regarding trainees having mental health difficulties
- Improve PPI in the selection process
- Develop a widening access strategy targeting local communities where there is currently under representation in training.

Research

- Increase opportunities for PPI in research
- Review teaching, resources and guidance on PPI in research
- Consider facilitating Voluntary sector organisations and user/carer groups to commission evaluations and research.

Governance

- Review PPI in Governance, in particular on Committees and in decision-making, to ensure PPI and diversity are not seen as being in competition
- Clarify the role and remit of the DAG and publicise accordingly
- Consider role of DAG in developing policies, procedures and systems
- Consider working with other departments, in particular CPSR (Centre for Psychological Services Research) when developing policies and procedures.
7. References


BPS 2010a, Good Practice Guidelines to support the involvement of Service Users and Carers in Clinical Psychology Services, The British Psychological Society, Leicester.


Goodbody, L. 2003, "On the edges of uncertain worlds: People who use services, clinical psychologists and training", Clinical Psychology no. 21, pp. 9-14.


Hayward, M., Cooke, A., & Riddell, B. 2008, *Influencing practice: the involvement of service users within the placement activity of clinical psychology trainees*, Canterbury Christchurch University, University of Surrey.


Holttum, S. 2010, "From student to service user to research lecturer on a clinical psychology programme: A personal view on why clinical psychology training needs service user involvement", *Clinical Psychology Forum* no. 209, pp. 39-41.


Riddell, B. 2010a, "Beyond the classroom", *Open Mind* no. 161, p. 9.

Riddell, B. 2010b, "Getting our foot in the door: service users and carers making progress in clinical psychology training - a personal view", *Clinical Psychology Forum* no. 209, pp. 32-34.


8. Appendices

Although the main report was written largely by one author, others contributed to the appendices as described previously in the Method section – authors names are provided in each individual appendix.

1. Evaluation proposal
2. Staff survey
3. Trainee survey
4. Evaluation project of trainee
5. Staff survey, qualitative data
6. Trainee survey, qualitative data
7. Focus group questions
8. Staff focus group
9. Trainee focus group
10. Teaching report
11. Placements report
12. Research report
13. Selection report
14. Reflections of user researcher
15. Reflections of trainee
16. Reflections of staff member
17. Reflections of staff member
18. Data sources used
Evaluation and capacity building proposal for discussion in the executive

Evaluation of Sheffield DClinPsych programme diversity and PPI training and resources

The case for a Service User / Carer Consultancy

The Diversity Discussion Group would like to propose conducting a detailed evaluation of all aspects of diversity and PPI in relation to the programme. We propose to commission a trainee and a service user researcher to undertake this evaluation and to seek funding for this from the programme (£1300.00).

Background

It is recommendations that training courses need to devise a clear written statement of their partnership values and to specify how this may be strategically applied and upheld (Repper & Breeze, 2006). The development of partnership is based on the establishment of close networks with service users and carers. Following the publication of the ‘Principles for Practice’ guidance in health care training and education (Trent Workforce Confederation, 2005), the Sheffield programme has continued to develop service user and carer involvement in the following key areas: the provision of teaching and training to trainee Clinical Psychologists; the production of teaching materials; and the recruitment and selection of trainee Clinical Psychologists (see Annual Report on Public and Patient Involvement, 2008). Partnership working thus far on the programme has largely been developed through local events such as the Stakeholder Days (i.e. July 2006) and more regularly through discussion at the Diversity Discussion Group (which forms part of the programme Sub-Committee governance structure). This has facilitated links with local teachers and trainers and also invites contributions from service users, carers, trainees.

Relationships with service users and carers take time and energy to build and development in this area is laden with complexities such as considering issues such as ‘representativeness’ and adequate funding. There is currently a need to conduct a systematic and structured review of the programmes current practice in this area, so as to capture all aspects of the progress that has been undertake and to identify strengths and limitations and ultimately to generate clear recommendations for future practice. There is also a clear desire within the programme to continue to enhance practice in this area. In particular there is a need to identify additional resources to aid in extending the membership and functionality of the Diversity Discussion Group.

Early Service User and trainee involvement in any such evaluation is essential and would contribute to strategy development and partnership, bringing the following necessary knowledge and skills:

- direct knowledge and experience of service user and carer issues within mental health services - the ability to stay service-user centred

- access to, and relationships with, a wide range of local groups (eg. Service User Advisory Groups, voluntary sector), including carer groups who are under-represented in PPI activities
**Project Aims**

The aims of this project would be as follows:

**To identify and record all aspects of existing diversity and PPI coverage within the programme (teaching, placement, service user input & academic work).**

**To review existing feedback on the areas identified and gain new feedback where necessary from all relevant stakeholders. To identify areas of strength and areas needing further development for example gaps in teaching, placement opportunity, and availability of resources**

**To suggest methods of increasing involvement provided by service user and carer groups in the Diversity Discussion Group**

**To suggest specific roles and functions that service users and carers might undertake within the programme**

The service evaluation project would be undertaken by a service user researcher in collaboration with a trainee (who would undertake the evaluation for ACP3). Its primary purpose would be to establish a clear picture of diversity and public and patient activities on the training programme (for example, teaching, Selection) and to provide recommendations for future developments. Essentially, its aim would be to undertake a review of what we already do, and how it might be improved. This would involve collating all teaching materials on Diversity and Public and Patient Involvement and identifying areas for development, any missing information or lack of clarity. This could also include a review of teaching feedback forms (trainees and teachers) and a review of the guidance for teachers.

A second related aim of the project, which may be viewed as a service mapping process, is to focus on widening attendance at the Diversity Sub-committee as this is currently under-represented by service users, carers and non-statutory organisations. The service user researcher would lead on identifying relevant groups and individuals who could enrich the development of Diversity and PPI on the course.

Ultimately, these activities could lead to further specific projects which would require evaluation in their own right and for which external funding could if necessary be sought.
**Time commitment and costs**

A service user researcher has already been identified who has the necessary skills. A trainee has already volunteered to conduct the service evaluation. It is envisaged that the Service User Researcher will assist with the design of the evaluation and the interpretation of the findings, and lead on the identification of ideas for extending the membership and functionality of the Diversity Discussion Group.

It is envisaged that the Service user Researcher would dedicate two hours per week to this project over a six-month period beginning in July 2009. In accordance with our existing policy on remuneration this would result in a need for funding from the programme of £1300.00.

**References**

House of Commons Select Committee 2008 – User Involvement in Public Services

‘Principles for Practice’ – Tent Workforce Confederation 2005


K Boon & A Thompson 5/06/09
Service Evaluation Questionnaire – supervisor, teacher and course team version

1. Introduction

This questionnaire is being circulated as part of a service evaluation project to assess current coverage of diversity issues and public & patient involvement on the course as a whole. We are particularly interested in all stakeholder’s opinions on coverage across the course.

This questionnaire is about your experiences and understanding of how issues of diversity and public and patient involvement are considered and practiced across all aspects of the course. Please think about your general experience of diversity issues and public and patient involvement so far.

If you have any questions about completing this questionnaire, please contact Sarah Blainey – pcp08sb@shef.ac.uk

2. Diversity & PPI

1. What is your understanding of how the course promotes diversity?

2. What is your understanding of how the course promotes public and patient involvement?

3. Your involvement with the course

[branching question – answer to this will affect which sections of the questionnaire are presented to the respondent]

1. Does your involvement with the Sheffield D.Clin Psy include: (select all that apply to you)
   - Teaching on the course
   - Supervising trainees on clinical placement
   - Academic Tutor
   - Clinical Tutor

4. Teaching

1. How well do you feel that the guidance that you are given regarding teaching enables you to integrate diversity issues into your sessions?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
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</table>

2. Have you found the feedback that you have had from trainees regarding diversity useful?

<table>
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<tr>
<th>Very Useful</th>
<th>Quite Useful</th>
<th>Unsure</th>
<th>Not too useful</th>
<th>Not at all useful</th>
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3. Do you have any suggestions for how coverage of diversity issues could be improved in teaching as a whole?

4. Do you involve clients or carers in your teaching? Yes/No

5. Teaching & PPI
1. How helpful have you found this?

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<th>Very Useful</th>
<th>Quite Useful</th>
<th>Unsure</th>
<th>Not too useful</th>
<th>Not at all useful</th>
</tr>
</thead>
</table>

2. How have you achieved this?

6. Teaching & PPI

[question for all]

1. Would you consider doing so in future? Yes/No

2. How supportive do you think the course would be of this in future?

<table>
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<tr>
<th>Very supportive</th>
<th>Quite supportive</th>
<th>Unsure</th>
<th>Not too supportive</th>
<th>Not at all supportive</th>
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</table>

3. Are you also involved with the course as a:

- Supervisor
- Part of the course team
- No other involvement

7. Supervisors

1. Do you feel that your placement offers opportunities to work with a diverse range of client and carer groups, staff teams and other professionals? Yes/No

2. Are you able to provide opportunities to consider the following aspects of diversity in your placements? E.g. through exposure to different client groups, through discussion in supervision

<table>
<thead>
<tr>
<th>Culture</th>
<th>Yes, lots</th>
<th>Yes, some</th>
<th>Not sure</th>
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<tr>
<td>Sexuality</td>
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<tr>
<td>Disability / health conditions</td>
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<td>Power</td>
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<tr>
<td>Class</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

3. Have you found the information you receive from the course useful in helping you to think about aspects of diversity? Yes/No

4. Have you found the placement forms (ACC) useful in helping you think about aspects of diversity? Yes/No
Please comment on your response

5. How well do you think you have been able to integrate issues of diversity into the placements you offer?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

6. Do you routinely discuss diversity issues in supervision with trainees? YES/NO

7. Do you have any suggestions for improvement of coverage of diversity issues within placements?

8. Are you also involved with the course as:
    A part of the course team
    No other involvement

8. Assessment

1. How well do you think that consideration of diversity issues is encouraged within the guidance given for marking of case studies?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

2. How well do you think that consideration of diversity issues is encouraged within the guidance given for marking of SAQs?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

3. How well do you think that consideration of diversity issues is encouraged within the guidance given for marking of ACPs?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

4. Do you have any suggestions for how diversity issues could be better covered in assessed work?

9. Governance

1. How well do you think that consideration of diversity issues is encouraged within the subcommittees of the course?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

2. What is your understanding of the role of the ‘Diversity Action Group’ (DAG)? (eg. How do you think the DAG should be used?)

10. Selection

1. How good do you think the course is at encouraging a diverse range of applicants?

<table>
<thead>
<tr>
<th>Very good</th>
<th>Quite good</th>
<th>Unsure</th>
<th>Not too good</th>
<th>Not at all</th>
</tr>
</thead>
</table>
Appendix 2, Staff survey, Sarah Blainey

2. How well do you think course selection procedures as a whole consider diversity?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

3. Do you have any suggestions for improvement of coverage of diversity issues within the selection process?

11. Programme Specification

1. How well do you think that diversity issues are addressed in assessment guidance?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

2. How well do you think that diversity issues are addressed in teaching specifications?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

3. How well do you think that diversity issues are addressed in personal and professional development specifications?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

4. How well do you think that diversity issues are addressed in clinical experience specifications?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

5. How well do you think that diversity issues are addressed in research specifications?

<table>
<thead>
<tr>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

12. PPI

[questions for all]

1. Do you have any suggestions for how the course could improve coverage of diversity and/or PPI?

2. Do you have any further comments?

13. Thank you!

Following this questionnaire, we will be aiming to convene two focus groups to look in more detail at the issues raised by respondents. We are hoping to run this in August. If you are interested, please contact Eleni Chambers (e.chambers@sheffield.ac.uk) or Kath Boon (k.boon@sheffield.ac.uk) for further details. The aim for these groups is for a number of representatives from the various groups of stakeholders to attend.
Service Evaluation Questionnaire – trainee version

This questionnaire is being circulated as part of a service evaluation project to assess current coverage of diversity issues and public & patient involvement on the course as a whole. We are particularly interested in all stakeholder’s opinions on coverage across the course. This questionnaire is about your experiences and understanding of how issues of diversity and public and patient involvement are considered and practiced across all aspects of the course. Please think about your general experience of diversity issues and public and patient involvement so far. When you have completed this, please return to Sarah Blainey (or leave in my pigeonhole in the coffee room). If you have any questions, contact me on pcp08sb@shef.ac.uk

What year are you in?

How would you define diversity?

The following sections will ask about your experience of diversity in relation to teaching, placements and assessment.

Teaching

How well do you think the following aspects of diversity have been covered so far in your teaching?

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
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<tr>
<td>Ethnicity</td>
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<tr>
<td>Religion</td>
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<tr>
<td>Age</td>
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<td>Gender</td>
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<tr>
<td>Sexuality</td>
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<tr>
<td>Disability / health conditions</td>
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<td>Power</td>
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<tr>
<td>Class</td>
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</tr>
</tbody>
</table>

Are there any areas of diversity that haven’t been covered adequately? Yes/No

If so, what are they?

Are there any aspects of diversity that have been covered very well in teaching? Yes/No

If so, what are they?

How well do you think issues of diversity have been integrated into teaching?

