



Violence management training

*The development of effective trainers in the
delivery of violence management training
in healthcare settings*

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The development of effective trainers in the delivery of violence management training in healthcare settings

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Generally, in training evaluation research, the delegate becomes the focus of measurement. Unless one can demonstrate that training has achieved the learning outcomes it set out to achieve (ie increased knowledge, capability, techniques, skill, reactions, etc) then evaluations offer organisations little value. Without such evidence of effectiveness key stakeholders are unable to make informed decisions either about the future of training or about the strategies and actions needed to support the transfer of competence. Although delegate based evaluations are critical, an often overlooked element in determining the effectiveness of any training programme is the issue of delivery, in particular those who deliver violence management training (the trainer). This research set out to identify the competencies that make for an effective violence management trainer and to review practices and procedures associated with the selection, development and management of trainers.

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EXECUTIVE SUMMARY

The provision of violence management training is a central component of the organisational strategy for tackling work-related violence across the Healthcare sector. Previously published research has documented evidence for the effectiveness of violence management training through the national evaluation of such training in Healthcare settings. Often overlooked in assessing training effectiveness is the issue of delivery e.g. the person delivering the material and the methods used to support the delivery of information, knowledge and skills. This research project and report is concerned directly with the violence management trainer and associated systems that are deemed necessary for selecting and developing competent and confident trainers.

The role of the violence management trainer is now becoming increasingly apparent and important in assisting organisations in successfully achieving their corporate objectives associated with work-related violence. Trainers should not only be concerned with developing individual knowledge, skills and capability in dealing with work-related violence but also and arguably more importantly, be concerned with communicating about and demonstrating the value of the various organisational initiatives, practices and procedures that are being planned or are already in place for tackling work-related violence. The national evaluation of violence management training found that the most effective form of violence management training (i.e. most valuable in terms of its impact on health, well-being and other attitudinal and performance outcomes) was the type of training that situated the content of the programme within the everyday organisational context of those in attendance (i.e. the training made sense to the delegate; they could see the relevance of the training with respect to their environment and how training was supported by organisational practice was demonstrated).

It can and should no longer be considered adequate that the violence management trainer is chosen because they are available, or that they volunteer, or that they have experience of a particular clinical area or that they are considered technically competent. Trainers who are involved in the delivery of violence management training need to call upon a range of competencies (*behavioural patterns*) that are not always appreciated by organisations, managers or indeed trainers themselves. It is important to recognise that short-term training and development programmes alone cannot achieve the general and specific competencies (or skills) associated with this role. It takes considerable time, energy and resource to build up the competence and confidence level to take on the role of a violence management training specialist. However appropriate the process for selecting or designing a particular violence management programme, unless trainers have been selected and developed to meet particular standards the training is unlikely to be effective. The issue of violence management trainer selection and development is the central focus of this report.

To this end the objectives of the research were as follows:

1. To explore practices with respect to trainer, selection, development and management and produce guidance in relation to train-the-trainer practices and procedures in this area.
2. To identify the competencies (*behavioural patterns*) that make for an effective violence management trainer and produce a competency framework outlining the core competencies required to be an effective trainer in this domain.

3. To explore the training methods available and compare these to those most often used in violence management training.

Objectives 1 to 3 are delivered in Sections 1, 2, 3 and 4 of this report.

4. To produce tools to support violence management trainer selection and development.
5. To produce case studies of examples of best practice from across the Healthcare sector with regards to violence management trainer selection, development and management.
6. To produce guidance (i.e. monitoring tool) to enable stakeholders to confidently understand and review practices and procedures associated with the selection and development of violence management trainers.

Objectives 4 to 6 are delivered in Sections 5, 6, 7, 8, 9 and 10 of this report.

The key messages, findings and a summary of the key recommendations are as follows:

- The trainer can make all the difference between a successful and unsuccessful learning experience. Competencies have now been identified that are considered necessary for the effective delivery of violence management training. These competencies cluster around the following four key themes: 1) working alliance (i.e. building partnerships); 2) technical training skills (i.e. delivering learning); 3) translation (i.e. knowing and communicating) and 4) drive, development and resilience (i.e. adapting and coping). A competency framework outlining the behavioural dimensions associated with each of these themes is outlined in Section 2 of the report.
- Within the Healthcare sector there is a growing need to co-ordinate, at a national level, action to support the regulation and monitoring of violence management training and trainers. The 'regulation' of violence management training and trainers has the potential to contribute to improving the overall quality and standards of such training. However, it is important to recognise that the implementation of a regulatory system per se will not necessarily deliver the outcomes specified above; these outcomes can only be achieved through the development of closer partnerships between the various stakeholders across the Healthcare sector. This challenge is a strategic challenge and one that can only be achieved through a genuine partnership based approach.
- It is important for all stakeholders to take stock and consider the question of "what do we mean when we say to provide violence management training?" What might be considered effective and appropriate violence management training by one trainer, team or organisation may be considered an inappropriate use of resources and an ineffective approach to developing individual capability in dealing with work-related violence by another trainer, training organisation, individual, work group or organisation. The most effective strategy for tackling work-related violence is one that adopts an integrated organisational approach to this workplace hazard. The strategic approach for tackling work-related violence must be one that aligns itself with and is committed to demonstrating organisational learning through practices and procedures that really demonstrate a learning organisation.

The recommendations are grouped by seven key headings:

1. Regulation of violence management training

Violence management training across the Healthcare sector is not always offered universally or consistently. The nature, frequency, duration and quality of programmes being delivered vary substantially across the sector. With respect to the regulation of violence management training the following is recommended:

1. Appropriate national agencies and bodies across the Healthcare sector must consider the issue of regulation and monitoring of violence management training in terms of both the content of violence management training and in terms of the competence of trainers to deliver such training.
2. A public and transparent consultation process with various stakeholders (e.g. trainers, training providers, managers, governing bodies and agencies, unions, etc.) to explore what is meant by regulation should be initiated.
3. It is recommended that the competencies identified for the effective delivery of violence management training should, once validated, form an integral part of any system to regulate and monitor violence management training and trainers.

2. Trainer competencies

Now that the competencies have been identified an important stage of the development process will be to validate and evaluate the competencies against a range of performance criteria so that the question ‘do these competencies make a real difference?’ can be answered.

4. The validation and evaluation of the framework should comprise:
 - Developing a comprehensive set of positive and negative indicators
 - Reviewing the dimensions
 - Exploring possible levels within the framework
 - Exploring minimum competence standards to support the overall framework
 - Mapping the dimensions with other competency frameworks (e.g. NHS Knowledge and Skills Framework (KSF), National Occupational Standards, etc.)
 - Gathering performance data from trainers to complete both a concurrent and predictive validation of the framework
 - Monitoring the framework to assess implementation and ensure there are no adverse impacts

3. The role of the violence management trainer and trainer selection

Those given the responsibility of recruiting and selecting internal or external trainers to deliver their violence management training courses are often lacking in support to assist in the selection process. It is recommended that the following be considered with respect to the selection of violence management trainers:

5. National guidance is written to support the selection of violence management trainers and in line with best practice.

6. The role of the violence management trainer must be formally recognised within all Healthcare sector organisations to enable appropriate resources, systems of support and development to be allocated to the role.

4. Trainer support and development – Externally

With respect to external support and guidance from national agencies and bodies for the role of the violence management trainer the following recommendations are put forward:

7. National guidance and information is required with respect to the development and continuous improvement of violence management trainers. The foundation of this guidance should be the competencies considered necessary for the effective delivery of violence management training.
8. Violence management trainers must be given access to practical tools and usable information that will support their practice and enable them to deliver their training confidently and competently.
9. National guidance and information is needed to support Trusts in developing a robust business case (i.e. through the use of comprehensive needs analysis, violence audits, assessments of organisational control systems, etc.) for practices and procedures (e.g. violence management training, etc.) for tackling, managing and reducing violence management.

5. Trainer support and development – Internally

The barriers and challenges undermining the effective delivery of violence management training are outlined in Section 3. It is therefore recommended that:

10. Violence management trainers should receive periodic supervision meetings from their managers.
11. The development of violence management trainers must be considered within an overall programme of performance review and development. It is not enough to acknowledge that individuals have particular competencies; it is vital that systems of staff development seek to continuously develop violence management trainers that are capable and feel enabled to learn and improve.
12. Where the role of violence management trainer is competing with other job functions a formal job and task analysis should be completed so that duties can be clearly specified, and tasks efficiently prioritised and managed.
13. In addition to any national recommendations that are produced, violence management trainers should be provided with the opportunity to continuously develop the knowledge, skills and abilities considered necessary for their role; the case for which can be made on moral, ethical, legal and professional grounds.
14. Appropriate mentoring systems should be implemented within organisations to offer further support to trainers. Where mentoring systems are implemented the selection of mentors should be considered against competencies of an effective mentor.

