www.pcet.org.uk

ISBN 0902896857

Shaping the Future for Primary Care Education & Training Project

Education and Training Needs Analysis (ETNA) for Integrated Health and Social Care

The Development of a Toolkit

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Funded by the NorthWest Development Agency

Vol: 3
2006

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Executive Summary

Introduction

This report charts the development of an Education and Training Needs Analysis (ETNA) Toolkit. The Toolkit aims to enable agencies to identify the knowledge and skills required of participants to work effectively within integrated health and social care services and to contribute actively to service integration. The development of an ETNA Toolkit is one of a series of outputs from Shaping the Future in Primary Care Education and Training project (www.pcet.org.uk) which is funded by the North West Development Agency (NWDA). It is the result of a collaborative initiative between the NWDA, the North West Universities Association and seven Higher Education Institutions in the North West of England.

Methodology

Three methodological commitments underpinned the development of the ETNA Toolkit:

- Collaboration: Working collaboratively with stakeholders in the creation and pilot of an ETNA Tool prototype and the final production of the ETNA Toolkit;
- Learning: Making learning an explicit part of the study for participants and researchers;
- Interaction: Including ongoing interaction between Higher Education and health and social care agencies throughout the research.

The Development of the ETNA Toolkit

The ETNA Toolkit was developed in three phases: The creation of a prototype Tool, testing the prototype Tool with 2 pilot sites, and final production of the ETNA Toolkit.

Phase 1: The prototype Tool was developed in collaboration with an expert reference group drawn from Primary Care Trust's (PCTs) and Social Service departments across the North West. This research group used literature reviews, a survey of ETNA practice amongst PCTs in the Northwest of England and a selective review of training needs analysis tools available on the World Wide Web to determine key criteria for the design of a process led prototype ETNA Tool.

These criteria are:

- Relevance of the Tool for expressed needs of the organisation;
- Acceptability of the Tool to a wide range of users;
- Contributes to service development;
- Maximises involvement at all relevant organisational levels;
- Contributes to organisational objectives.

The ETNA Tool prototype contained a sequence of exercises within a one day workshop format, from reviewing level of integration and agreeing a vision of integration to identifying knowledge and skills, role profiling, gap analysis and action planning.

Phase 2: The second phase involved piloting the ETNA Tool prototype with the aim of evaluating the tool in use and refining and amending the Tool for public use. This phase included using a series of workshops that employed a range of evaluation instruments with practitioners and two pilot sites to explore:

- The extent to which the Tool met its development criteria;
- How the prototype might be improved;
- Learning from the pilot phase.

Data from the pilot phase illustrated that there was significant value in an ETNA Tool designed specifically for integrated services, in particular, the opportunity to share and develop joint understandings of integrated working and development issues. The pilot phase also raised concerns about the structure and content of the prototype Tool. These included the need to structure it as a Toolkit rather than a Tool to enable greater flexibility and ease of use, and the importance of providing detailed outcomes and worked examples of activities.

Phase 3: This phase involved producing the final ETNA Toolkit based on findings from the pilot phase. This concerned making a series of major changes to structure and content, in order to offer a flexible Toolkit that included:

- A range of options for delivery and timing;
- Activities with clear purpose and explicit outcomes;
- Worked examples of exercises;
- Less use of external frameworks;
- Clear ideas for action planning to fit in with local organisational provision.

Outcomes

Outcomes from this research include the ETNA Toolkit, and learning concerning education and training needs analysis for integrated health and social care and its development.

Outcomes: The ETNA Toolkit

The ETNA Toolkit, available in the accompanying volume, is divided into two parts. Part 1 introduces the Toolkit and provides the background and context to its development. Part 2 focuses on using the Toolkit and offers guidance on three phases of preparation and planning, delivery and follow-up. It introduces the activities that make up the Toolkit following the sequence of the overall

process of Education and Training Needs Analysis.

The Toolkit incorporates a series of activities designed to enable people to work through education, training and development issues related to their service. The activities are:

- Introduction to Education and Training Needs Analysis, visioning;
- Identifying knowledge and skills;
- Action planning.

Each activity comprises of a range of exercises. Although designed as a sequence the Toolkit enables activities to be facilitated as separate events.

The Toolkit introduces each activity by explaining its purpose, offering examples of how it might be used, and provides expected outcomes and potential action planning. Activities are process led and this involves using group and interactive exercises that enable participants to reach self-determined outcomes. Activities are intended to be workable for a range of services, whether established, new or proposed. Sample exercises to complete the activity are demonstrated and the Toolkit appendices provide sample outline programmes, a glossary of terms, references and resources.

Outcomes: Learning

The development of the ETNA Toolkit has provided insights concerning education and training needs analysis for integrated health and social care and its development including:

- Education and Training Needs Analysis for integrated health and social care is important but competes with other priorities. As such it must therefore be seen as contributing to and part of a wider strategic development. This calls for education and training needs analysis that has relevance to local context and recognises that needs vary from service to service and locale to locale;
- Understanding and analysing education and training needs for integrated health and social care is complex. Education and Training Needs Analysis may, therefore, support the identification of knowledge and skills for progressive integration beyond joint working;
- An emergent model of education and training needs analysis based on process led activities promotes local relevance and the capacity to articulate, achieve and sustain a context relevant vision of integrated service provision.

Developing the ETNA Toolkit has highlighted the interplay of policy, practice and evidence and the tensions and challenges inherent in working within policy while seeking to remain practice based. A collaborative, learning and interactive approach to this kind of intervention enables these tensions and challenges to be made explicit, debated and interpreted at a local level. This encourages research and education and training needs analysis that offer processes in which such tensions and challenges might be mapped and understood, and that enable contributions to developing knowledge, policy and practice.

Acknowledgements

The authors wish to thank members of the project Steering Group, the project delivery team, the expert Reference Group and Pilot Sites for their help and advice. In addition, our thanks to Lidia Koloczek for her assistance during the project, and to David Collinson, Professor of Leadership and Organisation in the Department of Management Learning and Leadership at Lancaster University.

The Project Context

Introduction

Collaboration and partnership working between Higher Education and the National Health Service (NHS) is an essential requirement for effective delivery of care (Universities UK 2003). The North West Universities Association (NWUA) and the North West Development Agency (NWDA) are two organisations at the forefront of creating such alliances. The research project, *Shaping the Future for Primary Care Education and Training Project* is a collaborative partnership between both these organisations and seven North West Higher Education Institutions. In addition, the project brings together for the first time all the key partners in the health, social care and education sectors who are involved in supporting the delivery of integrated health and social care in the North West Region.

These include:

- The North West Development Agency who are funding the project as part of their key target areas, i.e. Health;
- The North West Universities Association;
- Three North West Strategic Health Authorities;
- Primary Care Trusts;
- Social Services;
- Higher Education Institutions and Further Education Colleges.

The project has a Project Management and Development team and a participative Steering Group, which it is anticipated will be the precursor to a close regional partnership intended to create real synergies at a regional level. For ease of implementation, the project has been divided into a series of Work Packages, based on the key objectives, each led by one of the partner Higher Education Institutions.

Aim and objectives

The main aim of the project is to identify the evidence base for delivery of integrated health and social care; the skills and knowledge required to deliver this care, together with the current and future education and training needs of the North West of England Primary Care Workforce.

The key objectives of the project are:

i. To provide a comprehensive systematic review of the evidence base for integrated health and social care services within the regional, international and national contexts;

ii. To develop a Benchmarking Tool for achieving best practice in collaborative working and delivery of integrated health and social care;

iii. To develop a course finder tool and map the Higher Education/Further Education provision of education and training which can support the delivery of integrated health and social care services;

iv. To identify visions for the future, for both the health and social care workforce and service users, on education and training requirements needed to deliver integrated services;

v. To develop and pilot an Education and Training Needs Analysis Model (ETNA) for identifying the education and training needs of the primary care workforce to meet the NHS and social care agendas.

