

Final Report from the Sure Start Health Development Team Swansea NHS Trust

Framework

1. Description of the institutional framework:

Swansea National Health Trust is committed to address the health inequalities of people from ethnic minority backgrounds. The training course developed by the Sure Start Health Development team in collaboration with Swansea NHS Trust Education department has been designed to enable staff within the trust to develop their knowledge and skills to meet the responsibilities of providing a culturally competent and sensitive service to meet the individual needs of the client group as well as promoting race equality in accordance with Trust policies, procedures and British / European Legislation.

The training programme has been recognized and appreciated by trust managers and has now been incorporated into a mandatory training programme as a pre requisite to eliminate acts of direct or indirect discrimination.

There has been a mixed response from recipients highlighting their need for further training within the field of equality and diversity.

The training package can be transferred to other Trusts both locally and nationally. It may also be beneficial to institutions such as universities, colleges, and secondary schools in addition to courses for clients.

2. Target Group 1 (Staff members)

It is mandatory that all members of staff working within the NHS should participate in the programme regardless of age, gender, sexuality, ability or disability, education, culture or religion.

The programme will be rolled out to 8,500 employees and the responsibility for ensuring all employees will undertake the training is that of Swansea NHS Trust's education and training department.

To date staff have been receptive to the training and appreciated the information provided as it highlights areas of care which needs further consideration, for example the use of link workers, interpreters, dietary improvement, care of the dying, improved tolerance, non-judgmental attitudes and so on.

The training material can be transferable to all departments within the hospital and community setting in addition to other trusts as previously mentioned.

A prerequisite for any person providing intercultural training would be to have specialist knowledge on the subject matter to prevent disharmony.

3. Target Group 2 (Migrants)

There is considerable evidence that people from ethnic minority communities experience health disadvantages. One of the major barriers for people accessing health has been identified as the lack of linguistic abilities and illiteracy skills. The Bangladeshi community is the largest ethnic minority population in Swansea suffering a high rate of diabetes and coronary heart disease.

The aim of our training programme was to raise an awareness regarding current life styles which exacerbates ill health through the lack of physical activity, high dietary intake of carbohydrates and fat in addition to eating large meals late in the evening, against a healthier way of preparing and cooking food and participating in daily physical exercises.

Once recognition was achieved we proceeded with further training, which included training a trainer to providing a culturally sensitive physical exercise programme,

Cooking demonstrations and food tasting sessions. For this we required a link worker from the Bengali community who acted as an interpreter as well as an advisor.

The training programme was scheduled to run over an 8 week period, 3 times a year, and designed for “women only”, aged between 18 -60 year.

The programme can be transferable to all groups of people regardless of age, gender, sexuality, ability or disability. Recommendation would be to seek specialist help and advice surrounding the health need of the group to addressing the dietary and physical exercises in accordance to their culture and religious beliefs.

4. Resources

The total capital resources come from the annual budget of the Sure Start Project as well as small grants from the Welsh Assembly Government.

The staff providing the training hold qualifications at diploma, degree/ masters level or alternatively hold a nursing / midwifery qualification with specialist knowledge on culture equality and diversity.

The course is built into the Trust's induction programme with each session lasting approximately up to one hour.

Training of other groups to include migrants are on a regular basis some weekly others monthly with each session lasting up to two hours.

The location for teaching session depends on the client group. For the migrants it is based within the community setting such as schools, collages and community halls. For staff it is usually held at the hospital or university.

Very little support is offered from the trust IT department other than web addresses for the competency aspect linked to the training. PCs are available for the trainers at their place of work but not readily available for all staff within the trust.

Software equipment varies throughout the hospital and university settings. They range from windows 1995 to windows xp. Difficulties arise when computers are old. Alternative methods of training are available such as overheads and projectors.

Other available recourses for both clients from the ethnic community are: - Translated material in the form of health leaflets, cd's videos, recipe books, cd's, Videos and pictorials. In addition to cooking and exercise equipment.

5. Demands

The demands are for staff to become culturally competent when dealing with clients from ethnic backgrounds.

To address staff needs, they were asked to complete a process called "reflection upon practice". The process highlights areas of good practice, which can be shared amongst others, or it highlights areas of practice that requires training.

The set of skills learnt within the training package involve acquiring new knowledge and a different way of thinking about other cultures and their beliefs without losing or diminishing a sense of their own culture beliefs.

On completion of the training, a questionnaire/ quiz is completed. This tool can be utilized for further training needs or for repetition of training.

Personal development is instrumental within Swansea NHS Trust. Staff undergo appraisals at the end of each year in order to meet statutory responsibilities as well showing evidence of personal development to progress their career within the framework of Agenda for Change. (A new system of terms and conditions for employees within the National Health Service).

Problem solving strategies are discussed within the training programme and staff can have additional support if required.

6. Overall aim

The over all aim is to develop learning material in order to ensure that Swansea NHS Trust is culturally competent and responsive to meet the needs of minority ethnic client

The programme is designed to provide individuals with practical guidance on how to ensure all patients are treated with dignity and respect.

It is difficult to assess whether learning has been achieved other than the annual appraisal (as previously mentioned).

7. Contents/ Learning objectives

The learning package was set up and designed for individual use or group work. It involves interactive discussions for group work and provides the opportunity to respond to a number of questions and scenarios using personal knowledge and experiences.

The first unit encompasses definitions surrounding individuals' knowledge on culture and beliefs.