6. Organisational capability in tackling work-related violence

As reported in previous research, the development of collective systems and support is fundamental for managing work-related violence and improving individual and organisational health and performance. It is therefore recommended that:

15. Management support and development is integral to tackling work-related violence. The development and extension of violence management training programmes to support managers should be considered so as to demonstrate the key role managers have to play and to support the transfer of training.
16. Organisations must demonstrate their commitment to learning and improving with regards to work-related violence and aggression. Organisational learning should not be just be considered an individual development phenomenon but also about the way in which information is distributed, shared and understood in a collective manner – it is as much a social process as it is an individual development process.

7. Research and practice

There is a need to ensure that practice to manage and prevent work-related violence is underpinned and informed by rigorous research evidence. The following is therefore recommended:

17. As with the continuous need to evaluate classroom based violence management training, there is an urgent need to complete a rigorous and systematic evaluation of electronic based (e-learning) approaches to violence management training and to communicate the findings of this research to inform and guide practice.
18. Training in violence management often comprises an element of physical skills tuition. There is a paucity of rigorous and comprehensive investigations for the range of physical skills taught in violence management training. There is an urgent need to improve the evidence base (e.g. effectiveness, safety, etc.) for the range of techniques on offer to inform and guide safe practice.
19. Carefully designed research to assess the transfer of training is required to support stakeholders in ensuring training is appropriately designed, delivered and supported so that classroom based learning is extended to the work environment.
20. Should a system of regulation be implemented, a research strategy is required to support the continued development of a scientific and independent evidence base upon which practice can be informed and developed.

1. INTRODUCTION

1.1 WORK RELATED VIOLENCE AND VIOLENCE MANAGEMENT TRAINING

The cost and impact of work-related violence in the Healthcare sector is well established and documented in other seminal reports¹²³⁴⁵. As an intervention, training is often considered a key part of an organisation's strategy for combating violence and nowhere is this more evident than within the Healthcare sector. Providing staff with violence management training¹ is a proactive response by the organisation towards this psychosocial hazard and should be recognised as one way by which an organisation can demonstrate its commitment to delivering against its duty of care and improving staff welfare and well-being.

Considering the amount of resources (time, money and people) afforded to training, establishing how effective violence management training is within Healthcare settings was a central focus of the recently published national evaluation research¹. It was evidenced from this work that violence management training in general was having a positive but often short-term impact on delegates. In addition, training that was deemed to have the most positive outcomes, in terms of improved staff well-being and greater levels of capability for dealing with work related violence was that which met individual needs and situated the content of the programme within the everyday organisational context of those in attendance (i.e. the training made sense to the delegate; they could see the relevance of the training with respect to their environment and how training was supported by organisational practice was demonstrated).

Although assessing delegate experiences often becomes the focus of measurement in evaluations of training, whether on a national or more local scale, it only provides one part of the overall picture in determining programme effectiveness and impact. However, the need for continuous delegate based evaluations should not be undermined as it should not be forgotten that unless one can demonstrate that training has achieved the outcomes it set out to achieve (i.e. through delegate evaluations and assessments of knowledge, capability, techniques, skill, reactions, etc.) then evaluations offer organisations little value. Without such evidence of effectiveness key stakeholders are unable to make informed decisions either about the future of training or about the strategies and actions needed to support the transfer of competence.

An often-overlooked element in determining the effectiveness of any training programme is the issue of delivery (as shown in Figure 1). The concept of training delivery is fundamentally about the in-vivo training process and how this can influence, positively and/or negatively, training outcomes. There are at least two main components to the concept of training delivery; 1) the person delivering the training (i.e. the trainer) and 2) the methods used to support the delivery. The key focus of this research report is the violence management trainer.

¹ Violence Management Training is used to refer to the entire range of training programmes on offer to staff in Healthcare settings to better manage work related violence and aggression. Including, for example, de-escalation skills training, physical skills training such as breakaway techniques, etc.

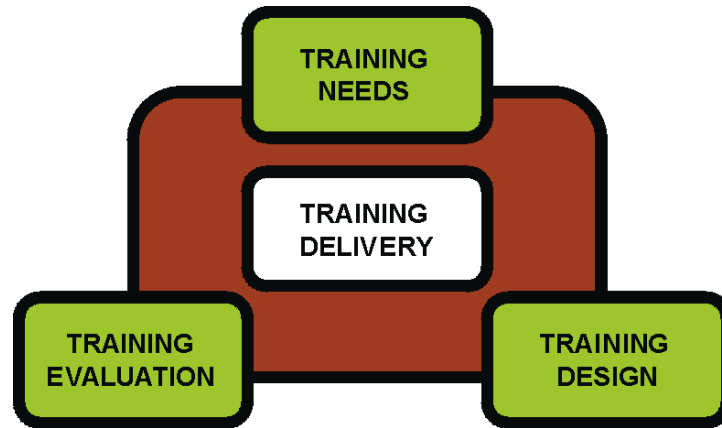


Figure 1: Diagram to demonstrate the key role of delivery in the training cycle

1.2 WHO ARE THE TRAINERS

Within and across the Healthcare setting there are marked differences in terms of the where ‘violence management training’ is located within the organisational structure and the resources committed to support this function. In some settings (organisations) violence management training is located within the training department and the violence management trainer is classified as a ‘professional’ trainer delivering violence management training alongside other programmes. In other settings, the functions and facilities for overseeing work-related violence are aligned to the health and safety department and trainers are often outsourced or, if not employed full time in a violence management trainer position, staff are chosen or volunteer to deliver violence management training. Often the delivery of violence management training for many internal trainers comes as an additional role/duty and must compete with a full- or part-time Healthcare role. There are of course other variations but the issue here is not one of exhaustively listing the various structures and locations of training functions, departments and trainers, instead the greatest concern is the consequence or outcomes of such variations. The lack of role definition, clarity and formal structure can lead to tensions and frustrations associated with, for example, 1) the lack of recognition and value of the violence management trainer role and function; 2) the lack of appropriate support for trainers, managers of trainers and for front-line staff; 3) inconsistent standards of training; 4) delivery of training that does not meet need; 5) a lack of appropriate allocation of resources and 6) a general lack of understanding about the demands that are made upon the violence management trainer in completing their duties.

1.3 THE ROLE OF THE VIOLENCE MANAGEMENT TRAINER

It is well documented that the role of the trainer can make the difference between a successful or unsuccessful learning experience⁶. With specific reference to violence management within Healthcare settings, the role of the trainer is becoming increasingly apparent and important in

supporting organisations in managing and preventing this psychosocial hazard. The training on offer and the trainer are together considered essential for delivering and communicating about the various organisational initiatives, practices and procedures that are planned or in place for tackling work-related violence. In addition, a key function and objective of both the training and the trainer is to transfer to the learner knowledge, skills and/or abilities that are deemed to be necessary for effective management and prevention of work-related violence.

1.4 VIOLENCE MANAGEMENT TRAINER AS A TRAINING SPECIALIST

The violence management trainer, as with any professional trainer, should be considered a training specialist. This recognition is required so that all those who are committed to contributing to the health, safety and welfare of both individuals and organisations are valued for the contributions they make. The demands made upon the violence management trainer are both specialist and general in nature. Trainers are expected to maintain their own professional development in terms of their knowledge of the violence domain (e.g. guidance associated with the legal context, national initiatives and guidance with regards to particular issues or techniques that are trained, etc.) as well develop and maintain their more general competencies to enable them to be an effective violence management trainer.

There are of course other demands often made of the violence management trainer within Healthcare settings which can extend the trainer role to one more aligned to that of a consultant (i.e. within the Healthcare sector trainers are often report being seen as consultants to the organisation with respect to the management of violence and aggression or being called upon to offer support before and during violent incidents as well as provide supportive services post incidents). This list of demands (*tasks or functions*) is not exhaustive but illustrative of the scope and expertise that can be associated with the role of the violence management trainer.

It is important, therefore, to recognise that short-term training and development programmes alone cannot achieve the general and specific skills associated with this role. It takes considerable time, energy and resource to build up the competence and confidence level to take on the role of a violence management training specialist. It is vital that organisations across the Healthcare sector adopt a sensible selection policy and consider appropriate training and meaningful career paths, development programmes and reward systems for violence management trainers.

1.5 TRAINER SKILLS

Often when violence management training is selected and developed as an in-house solution, the skills demanded of trainers are often overlooked. The assumptions are that those who are either full time trainers or who put themselves forward to fulfil a training role are '*omni competent*' and that all that is needed is an instructional or technical competence or a particular kind or level of experience to be able to train others. This perception is both limiting and potentially dangerous. Technical competence is necessary but cannot be seen as sufficient for the effective delivery of violence management training. In support of this statement, and as part of the national evaluation research, it was discovered that training programmes with identical content designs were not always achieving similar positive outcomes. Although the outcomes of any training programme can be influenced by many factors (e.g. individual differences associated with delegate motivation and abilities, environmental factors and conditions, management support, resources, the content of training and the delivery methods used during training) the role of the trainer was shown and is known to be integral to this process.