Conclusion

Ensuring that the health and social care workforce is educated and trained to meet changing community needs is essential for current and future delivery of services. This project is an opportunity for a number of key stakeholders in health, social care and education to collaborate in a new and unique way to address this, both directly through the project outcomes and indirectly through creating communities of learning across the North West Region.

Chapter 1: Background Context

The Shaping the Future Project was developed in response to rapid organisational change and reconfiguration of services driven by national policies challenging all stakeholders to implement and deliver increasingly integrated services (Howarth *et al*, 2004). In this context it could not be assumed that there was an appropriate evidence base for education and training needs analysis or that the evidence available was accessible to those engaged in the process. This report outlines the development, piloting and refinement of an Education and Training Needs Analysis (ETNA) Tool (later 'Toolkit') with the purpose of assisting agencies in identifying the education and training needs of participants in integrated service delivery environments.

The evidence base for this Toolkit builds upon outcomes of other research within the Shaping the Future Project, including a systematic review of the literature on integrated health and social care; user and carer views of integrated health and social care; and a workforce views survey. The systematic review of the literature (Howarth *et al*, 2004) provides an in depth account of the dynamic policy context of the Shaping the Future Project. The relationship of the development of the Toolkit to the rest of the Project is depicted in Appendix 1.

While there are many examples of integrated health and social care in existence its achievement remains a major policy objective of successive governments in terms of strategic goals and operational priorities at local level:

"*The government has made it one of its top priorities since coming to office to bring down the 'Berlin Wall' that can divide health and social care and create a system of integrated care that puts users at the centre of service provision.*" *(Department of Health (DoH) 1998:Chapter 3).*

Much research has been undertaken to identify the characteristics of organisations and partnerships that facilitate integration (Howarth *et al*, 2004). The ETNA Toolkit has been developed in order to identify the knowledge and skills required of participants to work effectively within integrated services and to contribute actively to service integration.

The whole notion of integrating health and social care affects a variety of groups of people. It affects the agency, workers within health and social care, managers and leaders at all levels and also the users of the service who provide the raison d'etre for services. The integration of health and social care within the communities served by Primary Care Trusts (PCTs) is integral to the wider goal of aiding health and social care staff to work together with service users and carers.

For workers within health and social care, integration means that roles and skill sets need to be determined within the context of the service as a whole and in relation to the contribution of other workers and agencies. Thus education and training needs analysis links directly to the NHS policy of Agenda for Change supporting service development for integrated health and social care through workforce development and Life Long Learning for individuals in line with their development plans.

The development of the ETNA Toolkit was undertaken as a collaborative process. This collaboration involved individuals within health and social care organisations with appropriate expertise and responsibility for education and service development, and also other '*Work Packages*' within the Shaping the Future Project. Hence the following chapters demonstrate that the methodological framework and its operationalisation reflect the principles of collaboration, interaction and learning that the ETNA Toolkit seeks to promote.

Chapter 2: Research Methodology: A Collaborative Approach

Three methodological commitments have underpinned the development of the ETNA Toolkit prototype:

- Collaboration: Working collaboratively with stakeholders in the creation of a Tool prototype, the development of a pilot process and the final production of the ETNA Toolkit;
- Learning: Making learning an explicit part of this research for participants and researchers about education and training needs analysis and integrated health and social care;
- Interaction: Including ongoing interaction between Higher Education and health and social care agencies throughout the research and in the development of interactive evaluation interventions as part of the pilot.

The three commitments are based on the recognition that integrated health and social care in primary care is emerging in policy and practice, and is open to wide interpretation (Howarth *et al,* 2004). This study was, therefore, concerned to work within the framework of shared understanding of integrated health and social care in practice. The commitments are also in acknowledgement of the philosophy and aims of the Shaping the Future Project that is concerned with collaboration and partnership, furthering learning and understanding of integrated health and social care.

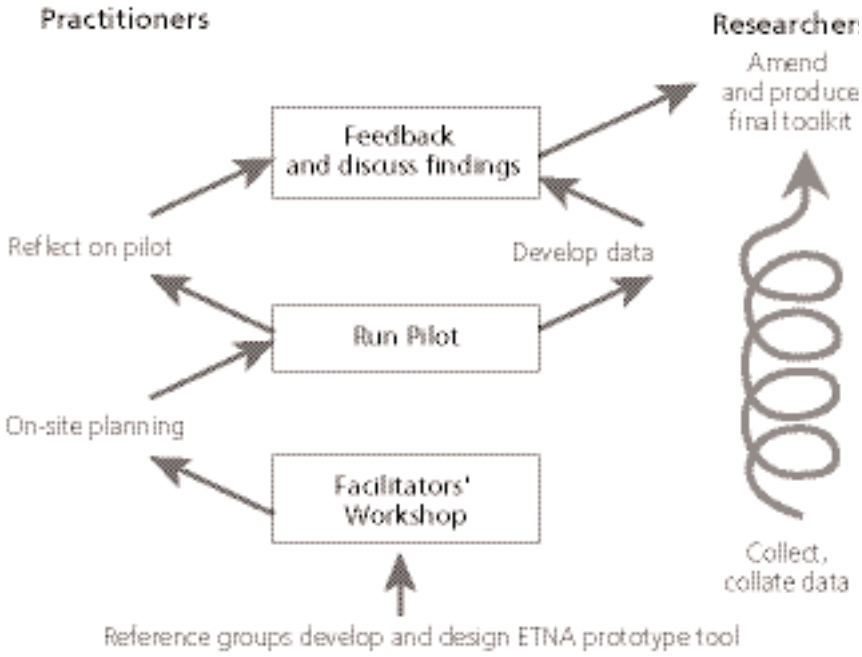
The methodological commitments encouraged an approach that borrowed from research models such as collaborative inquiry (Torbert, 1981), problem-based methodologies and action research (Hart and Bond 1997, Stead *et al*,2001). These models have a number of features that were pertinent to this research including recognising practitioners as co-researchers; a commitment to theory and practice development; the centrality of action and change in research; and the validity of knowledge embedded in local practice. This study therefore aimed to engage practitioners and researchers in the joint development of an ETNA Tool prototype grounded in shared knowledge and understanding of the local context. There was also concern that the methodological approach should remain consistent throughout the testing of the ETNA prototype and the evaluation of the pilots. Evaluation research and methodology illustrate that interactive and participatory interventions may help in the development of stakeholder relationships, can help to inform and influence organisational leaders and decision-makers and can contribute to meeting the needs of the evaluated and evaluators (Gregory 2000, Owen and Lambert 1995, Pawson and Tilley 1997).

Furthermore, research by Preskill and Torres (1999) argues that evaluation as an integral on-going process contributes to individual, team and organisational learning. It was therefore hoped that the collaborative development of a process, that invited interaction and participation through evaluation activities embedded within the pilot, would raise issues that might be taken forward locally and that would aid learning.

2.1 Methodology and Structure of the Research

Figure 1 summarises how the methodological approach informed the structure of this research through collaborative work and events, using interactive processes and having a central core of meetings and workshops to share and disseminate learning. This in turn enabled the clarification of individual and joint roles and responsibilities amongst the co-researchers (including researchers from Higher Education and

Figure 1: Developing the ETNA Toolkit: Structure of the research



practitioners).

The researchers' roles and responsibilities were to plan and administer events, to collect, collate and develop ideas and data and to be responsible for final outcomes. The practitioners as co-researchers had the responsibility of sharing knowledge about their work and practice to inform the ETNA Toolkit development, and reading and commenting on draft materials. For those practitioners who also participated in pilot sites there were additional roles and responsibilities which involved on-site planning and ETNA pilot development. Joint responsibilities included working together to develop a Tool prototype and the pilot process, and meeting to share feedback for refinement of the prototype.

