Change is possible*:

Evaluation of the South East Leadership Academy Care Home Managers' Leadership Learning Group

*Quote from participant

Contents

Introduction

Oxford Academic Health Science Network [AHSN] was asked by NHS South East Leadership Academy [SELA] to evaluate their Care Home Managers' Leadership Learning Group. The SELA have been running this Programme for around a decade for care home managers working in a variety of settings from care of the elderly to long-term adult healthcare facilities.

Background

Leadership has many different guises and can vary drastically within different care settings. Recent studies note a shift from transactional leadership to servant leadership which focuses on the strengths, contributions, development of trust within teams and on serving the needs of residents [Cloutier et al, 2016]. There is also evidence in some care homes linking transformational leadership behaviours to better safety and quality outcomes for patients and carers [Boamah et al, 2017; McGreevy, 2016].

There is no question that leadership development and training is essential, yet effective and sustainable models are still a work in progress [Barraclough et al, 2021]. A conceptual model LEAD [**L**eading self, **E**ngaging others, **A**chieve results, **D**evelop coalitions] is one example of a framework which aims to encompass a broader view of leadership from positional authority to each member leading where they are. This may support the social care workforce to move beyond traditional leadership types to distributed leadership [Bourgeault et al, 2022]. The Responsive Leadership Intervention [workshop on responsive leadership, communication team huddles, support system for team leaders to transfer new skills into practice] is another example where team leaders/nurses train to become more supportive to health care assistants in their units. A study in a long-term care setting highlighted that care assistants perceived their managers as more supportive post intervention [Caspar et al, 2017].

Several national initiatives have been established in England [e.g., My Home Life Programme, National Skills Academy for Social Care's Registered Managers Support Programme] following a request from care home managers for training in leadership skills [Orellana, 2015]. Whilst leadership Programmes can be valuable and educational, they can also be time consuming and costly. The overall organisational view around leadership should be considered prior to staff undertaking leadership training to ensure that attendees have capacity to engage and are supported to become effective leaders [Vogelsmeier et al, 2010; Flaig et al 2020].

The literature suggests that a variety of training has been offered to care home managers/nurses to improve culture and outcomes. These range from short workshops, resource packs, educational programmes, peer-assisted learning, communities of practice and action learning sets [Bolstad, 2018; BRAP, 2016; Crowne et al, 2017, Owen et al, 2012]. The topics deemed important included emotional intelligence, communication, leadership skills, ethical leadership and understanding change [Crowne et al, 2017, Cummings et al, 2014; Eide et al, 2016; Jack et al, 2021, Kelley et al, 2020]. The literature implies

that most leadership training programmes for care home managers are around 1-2 days. One that ran for 12 months noted participants were enabled to make real practice development changes with meaningful effects on residents [Penney and Ryan, 2018].

The SELA Care Home Managers' Leadership Learning Group Programme[1] is made up of five modules. These cover topics from self-leadership to communication and how these and other factors may influence change management in teams. The training is undertaken in small cohorts, over five months and led by an external course facilitator. Since the Covid-19 pandemic, the course has transferred from face to face learning to online. The offer was advertised through Integrated Care Systems (ICS) and individual staff members encouraged to sign up.

Aim

The overall aim of the evaluation was to:
- Review the course content in the light of the current research
- Understand the views of the participants
- Understand the longer-term benefits and impact of the Programme.

Methodology

The methodology for the evaluation was agreed between the AHSN and SELA. The Programme evaluated took place from October 2021 - February 2022 with six participants from care homes in Oxfordshire. Four participants completed the training course, and two were interviewed.

Programme content

Literature was collected using search question analysis and filters. This included a population of care home managers within elderly/residential homes and long-term adult care facilities. Filters around intervention and impact were applied. These included:
- Leadership training/training programmes
- Impact on culture and staff confidence
- Residents' wellbeing and satisfaction.