Trainers who are involved in the delivery of violence management training, as with most forms of training programme, are likely to call upon a range of competencies (*behavioural skills and patterns*) that are not always appreciated by organisations, managers or indeed trainers themselves. However appropriate the process for selecting or designing a particular violence management programme unless appropriate systems are in place to enable trainers to be selected and developed to meet particular standards the training is unlikely to be effective. The issue of violence management trainer selection and development is the central focus of this report.

1.6 THE SCOPE AND OUTCOMES OF THE RESEARCH

The objectives and outcomes of this research were as follows:

1. To explore practices with respect to trainer, selection, development and management and produce guidance in relation to train-the-trainer practices and procedures in this area.
2. To identify the competencies (*behavioural patterns*) that make for an effective violence management trainer and produce a competency framework outlining the core competencies required to be an effective trainer in this domain.
3. To explore the training methods available and compare these to those most often used in violence management training.
4. To produce tools to support violence management trainer selection and development.
5. To produce case studies of examples of best practice from across the Healthcare sector with regards to violence management trainer selection, development and management.
6. To produce guidance (i.e. monitoring tool) to enable stakeholders to confidently understand and review practices and procedures associated with the selection and development of violence management trainers.

1.7 SCOPE OF THIS REPORT

Section 2 of the report provides background information about the research and findings on the key competencies of violence management trainers operating within the Healthcare Sector.

Section 3 of the report documents the key findings from an online survey targeting violence management trainers and the managers of these trainers within Healthcare settings.

Section 4 of the report provides a succinct discussion of the key issues and messages raised by the research and offers recommendations for future action.

Section 5 of the report provides an overview of the tools (see Sections 6 to 9) to support the practice and procedures associated with the selection, development and management of violence management trainers in Healthcare settings.

Section 6 of the report provides a tool to support decision making with regards to the selection of violence management trainers.

Section 7 of the report outlines a tool for violence management trainer support and development.

Section 8 of the report provides a tool to support training method selection to support the delivery of violence management training.

Section 9 provides a checklist tool to enable stakeholders (managers, trainers, inspectors, regulators, etc.) to consider some of the key practices and procedures associated with developing competent and confident violence management training specialists.

Section 10 provides three case studies of best practice from across the Healthcare sector associated with violence management trainer selection and development.

The overall aim of this report and all of its constituent parts are to support the continuous need for improved quality and standards as well as to foster communication and collaboration between organisations. There is a genuine need for coordinated thinking and action planning to enable sustainable and valuable change in solving and minimizing impact of hazards such as workplace violence. This community-based approach will assist in the future development of innovative and transferable solutions supporting and changing the way we attempt to tackle, manage, prevent and learn from such issues.

2. TRAINER COMPETENCIES

2.1 THE EFFECTIVE VIOLENCE MANAGEMENT TRAINER

The concept of competency should rest at the very heart of human resource management in any organisation⁷. Competency approaches are useful as they are essentially about performance and concerned directly with factors contributing to high levels of performance and ultimately individual and organisational effectiveness. However, it is important to clarify at the outset that identifying key behaviours and implementing competency-based systems does not result in effective and high performing individuals per se. Individual effectiveness is as complex as trying to achieve organisational effectiveness and therefore requires continuous and sustained efforts to learn, support and develop at all levels.

As highlighted in the introduction, trainers within the Healthcare sector are often selected or chosen on the basis of some form of technical competence or an ability to achieve a particular level of technical competence (e.g. to obtain a certificate or diploma of some kind). This model of selection appears to be one that functions on the basis of ‘if an individual can demonstrate they have certain kinds of knowledge, qualifications or have had particular experiences the ‘instant’ trainer is made’. This is not to denounce the importance of technical expertise, but a concern with the blanket ‘*one size fits all*’ approach to trainer selection. The development of a technical expert is futile if the trainer is unable to engage with delegates and communicate in an efficient manner. As suggested above in the introduction, sometimes individuals who have attained the necessary technical skills and qualifications are not always as effective in their delivery of violence management training. It is therefore important to consider the competencies of an effective violence management trainer and pay closer attention to the selection and development of such trainers.

To be able to establish more precisely ‘against what criteria should we select and develop violence management trainers?’ it is important to identify the qualities that make for an effective violence management trainer. This is precisely one of the key aims of this research project. In addition to identifying common criteria against which trainers can be selected, developed and managed, the identification of competencies also provides an opportunity to agree a common language for describing effectiveness. This means that those who manage or deliver violence management training in different settings will have a common understanding of what an effective trainer looks like or what it means to be effective when delivering violence management training.

The competency approach to the selection and development of violence management trainers is also one which does *not* align itself to any particular train the trainer course or programme of development; instead it sets out those behavioural patterns that are perceived to be associated with the high performance of any violence management trainer in any organisational setting. The competency approach to violence management trainer selection and development can also improve the level of consistency against which performance can be assessed and developed. Those in a position to assess and support the development of trainers will have a more reliable and valid understanding of what effective performance looks like thus improving the level and quality of development provided to trainers in this domain.

2.2 COMPETENCIES AND COMPETENCE

For the purposes of clarification, the term competence is not to be confused with competency. Competence is often used to relate to a system of minimum standards (e.g. obtaining a National Vocational Qualification (NVQ)) or is demonstrated by performance and outputs, and involves the description of tasks, functions and objectives. Competency on the other hand is much more a person related concept that refers to the dimensions of behaviour lying behind effective, successful or competent performance (see Box 1 below). For example, it is to do with *how* a trainer goes about achieving the required learning outcomes of the violence management training programme; or what it is trainers *do* to meet the specific objectives of a violence management programme, etc.

Competence and Competencies

- Competencies are “behavioural repertoires”, while competence is a state of attainment.
- Competence is about achievement and is always backward-looking. A statement of competence is a statement about where a person is now, not where they might be in the future.
- Competencies can be used in a backward-looking (e.g. 360 degree feedback), concurrent (e.g. assessment centre) or forward-looking way (i.e. competency potential) to predict what they should be able to achieve.
- People demonstrate their competence by applying their competencies in a goal-directed manner within a work setting.

Source: Kurz & Bartram (2002)⁸

Box 1

The factors or ingredients contributing to an effective course/programme of learning are therefore not solely associated with what is taught (i.e. content of the programme), but fundamentally about how it is taught (i.e. the process of training)⁶. Considering the increasing significance of the workplace trainer, and in particular, the workplace violence management trainer, it becomes increasingly important to ensure that training providers, internal or external to any organisation, are attracting, selecting and developing trainers who are likely to be effective in the delivery of such training.

2.3 WHAT CAN COMPETENCIES BE USED FOR

As noted above, the use of competencies helps to introduce a common language and framework against which human performance can be managed, assessed and developed. As shown in Figure 2, competencies and competency-based systems have the potential for integrating Human Resource (HR) activities such as recruitment and selection, career management, reward and performance management. Such systems offer a coherent and integrated approach to the management of people and can offer a framework against which violence management trainers can be monitored, managed, assessed and developed.

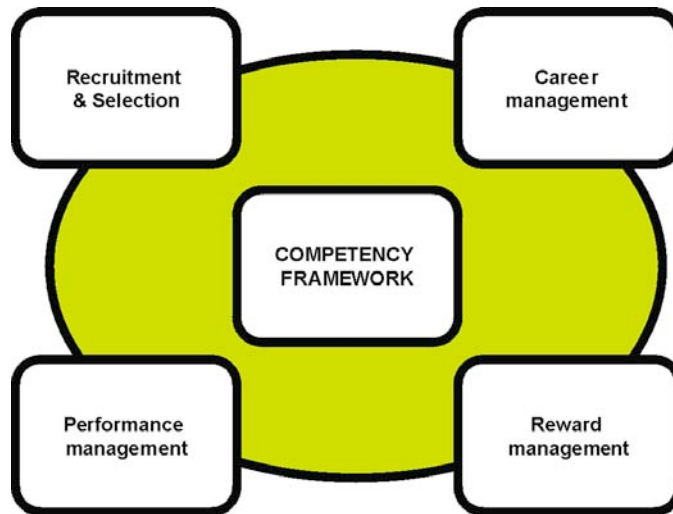


Figure 2: The value of competencies

2.4 THE PROCESS FOR IDENTIFYING TRAINER COMPETENCIES

Focusing on the Healthcare sector, information was collected on the competencies of violence management trainers across the UK. In total 62 interviews and 8 focus groups were held with trainers (*internal and outsourced*) and managers of trainers from across the Healthcare sector, members of these groups represented more than 32 Healthcare organisations across the public and private Healthcare sector. As outlined in Figure 3 (moving from left to right), a variety of qualitative psychological methods were used to collect competency-based information. The principle behind the data collection approach was one that utilised a multi-method (*triangulation*) approach to the competency identification so that a comprehensive analysis of behaviours could be achieved. It is important to use a multi-method approach to competency analysis as this offers the opportunity to improve such analysis by synthesising the results of multiple methods into a coherent and valid interpretation - this is technically known as incremental validity. Single methods only capture a small slice of what is often a complex reality and the analysis of complex organisational phenomena (e.g. behaviours and systems) demands a degree of variety in the data collection methodologies to ensure they capture the complexity they attempt to understand. The outcome of this process is essentially to identify what are the key competencies (i.e. the behavioural patterns) that are important for the delivery of effective violence management training.