2.2 Methodological Outcomes

Anticipated outcomes in keeping with this broad collaborative approach included:

- Ownership by co-researchers of the ETNA Tool prototype and the final ETNA product and commitment to the pilot process;
- Learning for the project regarding education and training needs analysis and integrated health and social care to enable the further development and refinement of the ETNA prototype;
- Learning for the stakeholder representatives about theory in action concerning integrated health and social care;
- Change and action for pilot sites following testing and evaluation of the ETNA prototype.

2.3 Methods

The adoption of a collaborative, interactive and learning approach provided a framework for the methods employed within this research. These are summarised in Figure 2.

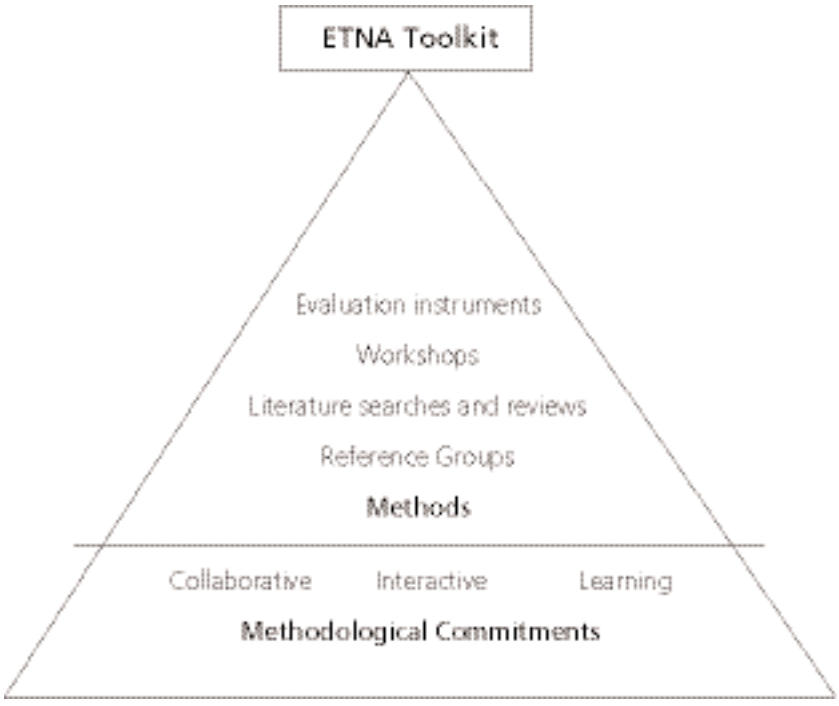
2.3.1 Reference Groups

Taking a collaborative stance meant working with recognised primary stakeholders in integrated health and social care. Within the remit of the wider Shaping the Future Project, the primary stakeholders were identified as those responsible for education, training and development within Primary Care Trusts (PCTs), teaching Primary Care Trusts (tPCTs), and Social Service Departments (SSDs). Reference Groups were used as working groups to develop the prototype of the ETNA Tool, to plan the pilot process and to comment on feedback from pilot workshops.

2.3.2 Literature Searches and Reviews

While a systematic review of literature showed that there are key emergent themes considered to be essential requirements of effective integrated health and social care services (Howarth *et al,* 2004), there appears to be little understanding of available education and training needs analysis tools. In order, therefore, to develop the Toolkit it was important to learn about currently available education and training needs analysis tools and their purpose in the field of health and social care by undertaking literature searches and reviews.

Figure 2: Methodology and Method: Development of the ETNA Toolkit



2.3.3 Workshops

Workshops were viewed by the researchers and the reference groups as a way of working within the broad methodological framework of a collaborative, learning and interactive approach. Workshops would enable practitioners and researchers to plan the pilot process collaboratively, to test out the ETNA Tool prototype interactively and to share the learning from evaluating the pilot. Workshops included:

- A facilitators' workshop for pilot sites to plan and prepare for delivery of the Tool prototype;
- Pilot workshops where pilot sites deliver the ETNA Tool prototype;
- A final workshop to feedback pilot results and agree amendments to produce the ETNA Toolkit.

2.3.4 Evaluation Instruments

A range of instruments were designed to evaluate the ETNA prototype in use based around aspects of proving (Does the Tool work?), improving (How can we improve the Tool?) and learning (What can we learn from undertaking this pilot?), (Easterby-Smith 1994). In keeping with the chosen methodological approach the design of instruments was in collaboration with the reference group and pilot sites. Instruments included interactive exercises integral to the pilot workshops and learning was summarised and disseminated through an agreed feedback process including a final pilot workshop.

Chapter 3: Development of the Education and Training Needs Analysis Tool Prototype

This chapter describes how an ETNA Tool prototype was developed; how 'needs' were conceptualised, understood and expressed within the Tool; the design of the Tool and its components and the proposed delivery of education and training needs analysis.

In brief, the ETNA Tool prototype was developed through:

- An extensive systematic review of the literature – University of Salford (Howarth *et al* 2004);
- A survey of ETNA practice amongst Primary Care Trusts (PCTs) in the North West of England;
- A selective review of training needs analysis tools available on the World Wide Web;
- Feedback from an expert Reference Group.

3.1 The Systematic Review of the Literature

The systematic review of the literature (Howarth *et al*, 2004) took place in parallel with the development of the ETNA Tool prototype and provided résumés of key themes within the literature in relation to the policy context of integrated health and social care, education, competencies and related matters. A selective review was undertaken as part of the ETNA Toolkit development to identify what was readily available in the public domain that may be used within health and social care organisations. This involved reviewing examples of training needs analysis tools and related literature including grey literature, for example, available on the World Wide Web. An annotated list was produced (Appendix 2), a version of which is included within the final Toolkit as a resource for users.

3.2 A Survey of Primary Care Trust's (PCTs)

A brief survey of PCTs in the North West was undertaken during the public launch of the Shaping the Future Project in March 2003. A questionnaire was distributed seeking:

- Information about current practice in relation to education and training needs analysis, and
- Recruitment of expert Reference Group members.

The returned questionnaires and informal conversations indicated a current lack of systematic training needs analysis across PCTs and a concern to develop user friendly methods for training needs analysis. Responses to the questionnaire indicated that education and training needs analysis was not taking place to any significant extent within PCTs. Reference Group members suggested that this may be due to the following reasons:

- Training Needs Analysis is not viewed as a sufficiently high priority at this time owing to other pressing issues that were more urgent than important;
- Training Needs Analysis tools that were available were not widely disseminated nor their uptake facilitated;
- It is difficult to link the outcomes of training needs analysis to organisational development internally and to educational provision secured externally.

3.3 Appraisal of Resources for Education and Training Needs Analysis

Work with the expert Reference Group guided the appraisal of resources available in the public domain that were considered by the researchers. This appraisal took into account the context of policy drivers affecting integrated health and social care, especially workforce development and the 'modernisation' agenda including human resources strategy, pay and service redesign. The resources identified are listed in Appendix 2. Some were applicable to relatively restricted contexts although could be of potential use to some users of the Tool. For example, QUILT (Quality in Linking Together Early Year's Partnerships) may have particular appeal to early years settings and emerging Children's Trusts. Others, especially from NatPaCT, focussed on organisational features rather than knowledge and skills as such. NatPaCT Competencies were included in the systematic literature review (Howarth *et al,* 2004) and indirectly informed the development of content of the ETNA Tool.

Resources considered of direct value were:

- Public Health Skills Audit Tool (Burke *et al* 2001);
- Sainsbury Centre (2001) Model for the Capable Practitioner;
- Changing the Workforce Toolkit for Local Change (http://www.modern.nhs.uk);
- NHS Knowledge and Skills Framework and Development Review (working draft and completed versions, Department of Health, 2003 and 2004).

