Report on an audit of Meriden Trainers October 2001

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Aim: The aim of the audit was to examine the experiences of the trainers on the Meriden programme. In response to a request from the trainers on the programme in May 2001, a survey of their experiences was carried out during August and September 2001. It consisted of eleven questions (see appendix I for a copy of the questions). The areas examined included motivations, frustrations, support and the benefits from being involved with Meriden.

Participants: Forty-two of the seventy-two trainers in the region answered the questionnaire. Five other trainers were inactive, two trainers were on long-term sick leave and one trainer was on maternity leave. It was not possible to find a mutually convenient time to interview the others within the time frame available. The trainers were from the three cohorts trained since 1998. Therefore, some had been trainers for three years, some for two years and some for one year.

Procedure: The questionnaire was administered over the phone to the majority of the trainers. Some trainers filled in questionnaires at regional supervision meetings.

Analysis: The responses from the trainers were tallied and then grouped for the identification of common themes.

Results:

Question One – What top three factors have motivated you and kept you going in your role of trainer and supervisor?

Eight categories were identified, these were

a) *Wanting to help families and service users, aware of their difficulties* - Nearly half of those interviewed felt that this was an important factor. Responses included the approach making a difference to families and trainers felt strongly about service provision for families.
b) *Group cohesion, being part of a group of people with similar motivation e.g. with other trainers* – Nearly half of those interviewed felt that the Regional group environment consisting of similar-minded trainers was beneficial. Responses included being with fellow trainers and others with similar motivation and experiences, commitment of the first cohort of trainers and not wanting to let others down.
c) *The approach itself, belief in it and the fact that it is evidence-based* – Over a third of those interviewed felt strongly about the approach. Responses included belief in the approach, the need for it and that it was seen as useful and worthwhile.
d) *Support from staff and Meriden – their commitment* – Responses included the enthusiasm and commitment of Meriden and Gráinne and that Regional supervision ensured trainers did not feel isolated.

e) *Professional/ career development* – Responses included own professional interest and the trainer role being beneficial to own role and own development.
f) *Teaching and enjoyment of it* – Responses included being committed to teaching and enjoying the teaching role.
g) *Innovative approach that is also new, different, challenging and enjoyable* – Responses included loving and enjoying the approach, it is a new initiative and changing the thinking of others.
h) *Local support within own Trust* – There were not many examples of this category but there was some Trust and management support on hand.

Question Two – Are you still actively involved in clinical work with families?

Thirty-one of those interviewed were currently working with families. Ten trainers were not working with families at present. One person was in the process of initiating contact with a family.

Question Three - How has your role as a trainer affected your clinical work?

Five categories were identified

a) Time restrictions on role – Approximately three-quarters of the responses were about restrictions that clinical roles and BFT roles imposed on each other. One trainer said that it was a case of balancing both roles. The responses to this category were sub-divided further to shed light on how the different roles of the trainers were affected.

i) Effects on the clinical role – Restrictions on the trainers' clinical role resulted from more time being given to the BFT role especially during weeks when training courses were being run. This resulted in more pressure on the clinical role

ii) Effects on the BFT role – Restrictions on being able to carry out the BFT trainer role resulted from having no cover for own clinical work and own clinical role superseding the BFT role. This resulted in being unavailable for events such as BFT training courses.

b) Skills development – both clinical and managerial skills – Responses included an increase in skills and confidence in own BFT role and speaking/ involvement in senior management meetings.
c) No change – This only applied to those in senior positions such as team managers and those who managed their own time
d) Career and professional development – Responses included trainers gaining skills that have enhanced their career and becoming more known with people for their BFT role.
e) Wanting to help families – Five trainers felt that there was more awareness of the family in their own work than previously.

Question Four - Does your management support you in your role as a BFT trainer?

Four categories were identified

a) *Support* – Approximately three-quarters of those interviewed were supported in various ways. Some of the ways in which trainers were supported included being able to take time back when performing trainer duties, support from other trainees, being provided with the finances and resources to be able to carry out trainer duties, and having the BFT objectives incorporated into policy. Sources of support included the line managers.
b) *Partial support* – A quarter of the trainers interviewed felt they received passive support. Responses included trainers reporting that they were not prevented from carrying out their duties, support had been promised but in reality there had been little practical support.
c) *No support* – Two trainers felt unsupported. One person reported that BFT was not viewed as being relevant to their role while another person reported that they could not obtain any funding for their duties.
d) *Indifference* – One trainer felt neither supported or non-supported.