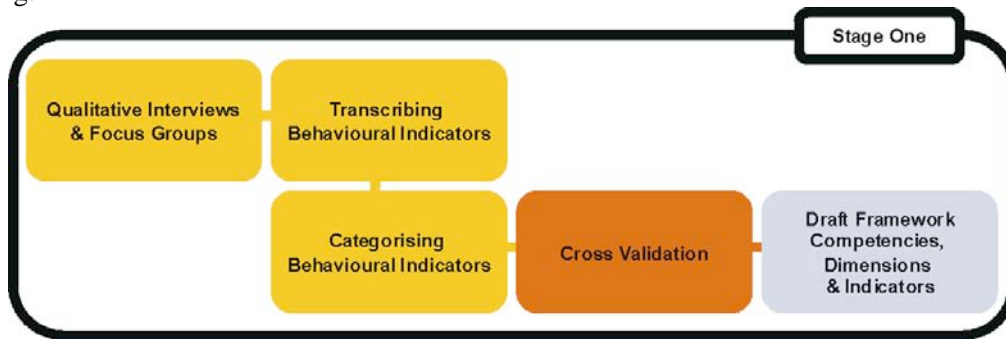


Figure 3: Illustrating the competency identification & development process

2.5 WHAT MAKES FOR AN EFFECTIVE VIOLENCE MANAGEMENT TRAINER?

Both the academic- and practitioner-based literature make a number of recommendations in terms of the general competencies required to be an “effective” trainer. However, key to the strategy of this research was to adopt both a top-down and bottom-up process for identifying the competencies considered important for the effective delivery of violence management training. This was achieved by holding interviews and focus groups with delegates/learners themselves, trainers as well as the managers of trainers across various Healthcare settings. Future validation of the identified competencies will be completed to gather evidence and explore the competencies in greater detail.

Figure 4 provides the draft framework of the competencies considered important for the effective delivery of violence management training. A detailed description of each competency and the associated ‘key’ indicators is provided below.



Figure 4: Competencies of the violence management trainer

2.6 THE FRAMEWORK STRUCTURE

The competency framework is made up of 14 dimensions and follows a hierarchical structure, with a small number of broad factors at the top and a larger number of dimensions at the bottom. The dimensions make up the behaviours considered important, *all other things being equal*, for a violence management trainer to perform successfully. The competency dimensions are grouped into four themes:

1. **Working Alliance (WA):**
 - WA1: Orientation to people
 - WA2: Climate: working relationships
 - WA3: Principles and values
2. **Technical Training Skills (TTS)**
 - TTS1: Preparing the learning environment
 - TTS2: Managing the learning environment
 - TTS3: Delivery style
 - TTS4: Engaging learners
 - TTS5: Monitoring and feedback
 - TTS6: Managing interpersonal and group dynamics
3. **Translation (TRL)**
 - TRL1: Developing knowledge
 - TRL2: Knowledge application
4. **Drive, Development and Resilience (DDR)**
 - DDR1: Meeting challenge
 - DDR2: Passion
 - DDR3: Commitment to learning and improvement

The cyclical nature of the competency framework in Figure 4 is meant to demonstrate that no hierarchy is intended in the main factors shown. All factors are considered to be critical to supporting the effective delivery of violence management training. Although, as one would expect, some behavioural patterns/factors may be called upon more readily during different stages of the process of delivering a training course (e.g. the dimensions of the working alliance may be needed at the very beginning of a training programme when the trainer is seeking to build a bridge between the delegates and the trainer and between the delegates themselves).

2.7 THE DRAFT FRAMEWORK

The competency framework is a working draft and is both about the development and application of competencies. The framework does not prescribe any specific qualifications that an individual trainer must possess and be assessed against. There are of course particular technical training skills that this framework does refer to, however the list of technical skills is not intended to be exhaustive and will remain under constant review through validation procedures to ensure future areas of development are considered and included as and when appropriate.

The framework is grouped by a small number of factors. Each factor has a description that indicates '*what it is*' and '*why it is important*'. Beneath each factor are a smaller number of components and each component has three associated *draft* dimensions/indicators (e.g. actual behavioural patterns).

The draft framework should be seen as a baseline against which the violence management trainer is to be developed. The framework at this stage of development is broad and generic. It will cover the roles and functions of all violence management trainers (i.e. it is not aligned to any technical or specialist skill or ability within the violence management training field). Future developments will focus on identifying more specific competencies associated with particular areas of expertise (e.g. physical skills tuition).

To support communication and interpretation of the draft framework three indicators for each dimension have been provided. In addition, only positive indicators have been included as

negative indicators and strategies for developing the competencies will be published during the second stage of development. A tool to be used by trainers and managers of trainers for the purposes of personal and professional development and/or performance appraisal and monitoring is provided under Section 7.

2.8 HOW DO WE KNOW THESE COMPETENCIES MAKE THE DIFFERENCE?

It is important to recognise that the competencies identified must undergo a process of validation (i.e. concurrent and predictive validation) to confirm that these competences are indicative of and lead to high performing practice. The outcome and process of validation will then enable developers, trainers, managers and others to differentiate between effective and less effective trainers in the violence management domain. It was therefore deemed important not to provide an overly complicated picture of the competencies identified and produce a framework that at this stage enables trainers and their managers to consider the competency areas identified and examine how they fit within any ongoing plans for development and improvement. This framework is considered to be the first 'working draft' and will be subject to further validation and evaluation over the next year.

2.9 VIOLENCE MANAGEMENT TRAINER: DRAFT COMPETENCY FRAMEWORK

WORKING ALLIANCE (WA)

What it is: Refers to the nature, level and quality of interaction and collaboration between the trainer and the learner. At least three factors are important for the strength of the working alliance. The first is associated with the bond that is established between the learner and trainer – this we call orientation to people; the second factor relates to the learning climate that is established through issues associated with respect, equality and involvement – this we call climate: working relationship and the third factor is associated with the underlying professional and ethical principles and values that motivate the trainer and are considered critical for transforming delegates and achieving the training objectives and outcomes.

Why is it important? The stronger the working alliance the more positive the outcomes of training will be.

WA1: ORIENTATION TO PEOPLE

- Trainer makes learners feel comfortable and at ease both by what they say and do (i.e. welcoming learners into the classroom, smiling at delegates, etc.)
- Trainer is approachable, speaking with learners in an informal and supportive manner; sometimes using humour in a way that supports interactions and engagement
- Trainer is eager to make learners feel safe and remove any anxiety about the training by taking the time to discuss what the training involves

WA2: CLIMATE: WORKING RELATIONSHIPS

- Trainer fosters ownership in learners through examining learner needs during training and demonstrating how the training will address these needs
- Trainer considers delegate knowledge and experience to be integral for the success of the training involving all learners and treating them as equals
- Trainer is willing to share their knowledge and experiences and does not use knowledge in a way that fosters a power imbalance between the learner and trainer

WA3: PRINCIPLES AND VALUES

- Trainer approaches the training with the health and safety of the learner, client and organisation in mind
- Trainer focuses on the primary prevention of incidents and stresses the importance of rapport building and effective communication and considers physical interventions as a last resort
- Trainer has a genuine desire to make a difference to individual and organisational practices with respect to tackling work-related violence

DEVELOPMENT STRATEGIES

- Practice greeting behaviours and removing any potential barriers between learners and the trainer (e.g. walking around the room, smiling, shaking learner hands, greeting with a smile, including all learners, etc.)
- Hold informal discussions with delegates both about the course and any relevant non course issues
- Make clear the overall aims the training
- Clearly set out the objectives and learning outcomes of the training

- Let delegates know that their experiences are valid and integral to the success of the training
- Spend time asking delegates about their expectations of the training
- Spend time understanding issues related to delegate fears and anxiety about the training and provide information to remove and/or reduce delegate anxiety
- Develop awareness of the delegate perspective by considering how the learner might be thinking and feeling about the course itself
- Practice openly discussing any new learning and knowledge with colleagues
- Access and understand any relevant codes of practice or ethics given by the original training provider or overseeing governing body / agency associated with the course/programme of delivery and sector
- Access and understand any relevant guidance issued by governing bodies (e.g. Health and Safety Executive (HSE), NHS Security Management Services (SMS), National Institute for Mental Health in England (NIMHE), Welsh Assembly, Scottish Executive, Strategic Health Authorities, Health Councils, etc.) with regards to safe and competent practice in violence management training
- Review and follow any specific guidelines provided by the original training provider with respect to health and safety risk assessments
- Access and understand material and guidance associated with the principles and values of the client organisation
- Review training programme content and determine if key principles of prevention are clearly specified during delivery

TECHNICAL TRAINING SKILLS (TTS)

What it is: This competency refers to the technical training skills considered critical for any violence management trainer to possess. These competencies refer to the trainer's ability to make use of tools, tactics and strategies to support the translation of knowledge (i.e. knowledge application) and enable delegate learning both in the classroom and transfer environment.