The Public Health Skills Audit Tool (http://www.phskills.net/) was developed though a research project funded by the Health Development Agency with aims, methods and context of relevance to application to the ETNA Tool. The research into public health skills crossed agency and professional boundaries in order to develop a common agenda. It also sought ways of identifying skills to

develop the public health workforce at a variety of levels not confined to pre existing occupational classifications. The methods employed were congruent with the methodological commitments of ETNA development study. The production of a Facilitators' Guide in support of participatory workshops was tried and evaluated in similar contexts to the ETNA development study and therefore had appeal to the Reference Group.

The Sainsbury Centre's model of the Capable Practitioner (http://www.scmh.org.uk/) was also research based and developed across a wide range of practitioners engaged in mental health service provision, rather than being defined by organisational or professional designations. In particular, some members of the Reference Group had direct experience of the application of the model to training needs analysis in their own organisations. The part of the model of particular value in this context was the simple differentiation of the 'capabilities' required of all workers – 'all must have', or more selectively – 'some must have'. For the purposes of the ETNA Tool the Reference Group agreed that this might be adapted to include a third category in the form of a question – 'Who should have?', reflecting the need to articulate and identify specific roles in a potentially highly heterogeneous group. This had particular salience for the ETNA development study as the scope of who might be involved in the delivery of integrated health and social care is wide in respect of the knowledge and skills that they may bring and require to deliver services.

The issue of defining 'content' of the 'needs' that may be identified was a major challenge for the ETNA development study. The Public Health Skills Audit Tool (Burke, Meyrick and Speller, 2001) and the Sainsbury Centre model of the Capable Practitioner (http://www.scmh.org.uk/) both set out relevant content against which needs analysis may be undertaken. The Public Health Skills Audit (http://www.publichealth.nice.org.uk/) provides profiles for individuals or groups that can be developed either through workshops or through use of the on-line version of the Tool. The ETNA development study was concerned to identify how and when content could be determined for the Tool. At an early stage in the Shaping the Future Project (March 2003) the Department of Health published its draft version of the Knowledge and Skills Framework (KSF) for Development and Review (Department of Health, 2003). This was recognised as a highly significant development likely to impact upon the development of an ETNA Tool. The KSF is linked to the implementation of the comprehensive job evaluation of every worker in the health service (other than doctors and dentist) known as Agenda for Change. The KSF sets out a range of domains and levels of knowledge and skills the possession or acquisition of which is linked to pay and progression. Its use is a requirement of all NHS organisations. In the light of the earlier intelligence obtained about the priority accorded to training needs analysis it seemed plausible to infer that the use of the KSF would become a 'must do' in the NHS and that any training needs analysis would need to be at least congruent with the KSF if it were to be used. The linkage of the KSF to the ETNA Tool seemed to offer the prospect of a higher level of organisational commitment than had been manifest hitherto.

The profiles of competencies outlined in the draft KSF were similar in design to those in the Public Health Audit Tool. Also the workshop resources provided in the Modernisation Agency's Changing the Workforce Toolkit for Local Change (http://www.modern.nhs.uk/home/default.asp?site_id=58) provided similar formats with which Reference Group members had some familiarity in the context of service redesign, sometimes in the context of service integration. A review of KSF domains by the Reference Group resulted in the selection of those domains that were applicable to all workers in integrated services and those in particular of relevance to service integration, notably partnership and communication.

3.4 The Expert Reference Group

The expert Reference Group that worked with the researchers comprised thirteen volunteers recruited from the Project Launch questionnaire. This Reference Group was selected using purposive sampling to provide expertise representing a range of service settings and organisations throughout the northwest. In particular the group included:

- Representation from all three Teaching Primary Care Trusts in the North West;
- Representation from two social services departments and an acute NHS hospital trust; and
- A lecturer involved in the delivery of work based learning programmes linked to the development of integrated care across organisational boundaries.

Reference Group members had experience of working with staff at different organisational levels and with several occupational groups

including social workers, general practitioners, nurses and allied health professions.

There was no direct service user representation, however, the research team had direct links with a study of service user involvement in healthcare education. In addition, several of the Reference Group members were working directly with service users in service development.

The Reference Group met three times during the development of the Tool. On each occasion progress with the development of the Tool was shared with the group. Their feedback, structured by the literature, tools and practice reviews guided the next step in its development.

Work with the Reference Group indicated that education and training needs analysis was important to PCTs but not an urgent priority. At the outset of the Project many PCTs were very new organisations, having recently been formed from Primary Care Groups and either Community NHS Trusts or combined Acute and Community NHS Trusts. Major organisational restructuring and the transfer of Health Authority commissioning functions to PCTs were among a range of major challenges to which education and training could readily be viewed as of lesser urgency. Nevertheless, service modernisation and integration were viewed as important. The Reference Group were aware of a variety of resources and initiatives that could be undertaken (notably working with programmes produced by the Modernisation Agency and the National Primary and Care Trust Development Programme). However, these did not focus directly on training needs and in some cases they were seen as too resource intensive to be of practical use. Therefore, it was concluded that any education and training needs analysis tool must be easy to use and relevant for the expressed needs of the organisation.

Service modernisation and integration were seen as requiring 'whole systems working' and therefore required 'whole systems' engagement in training needs analysis. The implication of this was that the Tool must be acceptable to a wide range of users and settings, that is, it must be generic.

A major study of training needs analysis for health promotion in Scotland (Health Education Board for Scotland, 1995) and the Health Development Agency's (Burke *et al,* 2001) Public Health Skills Audit Tool both provided research based accounts of training needs analysis tools in contexts of multi-professional, cross-agency working of relevance to the development of the Tool. Important implications for the education and training needs analysis development study were: Education and training needs analysis is valued for the process as much as, if not more than, the outcomes; and the greater the investment in education and training needs analysis the greater the value of the process to participants.

In light of these considerations the Reference Group agreed that the Tool should be process driven, should contribute to service design and development, and should be designed to maximise involvement at all relevant organisational levels.

3.5 Understanding 'Needs'

When discussing the content of the Tool the Reference Group revisited the concept of need as applied to education and training. It was evident that needs could not be determined in advance of a vision of what integrated health and social care might be. It was therefore accepted that the ETNA Tool should include activities designed to facilitate a vision of integrated health and social care in the local context of service development and delivery. Needs could then be identified in subsequent activities based on this agreed vision.

Lists of competencies of various kinds such as those found in the KSF or in occupational standards imply normative needs with an objective, authoritative status derived from their source. They also imply a need as a deficit to be made good through education and training. However, Reference Group members recognised that the language and presentation of competencies may not articulate the understandings of all participants in education and training needs analysis. On the contrary, they may alienate some participants or simply overwhelm by virtue of their eloquence and voluminous presentation, as in the case of the extensive NatPaCT competencies. There was concern within the Reference Group to recognise the importance of 'felt needs' of participants and to enable these to be voiced as 'expressed needs' (Bradshaw, 1994). Understanding of this issue was highlighted by reflection on the Project's definition of integrated health and social care as:

Care that is determined by partnerships between health and social care agencies and ***users/carers*** *for the health and well being of the (local) community. (Emphasis added).*

Several Reference Group members had experience of working with carers who had developed knowledge and skills through their experience of unpaid care work and they wanted this to be recognised within the Project. This perspective shifted the focus from needs conceptualised as

deficits to needs conceptualised as assets to be valued, nurtured and extended (for example through formal recognition and further learning). Research into health needs assessment in health visiting practice has raised the risk of developing tools that are not valid owing to their effect of imposing alienating language, conceptions of need and experience of need assessment (Mitcheson and Cowley, 2003; Cowley and Houston, 2003):

Use of the instruments was associated with a failure to either identify needs that were relevant to the client or to enable clients to participate in the process. Furthermore, the controlling nature of the interactions, the number of missed cues and the possibility of distress caused by the insensitivity of questioning style are all potentially harmful side effects of using structured instruments to assess needs. (Mitcheson and Cowley, 2003: 423).