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
</table>

Do you have any suggestions for improvement of coverage of diversity issues within teaching as a whole?
Placements

How well do you think your placements have provided opportunities to work with a diverse range of clients?

Very Well  Quite Well  Unsure  Not too well  Not very well

Have you had opportunities to consider the following aspects of diversity in your placements? E.g. through exposure to different client groups, through discussion in supervision

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Yes, lots</th>
<th>Yes, some</th>
<th>Not sure</th>
<th>No, not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Ethnicity</td>
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<td>Disability / health conditions</td>
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<td>Class</td>
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</tr>
</tbody>
</table>

Have you found the placement forms (ACC) useful in helping you to think about aspects of diversity? Yes/No

How well do you think issues of diversity have been integrated into your placements?

Very Well  Quite Well  Unsure  Not too well  Not very well

Do you have any suggestions for improvement of coverage of diversity issues within placements?

Assessment

How well do you think that consideration of diversity issues is encouraged within the guidance given for case studies?

Very Well  Quite Well  Unsure  Not too well  Not very well

How well do you think that consideration of diversity issues is encouraged within the guidance given for SAQs?

Very Well  Quite Well  Unsure  Not too well  Not very well

How well do you think that consideration of diversity issues is encouraged within the guidance given for ACPs?

Very Well  Quite Well  Unsure  Not too well  Not very well

How useful have you found the feedback you have received on your coursework in relation to diversity?
Do you have any suggestions for how diversity issues could be better covered in assessed work? How well do you think that the course as a whole is facilitating your development of cultural competency?

<table>
<thead>
<tr>
<th>Very useful</th>
<th>Useful</th>
<th>Unsure</th>
<th>Not very useful</th>
<th>Not at all useful</th>
</tr>
</thead>
</table>

**Patient and public involvement**

Have you had experience of patient and public involvement so far in teaching?

Yes/No

What has your experience of patient and public involvement been on the course overall?

How has it impacted on you?

Are there areas where you feel that patient and public involvement could be improved (and if so, what are they?)

Do you have any additional comments you would like to make?
Evaluation of Current Diversity and PPI coverage on the University of Sheffield Doctorate in Clinical Psychology

Sarah Blainey
23/9/2010

Contents

1. Executive Summary

2. Introduction

3. Method

4. Results

5. Recommendations

6. References
Evaluation of diversity and PPI coverage on University of Sheffield DClinPsy Course: Executive Summary

This evaluation was commissioned by the Diversity Action Group to assess the awareness of and attitudes held by stakeholders about current diversity and PPI coverage on the Sheffield Doctorate of Clinical Psychology training course. It was carried out between November 2009 and May 2010. Trainees (44% response rate), teachers (24% response rate), supervisors (29% response rate) and course team members (44% response rate) were surveyed to assess current satisfaction and suggestions for improvement. Existing data from annual reports and teaching feedback was reviewed to extract further information on trainee perspectives.

Teaching
The majority of trainees (89%) are satisfied with the current coverage of diversity within teaching. Some aspects, particularly sexuality, are felt to be poorly covered. Feedback from teachers was that the guidance they receive around considering diversity issues is not too helpful (61%), and 50% see the feedback they have receive from trainees as helpful. PPI in teaching is popular with trainees and 96% had experienced it. Only 21% of teacher respondents had included PPI in teaching, but 96% would consider doing so in future.

Placements
Trainees described mixed experiences in their opportunities to develop skills relating to diversity on placement, which was reflected in supervisor responses. While placement paperwork was seen as useful in provoking discussion of diversity issues by 65% of trainees, comments suggested that it can become a ‘tick-box’ exercise.

Assessment
Consideration of diversity was seen as encouraged by assessment guidance by trainees, particularly in case studies (77% agreed guidance encouraged diversity consideration very or quite well). However course team staff perspectives differed, with most being unsure how useful the guidance is or disagreeing that it encourages consideration of diversity.

Recommendations
Based on the data gathered, it seems that most aspects of diversity coverage are satisfactory although there are clear areas for improvement. The following recommendations can be made on the basis of these findings:

- The guidance given to teachers around diversity should be reviewed to make it more useful to them. Trainee suggestions about learning most effectively from reflecting on and utilising their own experiences could be included.
- Teaching feedback forms should be reviewed; differences between feedback gathered from these and from questionnaires suggest that they are not well suited to capturing accurate feedback on diversity.
- The ACC form should be reviewed to assess how diversity is reflected in this. Consideration should be given to finding an effective way to capture progress in developing skills around diversity.
- Assessment guidance should be reviewed, particularly marking schemes as these are not seen to encourage consideration of diversity by markers.
- The Diversity Action Group should liaise with other courses to learn from their work on developing best practice in diversity and PPI. Such links would enable the gathering of innovative ideas and sharing of resources.
Appendix 4, Evaluation project of trainee, Sarah Blainey

Service Evaluation Report

Introduction

The University of Sheffield Doctorate of Clinical Psychology training programme is a professional training programme in clinical psychology. Training takes place over 3 years and includes teaching, work placements and research to equip trainees with the range of skills they will require to work as qualified clinical psychologists within the NHS.

The programme aims to incorporate diversity into all aspects of the programme and involve service users and carers. An understanding of diversity is embedded into the required standards of proficiency for practitioner psychologists set out by the Health Professions Council (HPC, 2009). Awareness of diversity as part of reflective practice is also identified by the British Psychological Society (BPS) as a standard for training providers to meet (BPS, 2010). Service user involvement in training and service provision is both a Department of Health requirement (DoH, 1999) and emphasised by the BPS as an effective and useful way to enhance trainee’s understanding of alternative perspectives (BPS, 2008).

It is not clear exactly where and how in the programme this is currently done, nor how stakeholders in the programme (trainees, teachers/external speakers, placement supervisors, course staff, committee members) view these efforts. This service evaluation aimed to investigate the views of programme stakeholders about diversity and public/patient involvement (PPI; also known as service user and carer involvement). Both views on current practice and suggested areas for improvement were sought. It was carried out as part of a wider project looking at diversity and PPI across all aspects of the programme which was commissioned by the Diversity Action Group, a sub-committee of the programme. Along with this report which provides quantitative feedback about stakeholders’ views on diversity and PPI, focus groups were carried out with a colleague (a service user researcher). The results of the qualitative analysis are beyond the scope of this report.

Aims

The aims of this service evaluation were to:

- Review perceptions of diversity within all aspects of training
- Review stakeholders’ views of PPI in training
- Produce recommendations to enhance the coverage of diversity and PPI in training

Method

Feedback on current diversity and PPI coverage was sought from stakeholders involved in the programme, i.e. trainees, the course team (clinical and academic tutors, and the course executive), placement supervisors and external teachers and speakers.

Review of existing data

Feedback from trainees is currently sought in a number of ways, in particular as a regular part of teaching. Following each teaching session, trainees are asked to complete a feedback form including an item about the speaker’s sensitivity to and exploration of areas of difference. Trainees are also invited to complete a questionnaire at the end of each academic year which includes questions on coverage of diversity across all the teaching they have experienced so far. This data was gathered from the Annual Feedback Reports 2008 and 2009.
Feedback Questionnaires

Trainee views were then sought in a questionnaire, looking at placements and assessment as well as teaching. The focus of the questionnaire was largely on diversity, although there were several questions relating to PPI (see Appendix 1).

A link to an online questionnaire was circulated via e-mail to course team members, teachers and placement supervisors, which included questions relating to their understanding of diversity and PPI within the aspects of the course that they are involved with (see Appendix 2).

Results

Teaching

Data was extracted from the annual feedback reports 2008 and 2009 and used to assess overall satisfaction with teaching related to diversity. This is shown in Figures 1 and 2, and suggested that trainees are largely satisfied with the teaching they received relating to diversity and working with difference. In all the following graphs, percentages are calculated for each year group individually.

Figure 1: Annual report teaching feedback from 2008

![Annual report % feedback for teaching on working with difference - 2008](image)
Appendix 4, Evaluation project of trainee, Sarah Blainey

2: Annual report teaching feedback from 2009

Diversity is also one of the 12 core competencies around which the course is organised. Coverage of the core competencies in teaching was assessed in the annual feedback report 2009. Figure 3 demonstrates that most trainees felt this was covered reasonably well.

Figure 3: Annual feedback report data – core competency coverage in teaching 2009

Trainee teaching feedback was also gathered to assess how trainees rated the coverage of diversity in individual sessions. Responses for 2008-9 were combined and can be seen in Figure 4, which shows that the vast majority of trainees felt difference was explored sensitively within teaching sessions.
Further feedback was gathered from trainees using a questionnaire. Of 59 trainees, 26 responded (44%). Response rates by year are shown in Table 1.

Table 1: Trainee Response Rate by year

<table>
<thead>
<tr>
<th>Year</th>
<th>Number of respondents</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8</td>
<td>31</td>
</tr>
<tr>
<td>2</td>
<td>12</td>
<td>46</td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>23</td>
</tr>
</tbody>
</table>

Across the three years, most areas of diversity were considered to be well covered in teaching, with the exceptions of sexuality. However, there was wide variation in respondents’ views on diversity coverage. Table 2 shows the percentage of responses for each area asked about.

Table 2: Trainees’ views on coverage of diversity in teaching (% responses)

<table>
<thead>
<tr>
<th></th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>7</td>
<td>42</td>
<td>26</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>4</td>
<td>40</td>
<td>32</td>
<td>24</td>
<td>0</td>
</tr>
<tr>
<td>Religion</td>
<td>8</td>
<td>19</td>
<td>23</td>
<td>31</td>
<td>19</td>
</tr>
<tr>
<td>Age</td>
<td>39</td>
<td>50</td>
<td>11</td>
<td>0</td>
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<tr>
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<td>4</td>
<td>35</td>
<td>31</td>
<td>23</td>
<td>0</td>
</tr>
<tr>
<td>Sexuality</td>
<td>4</td>
<td>15</td>
<td>23</td>
<td>39</td>
<td>19</td>
</tr>
<tr>
<td>Disability</td>
<td>42</td>
<td>35</td>
<td>12</td>
<td>8</td>
<td>0</td>
</tr>
</tbody>
</table>
Overall, a small majority of trainees (54%) felt that diversity was well integrated into teaching, with 15% unsure, and the remainder feeling it was not well integrated.

Suggested improvements that could be made to teaching reflected a split between those who wanted more coverage of diversity as a separate subject within the timetable, and those who would prefer more integration of diversity into all teaching. Trainees’ own experiences were also seen as being potentially useful in recognising and understanding aspects of diversity.

Of 121 teachers and external speakers who were invited to complete the questionnaire, 29 (24%) responded. Teachers were asked about the usefulness of the guidance they are given prior to teaching regarding diversity. 39% felt this guidance allowed them to incorporate diversity into teaching well or very well, with 46% unsure and the remainder not finding it useful.

Teachers are given feedback from trainees on all aspects of teaching. 50% reported finding this very or quite useful, with 18% unsure and 32% finding this feedback not very or at all useful. Suggestions on improving diversity coverage in teaching again reflected a split between those who wanted to see a separate diversity module and those who would prefer integration of diversity into all teaching.

21% of respondents involve clients or carers in their teaching, and all find it very or quite helpful. Of all respondents, 96% would consider involving clients or carers in teaching in future, and 89% think the course would be very or quite supportive of this, with the remainder unsure.

### Placements

In the questionnaire they completed, trainees were asked about their opportunities to work with a diverse range of clients on placement. The majority (80%) thought that their placements provided these opportunities. Trainees were asked about the types of diversity they had been able to consider on their placements, e.g. through supervision discussions, or exposure to varied client groups. The results are shown in Table 3, as percentages of trainees’ responses to each category.

<table>
<thead>
<tr>
<th></th>
<th>Lots</th>
<th>Some</th>
<th>Not Sure</th>
<th>No Opportunities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>23</td>
<td>54</td>
<td>12</td>
<td>11</td>
</tr>
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<td>46</td>
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<tr>
<td>Age</td>
<td>65</td>
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<td>Gender</td>
<td>46</td>
<td>50</td>
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<td>4</td>
</tr>
<tr>
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<td>39</td>
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<td>Disability</td>
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<td>0</td>
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<tr>
<td>Class</td>
<td>35</td>
<td>46</td>
<td>15</td>
<td>4</td>
</tr>
</tbody>
</table>

As can be seen, trainee opportunities to consider different forms of diversity on placement are mixed, and opportunities to think about diversity with regard to ethnicity, religion and sexuality appear to be particularly limited.
The Assessment of Clinical Competency (ACC) is a form completed during each placement, and includes diversity as one of the twelve core competencies. A majority (65%) of trainees found this useful in considering diversity on placements. Diversity seems to be considered to be fairly well integrated into placements, with 77% of trainees agreeing that it is well integrated, and the remainder unsure.

Suggested improvements to the coverage of diversity in placements included considering placement locations to enable trainees to have diverse experiences.

24 of 83 (29%) supervisors responded to the questionnaire. 95% of the respondents felt their placement offered opportunities to work with a diverse range of clients, carers and professionals. Opportunities to experience each type of diversity can be seen in table 4.