Why is it important? Technical training skills are critical to ensuring a positive learning environment can be developed, monitored and sustained.

TTS1: PREPARING THE LEARNING ENVIRONMENT

- ☐ Trainer proactively engages in assessing training needs (at the individual and organisational level) and in the design and development of the training programme(s)
- ☐ Trainer reviews delegate information prior to the training to consider any context specific issues or special/knowledge or skill requirements
- ☐ Trainer ensures training materials, facilities and delegates are prepared well in advance of training

TTS2: MANAGING THE LEARNING ENVIRONMENT

- ☐ Trainer obtains delegates expectations at the very start of the course and manages them throughout
- ☐ Trainer demonstrates an ability to proactively manage delegates and keep to time to enable the expected activities and workshop components/modules to be delivered and completed
- ☐ Trainer schedules in ample time for breaks, reflection, action planning and workshop evaluations

TTS3: DELIVERY STYLE

- ☐ Trainer is able to adapt their delivery style (e.g. language used, pace and speed of delivery and demonstration) to suit the composition of the group
- ☐ Trainer is flexible in their approach to delivery (e.g. ordering of content, type and amount of group work) and can successfully achieve the course objectives and outcomes in line with the needs of the learner
- ☐ Trainer appears confident in their ability (e.g. relaxed body posture, calm teaching style, clear communication style, etc.) to present the material and transfer information to others

TTS4: ENGAGING LEARNERS

- ☐ Trainer demonstrates active listening by paraphrasing and clarifying delegate responses to support discussions and exploration of issues
- ☐ Trainer will involve all delegates by asking open questions and seeking responses to any topics or issues under discussion
- ☐ Trainer does not just give answers but is eager to support and help learners to arrive at an answer or solution to a problem by using open and probing questions to allow the delegate to think through and explore an issue for themselves

TECHNICAL TRAINING SKILLS (TTS) (continued)

TTS5: MONITORING AND FEEDBACK

- ☐ Trainer proactively monitors delegates (e.g. through observations, discussions, use of questioning techniques, etc.) to establish levels of learning
- ☐ Trainer appreciates the differences in delegate knowledge, skills and abilities and will utilise a range of tactics (e.g. individual and group work, mixed pairings, discussions, etc.) to ensure delegate learning is facilitated and/or performance standards are achieved
- ☐ Trainer will provide both developmental and motivational feedback to support learning and development

TTS6: MANAGING INTERPERSONAL AND GROUP DYNAMICS

- ☐ Trainer is able to manage disruptive learners constructively by speaking with them in private, establishing the cause of their behaviour and seeking to engage them within the learning session
- ☐ Trainer is able to balance group interactions and ensuring the contributions of less vocal delegates are considered and valued
- ☐ Trainer oversees and manages delegate interactions sensitively by ensuring delegates do not lose face in front of other learners

DEVELOPMENT STRATEGIES

- ☐ Obtain delegate list in advance of training and access and review learner specific information that will assist the training
- ☐ Set out a route map for the training (& learning)
- ☐ Clearly indicate the structure and progression of the training at the beginning and at appropriate points throughout
- ☐ Review training delivery methods and assess if the methods used facilitate and are supportive of achieving the learning outcomes
- ☐ Make use of non-verbal and verbal communication to assist the rapport process
- ☐ Make use of the ice-breaker activity to assist with delegate engagement
- ☐ Use questioning techniques to assist in the learning process
- ☐ Manage questions effectively and in a way that makes the delegate feel listened to and important
- ☐ Use reflective questioning to help delegates take more responsibility for learning
- ☐ Sensitively identify and coach delegates who appear to be struggling with the core concepts or techniques (i.e. do not single out any delegates who are struggling with any concepts or techniques) provide alternative techniques or think of alternative ways to communicate a concept
- ☐ Provide praise and recognition for achievement (i.e. focus on delegate strengths and not weaknesses)
- ☐ Monitor group dynamics to ensure efficient learner development
- ☐ Consider mixing delegate groups to ensure dynamics are balanced

TRANSLATION (TRL)

What it is: Translation refers to the trainer's ability to convert sound knowledge into useable tactics and strategies for the effective management and prevention of work-related violence and to communicate, demonstrate and translate these tactics and strategies into the day-to-day work reality of the delegates.

Why is it important? Without translation delegates are unlikely to engage fully with the material. As a consequence, little change is likely in delegates' knowledge, attitudes, beliefs and behaviours.

TRL1: DEVELOPING KNOWLEDGE

- ☐ Trainer demonstrates knowledge and understanding of the aetiology of violence and any content area related to their specific programme of training (e.g. legal context, non physical skills, physical skills, post incident reactions and support, etc.)
- ☐ Trainer demonstrates awareness and understanding of any national developments, policies and guidance in relation to work related violence both in general terms and specifically for the sector in which they operate
- ☐ Trainer is able to demonstrate an awareness and understanding of the delegate work context (e.g. the nature and frequency of violence staff groups face) as well as any corporate practices and procedures associated with managing and preventing work-related violence (i.e. evidence of the management controls that are in place to manage work-related violence before, during and after incidents)

TRL2: KNOWLEDGE APPLICATION

- ☐ Trainer facilitates delegate learning through repeated practical/oral demonstrations
- ☐ Trainer introduces scenarios and relevant examples and experiences to facilitate and support delegate understanding and learning
- ☐ Trainer does not use jargon and will use language (e.g. words, terms) that make sense to delegates and supports their comprehension and development

DEVELOPMENT STRATEGIES

- ☐ Read and understand relevant organisational literature and other relevant information (i.e. corporate and health & safety documents, relevant policies, risk assessment reports, incident reports, etc.)
- ☐ Become familiar with the delegate context through use of trainer tools such as training needs assessments, interview or focus group type methods
- ☐ Access current and rigorous (i.e. peer reviewed) sources of appropriate research and practitioner based literature
- ☐ Engage in learning and development discussions with other trainers (internally or via credible forums)
- ☐ Sensitively learn from delegate experiences, recording key issues to assist in the contextualisation and delivery of training
- ☐ Become fully familiarised with the training materials and core principles of the training
- ☐ Practice expression of ideas, concepts and model explanations
- ☐ Reinforce key learning points throughout the delivery of training
- ☐ Practice using prescribed training materials and aids in a manner which adds to delegate understanding
- ☐ Place demonstrations, individual and group exercises in context for delegates by picking out key learning points

DRIVE, DEVELOPMENT AND RESILIENCE (DDR)

What it is: Drive refers to the trainer's ability to motivate delegates and facilitate a step change in attitudes, beliefs and behaviour. Violence management training is an emotive subject. Trainers have to develop and demonstrate an ability to constructively manage learner emotional challenges and demands, overcome learner apathy and motivational issues as well as constructively deal with negativity and contradictory views. Trainers must demonstrate a belief and passion for the topic and be driven to develop and contribute to individual, team and organisational knowledge and learning.

Why is it important? One major obstacle to be overcome is a degree of *learned helplessness* and negativity with respect to managing violence. Delegates need to be challenged and taken out their comfort zone as a way of enabling them. Trainers must continuously seek to develop their competencies and their resilience to enable them to effectively meet the demands of the role.

DDR1: MEETING CHALLENGE

- Trainer is able to use concrete examples of the actions and initiatives already underway within the organisation to positively tackle work-related violence
- Trainer is able to demonstrate evidence of the value of current initiatives that are already underway
- Trainer is willing to challenge negative staff views in a supportive and encouraging manner

DDR2: PASSION

- Trainer is energetic and enthusiastic about what they are doing
- Trainer focuses on achieving training objectives and outcomes and believes that the results are achievable
- Trainer demonstrates a genuine interest in the topic (e.g. wider reading, discussions, publications) and is committed to making a difference to people's lives

DDR3: COMMITMENT TO IMPROVEMENT AND LEARNING

- Trainer is open to change and is proactive in their own development by continually striving to enhance and improve their own knowledge, skills and abilities through research and practice
- Trainer contributes to individual, team and organisational learning through knowledge development and sharing
- Trainer is open to feedback and constructive criticism and will use this information to improve their own learning and professionalism

DEVELOPMENT STRATEGIES

- Develop sound knowledge of organisational actions and initiatives in relation to work-related violence
- Gather information and any evidence relating to the successful implementation of any control measures within the organisation and sector for tackling work-related violence
- Record key challenges that are raised during training by delegates and develop response strategies. Review response strategies with other trainer colleagues internally or externally
- Build links between training and delegate work environment to assist in the change process
- Use appropriate (i.e. non denigrating or dismissive) language throughout training

- Develop skills of facilitation and develop the working alliance between trainer and delegate
- Complete personal development plans to support continuous development
- Hold regular meetings with supervisor/manager to support reviews and enable practical problem solving
- Attend and/or hold regular formal and informal meetings with other trainers to assist in knowledge development, knowledge sharing and peer support

3. VIOLENCE MANAGEMENT TRAINER SURVEY

3.1 INTRODUCTION

The process for identifying and developing the core competencies of an effective violence management trainer is one that requires a focused, often limited and in depth analysis with individuals and groups. This process is justified, and highly recommended for the purposes of identifying core competencies, but the decision to collect rich qualitative information comes at the expense of obtaining a wider perspective from those who operate in the field in general. A decision was therefore taken to develop a survey to obtain opinions from the wider community on some of the key issues that were raised during the qualitative sessions (see Methodology below). An online survey for trainers and training managers within the Healthcare sector was published during April 2006. The results of this survey that are specifically related to the objectives of this report are documented below.