This further encouraged a focus for the ETNA Tool on needs as assets rather than deficits and the provision of a Tool that was inclusive in its language.

3.6 ETNA Tool Prototype Design

The literature review, survey of PCT's, appraisal of resources and work by the Reference Group including their developed understanding of needs led to the design and delivery of the ETNA Tool based upon the following criteria:

Within the frame of these criteria the Reference Group agreed the Structure, Process and Outcome of the ETNA Tool as detailed below:

Structure

Training needs analysis needs to be embedded in a wider structure of organisational preconditions if it is to be adopted and the outcomes utilised. The required structures are depicted in Appendix 1 mapped onto the other work package elements of the Shaping the Future Project.

Process

The tool is best applied to a specific service development. The Tool provides a guide to support facilitators in the process of needs analysis to be used in a group setting.

Tool Outcomes

The outcomes are based upon the content of the Tool in terms of skills/knowledge expressed as competencies with competency levels. These are derived from a selection of relevant domains of the Knowledge and Skills Framework for Development and Review (Department of Health, 2004). This framework was adopted because it is a Department of Health requirement of all NHS organisations to use it and it is linked to pay and progression, supporting the implementation of Agenda for Change. It also allows for the inclusion of 'local competencies' that are specific to a particular service development.

It was decided not to predetermine occupational roles or role descriptions within the Tool (unlike the Public Health Skills Audit). Rather, the definition of roles would be an emergent outcome of needs analysis, expressed in terms of competencies for the role. The application of these role definitions to individuals would result in identification of needs for learning and development to achieve the required competencies. The definition of roles and competencies as emergent outcomes allows the inclusion of users and carers who are not part of the formal health and social care workforce. The adaptation of the 'field of words' technique, (Cowley and Houston, 2003) as a tool assists individuals and groups to articulate the skills, knowledge and

Table 1: Criteria for the development of the ETNA Tool

General Criteria	Specific Criteria
Relevance of Tool for expressed needs of the organisation	Shared understanding of the service
Acceptability of the Tool to a wide range of users	Shared vision of the service
Contributes to service development	Compiled role profiles for identified job roles in the service
Maximises involvement at all relevant organisational levels	Completed role specification sheets
Contributes to organisational objectives	Action plan

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It was envisaged that the full implementation of the ETNA Tool should deliver a number of outcomes for services and for individuals, including:

- Locally owned vision for integrated health and social care;
- Knowledge and Skills for all – a 'core curriculum';
- Knowledge and Skills for selected roles;
- Key issues for service development and role design;
- Validation of individual knowledge and skills;
- Individual development planning.

3.7 ETNA Tool Prototype Components

The Reference Group approved the development of the following five components for the ETNA Tool:

1. Introduction and Icebreaker;
2. Visioning Exercise: integrated services;
3. Identifying Knowledge and Skills;
4. Role profiling and Gap Analysis;
5. Action Planning.

3.7.1 Introduction and Icebreaker

The inclusion of an introduction and ice breaker was considered important to engage participants in a workshop characterised by a highly participatory approach similar to the Health Development Agency's Public Health Audit Tool (Burke, Meyrick and Speller, 2001). The Tool offers suggestions for facilitators but does not prescribe particular exercises so that they are free to use their group facilitation skills as they find appropriate in their local setting.

3.7.2 Visioning Exercise: Integrated Services

The inclusion of a visioning exercise builds upon the Public Health Audit Tool and the Changing the Workforce Toolkit for Local Change (see Appendix 2). The purpose of the visioning exercise is to enable the participants:

- To review where the service is now in terms of integration, and
- To explore where participants would like the service to be in the future.

Reviewing the extent to which the service is currently integrated would enable participants to describe their own experience of working in an integrated way. It would also provide a starting point for envisaging change and identification of knowledge and skills required for the delivery of integrated services.

3.7.3 Identifying Knowledge and Skills

The decision to define roles and competencies as emergent outcomes of process of interactive dialogue endorsed the adaptation of the '*field of words*' technique (following Cowley and Houston, 2003). This technique is intended to assist individuals and groups to articulate the skills, knowledge and experience that they bring to health and social care. In the Tool, the field of words is populated in the first instance with terms identified by workshop facilitators as triggers to stimulate group thinking. These terms are placed randomly on a piece of flip chart paper. The pilot Tool utilised six trigger terms derived from the systematic review of the literature (Howarth *et al*, 2004) as a starting point for the field of words needs assessment exercise.

These are:

- Communication;
- Team Working;
- Partnership;
- Personal/Professional Development;
- Service Development;
- Practice Development.

The interactive workshop setting is intended to enable participants to extend their thinking, for example, by explaining or exploring knowledge and skills with workers from other agencies involved in the delivery of services. Work from the visioning exercise would provide the basis for identifying:

- Knowledge and/or skill *already in use* to deliver an integrated service, and
- Knowledge and/or skill *required* to deliver an integrated service.

This would then offer lists of

knowledge and skills using these two headings, leading to a gap analysis for the service as follows:

> Knowledge and/or skill *required* to deliver an integrated service
>
> MINUS
>
> Knowledge and/or skill *already in use* to deliver an integrated service,
>
> EQUALS
>
> Gap analysis of knowledge/skills for an integrated health and social care service.

3.7.4 Role Profiling and Gap Analysis

The gap analysis may be further differentiated through the use of the following categories, adapted from the Sainsbury Centre model of the Capable Practitioner (http://www.scmh.org.uk/-see Appendix 2):

- All must have;
- Some must have;
- Who should have?

The Tool prototype provided guidance for facilitators to further differentiate and classify knowledge and skills according to specific roles defined by participants in relation to level within the organisation. For example, using the broad headings of strategic managerial, operational managerial and front line worker requirements. This would then enable further application through profiling of specific job roles. Job role specification sheets were provided for completion in relation to one or more roles, based upon selected domains of the Knowledge and Skills Framework, and following the methods included in the Changing the Workforce Toolkit for Local Change and the Public Health Audit Tool (see Appendix 2).

3.7.5 Action Planning

The ETNA Tool prototype provided guidance to facilitators:

- To identify key issues and to inform participants of how these will be taken forward for further consideration/action within the organisation;
- To provide opportunities for individuals to review personal outcomes and further action plans of importance for their own development;
- To set aside time following the workshop along with service managers to identify priorities arising from the needs analysis for knowledge and skill development for the existing workforce and possible new roles; and
- To evaluate the workshop and thank participants for their contribution.

3.8 Delivery of Education and Training Needs Analysis

The five components of the ETNA Tool were proposed as the basis for a day workshop offered to pilot sites recruited for the programme along with locally based facilitators supported by the researchers from Higher Education. It was envisaged that the delivery of the workshops would require three phases outlined within the Tool:

- Preparation and Planning;
- Delivering a full day workshop;
- Follow-up phase – review, action planning.

Examples of these are provided in Chapter 4 which describes the testing and refinement of the ETNA Tool prototype.

Chapter 4:
Testing the ETNA Tool Prototype

Piloting the ETNA Tool prototype had two aims: To evaluate the tool in use, and to refine and amend the Tool for public use. In line with the adopted methodology the pilot phase of the research involved:

- Working with practitioners in the form of a Reference Group;
- Running a facilitators' workshop;
- Delivery of two pilot workshops;
- A final evaluation workshop.

Each of the components of the pilot phase is discussed below.