Table 4: Types of diversity offered in placements (% responses)

<table>
<thead>
<tr>
<th>Types of diversity</th>
<th>Lots</th>
<th>Some</th>
<th>Not sure</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Culture</td>
<td>25</td>
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<td>0</td>
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<tr>
<td>Ethnicity</td>
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<td>Age</td>
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<td>5</td>
<td>0</td>
</tr>
<tr>
<td>Sexuality</td>
<td>5</td>
<td>80</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Disability / health conditions</td>
<td>65</td>
<td>35</td>
<td>0</td>
<td>0</td>
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<td>0</td>
</tr>
<tr>
<td>Class</td>
<td>55</td>
<td>45</td>
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</tbody>
</table>

Supervisors were asked about aspects of the course that helped them think about diversity. 53% found information given by the course to be useful. The ACC was seen as more useful in enabling thinking about diversity, with 63% finding it useful. Most supervisors (80%) felt they had been able to integrate issues of diversity into their placements, with 20% unsure. All respondents routinely discuss issues of diversity in supervision.

Assessment

Trainees were asked to rate how they thought consideration of diversity is encouraged within assessed work. Assessed work includes cases studies, short answer questions (SAQs) and academic clinical projects (ACPs). Results are shown in table 5, as percentages of responses.

Table 5: Trainee’s views of how well they are encouraged to consider diversity issues within guidance for assessed work

<table>
<thead>
<tr>
<th>Types of assessed work</th>
<th>Very Well</th>
<th>Quite Well</th>
<th>Unsure</th>
<th>Not too well</th>
<th>Not very well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Studies</td>
<td>23</td>
<td>54</td>
<td>12</td>
<td>11</td>
<td>0</td>
</tr>
<tr>
<td>SAQs</td>
<td>4</td>
<td>39</td>
<td>35</td>
<td>19</td>
<td>3</td>
</tr>
<tr>
<td>ACPs</td>
<td>4</td>
<td>31</td>
<td>42</td>
<td>19</td>
<td>4</td>
</tr>
</tbody>
</table>

As can be seen, most trainees feel that consideration of diversity issues is encouraged within the guidance for assessed work particularly with regard to case studies. Feedback on diversity issues
following completion of assessed work was generally seen as useful (47%), although a relatively large number (30%) were unsure of the utility of such feedback. Suggestions for improvement of diversity coverage in assessed work included more detailed guidance around what is expected in assessed work, and perhaps a section on diversity, or an opportunity to consider diversity across a caseload, rather than focusing on one specific client.

8 of the 19 course team members responded to the survey (44%). Questions on assessment demonstrated that most were unsure about how marking schemes encouraged consideration of diversity in assessed work, as can be seen in table 6.

Table 6: % responses to the question ‘how well do you think that consideration of diversity issues is encouraged within guidance given for....?’

<table>
<thead>
<tr>
<th>Coursework type</th>
<th>Very well</th>
<th>Quite well</th>
<th>Not sure</th>
<th>Not too well</th>
<th>Not at all well</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Studies</td>
<td>0</td>
<td>13</td>
<td>62</td>
<td>25</td>
<td>0</td>
</tr>
<tr>
<td>Short answer questions (SAQs)</td>
<td>0</td>
<td>0</td>
<td>63</td>
<td>37</td>
<td>0</td>
</tr>
<tr>
<td>Academic Clinical Projects (ACPs)</td>
<td>0</td>
<td>13</td>
<td>50</td>
<td>37</td>
<td>0</td>
</tr>
</tbody>
</table>

Interestingly, a question on the coverage of diversity in assessment guidance generally showed 50% of respondents thought it was covered well, while 25% were unsure and 25% thought it was not covered well.

Suggestions for how diversity issues could be better covered in assessed work included a possible diversity focused piece of work, and better guidance for trainees and markers to enable diversity to be seen as an integral part of all assessments.

Other aspects of the course

Course team members were also asked about the coverage of diversity in course committees. A majority (63%) felt that diversity was covered very or quite well by the subcommittees that make up the course, with 25% unsure, and 12% responding that it was not covered very well. The role of the Diversity Action Group (DAG) was seen as an open discussion forum in which various views and perspectives could be brought in to liaise with other committees and encourage awareness of diversity across the programme as a whole.

With regard to selection, course team members mostly (63%) felt that the course is quite good at encouraging a diverse range of applicants, although 13% felt it is not good at this at all, with the remainder unsure. In general, the course is seen to consider diversity very or quite well in selection procedures (88%), although the remaining respondents felt the course does not do this too well. Only three responses were given to suggest how diversity coverage could be improved in selection. These included suggesting that the team need to discuss this further and that it might be beneficial to raise the profile of clinical psychology as a profession with local schools.

PPI

The vast majority of trainees had experience of PPI in teaching (96%). Their experiences of this were generally positive, with themes of increased insight and understanding and the powerful impact of hearing personal stories emerging in responses. Generally trainees were keen to see more
PPI across all areas of the course, and suggested more involvement in teaching. PPI in placements (although it was not clear how they saw this happening) and practical guidance for PPI in research would be useful. Responses from teachers, supervisors and course staff suggested included more service user involvement should occur across all areas of the course and that it would be useful to learn from how other clinical psychology courses manage this.

Recommendations

It seems from the data gathered for this service evaluation that while many people are satisfied with aspects of current diversity coverage, there are clear areas for improvement.

Teaching

Changes that could be made in teaching include increased PPI, as there is a clear wish for this from trainees. A review of the guidance given to teachers around inclusion of diversity is necessary, as a majority did not report finding it helpful. Enabling teachers to utilise trainees’ own experiences to encourage a more reflective approach to diversity could be one way to improve teaching sessions and this could be included in revised feedback. This could act to reduce perceived tokenism, which was identified as a problem by a number of respondents. Feedback forms should be reviewed. It seems that current feedback mechanisms fail to reflect the broad nature of diversity.

Placements

A perception of ACC form approach to diversity as a series of characteristics which need to be ticked off suggests that a review of how this competency is covered is necessary. However, it also appears that a wide range of diverse experiences is available, and perhaps trainees should be encouraged to think more holistically about what diversity means. This could be reflected in a revision of the ACC guidance on diversity, aiming at identifying a way in which to capture progress in developing skills around diversity. Learning from other courses will also be useful here, for example where courses have offered placements with service user organisations (Hayward, Hughes, Southward, Pearce & Holmes, 2006).

Assessment

It seems that many people are unclear about how diversity is or should be covered in assessed work. Guidance for trainees and markers should be reviewed, with the aim of clarifying this. A specific diversity-focused piece of work is one option, however this would need to be carefully considered. Changes are currently being made to the assessment of trainees’ clinical skills, and it is possible that diversity issues could be usefully included in the new assessment of this. Another option is to include service users as markers, as some course in other areas of mental health have done (Bailey, 2005), with the aim of increasing trainee awareness of different perspectives on their work.

General

It seems that across the programme, most people would like to see more consideration of diversity issues. Learning from other courses, particularly those that have utilised innovative approaches, will be useful in deciding how this can happen. Therefore, other courses’ approaches to diversity should be explored before making any major changes. This should be carried out by the Diversity Action Group who will then be able to disseminate what is learned through making these links to other areas of the programme.
References


Appendix 1: Trainee questionnaire

Appendix 2: Teacher, supervisor and staff questionnaire
Staff survey – qualitative comments

A total of 32 responses were received, broken down as follows:

<table>
<thead>
<tr>
<th>Staff type</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teachers (total = 121)</td>
<td>29 (24%)</td>
</tr>
<tr>
<td>Supervisors (total = 83)</td>
<td>24 (29%)</td>
</tr>
<tr>
<td>Course Team (total = 19)</td>
<td>8 (42%)</td>
</tr>
</tbody>
</table>

Understanding of how the course promotes diversity

Most staff raised a variety of areas where they believed diversity to be promoted on the course, including:

- Teaching – on particular aspects of diversity, as well as an expectation that diversity issues would be integrated throughout all teaching sessions
- Coursework
- Feedback sheets from teaching sessions
- Placements – diversity in clients seen is required, monitoring on placements using ACC, diversity issues highlighted by tutors
- Recruitment and other policies
- Diversity Action Group (DAG), although diversity was considered by all sub-committees.

Some felt that teaching from different agencies, including community projects, increased diversity, as well as different aspects of diversity being included such as ethnicity, gender, etc. One felt that trainees sometimes took a narrower view of diversity than what was required, focussing on BME groups for example, rather than also including other diversity issues.

It was suggested there was a need to prompt teaching staff to ensure they integrated diversity issues in their sessions.

Some staff stated they were unsure how diversity issues were currently promoted, particularly for some areas such as trainee selection.

Understanding of how the course promotes PPI

There was much more of a lack of awareness of PPI (compared to diversity) from the staff, although most who responded gave some examples of PPI in the course:

- Trainee selection
- Teaching – involvement of users and carers in staff-led sessions, teaching staff are asked to consider PPI, increased in recent years, also user-led sessions
- Trainee research – consultation with users, in particular mentioned in relation to service evaluations
- Committees – standing agenda item for all committees
- DAG – PPI mainly done via this sub-committee
- Other tasks such as course development and review
- PPI at individual level through clinical contact
- Placement – being exposed to PPI issues on placement
It was suggested there may be a lack of awareness around PPI being a CQC (Care Quality Commission) target and that therefore PPI needed to be more embedded in placement goals.

Other aspects related to PPI were raised:
- Payment policy for PPI has been devised, important to pay for PPI “a good wage”, other courses have refused to pay which is insulting to clients and unappreciative of the benefit trainees gain from PPI
- One tutor holds lead responsibility for PPI
- Distinction between patients and the public – patients involved but not sure about the public
- Trainees really valued having deaf presenter in teaching sessions, always the most written about comment in feedback, trainees get a lot from just meeting them as well as what they teach

“Monitoring against agreed standards” was mentioned but it is unclear what this refers to.

Many staff said they were unaware of how the course promoted PPI, were unable to give any response to this question or only gave one example of PPI. Carers were rarely mentioned.

Some suggestions were made:
- Users could be involved in staff selection, although one staff member thought they already were
- More emphasis on working with user researchers, this is an under-developed area
- Could trainees be required to do a user involvement project/consultation as one of their placements? (assistant psychologist currently doing project working with users to evaluate written materials they send out)
- Wants to see more PPI in teaching and assessment, perhaps through role play
- Wants to see more PPI in committees, consultations, other areas of decision-making
- More teaching on PPI
- Use more creative methods for PPI to avoid stress to users, for example videos or use of written materials if they didn’t want to attend teaching sessions (those with HIV diagnosis cited as being difficult to involve because of confidentiality issues)

Suggestions for improving coverage of diversity issues in teaching

The following suggestions were made:
- More opportunities to reflect on what diversity means in first year
- To broaden the scope of diversity and ensure it also includes issues connected with power and politics
- Could do more to encourage open discussions around trainees personal issues related to diversity and prejudice, important to be able to reflect on how personal beliefs affect clinical practice
- Encourage genuine curiosity about and respect for clients, their backgrounds and belief systems.
- Increase explicitness about definitions of diversity and PPI, so that aims are clear
- Provide clearer guidance for those teaching on how to integrate diversity issues, including key points and suggestions on good practice, what areas of diversity need to be included
• Make specific links to clinical competence and practice, for example informal assessment linked to some diversity issues
• Ensure integration into all clinical teaching, in particular on “protected characteristics” as defined by Equality Act 2010 (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation)
• Greater co-ordination across the whole modules to ensure cohesion and a good balance
• Include teachers from other disciplines other than clinical psychology, as other professions may have a more diverse profile
• Change feedback forms to gain information needed, rather than simply asking if diversity issues were covered, tickbox on form not providing enough information
• Encourage transferability outside of a module, for example some issues could be applied in physical health or learning disability fields also. May need more concrete and specific suggestions regarding this initially

Other related issues were raised:
• The feedback forms were thought to possibly provide a broad range of perceptions as to how well diversity was currently covered in the course, will always be some trainees who believe diversity has not been addressed
• Hard to capture diversity of clinical work in teaching, often a huge range of issues not addressed in teaching
• Believe there is often a narrow view of diversity from trainees, focussing on race, sexuality, etc only, therefore leading to inaccurate assessment of the teaching sessions
• Difficult for some trainees to identify diversity issues unless included under a separate heading, modularised diversity teaching made it clearer to everyone which aspects of diversity were being taught
• Difficulties around compartmentalising and generalising different groups may cause stereotyping

PPI in teaching

Only 6 people had achieved this and all found it helpful or very helpful. It had been done by:

• Patients/users talking about their experiences
• DVDs of patients shown
• Through user activist colleagues who teachers already had a relationship with/personal contact
• Professional with a disability included in teaching, so both perspectives brought

Suggestions for improving coverage of diversity issues in placements

Suggestions made:

• Suggestions for best practice would be helpful
• Broadening definition of diversity to enable people to think beyond ethnicity, gender, age, etc. Consider value differences, educational differences, moral differences, etc
• Build consideration into case studies, include guidance on what is meant and what models might be helpful, for example sociological and political not just psychological
Appendix 5, Staff survey qualitative data, Eleni Chambers

- Can be difficult for some areas, for example rural area where diversity was mainly about cultural, age and socio-economic grouping
- Amend ACC form to ensure specific and personal learning objectives on diversity are made clear
- Make diversity part of formative marking criteria on placements
- Supervisors to find opportunities for discussion of and exposure to aspects of diversity for trainees on placement

**Suggestions for improving coverage of diversity issues in assessed work**

Suggestions made:
- Introduce a diversity focussed piece of work
- Include specific SAQs for diversity
- Encourage consideration of diversity issues in relation to all pieces of assessed work by supervisors and tutors at all stages of the work, for example on placement could be a standing item to be addressed for each client in supervision
- Increase clarity, including in teaching about ACPs
- Increase clarity in marking criteria that consideration of diversity issues is essential
- For both staff and trainees to be responsible for reading guidance

**The DAG**

Only 7 people answered this question (all course team, as it was only open to them) and stated the role of the DAG was:
- A discussion forum to discuss and share views on diversity and PPI issues, leading to action being taken in relevant areas when appropriate
- To liaise with other sub-committees so that diversity issues are incorporated into all aspects of the course
- To promote consideration of diversity and disseminate this to other committees/course structure via the CTC
- A broad role
- Open to everyone, for all projects, guest speakers, integration of all stakeholders

**Suggestions for improving coverage of diversity issues within the selection process**

Only 3 comments on this section, as follows:
- Would benefit from discussion within course team
- Seems difficult without radically changing the nature of the criteria for selection
- About pre-selection ie. raising profile of the organisation within schools and communities, do this locally at least?