3.2 METHODOLOGY

As a preliminary stage to the development of the online survey, a series of focus groups and interviews were held with members from Healthcare Trusts across the UK (England, Scotland and Wales). Ten focus groups and five interviews were held with members from eight Healthcare Trusts across the UK. The members of the focus groups were restricted to trainers and managers of these trainers.

A member of the research team facilitated each focus group. Discussions were facilitated around 8 principal areas of concern:

1. Trainer knowledge, skills, abilities & other characteristics (KSAOs) – questions exploring what KSAOs are required to be an effective violence management trainer within Healthcare settings *.
2. Trainer selection – questions exploring the process of recruiting and selecting trainers in this area *.
3. Trainer support – questions exploring the sources and types of support available and required to an effective trainer in this area.
4. Trainer development and management – questions exploring the continued professional development and management of trainers.
5. Trainer rewards and recognition – questions exploring the types of reward and/or recognition deemed appropriate for the role of the trainer.
6. Training process – questions exploring how training is managed before, during and after training.
7. Training content – questions exploring how content is chosen, how it is designed, developed, maintained, delivered and updated.
8. Issues and challenges – questions exploring the future in terms of challenges, concerns or the changing role of trainers in this area.

As a result of time constraints not all areas of enquiry were explored within each focus group. On occasions where time was of a premium the participant group were offered control in terms of deciding what would be the principal issues to discuss. Exploring trainer knowledge, skills and

abilities (item number 1 above) and trainer selection (item number 2 above) were the two areas most frequently selected by Trusts as key to their concerns.

To facilitate exploration and information gathering about the principal areas a series of interactive activities were developed. This process ensured all members of the group contributed their views and assisted in the accurate recording of information. The focus groups were also designed to be informative and developmental for the participants (i.e. an outcome of the focus group was to develop knowledge and thinking about the key issues covered). Further information about the focus group content and structure can be obtained from the authors.

Participants were assured that the information supplied by them in the focus groups would remain anonymous at all times, the purpose being solely to help guide and inform stage two (i.e. the development of a valid and meaningful questionnaire intended for distribution to all trainers and managers across the Healthcare sector). Participants were also given various means of contacting the project team should they wish to raise any further issues after the conclusion of the focus group.

The exact process of questionnaire development involved translating the focus group material into items for the questionnaire. To obtain a more informed view of the principal issues many of the items on the questionnaire were open ended. The questionnaire distribution was managed by Zeal Solutions – an independent research based consultancy specialising in work and business psychology services. Because of time constraints a decision was taken to distribute the survey online for a period of two weeks. The survey was launched on Friday 7th April 2006 and closed on Friday 21st April 2006.

A total of 236 questionnaires were returned, however the distribution strategy of the survey makes it difficult to calculate any form of response rate from this figure because the questionnaire was disseminated to potential participants via e-mail utilising several existing sources (e.g. databases). In addition, respondents were also asked to support the distribution process by forwarding the link to the online survey to any other members within the Healthcare sector. At this stage the authors wish to thank, once again, all the participants who completed the questionnaire and all the individuals and organisations who supported the distribution process at such short notice.

3.3 SURVEY RESPONDENTS

Of those who responded to the survey (236), 99% (233) of the respondents were either violence management trainers or managers of violence management trainers within the Healthcare sector. 1% (3) respondents indicated that they were not violence management trainers in this sector and were subsequently excluded from the survey. As this survey was only targeting trainers and managers of trainers within the Healthcare sector the data and information presented below represents the views of the 233 respondents included in the final sample. Tables 1 – 7 below provide a brief summary of the composition of the survey respondents.

Table 1: Gender composition of the sample

Gender	Frequency	Percent
Male	152	65.2
Female	79	33.9
Total	231	99.1
<i>Undisclosed</i>	2	0.9

Table 2: Composition of the sample by ethnicity

Ethnicity		Frequency	Percent
White	British	212	91.0
	Irish	8	3.4
	Any other White background	7	3.1
Mixed	White and Black Caribbean		
	White and Black African	1	0.4
	White and Asian		
	Other mixed		
Asian or Asian British	Indian	2	0.9
	Pakistani		
	Bangladeshi		
	Other Asian		
Black or Black British	Caribbean	1	0.4
	African		
	Other Black		
Chinese or Other Ethnic Group	Chinese		
	Other ethnic group	1	0.4
	Total	232	99.6
	<i>Undisclosed</i>	<i>1</i>	<i>0.4</i>

Table 4: Primary location of the sample

Location	Frequency	Percent
UK: All	6	2.6
UK: North East	22	9.4
UK: North West	24	10.3
UK: East Midlands	16	6.9
UK: East Midlands	5	2.1
UK: West Midlands	29	12.4
UK: Eastern (East of England)	23	9.9
UK: London	10	4.3
UK: South East	39	16.7
UK: South West	18	7.7
Wales	15	6.4
Scotland	22	9.4
Northern Ireland	2	.9
International	1	.4
	Total	232
	<i>Undisclosed</i>	<i>1</i>
		<i>0.4</i>

Table 3: Sector composition of the sample

Sector	Frequency	Percent
Private	86	38.39
Public	216	96.43

Table 5: Status Of Employment: Trainer Role

Role Status	Frequency	Percent
Employed full time as a VMT within the organisation	66	29.5
Employed part time as a VMT within the organisation	10	4.5
Employed as a trainer but this is in addition to main role with the organisation	95	42.4
Employed in a company specialising in VMT	14	6.3
Employed in a company offering general training (including VMT)	5	2.2
Self-employed trainer	20	8.9
Other	14	6.3
Total	224	100

Table 6: Duration in VMT role*

Years	Frequency	Percent
1 to 5	75	33.5
6 to 10	81	36.2
11 to 15	38	16.9
16 plus	30	13.4
Total	224	100

*Rounded to nearest year

Table 7: Area in which VMT is delivered

Location	Frequency	Percent
Ambulance & Paramedic	29	12.9
Children	76	33.9
Elderly	100	44.6
General / Acute	101	45.1
Learning Disabilities	109	48.7
Mental Health	152	67.9
Other	53	23.7

3.4 MAIN SURVEY RESULTS

The online survey contained questions covering six areas that were explored during the preliminary qualitative stage of the research:

1. Qualifications
2. Regulation / Accreditation
3. Training Design, Delivery and Content
4. Selection of Trainers
5. Challenges
6. Support

A summary of the findings from survey is provided below structured according to the six areas of focus.

3.4.1 Qualifications

This section of survey was concerned with exploring the training violence management trainers have received as well as obtaining information with regards to the processes in place to support trainer development through updates and refresher programmes.

The training that violence management trainers have received with respect to their role is extremely diverse in terms of the type (i.e. content focus and structure) and level of qualifications achieved. The programmes attended also varied widely in terms of overall programme duration (i.e. how long it took to complete the course) and the assessment processes in place to demonstrate competence as a violence management trainer. The courses/programmes referenced by respondents can be categorised under the following themes/headings:

1. General Vocational Training (e.g. City and Guilds, S/NVQs training, etc.)
2. General Higher Educational Training (e.g. Cert Ed, Certificate, Diploma, Degree, Post Graduate, etc.)
3. Violence Management Training linked to vocational qualifications (e.g. City and Guilds, S/NVQs training, etc.)*
4. Violence Management Training linked to higher education (e.g. Physical Skills Instructor Training, Conflict Management Trainer Training, etc.)*
5. Violence Management Training not linked to any vocational or higher educational training (e.g. Physical Skills Instructor Training, Conflict Management Trainer Training, etc.)
6. Specialised Training (e.g. Weapons, Hostage Negotiation Training, etc.)
7. Short Programmes Of Training (e.g. Workshops, Familiarisation Seminars)*

** Many of the courses and programmes listed were tailored to the Healthcare sector.*

Where training comprised attendance at a 'train-the-trainer' programme, the duration of these programmes also varied from those that were a half day in duration to more extensive programmes lasting up to one year. The systems of competence (i.e. performance) evaluation and the criteria against which performance as a 'violence management trainer' was assessed also

differed extensively between programmes. For example, some trainer training programmes did not have any form of performance assessment whereas other programmes utilised more rigorous systems of assessment making use of course work, work place assignments, practical demonstrations, written examinations and follow-up observations *in-situ*.

Overall, the majority of trainers (90%) consider the training they have received for their role to be very or quite relevant (see Figure 5). 4% of respondents reported the training they have received to be somewhat relevant and 6% of respondents reported the training they have received as being a little or not at all relevant for their role.