Leadership methods in the literature were reviewed alongside the training Programme offered by the SELA [Appendix One].
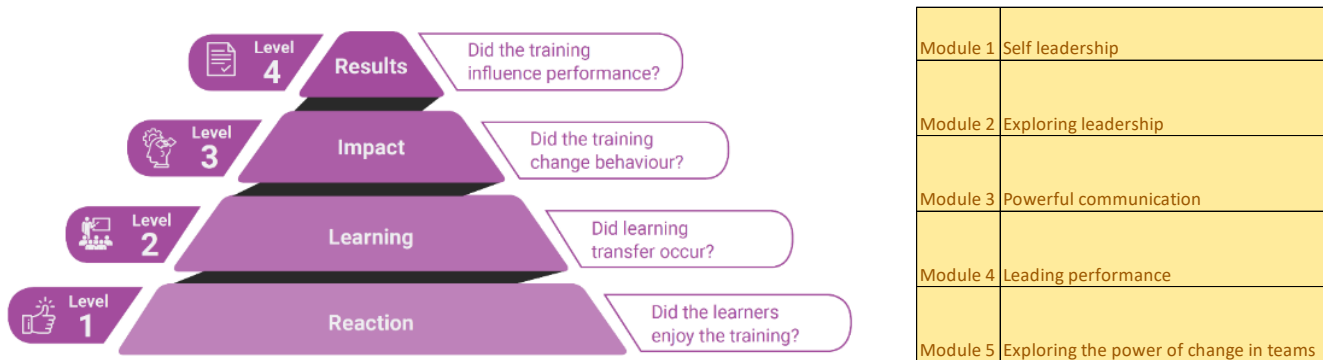
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[1] Referred to as 'the Programme in the rest of this report.

Views of participants

Data was collected from online surveys, semi-structured interviews, and review of project presentations. Questions for the surveys were designed around the course content and the Kirkpatrick Model [Figure One]. Interview questions were designed around the SELA objectives for the course, what they hoped to explore through the evaluation, alongside the Kirkpatrick Model [Table One].

Figure One: Kirkpatrick Model and course content

Module 1	Self leadership
Module 2	Exploring leadership
Module 3	Powerful communication
Module 4	Leading performance
Module 5	Exploring the power of change in teams

Kirkpatrick Level One – Reaction
Understand how engaged they were and how they contributed. Highlight any important topics that might have been missing for future Programmes.

Kirkpatrick Level Two – Learning
Understand what they have and have not learned. What might they be able to do differently as a result? How confident and motivated are they to make this change?

Kirkpatrick Level Three – Behaviour
Understand how well participants have applied their training and if there are any culture challenges locally that may hinder change (is there scope to apply their new way of thinking?). Have they changed the way they think or behave?

Kirkpatrick Level Four – Results
Understand if the training has delivered the overall outcome of the Programme. What are the benefits to the individual, care home and wider network?

Table One: Design of Interview Questions

SELA objectives of the course	SELA hope to explore through evaluation	Kirkpatrick Model
A clear idea of how effective leadership in care looks and the behaviours involved	Achievement of the learning outcome The impact What is next?	Learning Impact Results
An increased level of confidence to make changes and improve in their home	Achievement of the learning outcome The impact What's next?	Learning Impact Results
A set of tools that will enable them to get the best from their staff	Achievement of the learning outcome The impact What is next?	Learning Impact Results
Improved listening and questioning skills that will increase ability to communicate, engage and influence others	Achievement of the learning outcome The impact	Learning Impact Results
Ways of effectively supporting teams to embrace change		Impact Results
A greater awareness of personal approaches to leadership		Learning Impact Results
A trusted and supportive network of peers	Common values Shared challenges	Reaction
NA	The experience Hopes and expectations from the Programme	Reaction

Online survey

A survey was designed by the course facilitator and distributed before and after the course [Appendix 2]. The evaluation team designed a survey to ascertain participants expectations. This was distributed prior to, and after, each module [Appendix 3].

Semi-structured interviews

Participants were asked by the course facilitator if they agreed to being contacted further for follow up. Oxford AHSN received contact details for all participants and emailed them individually to explain the evaluation. Four participants agreed to be interviewed, they were contacted up to three times to make an appointment. Two semi-structured interviews were carried out via Microsoft Teams [Appendix 4].