**General suggestions/comments for improving coverage of diversity and/or PPI within the course as a whole**

Various additional suggestions and comments were made:
- Meet with other courses and discuss what works
- Interested in scoping review outcomes
- Lack of diversity in student group, although small group and can be spurious, depends on selection criteria in relation to goals of the course
- Very useful survey, looking forward to hearing results and being part of making changes happen
• There’s a way to go but feels like we’re making progress, always ways to improve!
• Consider representation in CTC
• Need to work on diversity/PPI in assessment
• Staff team need to keep up to date and reflective – further training?
Trainee survey – qualitative comments

Total number of survey responses was 26 out of a total in all three years groups of 60 (response rate = 44%), broken down as follows:

<table>
<thead>
<tr>
<th>Year</th>
<th>N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>8 (31%)</td>
</tr>
<tr>
<td>2</td>
<td>12 (46%)</td>
</tr>
<tr>
<td>3</td>
<td>6 (23%)</td>
</tr>
</tbody>
</table>

Definitions of diversity

Responses to this question can be broken down into different groups:
- Regarding difference between people
- Providing examples of how people are different, a very wide range were given encompassing all demographic, social and cultural factors
- A smaller group of respondents mentioned both difference and similarity (2\(^{nd}\) and 3\(^{rd}\) year trainees only)
- Another small group raised issues such as the importance of valuing and appreciating difference
- A further small group mentioned the impact of diversity on the work of Clinical Psychologists, including issues such as unequal access to services and the impact of diversity on relationship building in the therapeutic context (2\(^{nd}\) and 3\(^{rd}\) year only again).

There therefore seemed to be an increase in understanding and awareness of diversity issues as trainees progressed through the course.

Teaching

Aspects of diversity not covered very well in teaching

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
<th>Number of trainees that commented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spirituality and religion</td>
<td>- How to work with people’s spiritual beliefs in clinical settings</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>- Probably covered adequately but would have been helpful to have more and how this might practically impact on our work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Would like more focussed teaching</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- I would like to have been taught more about religious ideas and the interplay between these and some of the therapies we use</td>
<td></td>
</tr>
<tr>
<td>Class</td>
<td>- How to work with differences</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>- Especially as we are going out into people’s homes a lot of the time, that really could be a factor</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Covered more in relation to LD I suppose</td>
<td></td>
</tr>
<tr>
<td>Sexuality</td>
<td>- Including impact on therapeutic/supervisory relationship</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>- Sexuality teaching was unhelpful</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Poorly covered and linked only to homosexuality</td>
<td></td>
</tr>
</tbody>
</table>
Appendix 6, Trainee survey qualitative data, Eleni Chambers

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
<th>Number of trainees that commented</th>
</tr>
</thead>
<tbody>
<tr>
<td>Power/power imbalances/disenfranchised</td>
<td>• That could then be applied to any aspect of diversity</td>
<td>4</td>
</tr>
<tr>
<td>Cultures/ethnicity</td>
<td>• Probably covered adequately but would have been helpful to have more and how this might practically impact on our work</td>
<td>3</td>
</tr>
<tr>
<td>Refugee/asylum seeker/immigrant issues</td>
<td>• How this impacts on their help-seeking behaviour – these groups are often accused of taking “our” jobs. Do they predict a negative response if they use our health systems too?</td>
<td>2</td>
</tr>
<tr>
<td>Broader diversities</td>
<td>• Outside of the ones listed in the survey</td>
<td>1</td>
</tr>
<tr>
<td>Disability</td>
<td>• Would like more focussed teaching</td>
<td>1</td>
</tr>
</tbody>
</table>

Other comments:
- We’ve missed “working and interpreters”
- Wants specific teaching on diversity, even though diversity is mentioned in most teaching
- How mental health diagnoses are viewed across cultures/religions
- Would like some areas (age, gender, power) to be more explicitly covered
- Wants discussion on diversity of trainees in relation to different client groups
- Need to broaden diversity from culture/ethnicity
- Race is introduced quite late on in the teaching, better in first block?
- There seems to be an assumption that all the individuals in a minority group/diverse group wish to be treated the same, overlooking the point that there is diversity within diverse groups
- Perhaps spend some time in clinical skills or our teaching on models looking at how issues of diversity may fit eg. illiteracy and psychometric testing/CBT between session tasks – how we may overcome these challenges

Aspects of diversity covered very well in teaching

<table>
<thead>
<tr>
<th>Area</th>
<th>Comments</th>
<th>Number of trainees that commented</th>
</tr>
</thead>
</table>
| Age/the lifespan                          | • Older adults teaching has been very useful in thinking about cohort effects  
Mainly because of the way placements are divided largely due to age (ie. child, adults, older adults)  
Group differences especially older adult and adult  
Including adaptations to different therapist models relevant to different age groups | 12                               |
| Culture/ethnicity/language                | • Covered in interesting session dedicated to the topic  
Lecturer always encouraged trainees to share cultural background, differences and opinions – this is particularly useful because our year consists of many difference sin diversity  
However rarely taught these issues from an academic/evidence based stance. One of the most helpful papers I read was year 1 SAQ paper | 8                                |
Appendix 6, Trainee survey qualitative data, Eleni Chambers

<table>
<thead>
<tr>
<th>Category</th>
<th>Comments</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability/health conditions</td>
<td>- Covers different types of disability, including learning disabilities, adults and children, neuro, physical disabilities</td>
<td>7</td>
</tr>
<tr>
<td>Religion</td>
<td>- Teaching session on religion was excellent</td>
<td>3</td>
</tr>
<tr>
<td></td>
<td>- Covered in interesting session dedicated to the topic</td>
<td></td>
</tr>
<tr>
<td>Working with translators and trauma</td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Socio-economic issues</td>
<td>- Although this is the most frequent, pervasive element affecting service delivery in all settings I have worked in to date</td>
<td>1</td>
</tr>
</tbody>
</table>

Other comments:
- Areas covered well seem to reflect the traditional areas of placement (older adult/LD)
- Session on diversity itself was good

**General comments on diversity in teaching**

Many respondents felt diversity was treated in a tokenistic or “tick-box” manner, particularly when simply a PPT slide on diversity was included or when it seemed that people from minority groups were brought in to carry out the teaching. It was suggested it was more important to focus on quality not quantity of diversity teaching. It was acknowledged that there were some areas where diversity was highly relevant but others where it wasn’t. It seemed if diversity was brought into all sessions in the same manner that this simply increased tokenism.

Several trainees felt it was better to integrate diversity into teaching sessions more naturally, rather than having a stand-alone lecture. Conversely, some wanted more sessions on specific aspects of diversity. Some participants suggested that diversity be linked more to placements and/or applied to trainees’ own learning, and to enable sharing of experiences. It was stated that diversity was inherent in what Clinical Psychologists did anyway so teaching should reflect this rather than reinforce the idea it can be split into separate groups of gender, ethnicity, etc.

It was suggested that trainees needed to be encouraged to share in teaching and have ownership in the topic. Some wanted facilitated time/space to reflect on differences/similarities as they hadn’t had the opportunity to consider diversity within their year group or its influence on group processes. Trainees felt that teachers should be prepared to be challenged and feel objective enough to manage this, although they acknowledged it was a challenging area and that different people had different views on constitutes diversity and what makes good teaching. They felt the more defensive diversity teaching had been very unhelpful.

It was also commented that a lot of the diversity teaching was very reflective and that therefore more information-giving teaching could be useful eg. research done, khat use.
Placements

Some felt placements were felt to be a better forum for addressing diversity issues than teaching.

Specific comments re ACC:
- ACC is sufficient in highlighting the importance of diversity issues
- ACC feels focussed on culture and ethnic diversity rather than including whole range of issues
- Useful as prompts for discussion with supervisor, also highlighted less obvious areas of diversity
- Might be helpful to use logbook in placement meetings and when completing ACC to highlight areas not yet experienced (in my experience log book never mentioned unless I raise it)
- The tick box at the end makes you think about it but only being able to write one word makes it difficult. Is there a section on diversity? I can’t remember
- I find it more helpful to think about diversity issues as they arise

General comments on diversity in placements:
- There are sometimes limitations on addressing diversity issues due to the nature of the placement and/or services not reflecting populations they serve, make it a requirement for placements to provide a “diverse range” of clients, need for trainees to experience different placements, have been many opportunities to work with diversity but supervision and service delivery has been very variable re diversity
- I think it is up to the trainee to seek the experience rather than the placement
- Most of my supervisors have made a conscious attempt to make my caseload as diverse as possible
- Supervision is essential for considering diversity – all clients are diverse – supervision focussing on process issues should highlight this
- I have found thinking about it for case studies has been the best opportunity for thinking about diversity. Supervisors have rarely brought it up, maybe they could be encouraged to be aware of discussing such issues with us
- It’s better when it doesn’t feel tokenistic – diversity is there, it doesn’t need to feel contrived by having particular clients retained so you can gain a particular experience
- What seems unhelpful to me is the emphasis on diversity domains such as ethnicity. All clients are unique and therefore diverse.

Assessment

Suggestions for improving coverage of diversity in assessed work:
- More detailed guidance for case studies and assessed work re diversity issues, many people think that they have addressed diversity in their case studies yet get feedback that they have not – think we are unsure what markers are looking for
- Having a diversity section in assessed work seems artificial and contrived. It should be integrated throughout our writing and considered in relation to assessment, intervention, etc
- I think there’s a danger that assessing this forces you to comment on issues that might not have been relevant to the work/exaggerate them
Appendix 6, Trainee survey qualitative data, Eleni Chambers

- Perhaps more opportunity to comment on the diverse experiences of different clients across placements – as discussion in case studies focuses on one client
- Is difficult to ensure diversity is covered in assessed work but the SAQ seems a good way to cover it
- Feel it’s covered well in the work we do
- Are we encouraged to submit one case study or single case with this as the focus eg. process/supervision/diversity?, an option to do a diversity based case study? Consider difference between current case and others and how this shapes professional development
- Perhaps a dedicated section on case study?
- Emphasis on scope of diversity

PPI

PPI was generally felt to be limited or minimal on the course. A comment was made that there were only 4 or 5 questions in the survey on PPI compared to about 16 on diversity and that this summed it up. It was felt there was an emphasis on diversity on the course and this may be at the expense of PPI, which is rarely considered.

Only a few examples of PPI on the course were provided:
- Selection
- Teaching but limited to a small number of sessions/feedback on role-plays/users speaking about their experiences
- Placements however some had no or very limited PPI. Some examples were given such as attending PPI meeting on placement, using patient feedback forms on placement and helping in patient satisfaction questionnaire on placement
- Service evaluation I’m doing has been the best forum for PPI
- PPI in research - one lecture on PPI in research but not practically focussed

However, despite the small number of examples, the overwhelming majority of comments regarding PPI were very positive. Trainees felt PPI had impacted on them in many ways and made the following comments:
- Very useful, excellent, informative, valuable, beneficial, interesting, engaging
- Huge impact, most memorable teaching, powerful, moved me, strong emotional response, influences my practice the most
- Major opportunity for learning, led to deeper understanding, encouraged me, challenging, stimulated much discussion
- Brings issues/teaching to life, hearing real experiences, helps to connect theory to practice, made me think about different perspectives (including carers/family), enables reflection on aspects on my clinical work, better understanding of how users experience services, greater insight of what it’s like to live with conditions
- Specific areas of practice were mentioned where PPI was found to be useful including building an alliance, communication issues, empowerment, choice, service evaluations, service developments

Several suggestions were made for possible improvements:
- PPI was better when balanced/facilitated by staff/Clinical Psychologist
- It’s important to feel contained by the teaching that surrounds these experiences
- Hazy memory of theory of how to involve people – suggest it was ok, not exceptionally good or bad
A small number of trainees stated PPI hadn’t impacted on them so far as they hadn’t encountered much or that most of their PPI knowledge came from experience prior to being on the course.