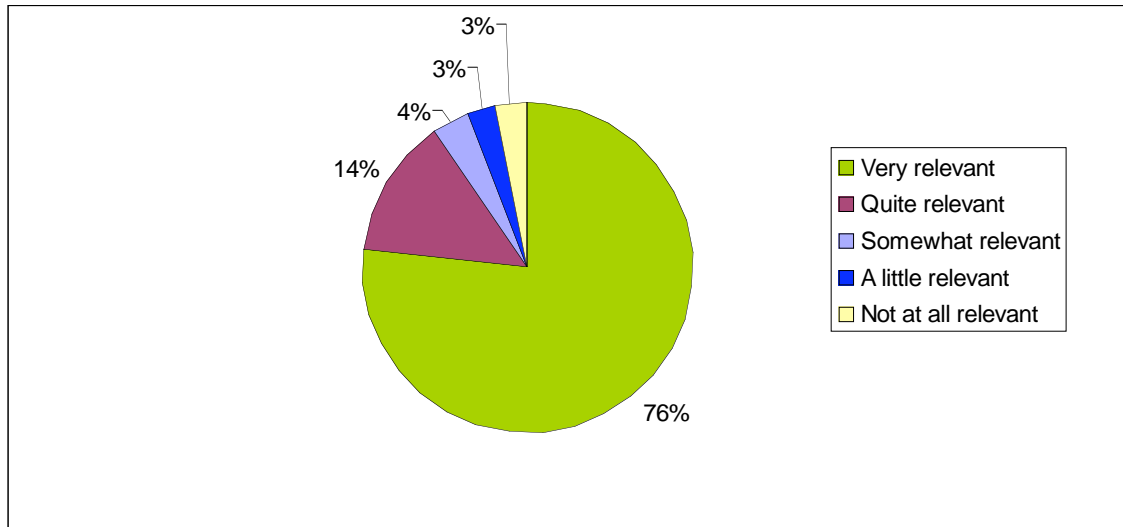


Figure 5: Overall, how relevant do you consider the training you have received to be for your role as a violence management trainer?

A further content analysis was completed on the information provided by those respondents (6%) who considered their violence management trainer training to be ‘a little’ or ‘not at all’ relevant. The following themes were identified from the comments made about the training:

- Where the train the trainer training comprised a short ½ day course/programme
- Where the content of the training was aligned to another sector (e.g. police based training)
- Where trainers felt they were not supported post training to develop and tailor their own programmes
- Where the training trainers received did not include relevant examples or demonstrations relating to their own context
- Where training was overly academic and not deemed to be practical and useful

As shown in Figure 6, 87% of respondents indicated that they had received some form of refresher or update training to support knowledge, skill and ability maintenance. 13% of respondents indicated that they had not received any form of refresher training to support their continuous development.

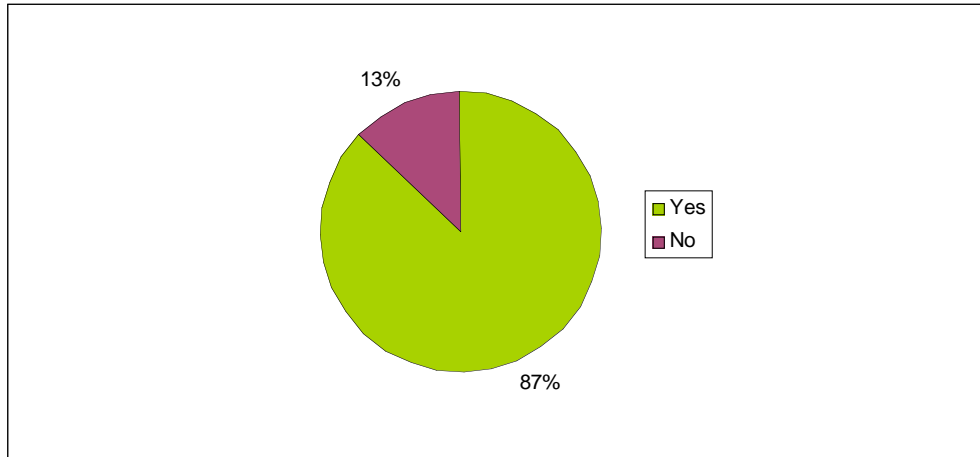


FIGURE 6: Have you received refresher training or training updates?

Those respondents who had received some form of refresher training were also asked to indicate how often they received this type of training and provide some detail about the content of such training. Information on the duration and frequency of refresher training where it was provided ($N = 141$ cases) is summarized in Table 8 below.

Table 8: Duration of violence management train the trainer refresher training

DURATION	FREQUENCY (%)*			
	Less than once a year	Once a year	Twice a year	Three times a year
1 day	0.0	27.9	10.2	2.0
2 days	2.7	7.5	2.0	1.4
3 days	0.0	24.5	0.0	0.0
4 days	0.0	4.8	0.0	0.0
5 days	0.0	17.0	0.0	0.0

* Note that some respondents also reported attending regular monthly meetings as part of their internal processes for refreshing knowledge. These were not included in the table.

An analysis of the comments made with respect to the topics covered during refresher/update training revealed a number of common elements as shown below. It should be noted that not all topics are covered in every refresher/update programme attended by the respondents.

REFRESHER TRAINING – CONTENT THEMES

Violence Management Knowledge

- Full update and review on training content
- Updates on the policy and practice in the organisation
- Updates on any relevant national policy and guidance
- Updates and review of physical skills
- Updates and review of non-physical skills
- Updates and reviews on models of violence and aggression (e.g. theory)

7.3 TRAINER DEVELOPMENT & SUPPORT TOOL 2: PERSONAL DEVELOPMENT PLAN (PDP)

PDPF1: 1 of 3

PDP FORM 1 - RECORDING DEVELOPMENT NEEDS

Name (<i>trainer</i>):			
Role (<i>title and location</i>):			
Period this development plan covers:	<i>From:</i>		<i>To:</i>
Name (<i>manager supporting the review</i>):			
General post/job requirements (<i>list key tasks and duties</i>):		Personal objectives and targets for period (<i>to be agreed and recorded</i>):	
Date completed:			

What are the development needs? <i>(please record the development needs here, the core competency the need is related to, evidence for why it is needed and how the need is linked to achieving any objectives listed above):</i>			
Development need:	Competency related to:	Evidence for need:	Objective(s):
1.			
2.			
3.			
4.			
5.			
6.			
Competencies to be developed <i>(please describe how the development need is linked to improving any specific competencies):</i>			
How, when and who will take action to enable the need be met? <i>(please describe the actions that will be taken to meet the identified need(s)):</i>			
Development need number:	Action(s) to meet need:	Date action will be taken:	Who will take action?
1.			
2.			
3.			
4.			
5.			
6.			

What evidence or information is needed to show the need has been met? *(please describe the information/evidence/outcomes that will be used to demonstrate the need has been met):*

Target completion date: *(please record the date by which the actions will be completed or the next review period):*

What support is available to you (internally or externally)? *(please record any relevant internal or external sources of support that will help you achieve your actions):*

What might stop you achieving and meeting this development need? *(please describe any potential barriers to be overcome)*

What will help you to overcome any of the identified barriers? *(please describe any possible sources of support that will help you overcome the identified barriers)*

PDP FORM 2 - MONITORING PERFORMANCE AND RECORDING OUTCOMES

PDPF2: 1 of 1

What actions have been taken and when?		
<i>Action(s) I have completed:</i>	<i>Date completed:</i>	<i>What was the key outcome or lesson learned from the action:</i>
How did these actions support you in meeting the development need?		
How have you applied your learning from taking these actions?		
Has anything stopped you from taking further action to support your development?		

8.2 TRAINING METHODS TOOL 1: METHODS OF DELIVERY

1. Lectures and Presentations	
Lectures are the most formal training method and are effectively a formal presentation, requiring the audience to sit still and listen to the presenter. Questions are usually left until the end of a session, where a discussion of the material presented in the lecture may follow.	
<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> •□ Can provide quick and effective transmission of information from one person to a number of other people. •□ Allows facts to be presented in a clear, logical order, including summaries and introductions of various topics. •□ Provides an efficient way of providing information within a specified time period. •□ Examples can be illustrated through visual aids. •□ Combines the use of auditory and visual information sharing techniques. •□ Techniques can be applied to presentations to help maintain the audience's attention (e.g. highlighting key points; providing interim summaries; using 'signposting' techniques to indicate direction and structure). •□ Providing the traditional 'Question and Answer' session at the end of the presentation allows formal presentations to be integrated with a more interactive approach. 	<ul style="list-style-type: none"> •□ Tends to be a formal approach. •□ Despite the opportunity for 'Question and Answer' sessions, the learner is required to take on a passive role throughout the presentation. •□ People's attention tends to wander after approximately 20 minutes or so of sustained listening. •□ It can be difficult deciding how much information to give people – it is a fairly common mistake for presenters to give too much information during lectures. •□ Success of presentations depends to a large extent upon the communication skills of the presenter, and the ability of the presenter to pick up and act upon non-verbal cues within the audience as a form of feedback.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