Question Five - Do you get time allocated from your work schedule to carry out your duties as a BFT trainer? Is this officially documented e.g. agreement, job description

Thirty-two of those interviewed managed their own time allocation for BFT duties and their own clinical role. This time was not officially documented in job descriptions or contracts but left up to the discretion of the trainers.

In terms of how time was allocated, one trainer commented that the autonomy for time allocation depended on own case management. Four trainers commented that they negotiated time for their BFT trainers' role with their line manager. Two trainers reduced their caseloads at times when they were running BFT courses. One trainer did have time officially allocated while another reported not having time allocated at all.

Even though question five was posed in relation to trainer duties, six trainers reported that they had time officially allocated to do family work.

Question Six - What are the benefits for you from being involved with the Meriden programme?

Eight categories were identified

a) *Career and professional development* – This category contained the most responses. The largest response was the provision of specialist training days and having skills updated (including family work skills and confidence building). Other benefits included the status within one's own department and obtaining present employment because of the BFT role.
b) *Group support, networking* – This category contained the second largest set of responses. Sixteen trainers felt that one benefit was being able to network with other professionals across both Trusts and disciplines.
c) *Skills development* – Six trainers felt that they benefited from the dissemination of up-to-date research. A few others were able to use the skills obtained in their own working environment and passed these skills on to other colleagues.
d) *Support from Meriden* – Five trainers valued the direct Regional support and the resources for BFT. The indirect support from Meriden was evidenced in responses to (b), above.
e) *Improved services for families* – For three trainers the benefits were that services and clinical practice would improve. For others the benefits were that it is a clinical intervention that works. One trainer felt that they were putting something back into the trust and for another implementing evidence-based practice and meeting the National Service Framework was a benefit.
f) *The approach itself* – One trainer valued the structured nature of the BFT approach.
g) *New initiative, project growth, passion about the programme* – A few of the trainers felt this way about the programme.
h) *Awareness of families* – A couple of trainers commented that they valued the contact with the family and gained satisfaction from working with them.
i) *Trainer's role* – Five trainers reported that they enjoyed the teaching and supervision role.

Question Seven - What issues have frustrated you about your role as a trainer and supervisor?

Three categories were identified and these were

a) *Disinterest of staff* – This was the biggest source of frustration for those interviewed. Examples of the disinterest shown included poor supervision attendance by BFT trainees and poor commitment to BFT, difficulties getting people onto courses and the approach only existing because of the dedicated trainers.
b) *Lack of support within the Trust* – This was the second biggest problem encountered. Responses included complacency and lack of support from management and lack of implementation of the approach within the trust.
c) *Restrictions on the Trainers' role* – This consisted of the difficulties in carrying out some of the trainers' duties. Difficulties arose through issues such as not having enough time for the BFT role, extra work being created by trying to take the approach forward and allocation of time for BFT duties. For some trainers, the restrictions arose from there being not enough trainers in the Trust and trainers not being around for duties.

Question Eight - How have you attempted to address the frustrations that you have encountered?

Even though the responses for this category were quite mixed five categories were identified

a) *Specific solutions for poor attendance at supervision* – Supervision solutions included offering support and information to those who could not find families, relaunching supervision/ changing the format (e.g. have ideas about working with families, refresher days and allocation of trainees to trainers), sending out letters/ questionnaires and having supervision certificates to encourage attendance.
b) *Obtaining management support* – These actions involved obtaining management support, getting a policy together and discussing implementation issues at steering groups or with Trust management.
c) *Trainer's Role* – Solutions suggested were specific to difficulties encountered through carrying out BFT trainer duties. They included raising the profile of BFT through means such as posters and carer's support meetings, just continuing to be involved in training and supervision, and, time allocation for BFT duties.
d) *Personal reflection* - A couple of the trainers had personal strategies. One reduced their expectation of what to expect from people. The other trainer did not let the views of colleagues affect him.
e) *Discussions* – A number of trainers suggested having various forums for addressing problems. These included trainers' meetings, trainer supervision and meetings with both trainers and trainees.