Areas where PPI could be improved were provided:

- Need more PPI, where appropriate and possible
- More in teaching/involves users in teaching more often, as long as managed well
- Users should be on ALL the course committees
- Needs a lot more development across the board, needs a radical review – but perhaps it has been for year below, I can only speak for my year (2)
- Teaching feedback forms (not currently on there)
- PPI needs to be considered as a topic in its own right and not lumped in with diversity if the course wants to be serious about this
- Perhaps you need to consider working with patient organisations, PALS services, DCP service, user representation and individual services
- Perhaps opportunities should be taken to set context for trainees as at times the content has been quite shocking/unexpected though maybe this is ok
- Could do with some teaching on what PPI actually is, and look at it in relation to services outside of LD
- Tends to be attending service user parliament type things (again, ticking boxes)
- Could be encouraged to do more on placements
- Not very diverse – a lot of voice-hearers and not a lot of others
- More teaching on how to do this practically in our thesis/proposal, how to actually involve patients/public in designing/analysing/disseminating research
- More input in relation to older adults
- Patient rather than public – all have been service users
- In particular I feel it would be a very valuable addition if any practising psychologists (or any mh professionals) who have experienced mh problems themselves were prepared to come and talk to trainees about this. I feel the reality doesn’t always match this and in my opinion still feels like a bit of a taboo subject (hence my uncertainty whether anyone would be prepared to come and do this).
- Opening up a forum for discussion in teaching and sharing qualified professionals leading by example would be a wonderful and extremely worthwhile addition to teaching I think.
Focus Group – Questions

PPI

What is your understanding of what Public and Patient Involvement (PPI) means?
- Some people may use the term user and carer involvement instead

What is your experience of PPI within the course?

Have you had experience of PPI in any other settings or organisations?
- How does that compare to here?

Have you had any good experiences of PPI on the course?
- Describe it
- What made it good?
- Was it useful?
- What was useful about it?

Have you had bad experiences on the course?
- What made it bad?
- Describe it
- Was it useful?
- What was useful about it?
- What could make it better/more positive?

What ideas do you have about developing PPI in the future?

What would meaningful partnerships with users/carers look like?

Does the CPU currently allow for this to happen?
- How?

In the survey, some people have requested receiving more training on the practicalities of involving users and carers
- What do you think about this?
- What sort of things would you like to see included?

General

What do you know about the Diversity Action Group and what it does?
- What role do you think this should play?
- How would you like to use it?
- What would be useful to you as trainees/staff?

Some people have mentioned in the survey that diversity amongst the trainees themselves hasn't been addressed at all in teaching
- What do you think about this?
- What would you like to see happen?
- Do you think this is important?
Do you think the CPU has the sort of culture or environment that enables issues of diversity and PPI to be addressed safely enough?
  - What could be done to improve on this?

Some people have mentioned in the survey that they felt PPI had been incorporated into the course in a tokenistic manner
  - What do you think about this?
  - How could diversity and PPI be addressed more meaningfully in order to reduce tokenism?

**Can be used throughout:**

Ask people to expand on comments in relation to different areas of the course
  - Selection
  - Teaching
  - Placements
  - Assessment
  - Committees

General prompts:
  - Can you tell us more about that idea?
  - How do other people feel? What does everyone else think?
  - Who else has some thoughts on this?
  - We’d like to hear everyone’s opinion if possible.
  - Does anyone who hasn’t spoken yet want to say anything?
  - Let’s hear some other opinions.
Staff focus group

This was held in August 2010 and was jointly facilitated by a service user researcher and a staff member. It was attended by 7 participants including personal tutors, clinical tutors, teaching staff (both internal and external) and placement supervisors. Some of these staff also held specific responsibility for areas related to diversity and PPI.

General comments re PPI

Participants stated involvement had a broad range of interpretations from simple consultation to active collaboration to user led initiatives – often thought of as different “levels of involvement”. Such involvement could include the design, development and delivery of services and their evaluation and assessment.

Staff felt PPI should be meaningful and users should involved from the outset, in identifying needs, challenges or issues. Power and the use of language were mentioned as being important, however this had to be considered in context:

“the structures have to truly welcome diversity in terms of not excluding people’s experiences which can often be useful, how that’s done it’s a huge question but, so I’m not sure it’s just the language I think it’s the kind of way I see is what it is still perpetuating”.

Staff believed that the DClinPsy course invited involvement rather than the other way round: “we don’t have service users or members of the public coming in and saying, you know, do you want to do this?” Health Trusts were thought to be different in this respect and to include more mutual and a wider range of PPI initiatives.

Ideas for the future were discussed and included users being more involved in selection and the setting up of a user group for the course. This evaluation was felt to be a good starting point to increase PPI.

It was believed that there was a need to use more innovative methods of involvement in order to involve those groups whose voices weren’t usually heard, for example men, young people, people from BME communities or those with very severe mental health difficulties. However, at the same time, it was acknowledged that such groups may want considerable changes making to services and it was unclear if psychologists and organisations were actually prepared to take this on board.

The issue of “representativeness” was discussed and it was thought that different users held different views - it was therefore inappropriate to rely on one user to provide “the user perspective”. It was felt that most people who became involved in PPI were a small minority and that the majority of users didn’t want or weren’t able to get involved. Also, there were few structures of accountability, compared to other settings, where a representative could go back to a large group of users to gain their views. This seemed to cause concerns to some staff, with respect to getting PPI wrong. An analogy to psychologists was used:

“It would be like someone saying to me…could you say what British women want? Well, no, I could tell you what I want… That’s really true isn’t it? Even if you asked every single psychologist what they wanted, you would get a very different answer from every single person”.

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It was suggested that a way to overcome this would be to consider diversity instead of representativeness by, for example, involving several users not just one. Also, participants felt it important to consider what the function of involvement was. If representativeness was required, then particular research techniques could be used. However, if diverse views were sought, then it would be appropriate to recruit people who held particular expertise in that area: “they might challenge us or throw new ideas into the pot”.

**Teaching/Assessment**

A specific example of involvement was recounted, which involved a user speaking about her personal experiences in a teaching session. The user had never done anything like this previously although was very keen, and despite good preparation and support systems put in place by the staff member, the user had apparently found the experience to be quite traumatic. However, despite this the session had gone very well and was thought to be very moving, but it did have implications:

“it was the very thing that made it so useful was also the thing that made it so difficult for her…and that was the power of it, and I mean she did it very, very well and was very in control and very contained in that environment. It was afterwards that she was able to tell me she had just got very traumatised, so actually I think if I was, I mean, I will be doing it again, I think probably I will back off and I wouldn’t take that risk of asking someone in her position, I would, I would go back to asking people familiar with telling the story”.

Various suggestions were made to help with such situations in future, including considering the size of the group, type of room, the context of the session, users being involved who are “post-recovery”, users could receive support from elsewhere such as a user group, other support structures could be developed within the CPU such as a debriefing room and the use of video recording, podcasts or other technical resources. It was acknowledged that it is impossible to know exactly what may come up in such teaching sessions but that considering “the balance between spontaneity and structure” may help.

Most teaching sessions are carried out by external staff and it was therefore suggested that perhaps more help could be given regarding preparation or improving the documentation for staff. It was acknowledged that anyone could have support needs and it was important to make teaching as safe and comfortable for everybody. Also, teaching was felt to be an opportunity for external teachers:

“an opportunity for people to be here, to get something out of it for themselves as well, and I am aware like, I said that that’s the little we do. We are very dependent on people coming in so it’s a sort of, my guess, more of a question for those involved, what can we do to make, to help generally with the preparation and teaching, particularly when it involves co-working?”

Similarly, teaching can be seen as an opportunity for users to have fun, learn something or be useful for a CV.

It was felt that a class environment wasn’t the most comfortable for looking at issues of involvement or diversity and often people shared more in small groups. Often discussions weren’t continued elsewhere, even though a lot of useful material was explored in some teaching sessions. One staff member felt that if he disclosed a bit about himself then that
sometimes encouraged trainees to do the same. However, others felt differently in that they didn’t disclose as much as they would like to. External teaching staff were thought to get something different from the trainees in this respect. Some were concerned:

“It kind of worries me to hear that the message that people are getting from the course team that we are not normally this kind of open”.

Staff felt that often diversity wasn’t made explicit enough in teaching sessions and that guidelines on marking diversity issues were needed to ensure consistency across the team.

Selection

Staff felt that users of mental health services should not be excluded from the DClinPsy course or from the profession, and that if they were excluded then user involvement could always be considered to be tokenism. It was felt that psychologists don’t usually tell people if they are a service user, however if they did then that would have implications:

“You don’t tell people, for instance, you are a service user, you are a care professional, you say you invite people to place themselves and so I think there is an element of self selection which we need to work on, the flip side of that is the kind of checks and balances about if somebody has to assess somebody’s capacity to train or to deliver a particular service or something and it can’t just be a free for all for the sake of potential service users again but I think that is a really important conversation to have and it think that it is one that is easily avoided for the sake of a quiet life”.

Staff thought that sometimes trainees may talk to their clinical or personal tutors. However, it was felt to be far more likely that trainees would keep such information hidden:

“Trainees would keep their mouth shut, certainly at application stage in terms of, you know, I think somebody would have to be quite brave to think, actually I’m going to let the course know that I consider this to be a strength”.

In the 1990’s trainees were explicitly told not to disclose any mental health difficulties and staff wondered whether anything had changed in this respect? Using the Two Ticks scheme, some trainees had disclosed they had a specific health problem or dyslexia, however, no one had ever declared they had mental health difficulties.

It was acknowledged that the Sheffield DClinPsy course has a reflective position on diversity and in the selection interviews applicants are encouraged to be reflective. However, the course also has a strong reputation for being somewhat exacting and this therefore causes trainees to be quite fearful about disclosure. There were many pressures, trainees had a lot to prove and they often believed they had to be a “super human coper” and not simply a human being.

It was felt that some changes had occurred in this respect more recently, with the introduction of the Two Ticks scheme and staff changes, however there was still a long way to go:
“my experience as a clinical tutor is that getting people in training to take sufficient time off to look after themselves, either around their psychological emotional health or their physical health is sometimes quite hard”.

Staff felt that this attitude was prevalent throughout all the three years of the course:

“I think people have very high expectations of themselves as professionals from the moment they arrive on the course…we have very driven people”.

Research

PPI in research was thought to be more developed by some staff, but it was acknowledged that this may be due to the particular experiences of staff.

Governance, eg. DAG

Staff were asked if they were familiar with the DAG and although some had heard of it, were familiar with its purpose and had attended meetings, others had never attended:

“I don’t know why I’ve never been to it, the most obvious thing is time, but that, maybe there are unconscious resistances within me that have stopped me being at it as well. I don’t know because I think it’s, it’s fundamentally important that diversity is considered at all levels within our organisation…and yet I don’t come to the diversity action group because of time and other work pressures, it’s an uncomfortable conflict so maybe we do need to, some thinking about how we have wider representation on that”.

The remit of the DAG was discussed, how it has changed and how it fits in to the structures of other sub-committees of the DClinPsy course. It was felt that a lot of work had been done on the course regarding diversity but that it wasn’t always co-ordinated by the DAG or any other group. It was suggested that a review may be useful, exploring how the DAG connected with the Annual Report and other sub-committees. There was felt to be a tension in the DAG between the need to discuss course business regarding diversity and PPI and to enable it to be “a forum for creativity and innovative thinking”.
Trainee focus group

This was held in June 2010 and jointly facilitated by a service user researcher and second year trainee. It was attended by 7 participants, one each from years one and three and five from year two.

General comments re PPI

Trainees were asked for their understanding of PPI in general. Most of them felt that there wasn’t enough involvement throughout the DClinPsy course and in particular they wanted more PPI in other aspects other than teaching. They were able to relate examples of involvement in teaching mainly, but also in other areas such as selection, research and governance.

Some trainees felt that when users were involved it was at the request and terms of trainees or the course team:

“service users should be given an opportunity to say what they can contribute and where…rather than us saying ‘oh, we think service user involvement could fit in here and here’. I think it should be the other way round…but it seems to be that the decisions are made by the non users”.

However, it was acknowledged that possible opportunities for involvement needed to be made clear otherwise users wouldn’t be aware. It was suggested that a service user group could be formed, as this model has worked in NHS settings. The group could also feed into the course at a senior level. Other ideas were also thought to be positive, such as mentoring by a service user, as other DClinPsy courses have done, although it was acknowledged that it may be a similar role to an external mentor or perhaps views obtained would be biased.

Trainees valued more informal contact with users: “it made me realise how I relate differently to people who I see as a service user”. They felt that it would be easier to ask users about issues on a one to one basis rather than in a large group, and:

“It’s a different relationship I think as well, because I think for most of our contact we are acting in that professional capacity whereas when it’s set up like that we are the students and that they are set up to be the experts and I just think that that’s better”.