Project

Participants were asked to undertake an improvement project as part of the course. Project outlines were reviewed, and presentations attended [Table Two].

Findings

The course outline was reviewed alongside current literature. The course is separated into five modules and undertaken over five months. It is a mixture of self-directed learning supported with online materials and facilitated group virtual sessions. The five modules cover:

- Self-leadership
- Exploring leadership
- Powerful communication
- Leading performance
- Exploring the power of change in teams.

The online materials are a mixture of presentation videos, and workbooks which gives participants the opportunity to translate their learning into personal application and actions. The methods used attempt to incorporate learning styles which are in line with current literature [Bolstad, 2018; BRAP, 2016] and offer a mix of styles rather than just one type. This may support the way participants learn as well as reaching out to the training needs of a multigenerational workforce [Vinales, 2015; Cekada, 2012]. Within the workbooks there is opportunity for reflective practice which when applied offers the participant room to develop personally and professionally. This practice includes skills to support their team and improve the quality of care and outcome of residents [Galutira, 2018].

The content of the material starts with identifying where the participant is personally before exploring styles, values, and behaviours of leaders. This offers the opportunity for self-reflection prior to translating the learning to team and residents. The module topics of understanding leadership styles, effective communication including challenging conversations, creating vision within a team, and addressing performance is in line with other published training programmes/frameworks for leaders in the care sector [Crowne et al, 2017, Cummings et al, 2014; Eide et al, 2016; Jack et al, 2021, Kelley et al, 2020]. As part of the Programme, a project is undertaken which enables participants to put their learning into action. Using this style of learning combined with practical implementation has been demonstrated to have meaningful effects on residents. [Penney and Ryan, 2018].

Who took part?
The cohort's allocated six spaces were filled. One participant did not attend the whole course and one went off on long term sick after the first two modules. Attendance rate over the modules ranged from 60-100% [Appendix 5].

Four participants attended most of the Programme and undertook a work-based project. Three were from the same care company. Three were care managers of supported living accommodation for adults with either autism, long-term mental ill health, or both. They manage between one to five homes in the community. The other managed an outpatient service. The two participants interviewed noted that they

found out about the course from their regional manager and were asked to go on the course. One did not remember having an option and the other thought "it seemed interesting". Neither participant interviewed knew that a project was part of the course.

Understanding the view of the participants
The surveys, interviews and project data has been amalgamated to understand the impact that the Programme had for the participants, their wider teams, and residents. Out of the eight surveys undertaken by the evaluation team, an average response rate of 64% was achieved [Appendix 6]. All participants agreed that each module met their needs and expectations.

Impact on individuals
The mixed learning style was valued by the participants. It gave them time to learn, reflect on how they approached certain situations and how they would improve going forward. The videos produced were particularly useful as participants could listen multiple times to embed the learning. One participant shared "I forget things quickly but was able to watch the videos over and over again which helped it to go in". There was time for reflection so that learning could be applied to current work situations.

The participants interviewed felt that the size of the cohort was appropriate to ensure confidentiality and a feeling of being "safe". One participant noted the importance of learning in small groups with people they already knew. Prior to each module commencing, participants wanted to find new ways to deal with multiple situations. These included keeping staff happier, managing conflict, becoming more democratic, developing listening skills and supporting staff within a changing environment. Post learning reflection highlighted those participants described feeling more empowered, calmer, more self-aware and understood the importance of listening first and developing vision together as a team.

> **"I learnt that if you lead and no one follows then you are not a leader"**

> **"It [course video and questions] helped me think how it applied to me and my work"**

> **"I learnt the importance of involving others"**

Impact on behaviours
Through the survey each participant observed how important it was to understand their leadership style. This included the benefit from seeing their strengths and where they could improve. Through understanding more about themselves, they all wanted to test new behaviours and ways of working with teams going forward. These included an array of different situations.