<p>2. Demonstration</p> <p>Demonstrations involve practical activities, usually carried out by the trainer, showing the group (or individual) the correct way to carry out a particular task. Demonstrations usually involve the participant in some way, and this involvement can be of the ‘do it with me’ or the ‘watch me first’ variety. Printed material or handouts to verbalise the information presented in the demonstration can provide a useful addition to demonstration methods.</p>	
<p><i>Advantages</i></p> <ul style="list-style-type: none"> •☐ Demonstrations provide a useful representation of how a number of pieces of information ‘fit together’. •☐ Demonstrations can act to simplify what may seem (or sound) like a complicated process. •☐ Demonstrations can encourage the trainees to use, or to be confident in attempting, the skill or action being demonstrated. •☐ Demonstrations can help to alleviate doubts about the product/technique being discussed. •☐ Demonstrations can highlight efficient ways of performing a technique or skill. •☐ Demonstrations can highlight the possible consequences of acting or performing in certain ways. 	<p><i>Disadvantages</i></p> <ul style="list-style-type: none"> •☐ The trainer should be careful not to assume that trainees have understood the demonstration, and it is important to allow opportunities for them to ask questions. •☐ If the trainees do not have a clear understanding of what it is that is about to be demonstrated to them, and why this demonstration is relevant, the task can become confusing. •☐ The speed or pace of demonstrations is often difficult to get right, yet this is important – going too fast can confuse participants, whereas going too slowly can cause observers to become bored and lose their motivation in the training programme.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

3. Case studies	
Case studies are usually presented in written or visual form, and tend to describe a problem situation in which participants must decide what action to take to diagnose, analyse, solve or manage that problem.	
<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none">•☐ Case studies are intended to simulate reality and, provided that appropriate planning and preparation has been put into developing the case study, they can help to bring real life situations into the learning environment.•☐ The learning environment provides a ‘safe’ arena for trainees to use trial-and-error methods, and to make mistakes without having to be concerned over the consequences.•☐ Case studies can enhance interest, participation and motivation.•☐ Case studies provide an effective way of testing existing knowledge and assessing levels of learning.•☐ Case studies allow trainees to transfer the theories they have learnt into practice.•☐ The underlying principles and processes within cases can be identified, allowing for a detailed understanding of the situation.	<ul style="list-style-type: none">•☐ The material presented in the case study needs to be topical, well researched and highly relevant to the group of trainees, otherwise this method will not achieve its purpose.•☐ The learning objectives and outcomes of the case study need to be clear – if they are not, this can cause problems among trainees who fail to see the purpose of the task.•☐ The case studies can appear detached from reality. It is therefore useful to follow the administration of a case study with a discussion about real-life examples that are related in some way to that case study.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

4. Role play	
In role-plays, trainees (or trainers) are asked to take on certain roles and to act out hypothetical scenarios, usually spontaneously.	
<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> • <input type="checkbox"/> As with case studies, role-plays are intended to mimic real life situations, and allow practice of certain skills in a relatively safe environment. • <input type="checkbox"/> Trainees are given the opportunity to practice using different behaviours, to see which behaviour can be most usefully applied in a given situation. • <input type="checkbox"/> Other participants can observe role-plays and learn from the things their course mates do particularly well, and also from the things they do not do so well. • <input type="checkbox"/> Feedback can be provided by both the trainer and other course members, which can act to facilitate useful discussions. • <input type="checkbox"/> If video technology is applied, participants can be given the opportunity to observe their own behaviours and reflect upon their actions. • <input type="checkbox"/> This approach is very participative, and can be great fun. • <input type="checkbox"/> Role-plays help to promote the importance of feelings as well as knowledge. This can help to provide insight into the attitudes and feelings of others. 	<ul style="list-style-type: none"> • <input type="checkbox"/> Role-plays may not appeal to some people, who may view the process as ‘play acting’, unreal, or time wasting. It is important not to let the ‘drama’ of the situation steer away from the overall objectives of the task. • <input type="checkbox"/> If the role-play situation is not well planned and delivered, it is possible that it could create an embarrassing, unsuccessful situation. • <input type="checkbox"/> Some individuals may be embarrassed, scared, or lack confidence in their ability to take part in a role-play, particularly one that will be observed by the group. People should be able to opt out of participating in this task, and take the more passive role of an observer if they wish to do so. • <input type="checkbox"/> The point of the task may not be clear, unless a thorough discussion or debriefing session is conducted after the exercise has been completed.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

5. Discussions	
<p>In these situations, the trainer will usually start and facilitate a discussion, but will not add their own opinions, knowledge or expertise until the group have been given a fair chance to have their say. Discussions are planned for and managed, and are usually triggered by a specific question or activity. Discussions usually serve a specific purpose or aim to meet certain objectives, so the trainer must facilitate the group effectively to help ensure that these objectives are met.</p>	
<p><i>Advantages</i></p> <ul style="list-style-type: none"> •☐ Sharing knowledge, concepts and experiences with other learners can be a valuable and enjoyable experience, particularly among adult learners. •☐ Discussions can work very well when progress is monitored throughout the process, and fed back to the group at the end. •☐ Discussions can provide a useful way of monitoring attitudes. •☐ Discussions can help members to gain confidence in some of their ideas and concepts. •☐ Discussions can help to clarify learning points for some individuals, and when used in certain situations can be an effective way of providing useful answers to real-life problems. 	<p><i>Disadvantages</i></p> <ul style="list-style-type: none"> •☐ Some group members will find it harder than others to become involved in the discussion, and some trainers may find it difficult to effectively facilitate such situations without disrupting the flow of the discussion. •☐ Discussions are not necessarily an effective way for trainers to convey information. •☐ If the size of the group is either particularly large or particularly small, discussion methods can be problematic. It is useful to split particularly large groups (e.g. groups of 20 or more participants) into two smaller groups. In such cases it may be useful to assign specific roles to participants such as ‘facilitator’ and ‘chair’. •☐ Discussions can easily move away from the original point, and it can be difficult to get people back on to the ‘right track’.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

6. Small group tasks and activities (<i>including educational ‘games’</i>)	
Small group tasks can include problem-solving; practical skills; physical activities; or discussions. Educational games may focus on problem-solving or decision-making teamwork.	
<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> •☐ This method encourages and promotes active communication and learning. •☐ People can learn from other individuals within their group. •☐ People who might feel nervous about getting involved in large group discussions may feel more confident participating in a smaller, safer environment such as a small group. •☐ Games can be enjoyable, while at the same time providing practice of certain skills to promote learning. •☐ Games can also encourage the development of inductive and deductive thought processes. 	<ul style="list-style-type: none"> •☐ Objectives need to be clear, otherwise the point of the task may be lost and the aims may not be met. •☐ In case the purpose of the activity is unclear, thorough discussion and feedback must take place at the end of the task. •☐ Group activities, particularly games, can get out of hand if people are not supervised and monitored throughout the process.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

7. Individual work	
Most courses will include a certain degree of individual learning, such as reading through the training manual or answering questions to written revision materials. This may involve evening work, such as reflection on the day's training or preparation for the following day.	
<i>Advantages</i>	<i>Disadvantages</i>
<ul style="list-style-type: none"> •☐ The more opportunities a person is given to use or practice a skill, the more they are likely to learn. •☐ Evening work can be effective, provided that the learner is given a specific task and instructed in terms of what they are expected to do. •☐ Provision of supervised practice can be a very useful learning experience, and a good opportunity for people to develop their skills. 	<ul style="list-style-type: none"> •☐ If the trainer is not careful, he or she may become too involved with the supervision of particular individuals and may lose control of the group as a whole. •☐ Some participants may become over-competitive, which is a situation that needs to be carefully managed by the trainer (e.g. by taking the person to one side for a private word). •☐ Individuals may become disheartened if they are unable to perform effectively on the first attempt; it is the trainer's role to keep such people motivated and to persuade them not to give up.

TRAINING METHODS TOOL 1: METHODS OF DELIVERY *continued*

8. E-learning	
<p>With the increasing levels of technological advancement in today’s society, E-learning is likely to become an increasingly common training method. This method is concerned with using the computer to deliver a range of training, including interactive training modules; access to additional materials; and methods of tracking individual performance.</p>	
<p><i>Advantages</i></p> <ul style="list-style-type: none"> •☐ People can learn at their own pace, at their own convenience, and in the comfort of their own homes. •☐ Delivery of information is both flexible and active. •☐ Training can be customised to suit the needs of individual learners. •☐ E-Learning is generally a cost-effective method (although the development phase of programmes can be expensive). •☐ Performance can be tracked from a centralised point. •☐ Modules can be added or removed from the system as and when necessary. •☐ E-Learning can be supported or followed-up in person, to provide practice opportunities and additional support systems for learners. 	<p><i>Disadvantages</i></p> <ul style="list-style-type: none"> •☐ Accessibility is restricted, as not everybody has access to a computer. •☐ Many people lack the skills, the confidence, or the desire to take a course that is based on the computer. •☐ Such methods are inappropriate for the training of skills which require physical or personal connections between individuals. •☐ Materials need to be continually refreshed and updated, which can be a time consuming task.



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