Trainees felt that PPI was successful in some circumstances only. Several difficulties were mentioned, such as involvement tending to attract those users who had either very positive or negative experiences in services, or it being the same users who were always involved. Trainees clearly wanted a more diverse range of users to be involved in the course. Tokenism was cited by several participants:

“I have had a few experiences of that where it is kind of wheeling somebody in and then wheeling them back out again and it is really uncomfortable”.

The issue of trainees also experiencing mental health difficulties or other health problems was raised. Trainees felt these issues had been handled sensitively by some teaching staff and they felt comfortable when talking to personal tutors and individual staff. However it was felt that other staff made assumptions that trainees were not also users resulting in people being pigeon-holed:
“there were people in our group who had mental health issues who felt that really that their value was ignored or their experiences ignored...‘I am the service user you are the mental health professionals’ and we’re just trying to say that there wasn’t a straight split”.

Trainees believed that some users were represented in the profession, but certain areas of representation were lacking:

“we’ve had service users come and talk about homosexual views and removal of children into care, and you know heroin addiction, and these are things which I really feel probably aren’t very well represented in our profession”.

Assumptions continued in other areas also, with people sometimes assuming all clinical psychologists were “20 something slack-jawed middle class people”. Trainees believed it was their responsibility to interact and engage with a whole variety of people, regardless of their own personal backgrounds. However, such assumptions made it harder for trainees to disclose as no space was allowed for this. Trainees expressed caution about self-disclosure and acknowledged there was a conflict between sharing experiences and feeling safe whilst at the same time they were being evaluated, perhaps more so than in other professions. Sometimes it was found in the year groups that there were one or two trainees who were more comfortable disclosing, simply because they were more vocal, but this in itself could then be off putting to other trainees as the groups tended to focus disproportionately on those who had disclosed.

Involvement in this type of setting was thought to be possibly problematic, because PPI may be seen by users as being more meaningful in the NHS and trainees wondered if other professions involved users in their training. It was acknowledged that users needed to feel valued and to get something out of being involved: “why would they want to come?”

**Teaching**

All the trainees had experienced PPI in teaching and generally spoke very positively about it. They found the sessions powerful and remembered them for a long time afterwards. Trainees appreciated listening to users talking about their experiences, being able to ask questions of them, etc. Basic clinical skills training was mentioned:

“that was really good because it sort of changed the dynamics very much, they knew what they were looking for and what they thought was good and what they didn’t and I thought that was really helpful actually and I hope that we carry on doing that in years to come because it was a bit of a pilot”.

Various difficulties were highlighted. Trainees were concerned when sessions ended abruptly, with no space provided for both users and trainees to wind down and reflect together on the experience. Trainees also wanted time after the users had left to reflect amongst themselves as it was acknowledged that PPI can raise uncomfortable feelings at times and it was important to ensure there was sufficient debriefing time after such teaching sessions.

The format of sessions was discussed. Trainees liked sessions jointly run by professionals and users, or led by a professional but involving users in a more collaborative manner. Some expressed concern with the format of having a user in to talk for half an hour and then leaving the room again and some found it hard to comment
because they had only experienced one user-led teaching session. Trainees also questioned whether users had been given the same level of information regarding the format of sessions and what trainees would be expecting, partly because the sessions involving users tended to be quite different and didn’t follow the usual teaching format.

Some trainees wanted to know that lecturers had supported users appropriately and had checked out with them that their involvement felt safe and ok: “containment really, isn’t it?” They believed it was important to match the format and content of the session with what the user was comfortable with.

The importance of thanking users was also recognised:

“It’s not often that, you know, we all say thank you at the end…I just feel like, you know, to keep people, I mean they are so honest about you know, a really really difficult story and I just wanted to kind of acknowledge that by saying a personal thank you…because how are you supposed to keep people motivated?”

Placements/ACC

Placements seemed to be varied in their opportunities for PPI. One trainee felt she had seen quite a lot of involvement in her placement in learning disabilities, but felt that was because she herself had expressed an interest in this and actively sought the experiences. One trainee encountered political issues concerning different user groups and carer groups and believed such examples had a large impact on how involvement was seen more generally, often putting people off involvement.

Trainees wondered if there should be a section on PPI on the ACC forms, as there was a section on diversity after all. It was acknowledged that PPI did appear in many of the different competencies as a bullet point.

Selection

In the first year it was felt to be inhibiting with regard to disclosing personal information about whether you had used services or not – partly because trainees didn’t know each other or staff very well but also because there was pressure to come across as capable, healthy and strong. This decreased as trainees moved through to the third year. The selection process was very influential:

“you have to be super human and perfect, you know that’s the view when you are in the system, you have to be just absolutely confident and brilliant and enthusiastic and energetic, you have to be all these things to enable you to get on to clinical training and so as soon as you gain your first year you are not going to own the fact that you’re not perfect because it’s like, you know, I’m really confident you can trust me and you know, you have to be because you just have that you know, that you’re being assessed all the time”.

When applying for jobs, trainees were aware that it said on the forms that applications are particularly welcome from people who have used mental health services etc, however were unsure whether disclosure would help them to get the job or not.
Rufus May was mentioned as being very open about his experiences when teaching on other DClinPsy courses, but when he was training he wasn’t open at all. Trainees believed they were under pressure when training:

“we are more vulnerable I think to experiencing mental health difficulties while going through this process and I just don’t know whether the course recognises just how stressful sometimes it can be and that may well put a lot of people off, that would be really good clinical psychologists”.

Other pressures included people making assumptions that psychologists were able to deal with their own mental health perfectly: “why can’t you fix yourself?”

Research

Several difficulties were mentioned concerning PPI in research. One trainee described approaching several groups to try to get users involved but was told they were too busy. Also, time constraints had a big impact on what was practically achievable with regards to user involvement due to assignment deadlines, Ethics applications, etc. One trainee had managed to secure involvement through a patient organisation and felt that the large size and professionalism of the organisation had helped. It was suggested that a “central hub” of users/user groups would be useful for trainees to approach in this respect.

Teaching on involvement in research was mentioned but there were indications that it wasn’t held at the most appropriate time and didn’t cover everything trainees needed to know:

“I didn’t even really know about [how to involve users], like what there is out there, so I guess maybe someone could include that because we did have some teaching but it was so far off the time when we were doing anything that I don’t really know what is out there to use”.

It was acknowledged that the priority given to involvement in trainee’s research projects often depended on their research supervisor’s attitude to PPI:

“I certainly think if I had said ‘well look, can I take a bit more time away from this to do that’, I don’t think it would have gone down too well and I suppose it’s that bit about it being tokenistic: ‘oh yes, fill in the section, but you know, don’t worry about it too much’ and it’s how much it’s prioritised”.

Trainees suggested that PPI tended to be focussed on certain areas only - involvement in designing proposals and in qualitative studies were cited. Several trainees stated there was no involvement at all in their service evaluations and recognised the irony in that evaluations were meant to improve services for users so it would have been useful to involve them in the design. It was suggested there was a need for the course to be more pro-active in asking: “how can we get you involved in service evaluations? How can we get you involved in a single case?”

Governance, eg. DAG

Trainees suggested that there could be an opportunity for users to be involved in every committee, but it was acknowledged it would be difficult to know where to start to find users who may be interested. As a trainee, it was felt to be difficult at times to take part:
“I find it quite hard staying tuned in a lot of the time to what’s being talked about and I just think people have to see it as meaningful or that they can see an impact and I think even as a trainee a lot of the time you just like, you know, you can argue and I think that was the impression you have a lot more energy to kind of argue a point and still nothing happens and like you always talk about all the ways of the University moves slowly and it’s true, it’s so hard to effect any form of change”.

Therefore it would be a challenge to make committees more user-friendly and a “genuine forum for change and discussion”.

The DAG was specifically mentioned as one committee where there could be greater involvement as trainees were aware of only one or two users being involved. Most trainees didn’t realise that the DAG also included PPI in its remit and felt that the name was misleading and perhaps involvement was overlooked because it didn’t have PPI in the title.
DIVERSITY AND PPI RELEVANT EXTRACTS FROM THE ANNUAL FEEDBACK REPORT 2010

Prior to distribution the annual feedback questionnaire was revised this year. This included the addition of specific core competencies, for example, ‘Public and Patient Involvement’, ‘Self-awareness and Reflective Practice’ and ‘Consultancy Skills’. The lists outlining the taught content in each year of training were also updated.

YEAR ONE

DIVERSITY AND TEACHING: As part of the review of the annual feedback questionnaires (on which this report is based) a definition\(^1\) of diversity was included with these particular set of questions. Eighty-eight percent (15 out of 17) of trainees felt that diversity issues were integrated either ‘very well’ (6 out of 17) or ‘reasonably well’ (9 out of 17). Two trainees felt that diversity issues were integrated to a ‘very little’ extent however. Trainees’ comments generally supported the view of the Sheffield Clinical Psychology course as one which embraces and values diversity and specific teaching sessions on diversity issues, e.g. ‘Race’/Community and Ecology and Working With Interpreters, were highlighted as excellent. Older Adults teaching, Core Clinical Skills, Psychosocial Rehabilitation, Formulation, Health Psychology and discussions in the Diversity Workshop were also highlighted as integrating diversity issues very well. Trainees made specific reference to exercises in the Older Adults and Health Psychology teaching which particularly supported their understanding of diversity issues. Additionally one trainee commented that teaching delivered by course team members integrated diversity issues well. However it was also acknowledged that diversity is not always discussed in teaching sessions and one trainee felt that few teachers mention diversity issues unless it is the specific focus of the teaching session. CBT teaching was identified as an area that could benefit from more in relation to diversity, for example when working with clients who do not have English as their first language. Neuropsychology and Adult Mental Health teaching generally were also mentioned by one trainee in a similar manner.

YEAR TWO

COURSE ASSIGNMENT AND FEEDBACK

One trainee was particularly frustrated as they were marked down for not including diversity issues in their case study. However they felt that they had integrated diversity issues throughout the case study as advised by tutors.

QUALITY: One trainee viewed teaching on ‘Working With Difference/Community’ as ‘unsatisfactory’ and two trainees viewed ‘Public and Patient Involvement’ teaching in this way also. This was supported by qualitative comments that referred to very few service users being involved in teaching and the variable nature of the diversity teaching.

The need for broader diversity teaching was also mentioned

QUANTITY: ‘Public and Patient Involvement' and ‘Working With Difference’ perhaps could have benefited from more teaching as 44% (8 out of 18) and 38% (7 out of 18) trainees felt that there was ‘too little' teaching in these specific areas. Two trainees suggested the need for more integrated diversity teaching.

DIVERSITY AND TEACHING: No trainees felt that diversity issues were integrated ‘very well’ across the teaching. However, 61% of trainees felt that diversity issues were integrated ‘reasonably well’ (11 out of 18). Additionally, 28% (5 out of 18) felt that diversity issues were integrated to a ‘very little’ extent and one trainee felt that diversity issues were ‘not at all’ integrated. Trainees’ comments indicated a view that the diversity teaching needed to be better integrated and less ‘tokenistic’ across the year. Specific teaching sessions however in Child and LD modules were highlighted as integrating diversity well, these included: Social Volarisation, Attachment Across Cultures and Religion and Belief teaching sessions. Additionally, LD teaching that included service users was viewed as integrating diversity particularly well. It was felt that there could have been more in terms of sexuality and class issues, more exploration of the trainees own diversity and more theory based discussions. There was also a specific request for teaching in relation to managing discrimination.

Two trainees suggested the need for more integrated diversity teaching.

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\(^1\) Diversity refers to "variety and difference between people, which may be experienced by individuals or groups as a basis for disempowerment and discrimination"
OTHER RELEVANT COMMENTS

One trainee requested more directive diversity teaching, such as working with interpreters.

YEAR THREE

Only two trainees commented this year, the first stating that the diversity teaching they did receive was excellent, particularly teaching on ‘Cultural Identity and Beliefs’.

QUANTITY: The quantity of ‘Public and Patient Involvement’ was also regarded as ‘too little’ by 50% (7 out of 14) of the trainees. One trainee stated that more teaching was needed on service issues and service development/provision.

DIVERSITY: Seventy-eight percent of trainees felt that diversity issues were either ‘very well’ (2 out of 14) or ‘reasonably well’ (9 out of 14) integrated across the teaching in the third year. However, three trainees (21%) felt that there was ‘very little’ integration of diversity issues. One trainee mentioned diversity being best when it is integrated, rather than presented in a tokenistic way. Generally however, very few trainees remembered areas in which diversity issues were not well integrated, although one trainee mentioned working with religious beliefs and another mentioned child and adolescent teaching. Teaching on ‘Working With Teams’ and ‘Cultural Identity and Belief’ were highlighted as areas in which diversity issues were well integrated.

CORE COMPETENCIES: However the core competencies of ‘Teaching and Training’, ‘Evaluation’ and ‘Public and Patient Involvement’ were viewed as being covered to a ‘very little’ extent.
Diversity and Public and Patient Involvement Service Evaluation

Summary of placement structure and assessment across the three years of training

Placement structure:
Trainee Clinical Psychologists are assessed on six core clinical placements during the three years of their clinical training. In the first and second years of training, these are within adult mental health, older adult, child and family and learning disabilities services. In the third and final year of training, trainees have three potential placement options:

- one year-long placement (3 days a week; this is the equivalent of 2 placements)
- two concurrent year-long elective placements (2 + 1 days a week), or
- two six months training placements (each being 3 days a week).