In one case a new team was brought into a manager's remit. The manager then spent time listening to where the team were at and what was important to them. One participant said that they have learnt to "listen, just listen and then listen again". Whilst listening was important, most participants shared that they now consulted their team about changes in the workplace, which has promoted shared ownership. A participant shared "I learnt the importance of involving others and seeking their opinions, rather than just taking control and doing everything myself then expecting others to follow".

This learned technique was also applied to clients in the projects undertaken. It helped clients to express what was important to them. Within one project the manager chose to walk through the steps of the process with all concerned. This gave an in-depth understanding of the current service and the potential areas for improvement. Another participant shared how they would always check things out with their manager prior to introducing change, whereas now they feel confident to "just get on and do it". In contrast another participant said that they would always just forge ahead and make a change, whereas now they wanted to reflect more and talk it through with another person. This highlights the importance of applied learning to a variety of situations.

"I use feedback from staff to develop myself"

"I address performance issues with staff early and work it through together with them. I make sure that staff feel valued when they've done something well"

"I can delegate and work with others to achieve a common goal"

Impact on team/clients
Through a shift in personal behaviour and the belief that they could change, most of the participants noted the ripple effect within their teams and clients. The majority of this came through communication and change management skills. Through listening to what staff and clients had to say empowered the managers to be inclusive. Building common purpose within the team/clients helped to bring clarity of direction and shared ownership. One participant noted a "huge difference" and that their team now "collaborated and took responsibility".

The project undertaken helped to cement the learning. Although no specific measurement was introduced within each project there appeared to be a positive outcome for staff and clients [Table Two]. It was too early to note if the change was sustained.

Table Two: Project outlines and outcomes

Project Number	Outline	Description of change from participant
One	To ensure the smooth transition of individuals with learning difficulties to another house and care team.	Smooth transition (with some Covid-19 challenges). Stability of transition has been achieved for client, family, and staff.
Two	To review the process of autism diagnostic clinic appointments. To ensure they were released in a timely manner to support clients, reduce cancellations and waiting times.	Process is much smoother ensuring reduced waiting times for clients, less pressure on staff and the service can fill all available clinic spaces.
Three	To improve the quality of life for clients through supporting them with health eating choices.	Guidelines developed to assist with the continuity of staff support to clients. Introduction of a daily diary and one "decent" meal per day.
Four	To ensure daily activities were organised for clients.	A shift per day is dedicated to activities and health talks. Activities timetables are displayed in advance. Regular client and staff meetings in place to ensure activities reflect what clients want and staff can achieve.

A participant shared that learning to delegate "took courage" but enabled others to take a role which released ownership back to the team/clients. Through effective communication with clients, they could see the benefits of taking care of themselves and became part of the solution. One participant shared that they had learned that it is "ok to take things slow and steady" to co-design a project with staff and clients. This gave the opportunity to seek out staff strengths, and support them to take a lead in these areas.

One of the aims of this Leadership Learning Group Programme was to develop a network where managers could support each other. However, participants noted that they would value this but were not confident to set it up.

"Change is possible with good management skills"

"Involving others meant I had information from different perspectives, rather than just my own. They felt involved and like they could have a positive impact"

"I will involve staff in the process and make sure I don't over plan"

Conclusion

The NHS Long Term Plan states that the ability to deliver high-quality care and transform services depends on "great leadership" at all levels of the health and care system. Alongside this it sets an ambition for compassionate and inclusive leadership behaviours to be integral [Bailey and Burhouse, 2019]. Supportive leadership, or lack of it, in health and social care has been linked to staff health and wellbeing, and patient/client outcomes [Schmidt et al, 2014; Kazemi and Corlin, 2021].

The SELA Care Home Managers' Leadership Learning Group aims to support care home managers to develop as leaders. It is a course developed on common themes for supportive leadership and is in line with the current evidence. It is set out in a way that enabled the participants to learn, put their learning into action, reflect and re-visit their learning. Whilst change is dependent on the learner and what they choose to embrace or not; the time and content of the course enabled these participants to embrace change.