The second unit is about creating a faire society addressing the inequalities, which exist hence-Equality and Diversity.

Third unit provides information on dignity respect and tolerance to prevent acts of discrimination.

Forth unit is to promote communication skills when working with clients whose first language is not English

Last unit five incorporates a profile on religion, intercultural festivals, dietary requirements, and terminology to prevent offensive remarks.

The length of time necessary to complete the programmed would be approximately one and a half hours. This may be shorter or longer, depending on the amount of discussion and knowledge one has.

The learning objectives were set up preliminary following evaluation of the reflective practice incident, in addition to the requirements of the key competent skills set down within the Knowledge skills framework of the NHS.

The learners coped well with the content of the course although they found it difficult using the platform. They needed constant guidance.

Many achieved learning objectives; some required further help and guidance, which was provided.

Recommendations would be to read the given information carefully then apply it to practice.

8. Aspired competencies and skills

The competencies and skills taught are those of having the ability to: -

Appreciate the values and beliefs of others without measuring them or comparing them with our own

Accepting that our beliefs, values and perceptions are different but no better or more important than those of others.

A capacity to be aware of own incompetence in relation to developing knowledge and understanding of other cultures

Evidence of being non- judgmental, showing empathy, improved communication skills,

Accepting and managing ambiguity, being flexible and tolerant of others.

Most of the learners are aware of the competencies and skills in order to treat individuals regardless of their religion age, gender, sexuality ethnicity with dignity and respect.

Ways of acquiring these skills would be for further training

9. Learning Environment

Hospital premises

University

Community halls

Collages

Schools

Considerations for migrants: -

Interpreters, link workers, translated material, transport, no male presence, privacy, confidentiality

bathroom, prayer room, tea coffee water

For staff

Computers, white board, pen paper, bathroom, tea, coffee, overheads,

Privacy, confidentiality, accessibility

The learners coped well with the environment.

Always have people's best interest in your heart.

10. Methodology

For hospital staff we used several methods of teaching tools depending on the learning unit, for example

The film was shown to highlight communication concerns and the need for an interpreter. It highlighted that a family member could obscure judgment especially if acts of male dominance are present which would not be picked up in this situation. (Acts of domestic violence)

Scenarios were also used to highlight incorrect advice leading to a baby being admitted to hospital for dehydration.

Critical incident forms were used to question the things we know and understand with a view to improve the way we work. It is also beneficial to develop and adopt new ways of thinking and working to improve services.

For the women from the Bangladeshi community the methodology used for teaching were pictorials, power point presentations, slides, manikins and models of the heart, blood vessels, and other body organs.

Interpreters were used at all times.

Films were not used for religious reasons

11. Activities/Tasks/Assignments

For the Bangladeshi community we mixed theory with practice through carried out healthier and innovative ways of cooking food other than deep fat frying or shallow frying. (Demonstration and practice to life long learning). In addition we designed a culturally sensitive exercise regime for them to follow on a daily basis at their homes as well as in group. (Learning through training)

For staff

Quizzes

Critical incident forms

Questionnaires

Group discussions

Scenario

These tasks were set up to mix theory with practice to improve learning motivation. In addition it promotes fun whilst learning. Many people learn more through vision and are less receptive to theory only.

The overall learning activities were received well and I would recommend blended learning for other trainers

12. Learning material

E-learning – blended learning, critical analysis, reflective practice, staff appraisals,

Self learning, group activities, films, pictorials, books, journals, trust intranet, the internet, pens, paper, computers, letter writing

(I don't understand what is required here? Has this been covered already)?

13. Media

Not applicable within the NHS or within the culture of the Bangladesh community.

Health promotion days, seminars, training events, staff meeting, community liaising meeting could be utilised to promote or publicise the training package.

14. Structure/Time

Each unit can take up to 2-3 hours depending on the number of trainees', group dynamics and discussion.

Self learning- this can be as long or as short as one chooses. Half an hour would see completion of unit one if done correctly.

The course was structured according to the Knowledge skills framework set down by the National Health Service.

The need of both staff and clients

Learning units were composed with difficulty as the platform is not user friendly

The learners required guidance with the use of the platform. However with practice it did get easier.

The learners had access to the learning material at their convenience

The time structure can vary according to the number of trainees doing the same unit.

To be mindful not to over load the recipient with too much theory. Blended learning would be more appropriate.

15. Evaluation

Evaluation of training was performed through individual interviews with the use of an interpreter where applicable.

Questionnaires

Evaluation forms

Group discussion

Several adjustments were made to improve the flow of the reading material, the questions surrounding the film and accessing the film. These have now been resolved. Other areas of practice, which needed clarification, were the questions and answers to the quiz.

When evaluating a training package you need honest and truthful answers otherwise areas of practices, which need addressing, will remain un changed. Constructive criticism is welcomed, but deliberate criticism can destroy.

Evaluation programmes must be formatted to ensure that the learner has gained sufficient knowledge to change practice or to enhance practice. It also can highlight further training needs within the subject.

16. Dissemination

Open day at the Sure Start Office

Seminars

Conferences at local voluntary organizations

Staff training days

Community health days

Consideration of time constraints, money, staffing levels, help and support of team members, access to information, access of specialist knowledge within the field of practice.

I felt enthusiastic yet mindful of the work involved in producing the package.

I made myself available for open discussion or on a one to one.

Seek help and support from a good IT department.