Training placements for years one and two are allocated by the Clinical Tutor team. Factors such as trainees’ previous experience, specific learning needs and service needs are taken into account during the placement planning and allocation process.

All training placements are diverse in terms of range of therapeutic approaches, service provision and teams, and cover a wide area within the Trent region. Trainees can expect to travel to placements located in Scunthorpe, Barnsley and Chesterfield. Trainees living outside of the immediate Sheffield area may be allocated to a placement traditionally used by another local training course, such as in Hull, Lincoln or Leeds (sometimes further afield in the third year) and in negotiation with these regional training courses.

First year clinical training placements comprise of one 5 month-long adult mental health placement and one 5 month-long older adult placement, where the primary focus of the work has tended towards work with the individual rather than with wider systems and staff teams. This also depends on the type of service provided and trainees’ previous experiences of working with people prior to clinical training. Adult mental health training placements are varied and may be located within sector teams with staff from other mental health professions, such as Counsellors, Psychiatrists, Social Workers and Community Psychiatric Nurses. There are also adult mental placements in physical health settings, including the Burns Unit, spinal injuries and auditory services.

Older adult training placements usually involve some multi-disciplinary working and liaison with at least one other worker, and include work in outpatient clinics, GP surgeries, hospitals, memory clinics, stroke units and neuropsychological services.
Clinical training placements in the second year consist of one 5 month-long child and family and one 5 month-long learning disabilities placement (usually with adults, but sometimes also with children). Here, the work generally has a focus on working with systems and teams, in addition to individual, couple, family and group work. Child placements range from CAMHS team working to specialist paediatric health and child learning disabilities placements, all being responsive to the particular needs of the client group(s). Learning Disabilities placements are varied, including work within specialist services for people on the autistic spectrum, psychodynamic therapy services and an out of city service which involves organisational and team working around issues including safeguarding vulnerable adults and deprivation of liberty.

In their third year of training, trainees can propose choices for their final year placement(s) according to model of therapy, client group and / or type of clinical activities offered (eg. consultancy, leadership, supervision skills). Placement choices include forensic services, pain clinic, Cognitive Analytic Therapy and Psychodynamic placements (the latter being usually within adult mental health services), Family Therapy and CAMHS placements, specialist learning disabilities and older adult placements. The focus in the third year can be on developing new skills in a model of therapy or with a particular client group and consolidating existing clinical skills. Under ‘New ways of Working for Clinical Psychologists’ (Department of Health, 2007), third year trainees must develop competence in team working, leadership, supervision and consultancy skills in preparation for qualified practice in the NHS or private organisations.

**Assessment of training placements:**

All training placements are assessed using the ‘Assessment of Clinical Competencies (ACC)’ document in conjunction with the trainee, supervisor and clinical tutor.

The clinical tutor visits the placement within the first 4 weeks of the placement start-date (the initial placement visit) and again at the mid-way point (the mid-placement visit). The initial meeting focuses on making a contract between the supervisor and trainee as to what the trainee will learn on placement, and mutual expectations regarding how this learning will take place and be demonstrated. The mid-placement meeting must take place at least 8 weeks prior to the end of placement, the reason being that should issues of potential placement failure or non-achievement of competencies are raised, the trainee and supervisor have sufficient time and opportunities to facilitate bringing the trainee up to the expected standard.

Responsibility for completing the ACC assessment sections is held by the trainee and supervisor. The trainee completes the ‘Supervision Contract’, ‘Specific Learning Objectives’ and the ‘Placement Plan’ with their supervisor and in conjunction with the clinical tutor. The trainee is responsible for completing the ‘Mid-Placement Meeting; review of competency development’ section prior to the mid-placement meeting and in discussion with their supervisor. This is discussed at the mid-
placement meeting with the clinical tutor. The supervisor is responsible for completing the ‘End of Placement Report’.

**The ACC document:**
The ACC document describes the 12 core clinical competencies trainees must achieve during their 3 years of training. These are:

- Relationship Building
- Psychological Assessment
- Psychological Formulation
- Psychological Intervention
- Evaluation
- Communication
- Service Delivery
- Teaching and Training
- * Diversity
- Personal and professional Development
- Supervision, and
- Research.

Public and Patient Involvement is not explicitly described in the Assessment of Clinical Competencies form (ACC).

Trainees and supervisors are provided with written and verbal guidance as to how to complete the form in terms of the Placement Objectives and expected learning outcomes.
Current Diversity guidance - ‘Assessment of Clinical Competencies’ (ACC) document

‘Diversity may be defined as similarity and difference between people which may be experienced by individuals or groups as a basis for empowerment or discrimination’, (DAG, 2010).

In terms of the Diversity competency, trainees are expected to consider and demonstrate learning and reflection in the following areas:

Section 9: Diversity

Ability to:

- Promote and practice understanding and respect for others’ personal and professional culture, values and belief systems
- Understand and respect the impact of difference and diversity upon self and others
- Consider the ways in which services are provided and the degree to which they reflect the cultures in which they are located and the diversity of the communities which they serve
- Understand discrimination on the grounds of difference
- Demonstrate an awareness and application of anti-oppressive practice
- Appreciate inherent power imbalances (in particular between practitioners and clients and how to manage this, ensuring it is not abused).
Summary of Diversity activities in an anonymised sample of Trainee ACC forms across years 1, 2 and 3 of training

The following summary is based on 18 randomly selected Assessment of Clinical Competence (ACC) forms completed by 1st, 2nd and 3rd trainee Clinical Psychologists and their supervisors. The information is presented in terms of summaries from Year 1 older adult and adult mental health placements, Year 2 child and family and learning disabilities placements and Year 3 elective placements. A general summary of tentative recommendations and findings from the combined three years is presented at the end.

Older Adult placement: Year 1
In terms of the sample of ACCs from Year 1 older adult placements, the Learning Objectives were very broad and generally non-specific with trainees writing, for example,

“Consider diversity and difference within the client group”

“Consider differences between myself and the client group”

“Consider the impact of societal attitudes towards older adults on myself, clients and our work together”

Some trainees did acknowledge the need to explore their own belief systems;

“Challenge pre-conception of older adults that could potentially influence therapeutic work, adopting an open-minded stance when working with clients to ensure that each is considered within the context of their unique circumstances”

“Challenging own pre-conceptions, empowering older clients to make choices regarding their care”.

The Placement Plan is generally to

“Read around issues related to working with the older adult client group”

“Visit local services (eg Age Concern) to gain insight into the differing needs and concerns of this group”, plus liaison with MDT colleagues

and to “Use supervision”.

Trainees also thought to “ask clients”, although hey did not specify the types of questions they might ask them. Supervisors generally thought the main area of diversity between older clients and trainees would be in terms of age, with no other
aspects mentioned. Supervisors’ evaluations were also generally very broad and non-specific.

**Adult Mental Health placements: Year 1**

The **Learning Objectives** in adult mental health tended to be more specific and mentioned specific cultural issues, religion, stigma, spirituality and socio-economic status;

“Be aware of cultural issues including those relevant to the Sheffield area”.

Again, the main ways in which these Learning Objectives were be achieved was through reading, visits to services/liaison with MDT colleagues, supervision and “working collaboratively with clients”. One trainee triangulated placement work with academic assignments and felt that diversity issues could be explored with clients using the Formulation and later reflections in the clinical case study.

Trainees specifically stated they would reflect on “personal issues” the work brought up for them.

**Summary of understanding of Diversity issues in Year 1 placements:**

Initial impressions are that trainees and supervisors write very broadly and in general terms, which directly mirrors the guidance. If the guidance was more specific, it may capture trainees’ learning in a more useful way.

Perhaps learning around Diversity could be more specific and individualised. Anecdotally, trainees and supervisors often say “I don’t know what to put here. Diversity is in everything we do”. This begs the question as to whether this means that an understanding of diversity is so integrated we ‘just do it’, or that it is quite difficult to define and to talk about.

**Learning Disabilities placement: Year 2**

The information captured in the ACCs generally reflected a much broader thinking around the systems in which clients live and the types of services they receive. Trainees described placement objectives in terms of attempting to understand the lived experience of people labelled as having a learning disability and particular emphasis is placed on developing an awareness of the “inherent power imbalance” in therapy and in wider systems.

Trainees described diversity in terms of age, gender, socioeconomic status, ability to live independently or with support, sexual difficulties, cognitive ability, opportunities, social ability and physical disability. Local population statistic and cultural values and attitudes were also considered. There was an understanding and appreciation of the differences between trainee Clinical Psychologists and other staff groups, such as support workers, and an awareness of organisational ‘rules’ and
hierarchies. Trainees emphasised the need to discuss diversity issues explicitly in supervision.

**Child and Family services placements: Year 2**

Trainees were mindful of their own experiences of being parented and / or being parents, giving *specific* examples of their own learning in relation to diversity issues:

“To think about my upbringing and experiences of being parented and how my values might be different from clients”

“To think about power imbalances especially in instances when the child is brought by the parent”

“Treat every family as they are – don’t make assumptions – learn from them”

“Show sensitivity to conflicting values and how these require careful thought in developing ways to best support families”.

Trainees considered how models of therapy might accommodate (or not) diversity issues. Supervisors wrote in detail about diversity;

“ . . . thinks about own socioeconomic / cultural history and identity and how this informs encounters with people from different backgrounds”.

**Elective Placement(s): Year 3**

Trainees in their final year were more specific about the aspects of diversity they would be addressing and reflecting on during the placement. Power imbalances around age, gender, and the client-therapist relationship were made explicit. Trainees talked about resolution of power imbalances and how this may be explored with the client;

“Reflect on power issues when working with children and adolescents and how this may be compounded by additional learning disabilities”

“Work with children and young people with a range of difficulties (mental health and learning disabilities), individuals with a range of socioeconomic circumstances, family backgrounds, ethnicities, spiritual and religious beliefs, and treat all with dignity and respect”

Trainees made reference to the impact of difference and diversity on self and felt it was important to consider issues of prejudice and stigma;

“Thinking about living with the impact of Asperger’s Syndrome”.
One trainee gave a specific and open example of a diversity issue which arose in therapy which challenged their beliefs and then described how they managed this.

Reference was also made to different service configurations and ways of delivering services;

‘. . think about difference of working in a team led by psychiatry’

‘Consider the diverse ways in which psychological work may be undertaken in this service including direct and indirect work’

**General Summary across Years 1, 2 and 3 and tentative and preliminary recommendations:**

1. The categories for guidance on Diversity are general broad. Specific guidance around what diversity might include are not clearly defined – eg. age, religion, gender, sexual orientation, culture, ethnicity

2. It may be useful to revise the Diversity section of the ACC document providing clearer guidance for trainees and supervisors

3. There is specific mention of reflecting on one’s OWN personal and professional culture, values and belief system in the second year of training. In the first year, it is implied that consideration of diversity is essentially a one-way process of the therapist looking at the client. It may be useful to review the Diversity teaching in Year 1 and for clinical tutors to initiate open dialogue about diversity issues at placement visits. There seems to be some kind of developmental progression around people’s understanding of how diversity and difference are understood in clinical work.

4. Training for New Supervisors (STAR training) has an element of diversity training and it may be useful to provide advanced workshop(s) for experienced supervisors

5. It may be helpful to include guidance on how trainees may develop their awareness of their own cultural background and identity, their membership of groups (privilege and disadvantage), position of power in relation to the clinical work and how this may impact on others, the systems in which clients live and are offered services. This would also provide a timely opportunity to review the teaching

6. That trainees to be jointly responsible with their supervisor for initiating the discussion of diversity issues in Supervision. The beginnings of this process may be facilitated by the clinical tutor at the initial placement visit
7. It may be that the development of an understanding of diversity issues may differ according to a number of factors; stage of training, type of placement offered, trainee and supervisor developmental stage (see. HMNID model, Ancis and Ladany 2001), and client group. Perhaps trainees on child placements can be more in touch with the experiences of children and families as they have all been children and have been parented to some degree.

**Log of Activity of Placement:**
The Log of Activity of Placement records trainees’ direct experience of working with patients/clients and families. This may include work they have undertaken on their own, jointly or observed another’s work, eg. their supervisor, other health professional or teacher.

The information it captures is the ‘Reason for referral’ (presenting issues), age, gender, whether direct or indirect work, individual, joint or group, disability, physical, intellectual, ethnicity, culture, age (duplication), religion, gender (duplication), sexuality, disability (duplication); type of assessment and intervention, formulation. The general sense is that this form may be trying to do too much! Diversity seems to duplicate and omitted at one and the same time. It feels as if it functions as both a general audit of clients seen and a record of diversity. It could be re-visited as to how helpful this is to trainees’ learning around Diversity issues.

**Summary and Recommendations:**
- That the purpose of the Log of Activity of Placement be clarified and revised to avoid duplication of information
- Perhaps trainees’ reflections on and understanding of Diversity issues may be best described in the assessed Clinical Case Studies, where not all trainees routinely include their learning in this area. Perhaps this may require an amendment and clarification of the ‘Assessment Regulations and Coursework Guidelines’ so that a section on diversity is included in every case study as a specific requirement – this might make the marking of case studies on diversity much clearer

**References**

Research – Diversity & PPI

Teaching.