Each participant demonstrated through their project that they had started to put their learning into action with their teams. As the course took place over five months, it enabled learning to be embedded with continued support from the facilitator. Support over time has been noted to be beneficial in sustaining change [Penney and Ryan, 2018]. Although it is too early to note sustained change, all four projects had initiated change by the end of the Programme. It also offered participants the chance to take small steps in leading their team and share learning from this. They demonstrated learning through their projects, were happy to share that learning, including what worked and what did not. Through this their individual teams are now starting a journey of becoming more cohesive which in turn is enabling them to provide client centred care.

Although six staff signed up for the training, due to sickness not all trainees completed the course. The evaluation has been undertaken with only four participant's feedback. The Programme did not focus on improvement methodology, consequently the evaluation did not assess the methodologies used within each project. The interviews were not done in the care setting due to Covid-19; therefore, the projects could not be reviewed in the care homes/clinic with staff/clients. The long-term benefits were unable to be measured within this time frame. These limitations were outside the control of the evaluation team and should be considered when interpreting the evaluation findings. Should the SELA desire a more robust evaluation, they may wish to consider evaluating multiple cohorts over time.

The overall themes within this evaluation have demonstrated that the course is in line with current evidence. It seems to have supported participants to change themselves, their behaviours, and their teams.

Appendix 1 – Literature review

Search question analysis, filters and results	
Population	**Question 1** Care home manager (where care home is residential care of the elderly) **Question 2** Managers of long-term care adult community based healthcare facilities (learning disabilities/ mental health)
Intervention	Leadership training programmes/Leadership Training
Comparison	Any/none
Outcomes	**Question 1** Any impact on care home managers and staff (eg culture, confidence, peer networks, behaviours) OR Any impact on residents (eg wellbeing, improved mental health, satisfaction, reduced A&E/ambulance callouts) OR Leadership tools identified. **Question 2** Outcomes associated with leadership in long-term care (eg culture, confidence, peer networks, behaviours OR Any impact on residents (eg wellbeing, improved mental health, satisfaction, reduced A&E/ambulance callouts) OR Leadership tools identified

Filters

Criteria	Inclusion criteria	Exclusion criteria
Time period	2015 to date	Anything older than 2015 Some articles of interest were cited in other papers, therefore included
Language	English	
Place of study	High income countries (Europe, UCA, Canada, Australia, New Zealand)	USA - if small numbers identified then USA included
Aspect of healthcare	Social care Community	
Study design	Any	
Articles Reviewed	Total 60 Question 1 = 32 Question 2 = 28	

Appendix 2 – Survey used by course facilitator

1. Please comment on the aspects of this Programme that you found particularly helpful
2. Please comment on aspects of this Programme that you would like to see changed/improved
3. In what ways have you specifically benefited from this Programme?
4. In what ways has your organisation and those you work with benefited from you attending this Programme?
5. In what ways has your practise changed as a result of completing this Programme?
6. What do you think your facilitator did well?
7. What could your facilitator do to improve her effectiveness?
8. I found the content at the right level for my needs. (Yes/No)
9. If you answered No to Question 7, please give more detail here
10. The video content was relevant (Scale of 1-6 – 1 being low)
11. The video content was informative (Scale of 1-6 – 1 being low)
12. The workbooks helped with my learning (Scale of 1-6 – 1 being low)
13. The live sessions were useful and supported my development (Scale of 1-6 – 1 being low)
14. The facilitator held my interest throughout (Scale of 1-6 – 1 being low)
15. How much effort did you put into completing all aspects of this Programme? (Scale of 1-6 – 1 being low)
16. I would recommend this Programme. (Yes/No)
17. Do we have your agreement to use your feedback to market this Programme? (Yes/No).