Question Nine - What support (any source) have you had to overcome the frustrations encountered?

Five categories were identified

a) *Meriden (Gráinne) and other trainers* – Meriden and the BFT trainers were the biggest source of support for the trainers
b) *Colleagues who are pro-BFT* – Ten trainers gained support from colleagues who were enthusiastic about the approach, a training officer and a professional development officer.
c) *Management initiatives* – Six trainers gained their line manager's support, four approached senior management although one trainer reported that management promised support but it did not materialise. Four trainers reported that they had set up a steering group to address BFT issues.
d) *No support* – Five trainers reported receiving no support from management or colleagues within his Trust and another trainer stated that he only received support because he has had to chase it.

Question Ten - What outcomes have you had from your efforts and those of your management to address the problems that you have encountered?

Six categories were identified

a) *No outcomes/ ongoing* – This category contained the largest number of responses of either no current outcomes or that addressing the issues and frustrations was an ongoing process.
b) *Supervision outcomes* – Only a few trainers contributed to this category. Outcomes included having new supervision strategies in place.
c) *Limited outcomes* – Some trainers reported short-lived effects, trainees only recently showing commitment, and one trainer reported passive support from their employer.
d) *Management support* – Some trainers reported that support has been gained from those such as ward managers and Trust management. One trainer commented that a BFT policy was ready to go to managers.
e) *Trainer developments* – Developments included getting time allocated for duties, funding and resources for courses, setting up a steering group and trainer meetings to address problems.
f) *Family work developments* – These included signs that trainees were thinking about taking on families and more families receiving the intervention. Not many trainers endorsed to this category.

Question Eleven - What more could the programme do to help you address your problems as a BFT trainer?

Again there was a mixture of responses and they were grouped into four categories.

a) Nothing more can be done - Half of those interviewed felt that there was nothing more that the Meriden programme could do. Some people reported that this was because good support has been provided, Meriden are always there and have provided Regional events. Others felt that there was nothing more that Meriden could do because some of the issues that needed addressing with were out of Meriden's control e.g. commitment of trainees, Trusts need to sort out implementation issues and some issues were local.

b) Management issues and profile of BFT - Ten trainers felt that Gráinne and Meriden need to continue organising Trust management meetings and keeping the profile of BFT raised. Others felt that more influence was needed over individual Trusts and management and more questioning of implementation/ reiterating the NSF standards was also required.

c) Support for Trainers - Some of those interviewed suggested help that was specific to trainers such as help in finding funding for a full-time co-ordinator, having full- or part-time trainer posts, more regular trainers meetings, clearer action plan for trainers and making trust management more aware of trainer duties.

d) Other suggestions - Other suggestions for Meriden's involvement included Meriden just 'being there', providing up-to-date information, focusing the aims of the programme and having aims that are achievable.

Summary

Despite the frustrations and problems of obtaining support for their roles, the trainers interviewed having listed many positive aspects of being involved with Meriden. There is still a lot of enthusiasm and commitment to the approach and the training programme three years after it began. I myself was heartened to interview so many enthusiastic individuals who believe in the programme and who are very resourceful in taking Behavioural Family Therapy at a management level and in terms of continuing to train further therapists.

Appendix I: Questionnaire for BFT trainers' experiences

Q1: What top three factors have motivated you and kept you going in your role of trainer and supervisor?

Q2: Are you still actively involved in clinical work with families?

Q3: How has your role as a trainer affected your clinical work?

Q4: Does your management support you in your role as a BFT trainer?

Q5: Do you get time allocated from your work schedule to carry out your duties as a BFT trainer? Is this officially documented e.g. agreement, job description.

Q6: What are the benefits for you from being involved with the Meriden programme?

Q7: What issues have frustrated you about your role as a trainer and supervisor?

Q8: How have you attempted to address the frustrations that you have encountered?

Q9: What support (any source) have you had to overcome the frustrations encountered?

Q10: What outcomes have you had from your efforts and those of your management to address the problems that you have encountered?

Q11: What more could the programme do to help you address your problems as a BFT trainer?