There are several sessions that specifically discuss PPI in research:

- This commences in the introductory session (presented by Andrew & Becca, early in year 1) which focuses on ethics and the research process. This session is explicit in the need to involve people from the potential research population in research.
- There is a specific session on service user involvement in research (presented by Jonathan Boote & Graham Cockshutt – i.e. a researcher and service user, early in year 2) which covers the range of ways people can be involved (slides attached).
- There is a session on preparing a research proposal (presented by Andrew & Becca, early in year 2) which focuses on the practicalities of writing a research proposal and specifically on what is required in the DClin proposal. We make it clear in this presentation and in the supporting documentation (see below) that service user involvement should be considered within the research being planned. It is also made explicit that information sheets and consent forms and other materials should be developed with appropriate reference to the population being asked to participate. Trainees are provided with references and weblinks to facilitate this.
- There is a session on ethics and research governance which again includes consideration of involvement.

Documentation

We have placed on the University on-line environment (MOLE) several documents encouraging involvement in research:

- There is a brief document titled ‘notes on preparing a protocol’ that outlines what should be in a research proposal. It is explicitly stated that service user involvement should be ‘considered’.
- There is a brief document on involvement which states:
  - **Information on User Involvement**
  - Researchers should:
  - ensure that their research involves consumers where possible.
  - ensure that their research reflects the diversity of the population.
  - It is the researchers responsibility to feed back findings to the participants so they must make sure they remember anyone who was involved.
  - **Further information on user involvement:**
  - Commission for Patient and Public Involvement:
  - INVOLVE [www.invo.org.uk](http://www.invo.org.uk)
  - "A guide to involving users, ex-users and carers in mental health service planning, delivery or research: a health technology approach" [www.leeds.ac.uk/medicine/psychiatry/research/guidebook.htm](http://www.leeds.ac.uk/medicine/psychiatry/research/guidebook.htm)
- The information provided on costing also discusses payment for involvement (the programme does not allow routine payment for participation but does encourage payment for involvement. NB Each trainee has access to up to £500 which could be used to pay for involvement costs, but a case has to be made to acquire such funding)
There is a self-review form for trainees and academic members of staff to highlight the areas of the research proposal which will be covered in the review process. This document is explicit in asking how the proposal has considered/involved members of the research population in the study plans. This is followed up in the review meetings with trainees.

**Research output.**

The academic team has supervised a number of projects that are diversity related (details of publications stemming from these theses are available on request).
Diversity

The course has a strong ethos of encouraging and supporting people with identified health or disability needs, as part of supporting and increasing diversity within the profession. This process begins with selection and continues throughout the training period.

Selection

Disability/ Health Needs

The Sheffield D.Clin. Psy course adopted the double tick system in 2009. This means that candidates for interview who tick the disability box on the central clearing house application form, and who meet our minimum entry criteria, are guaranteed an interview with the course.

Candidates who tick the disability box on their application, and are invited for interview, are contacted by the Disability Liaison Officer for the Unit prior to the interviews to check on whether any reasonable adjustments need to be made at interview to enable any candidate with a disability to fully access the interview process. In 2010 this resulted in all candidates being provided with the panel questions in a written format during interviews, rather than simply being presented with the questions verbally.

Public and Patient Involvement (P.P.I)

The course values service users as part of our selection process. Service users now offer their expertise in all aspects of our selection, both in planning and review meetings, and as part of the interviewing panels in our selection weeks. For the past four years service users and course team members, and Human Resources have worked together to design the interview questions. Service users, interview as integrated members of the clinical panel, alongside course staff and NHS supervisors.

When service user involvement with the process was in it’s early stages, the service users asked interview questions, and took part in discussing both the clinical panel’s feedback on each candidate and in the final plenary discussion of candidates with all panels. As the confidence of both the service users and the course in this process has grown, the role has now become established with service users becoming full voting members of the selection panel as part of the final decision making process.

Training

The course has a designated Disability Liaison Officer (DLO) who is also an admissions tutor. Once offers of places have been accepted, the D.L.O contacts any prospective trainees who have disclosed a health need or disability as part of the selection process. The prospective trainees are given information about support and funding options with regard to any reasonable adjustments, which may be needed to support them in training. Confidentiality and access to sources of support within the University are discussed. Trainees are encouraged at this point to contact the University Disability and Dyslexia Support Service (DDSS). This service can provide needs assessment and advice and support with regards to funding, accessing library facilities, and mobility issues etc. Following this initial discussion clinical and personal tutors, and NHS placement supervisors are informed about any support issues, which may arise at the University, or on placement, provided the trainee has given consent for this.

Ongoing support
Once the trainee has started training a meeting is coordinated by the D.L.O with the trainee and their clinical and personal tutors to look at all areas of the course and ensure that any reasonable adjustments which support access to learning are put in place. This is reviewed annually at the trainees’ Personal Development Review (PDR) meeting, but a review can be called by the trainee or their tutors at any time according to need. Trainees can choose not to do this if they prefer to keep their information confidential, in this instance they can choose to seek support from their clinical or personal tutor in the usual way, and only share what they feel comfortable sharing, although this may at times prevent some support structures being put in place.

Tutors and trainees are able to liaise with the DLO to discuss concerns in confidence at any point during training. If trainees develop any long term physical or mental health condition during training, or if a previously hidden disability is diagnosed, then support for that can be initiated at any time.

Access to support through all the usual channels of Occupational Health, Human Resources, Workplace Wellbeing, Student Counselling services are also available to trainees throughout their training.

Assessment

The course follows the University regulations in relation to managing assessment issues in relation to trainees who have a disability. The purpose of reasonable adjustments is to ensure that trainees have access to support, which enables them to engage in learning on the same level as non disabled colleagues. The standard of assessment is therefore the same for all trainees. The university advises that disability issues are considered when requests for extensions to deadlines are made, but that the aim is to avoid the need for this by ensuring reasonable adjustments are in place and being used to enable trainees to complete their work to the usual deadlines.

The DDSS is able to provide stickers for students with specific learning disabilities e.g dyslexia, so that markers can mark to the same standards as for all submitted work, but ensure that feedback for stickered work is formative.

Teaching

All internal and external teachers are made aware that there may be trainees within a cohort who have disability or health needs, and general adjustments e.g provision of power point presentations in advance are suggested by letter. Some trainees find it easier to have the course let teachers know their specific needs prior to teaching, and some may choose to speak to teachers themselves. This is explored in the meeting with their clinical and academic tutor referred to above and reviewed both informally and at PDR throughout training.

Placement

Trainees are encouraged to discuss disability or health needs with their placement supervisors prior to starting placement. Where there is a need for a particular adjustment, e.g requiring specific equipment, the clinical tutor or placement organiser, will begin this discussion with the consent of the trainee, well in advance of the start of the placement. Funding for adjustments within the placement setting may be explored through Access to Work.
Appendix 14, Reflections of user researcher, Eleni Chambers

Personal reflections of PPI and diversity within the DClinPsy programme and CPU

I have carried out a variety of involvement work within the CPU since September 2008. This has included:

- Attending the DAG and carrying out related work such as for the website
- Advising trainees on their individual research projects from a user perspective
- Advising staff on matters related to involvement
- Attending basic clinical skills training sessions for first year trainees and providing a user perspective
- Working on research studies as a user researcher that have involved and/or been led by members of the CPU
- Carrying out the service evaluation of the DClinPsy programme

In general I find the CPU to be an open, welcoming, friendly environment. Staff (all types of staff) say hello and make time to chat briefly, offer drinks, ensure I have anything I may need for meetings etc. I find it is often these “little things” that go a long way to making involvement work better. These issues clearly demonstrate a culture within the CPU that is open to listening to the voices of users and being challenged as a result.

However, I have also encountered some difficulties regarding involvement. There has been a lack of clarity regarding some practicalities connected with involvement, notably concerning the remit of users and payment issues. For example, even though I have been asked by both staff members and trainees to assist several trainees with their research projects I have never been offered any payment. Also, the original agreements regarding payment for work related to the DAG, basic clinical skills training and evaluation were changed part-way through the course of the work with little negotiation with myself. Most users do not find “moving goalposts” like this easy to cope with.

Another issue concerns what appear to be contradictions within the CPU between what is professed and what actually happens in practice. For example, the DClinPsy course has adopted the Two Ticks scheme and states reasonable adjustments will be made and trainees supported appropriately if they have a disability or health condition that is covered by the DDA. However, when I personally raised issues regarding my fatigue and said I found the length of days difficult for a particular piece of work, there seemed a reluctance to accommodate this and it was suggested that the days should be long and hard-going on purpose because then they would reflect real-life working conditions of a clinical psychologist. This assumes that all psychologists work full time or full days and don’t experience health difficulties themselves.

Sometimes staff members have been open in saying they have no or little experience in involvement and I always find that attitude quite refreshing. I never mind if people have never done this type of work previously or if they don’t really know what they are doing. In many respects it is far easier to work with someone who has an honest reflective manner and is open to learning, than someone who thinks they know about involvement and therefore because of that doesn’t ask for advice at all.
Reflections on service evaluation project – second year trainee

My part of the service evaluation project required consultation with all others involved in the broader service evaluation, and particularly close collaboration with a service user researcher colleague, who was able to provide an alternate perspective on the questionnaire design to all others involved who were also closely involved with the course itself. This perspective was very valuable, allowing identification of areas where I used jargon or made assumptions about others’ knowledge that were not necessarily accurate. Similarly, during analysis of the data, my colleague provided an alternate perspective which helped me to reflect on a number of possible alternate interpretations. Some aspects of the project which were more difficult were around managing to keep the workload to a reasonable volume. Initially, it had seemed that there was a clear and specific aspect of the project for me to carry out, which expanded over time. I felt that I was able to keep my own work to a manageable level, however in retrospect it might have been better to be clearer about what I was doing from the start, rather than negotiating it as I went along. Following from this, I was not always entirely clear about the overall direction of the project, i.e. who else was doing what else. This might have been useful in helping me to manage my own contribution to the project better. Overall the experience was positive. It was heartening to find that many staff and trainees were genuinely interested in participating and hearing the findings. They had many excellent ideas which helped to make the project remain interesting and thought provoking throughout.
Reflections on Service Evaluation

Finances:
In retrospect, the funding allocated to the study fell too short of what was required in reality. The good will of the service user researcher, who did unpaid work in her own time, contributed substantially to the successful completion of the study. It would be naïve to rely on goodwill in the future given the current economic situation. Future studies should be supported by adequate funding.

Support for service users:
(a) A job description which is attached to each specific piece of commissioned work is essential. This would make the working 'contract', which is currently a verbal agreement, clearer for both the service user and the university.

(b) I had overlooked the service user’s potential needs for other kinds of support in addition to the general workings and running of the project. Support needs could be negotiated, discussed and kept on the agenda as an ongoing part of research project meetings. I feel it is the university’s responsibility to take the lead on this.

Time:
Staff have contributed substantially to the study from time taken from their existing work schedule. This has placed constraints on what has been achievable and the recommendations for future action / further research need to take this into account.

Overall:
I began the project with optimism and enthusiasm and blindly found my way most of the time. I was grateful for the pretty much unwavering goodwill of all colleagues and the way we could navigate a clearer path through some of the more challenging aspects of the study. I now feel much clearer about what is needed to support service user involvement in the future.

Katharine Boon
24th November 2010
Reflections on Service Evaluation

The process of conducting this service evaluation has been an enjoyable experience. I was excited about what lay ahead in having the opportunity to really identify how the programme might be enhanced in relation to these two areas and to do this collaboratively with colleagues, trainee and an external service user researcher.

Like many service evaluation projects, this one has took much longer than expected and various obstacles have arisen (and been successfully negotiated). I think it’s fair to say that there was a lot of pre-project work that occurred in shaping up the aims and in making a case for funding, yet despite the time that went into this there were revisions made to what had been agreed. I don’t want to apportion blame for this but I do acknowledge that ultimately it’s the programmes responsibility to ensure that everything possible is done to ensure that there is clarity. Some of the difficulties could have been avoided and I think some of the lack of clarity actually relates to where the programme (including perhaps myself) was/is in relation to PPI. I think this relates to both practical issues around payment and more theoretical issues such as confusions between diversity and PPI. So reflecting on some of these difficulties will contribute to some of the recommendations and the groups collective reflections form an important part of the evidence base for the case study approach we have taken.

I felt that all of these issues were dealt with by the group but recognise that this wasn’t easy at times and the fact that the issues were largely resolved in a satisfactory manner is testament to the relationships the group built during the project. However, I think some of the recommendations should usefully look at putting in place procedures so as to reduce the risk of recurrence of such issues in future projects. This could include training (for all) and having a clear policy on contracting with service users and carers. There is also perhaps a need for further consideration of support needs.

The project has produced quality findings and this largely results from the hard work of the group and in particular Sarah and Eleni who have done the bulk of the ‘data collection’ and analysis.

Andrew Thompson
## Diversity and PPI evaluation – Data sources used

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<th>Author/Source</th>
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