Appendix 3 – After each module survey evaluation

Module One – Self leadership
"Module one is about understanding how to increase your effectiveness as a leader through further developing your self-awareness, understanding the impact of your core values and getting clear on your personal development goals". (Caroline Bell)

Due to time constraints the evaluation planning commenced post module one

Module Two – Exploring leadership
"Module two is about exploring different approaches to leadership and understanding how to flex your approach to meet the needs of the individual, the team and the situation". (Caroline Bell)

Pre-course

1. What do you hope to learn from module two?
2. Are you aware of different types of leadership approaches? (Y/N) – If yes, please list below.
3. As a leader in your care home what skills do you hope to learn to:
    a) Support the needs of individual staff
    b) Support the needs of the team
    c) Deal with complex situations

Post-course

1. Did module two meet your needs and expectations? (Y/N) – If no, please can you share what would be better next time
2. What different types of leadership approaches did you learn about?
3. How will you use these approaches going forward to:
    a) Support the needs of individual staff
    b) Support the needs of the team
    c) Deal with complex situations

Module Three – Powerful communication
"Module three is about building on your communication skills so that you can increase your effectiveness at sharing your message and engaging, influencing and guiding others". (Caroline Bell)

Pre-course

1. What do you hope to learn from module three?
2. What three things do you think help you to communicate effectively to your staff?
3. As a leader in your care home, how would you communicate a change to your staff?

Post-course

1. Did module three meet your needs and expectations? (Y/N) – If no please can you share what would have made it better

2. From the learning session, what new skills have you learnt in communicating more effectively?
3. Thinking of a challenging conversation you've had with a member of staff, if you had that again with your learning:
   a) What conversation style would you use now?
   b) What body language signs would you look out for?
   c) Is there anything else that you'd do differently?

Module Four – Leading performance
"Module four is an opportunity to get clear on your vision for the team so that you can lead with confidence and empower your team in the delivery of high-quality care". (Caroline Bell)

Pre-course

1. What do you hope to learn from module four?
2. Do you have an existing vision on how to grow and develop your team? Y/N
3. If yes how do you communicate this with your team?
4. If your staff were asked how often you gave positive feedback, would they say
   A lot, An average amount, Not much, None
5. How easy do you find giving feedback to staff who require improvement?
   1-10 (1 = hard, 10= easy)
6. What do you find makes it easy or hard to give improvement feedback to staff?

Post-course (questions will be designed once modular material reviewed)

1. Did module four meet your needs and expectations? (Y/N) – If no, please can you share what would have made it better
2. What steps will you take to develop/re-design a vision for your team to ensure all staff are aware?
3. What have you learnt that will help you to give improvement feedback to a member of staff?

Module Five – Exploring the power of change in teams
"Module five clarifies the impact on change on teams and explores ways of supporting them to prepare for and embrace change as a core part of the way they deliver care". (Caroline Bell)

Pre-course (questions will be designed once modular material reviewed)

1. What do you hope to learn from module five?
2. How well do you think that staff in your organisation respond to change?
3. Why do you think some staff find change difficult?
4. Do you currently ask staff to help design change within your organisation?
   Please describe your approach.
5. How do you encourage staff to reach their full potential?

Post-course (questions will be designed once modular material reviewed)

1. Did module five meet your needs and expectations? (Y/N) – If no please can you share what would have made it better
2. What stage do you feel your team is at?
   Forming, storming, norming, performing
3. What did you learn about how to influence change?
4. Going forward what changes will you put in place to include your staff in future change?

Appendix 4 - Semi-structured interview questions

Introduction to interviews

Thank you for taking the time to talk to us about your experience of participating in the care home managers leadership learning groups. Your feedback is very valuable to us as it will help us to understand if and how it has supported you and the work you do. The Oxford AHSN team will review your feedback and use it towards a report that will inform the SELA of the value of this style of learning. There are a few things I would like to go over with you about the recording, final report, and confidentiality of your interview.

- Your response will be completely anonymous
- I would like to record and transcribe the interview to ensure accuracy – both will be deleted at completion of the evaluation
- The content of the interviews will only be seen anonymously by other members in the evaluation team
- Your feedback will be included in an evaluation report.
- We will not name anyone in the report – we will just refer to the number of participants
- The report will describe the themes coming out of the interviews and we may use quotes from the interviews, but again these would remain anonymous.

I will go through the key points of what we have discussed again at the beginning of the recording – Is that ok with you?