4.1 The Pilot Reference Group

Following the launch of the ETNA Tool prototype, existing Reference Group members and other interested PCTs and Social Service Departments were invited to work on the pilot phase of this study. This involved identifying potential pilot sites and a working process, developing an evaluation framework and criteria, and designing evaluation tools.

4.1.1 Identification of Pilot Sites

Criteria for the selection of sites to participate in the pilot phase were:

- The target service must be either operating or preparing to operate as an integrated health and social care service;
- The agencies must be able to commit facilitators and time to the process;
- Agencies must be willing to participate in preparation and follow-up events concerning the pilot phase;
- Agencies must gain commitment from the targeted services.

In addition, the researchers were keen to pilot use of the Tool in different sites, in accordance with the aim to provide a generic ETNA Tool that would work within the framework of service development across PCTs in the North West. From the expressions of interest shown three pilot sites were initially identified as pilot sites. These included PCT A, serving an urban area and part of a larger tPCT; PCT B, serving two semi rural communities; and PCT C, within an urban area. PCT C aimed to pilot use of the Tool jointly with the local Social Services Department and within a proposed Children Disabilities Trust. However, ultimately they were unable to participate in the pilot within the time frame of the pilot phase. Representatives from this site continued to play a key role in the ongoing pilot study. Therefore, the two pilot sites that met the criteria and could work within the project timescales were:

1. PCT A with a Community Older Peoples Team service;
2. PCT B in the proposed development of a one stop health and social care shop for local residents.

The reference group also agreed a process of support for the identified pilot sites including regular liaison with named individuals from the pilot sites, dissemination of any plans or relevant documentation to all sites, and informing pilot sites of each others' pilot schedules. This process was significant in that sites and researchers had access to each other in between meetings and workshops.

4.1.2 Evaluation Framework and Criteria

The pilot reference group was used to develop an evaluation framework focused around proving, improving and learning (adapted from Easterby-Smith, 1994). This framework embraced evaluation criteria made up of the general criteria and specific outcomes used in the development of the ETNA Tool prototype, as shown in Table 2 (on next page). Assessing the extent to which the Tool works and meets the criteria by which it is developed (proving) aimed to highlight also where it was not working and where it might be improved. It was also hoped that this would offer learning about education and training needs analysis in integrated health and social care.

The Reference Group suggested a two staged approach to the six month pilot. Stage 1 was based on the primary focus of the pilot and involved evaluation of the Tool in use. This stage included a facilitators' workshop where pilot site facilitators came together to familiarise themselves with the Tool and plan its delivery, and pilot workshops where the pilot sites delivered and assessed the Tool prototype. Stage 2 concerned the evaluation of the Tool as enabler where pilot sites came together to reflect on their use of the Tool and the extent to which it supports the integration of health and social care.

Table 2: ETNA Pilot Evaluation Framework

Evaluating the Prototype: Purposes	
Proving:	To what extent does the Tool meet its development criteria?
Improving:	How can we improve it to meet the criteria more effectively?
Learning:	What have we learned from this pilot concerning education and training needs analysis and integrated health and social care.

Pilot Stages	
Stage 1:	Facilitator Workshop – Introduce the Tool and plan delivery.
	Pilot Workshops – Deliver and evaluate the Tool in use.
Stage 2:	Final Evaluation Workshop – Reflect on impact of the Tool.

General Criteria	Specific Criteria
Relevance of Tool for expressed needs of the organisation	Shared understanding of the service
Acceptability of the Tool to a wide range of users	Shared vision of the service
Contributes to service development	Compiled role profiles for identified job roles in the service
Maximises involvement at all relevant organisational levels	Completed role specification sheets
Contributes to organisational objectives	Action plan

4.1.3 Use of Evaluation Instruments

The agreed framework encouraged the use of instruments to fit within the collaborative, interactive and learning methodology. Figure 3 summarises the evaluation instruments for each phase.

Figure 3: Pilot phase evaluation instruments

Stage 1 Tool in use		Stage 2 Tool as enabler
Facilitator workshop:	Facilitator feedback	Pilot site assessment: Discussion
Pilot workshops:	Observation	Final evaluation workshop: Feedback views
	Reflection Spots	
	Final Review	
	Facilitators' Debrief	

Stage 1

The first stage involved evaluating the overall ETNA Tool as well as its constituent parts during delivery. Evaluation instruments agreed upon included facilitator feedback, observation, reflection 'spots' and a final review. Researchers and facilitators aimed to use pre-set prompts or questions for each of the components of evaluation that related to general criteria and specific outcomes.

Facilitator feedback: The facilitators' workshop, described in section 4.2, gave an opportunity to gain initial feedback on the ETNA Tool prototype, through participation in exercises and planning of delivery.

Observation: Project researchers intended to observe the Tool in use and in particular the processes and content with a view to improvement. This involved observing the extent to which each of the five delivery components met the identified general criteria and helped participants achieve the specific outcomes. For example, ease of use of the visioning exercise and its value in achieving a shared vision of the service. Not all general criteria would be observable within the workshop, for example, contribution to service development and contribution to organisational involvement.

Reflection Spots: Reflection 'spots' involved the facilitator asking the participating group to stop, reflect and review on the processes and exercises just undertaken. Reflection 'spots' were at key points in the delivery, for example, following the *field of words* exercise. Reflection 'spots' were short and focused on the value of the exercise in achieving the outcome and how it might be improved. For example, following the visioning exercise the facilitator asked the group to consider the value of the exercise in reaching a shared vision, what was useful about the exercise and any improvements to content or process that could be made. This enabled the facilitator and researchers to get an immediate reaction and to supplement observational information.

Final Review: At the end of the workshop a final review of 45 minutes enabled participants to review the overall process and to highlight particular aspects of value and for improvement. The final review asked participants to highlight what they found most useful and why and whether the overall Tool met the general criteria.

Facilitators' Debrief: After the workshop, facilitators had an opportunity to review the progress of the workshop. In particular, facilitators were asked to reflect on their experience of delivering the ETNA Tool, aspects they found of value and aspects they think need improving. Stage 2 would provide an opportunity for a more in-depth review.

Stage 2

Stage 2 focused on the Tool as an enabler to support development of integrated services and involved evaluation after the pilot workshops. This stage included discussion as part of a pilot site assessment and sharing feedback in a final evaluation workshop.

Pilot site assessment: After the pilot workshops facilitators were asked to discuss the value of the Tool in supporting integrated health and social care.

Final Evaluation Workshop: A final workshop was arranged three months after the last pilot workshop to share feedback from pilot sites with the wider Reference Group. The time lapse aimed to give pilot sites the opportunity to reflect on the value of the ETNA Tool and to gather information about its contribution to service and practice development. At this final workshop, the researchers provided initial feedback from the pilots and invited comment, additional feedback and discussion from the facilitators' and Reference Group perspectives.

4.2 Facilitators' Workshop

The facilitators' workshop was a one day practical event aimed at familiarising representatives from pilot sites with the ETNA Tool prototype in order to help them plan the pilot workshops. The event was run by the researchers and aimed for the following outcomes:

- A good understanding of the Tool and how it might work on the pilot;
- A checklist for undertaking the pilot;
- Clarity about pilot site and researcher roles throughout the pilot study;
- An action plan including next steps and timing.

A total of 12 participants attended the day including facilitators and representatives from both pilot sites, and other interested members of the Reference Group. The workshop was structured to enable participants to engage in as many of the ETNA Tool activities as possible. This included simulation of the visioning and knowledge and skills exercises, and working through a sample role profiling and gap analysis exercise. Feedback sessions followed each activity so that participants could raise questions and consider how they might implement the exercises within their own pilot sites. The workshop

finished with an action planning activity. Pilot sites were asked to consider what needed to be in place to run the pilot within their site and to set dates for their workshops. In addition, roles and responsibilities of the pilot sites and the researchers were confirmed. Support mechanisms were clarified including ongoing liaison, help with practical arrangements, opportunity to attend each others' pilot sites and documentation provision.