START RECORDING – repeat key things above and ask if there are any questions before you continue.

Questions

Reaction - Overall experience (hopes and expectations)

1. Can you share with me a little about your organisation and role within it?

2. How did you hear about the training and what made you decide to undertake it?
   - Issue with staff/changes that needed to be made?

3. What did you hope to learn/achieve from the course?

4. Were you aware that there was a project to undertake as part of the course?
   - Did you have a specific project in mind?

5. Thinking about the overall course – can you tell me what it was like for you?
   - Did the sessions accommodate your personal learning style?
   - Did you like the presentation style – mix of online and virtual group sessions?
   - Were the activities engaging?
   - Any important topics missed?

6. How did you find the group – did you feel able to share learning/concerns in the group setting? (building network)

Learning and Impact (Achievement of the learning outcomes, what impact)

1. Can you tell me if you will approach situations differently having heard about a variety of leadership skills?
2. As a result of the course have you tried any out in your care setting?
    - What was the outcome?
    - Feedback from staff?

3. Did you learn any "tools" that may help you get better outcomes from staff?
    - Have you tried any out on staff?
    - What was the outcome?
    - Feedback from staff?

4. What are some of the different skills you've learnt around listening/questioning to increase effective communication/engage and influence others?
    - Prompt around each one shared

5. Having been on the course do you think your confidence changed (better/worse)?
    - What behaviours/tools have enabled you to feel more confident?
    - Have you made any changes other than your project since the course?
    - How did you support your team to embrace the change? (Were they involved in deciding the change?)
    - Did the change sustain?

6. Do you feel your leadership style changed since being on the course?
    - Personal approaches to leadership
    - How you approach staff and change

7. Have you shared any of the training with your staff to encourage change in them?
    - Prompt around each one shared

Project
1. Did you think about the project you'd do as part of the course before you started?
    - How did you choose your project?

2. Did you include any team members in the decision regarding around what to focus on?

3. How did you design and develop it?
    - Walk me through the steps

4. Did you know how to go about measuring it to show the change (qualitative/quantitative)?

5. How did you communicate your project to the team?
   - Before/during/after

6. Would you have liked support in undertaking it?
   - What would that support look like – coaching calls?

7. Would anything else have helped you when planning or executing your project?

Results

1. Did you get what you hoped for out of the course? (Check survey before interview what each one hoped for)

2. What were the biggest strengths and weaknesses of the Programme?

3. What are the three most important things you've learned from the Programme

4. How do you plan to use what you've learned going forward?

5. What support might you need to apply what you've learned?

6. Do you think that you will continue contact/meet with the others on the course for support? (building network)

7. Is there anything else that could have been added to benefit your learning?

Appendix 5 – Attendance per module

Attendee No.	Introduction	Module 1	Module 2	Module 3	Module 4	Module 5
1	DNA	DNA	DNA	DNA	DNA	DNA
2	Attended	Attended	Sick	Sick	Sick	Sick
3	Attended	Attended	Emergency in Home	Attended	Attended	Attended
4	Attended	Attended	Attended	Sick	Sick	Attended
5	Attended	Attended	Attended	Attended	Attended	Attended
6	Attended	Attended	Attended	Attended	Attended	Attended
Total attendees	5/6	5/5	3/5	3/5	4/5	4/5
% of attendees	83%	100%	60%	60%	80%	80%

Appendix 6 – Survey responses

	Introduction	Module 1	Module 2	Module 3	Module 4	Module 5
How many sent the survey	NA	NA	5	5	4	4
Pre- course survey response	NA	NA	3	5	2	3
% of pre-survey response	NA	NA	60%	100%	50%	75%
Post-course survey response	NA	NA	1	3	3	3
% of post-survey response	NA	NA	15%	60%	75%	75%
Comments	AHSN not commissioned to undertake evaluation when the introduction and module one was undertaken. Survey sent to all participants whether they attended the 2 hour training session or not					
Post course survey sent by independent trainer	Sent to 4 attendees/2 responses = 50% response rate					

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