4.3 Pilot Workshops

The ETNA Tool prototype was piloted in two different sites: PCT A: Community Older Peoples Team (COPT) service, which was an established service and PCT B who were proposing a new service. The researchers attended both pilot workshops to support the facilitators, to observe the pilot through participation with groups in the activities, and to carry out short evaluation exercises with participants after the activities and at the end of the day.

4.3.1 PCT A Pilot Workshop

The PCT A COPT service was developed in 1999 to provide integrated services for older people locally as a result of national and local practice and guidance. PCT A is now seeking to further integrate its health and social care services for older people and is currently undergoing a consultation process to consider:

- Further co-location of staff on a neighbourhood basis;
- The development of integrated working arrangements including workforce, information about services, information systems and management structures;
- The development of integrated commissioning between the Primary Care Trust and the Social Services Department;
- The mainstreaming of services focused on the needs of older people across each of PCT A's five Strategic Partnership themes (Economy & Employment; Housing & Environment and Crime).

The service has not been involved in any joint training activities before and wanted to use the ETNA Tool as part of the ongoing development of integrated provision.

Preparation for the one day workshop included sending out a pre-event questionnaire for participating teams to encourage them to think about knowledge and skills development beforehand. Over a series of meetings, a team of three facilitators developed the agenda based on the sequence of activities within the ETNA Tool. The facilitator team then devised materials to support the activities and to act as prompts for the exercises. This material included exercise information on flip charts and small exercises to link activities and to relate them to COPT work.

There were 16 COPT members at the workshop including representation from a range of professions including physiotherapy, social work, nursing and service managers. The workshop included a series of activities from exploring current level of integration of service to how it might be in the future, identifying the knowledge and skills a COPT practitioner requires and has, and using existing roles to carry out a role profiling activity and gap analysis.

4.3.2 PCT B Pilot Workshop

PCT B became a pilot site for the ETNA Tool because they are planning an integrated Health Connections Centre to provide access to health, social and welfare services including services provided by the voluntary sector. The Centre aims to be a drop-in service that links into a range of other amenities such as benefits advice, a Sure Start crèche, library access, a café and learning suite. The Centre proposes to offer local people access to a range of health and social care services including Physiotherapy, Podiatry, Nutrition and dietetics, dentist and community dental services, mental health and learning disabilities services, school health practitioners, citizens' advice and youth services. The Centre hopes to develop new ways of working by building on current joint working arrangements for example child development teams that include audiology and speech therapists, health visitors and sure start workers and learning mentors. This may mean future integrated provision that includes a range of existing and new roles working together, for example, benefits advisers, housing workers, key workers and visiting volunteers working as an advocacy team.

PCT B wanted to use the ETNA Tool as a development starting point that would bring representatives from a range of agencies together to explore initial needs.

Preparation for the PCT B pilot workshop included a briefing event for stakeholder services to introduce the ETNA Tool prototype and to help identify an agenda. This pilot was developed by three facilitators. One of the facilitators had attended the PCT A pilot and used this experience to plan the event in PCT B. The workshop was attended by 16 people including social workers, district nurses, nursery and schools officers and service managers. The agenda included asking participants to explore current level of integration of service to how it might be in the future and to identify their working definition for integrated health and

social care. The group then identified a key 'joint' role within the proposed Centre and worked with this role to analyse the knowledge and skills already available within the service for this role and any further additional requirements. The participants were then asked to develop a gap analysis and role profile for the role.

4.4 Final Evaluation Workshop

The second stage of the pilot was concerned with the extent to which the Tool supported the development of integrated services. It aimed to do this by asking pilot sites to reflect on the value of the Tool following their pilot workshops and to share their views within a final evaluation workshop. The final evaluation workshop took the form of a half day meeting three months after the final pilot workshop. The time lapse aimed to give pilot sites the opportunity to reflect on the value of the ETNA Tool and to gather information about its contribution to service and practice development. A total of 12 people attended including pilot site representatives and Reference Group members. Participants were invited to undertake a review exercise that asked them to identify benefits from undertaking the ETNA Tool and any activities or changes that have resulted from the pilot workshops and contributed to service or practice development.

Chapter 5: Research Findings

Data were collected from the range of workshops including:

- Researchers' observation of activities;
- Participants' views of individual activities;
- Participants' views of the Tool overall;
- Facilitators' feedback and pilot debrief;
- Pilot site discussion and feedback.

The data were mapped against the general and specific ETNA Tool prototype development criteria to provide information concerning the three purposes that underpinned the evaluation framework:

- The extent to which the Tool worked (proving);
- How the Tool might be refined and amended (improving), and
- Insights about training needs analysis and integrated health and social care (learning).

The data are presented within each of these categories below.

5.1 Proving – Does it work?

The data show, as illustrated in Table 3, that the Tool has value across each of the identified criteria with the potential to be used flexibly across a range of integrated services. However, the pilot phase also raises important concerns with the prototype.

Table 3: Summary of pilot findings

General Criteria	Value	Concerns
1. Ease of use	Some components easy to use, for example visioning	Complex to manage Lack of flexibility Dependant on facilitator skill and preparation Timing Process Clarity of purpose and outcomes
2. Relevance of Tool to organisation's needs	Enables identification of common development issues	Lack of worked examples Knowledge and skills exercise and role profiling need further consideration Use of the KSF problematic and hard to relate to roles in any depth
3. Acceptability of Tool to range of users	Acceptability of the Tool across a range of professions and roles including members of public/community	Not an 'off the shelf' tool Facilitators require training Some terminology is difficult
4. Contributes to service development	Tool provides useful integrated focus on issues Opportunity to think through implications of integrated working Visioning identified common problems, areas to work on, overlaps in service provision Action planning and review activities have taken place following the pilots	More value as Toolkit than Tool How will actions be implemented after workshops? Key purpose of Tool can be confusing

Table 3: continued

General Criteria	Value	Concerns
5. Maximises involvement at all organisational levels	Process led model enables 'interaction, discussion and integration with other professionals within this community'	Frameworks
6. Contributes to organizational objectives	'Supports our 'go integral' initiative in PCT A 'Helps see how individual role fits into and across organisations' in PCT B	Fit with other provision
Specific Criteria To what extent did the Tool enable:		
■ Shared understanding of the service;	Shared learning about roles and services	Not enough time to do exercises justice in one day workshop
■ Shared vision of the service;	Shared learning about different ways of working	
■ Identification of knowledge and skills;	Promoted thinking beyond own role	Identifying knowledge and skills and role profiling proved difficult, particularly use of abstract themes and KSF framework
■ Role profiles;	Identified new ways forward and potential new roles	Difficult to use a generic tool to deal with specific roles, particularly grades within a profession
■ Action planning.	One pilot site successfully identified a hybrid worker role	Little time for action planning

5.1.1 Value of the ETNA Tool Prototype

The main value for the PCT A pilot appeared to lie in enabling a range of multi-disciplinary professionals to work together within a service rather than professional role framework, and as such supported the PCT A 'go integral' initiative. Action planning and review activities have taken place following the pilot including a greater focus on moving forward with their co-location plans, further work on communication and co-ordination of records. In addition, since the pilot PCT A has had some cross-organisational development including integrated sessions with health and social care. The COPT service is also challenging support services to target training and development delivery at integrated needs rather than professional roles. PCT A recognise that impact for service users may take more time to become evident and they highlighted 'hidden benefits' where the service is aware of benefits which service users may not recognise, for example, improved communication.

The main value for the PCT B pilot appeared to lie in offering this particular group an opportunity to explore how their particular roles and services interact already and how they might interact within a different setting. Although many of the participants knew each other they had not had opportunity before to get together and to work at a service level. PCT B held a facilitators' review of the pilot and recognised that this has put the process of integrated working more firmly on the agenda, particularly as the Head of Social Care has used the pilot as evidence to push for co-location of services.

Common values identified from use of the ETNA Tool prototype include:

- Developing joint understandings of integrated working, of services and roles. For PCT A this involved a more detailed understanding of the breadth and depth of the service. For PCT B this involved developing a joint understanding of how individual roles operated within the broader service context;

- Sharing different ways of working across services. Both PCT A and PCT B pilots found that 'different professional roles did things differently', for example, assessment procedures;
- Identifying overlaps in service provision. The concerns of PCT A and PCT B were similar, for example, use of multiple records where one joint record would suffice;
- Identifying common development issues. Different ways of doing things indicated ways forward for both sets of participants, for example, streamlining of IT systems;
- Acceptability of the Tool across a range of professions and roles. The pilot sites felt that this kind of tool could be useful to a wider audience including local communities, service users and carers;
- Opportunity for service members to meet and talk away from the operational environment. Participants on both pilots found the opportunity to share and network very valuable. For many of the PCT B participants this was their first chance to meet each other;
- Opportunity to think through implications of working in an integrated way. The pilot sites felt that the particular focus of this Tool on integration offered a rigour that other tools would not, and therefore encouraged services to explore implications and actions around the focus of integration and training and education needs.

5.1.2 Concerns with the ETNA Tool Prototype

While the pilot sites felt overall that this Tool did contribute positively to their different objectives, there were concerns that the content and structure of the Tool were complex and difficult to manage. Facilitators thought that as a generic tool a variety of services would use the Tool differently and the structure and content needed to reflect greater flexibility. Although some exercises were more easily worked through than others this seemed to rely heavily on facilitator skill and the participants' perception of the immediate applicability to their work. For example, the visioning exercise worked well but the skills and knowledge identification was problematic as themes seemed abstract and difficult to connect to the role and task under discussion. Both pilot sites questioned the value that the role profiling exercise added to the ETNA process. PCT A felt that the role profiling exercise did not easily take into account different grades within the same profession who may be working at different levels of responsibility e.g. physiotherapists. PCT B found that although they did get to the point of identifying a role profile of a hybrid assessment worker, this was a difficult and frustrating process using the KSF framework. The observers also noted that this particular exercise appeared to have no practical value, and that it neither offered enough depth to tackle the detail of individual roles or enough breadth to make it relevant to the range of potential roles. The pilot sites also agreed that the additional information provided to work with alongside the knowledge and skills and role profiling exercises was too detailed and too complex to be of value, and did not easily enable links to practice.

Although the sites found that the Tool was relevant to the needs of their organisation, facilitators thought that it needed to offer more specific examples of how it can be used in practice. The pilot sites thought that this kind of tool was applicable to a wide range of users including members of the public and local communities. However, participants at all of the pilot events agreed that there was too much jargon and that facilitators could not use this as an 'off the shelf' tool but would require training. The pilot sites also found that the exercises took more time than anticipated and that overall timing and planning of use of the Tool needed consideration. In particular, the pilot sites and the Reference Group agreed that action planning was important and needed to have more prominence in the Tool if development was to be taken forward within the organisation. The pilot workshops found that the exercises took more time than anticipated leaving little time to devote to action planning.

There was some debate at the final evaluation workshop around the clarity of the primary purpose of the Tool and that, in its present state, it might be viewed more as an organisational development tool rather than an education and training needs analysis tool. It was suggested that this may in part be because the detail and the focus could get lost by attempting to cover the components within a full day and that the supporting documentation of the Tool did not offer sufficient clarity of purpose and outcome.

Overall both sites felt that delivery of the Tool required a lot of preparation and facilitation. Concerns were raised at each of the workshops about how the service and/or organisation would deal with issues and actions following use of the Tool, and about how the Tool supported current developmental activities or provision.

5.2 Improving: Refining and Amending the ETNA Tool Prototype

The data from both pilot stages provided clear and significant recommendations for the improvement of the ETNA Tool prototype.

These are summarised according to structure and content in Table 4 which also illustrates the proposed impact against initial Tool development criteria that these changes will have.

The refined and amended version of the Tool, known as the ETNA Toolkit is available in a separate volume (Nettleton and Stead, 2005).

Table 4: Recommendations for the improvement of the Tool

	Key Recommendations	Proposed Impact	Changes made
Structure	Toolkit approach Clarity of purpose and outcome Include options for delivery and timing Clear emphasis on action planning as ongoing and separate activities	Ease of use Relevance Applicability Maximise involvement Contribute to service development Contribute to organisational objectives	ETNA Tool renamed Toolkit Expanded introductory sections dealing with purpose and outcomes identified for each activity Options for delivery and timing including sample workshops and event sequencing Exercises renamed activities Action planning shown as a discrete activity and action plan ideas included for each of the other activities
Content	Worked examples of exercises More detail and clarify exercises outcomes Simplify language Simplify/take out additional information Reconsider use of themes and KSF framework More time to unpick knowledge and skills Reconsider use of role profiling Link outcomes to organisational initiatives and provision	Ease of use Relevance Applicability Maximise involvement Contribute to service development Contribute to organisational objectives	Each activity has worked examples, clear expected outcomes Additional information and frameworks minimised to include themes and list of resources Role profiling taken out Clear follow on and action planning ideas included to link into organisational provision

5.2.1 Structure

The data showed that the ETNA Tool would have greater value as a Toolkit. This would enable more flexibility in practice and encourage services to engage with the Toolkit as a resource. The pilot illustrated that integrated services had much to discuss, and that unpicking knowledge and skills is complex and time consuming. In addition, pilot sites found the separate exercises had sufficient substance to merit being held as single events. Reframing the Tool as a Toolkit encourages services to think about different options for delivery and timing of activities, for example, over a period of weeks or months. In this way more time could be spent on the different activities enabling consolidation of each of the exercises through action planning before moving on.

The pilot sites also highlighted that while they had much in common, services at different stages of integration would have different concerns. The ETNA Toolkit has aimed to address these issues by renaming the exercises as activities and providing more detail and clarification of how each activity might be run. The pilot phase also indicated the importance of the sequence of activities. For example, that although the visioning exercise could form a stand alone activity, the identifying knowledge and skills exercise depended on having reached a shared vision. The Toolkit now offers ideas for how events might be sequenced and presents sample workshops. Feedback from the facilitators' workshop and the final evaluation workshop highlighted the need to clarify the purpose of the Tool and its constituent components to aid delivery and to make explicit the learning from the exercises in relation to education and training needs. These concerns have been addressed by expanding the introductory sections and including expected outcomes for each of the activities.

An important finding from the pilot phase was the need to make action planning more explicit and in particular as a way of understanding the fit between the activities undertaken as part of the ETNA process and ongoing service development and organisational objectives. The ETNA Toolkit now includes action planning as a detailed activity and illustrates action planning within other activities and as part of continued development. These changes aim to impact on all of the development criteria and in particular enabling its users to see its applicability and relevance as a needs analysis resource that enhances service and organisational development.

5.2.2 Content

Key recommendations from the data concerning the content of the Tool contribute to the development of the Tool as a Toolkit. For example, greater description of the activities and exercises that might be used as part of activities, including worked examples, help to illustrate how activities can be used as separate events and their relevance as part of a sequence. The use of preparatory work had been helpful for the PCT A pilot and a recommendation by PCT B as a way of encouraging potential participants to begin thinking about integrated working beforehand. This issue is now addressed within the introductory sections of the Toolkit.

An important recommendation was the need to simplify language and this has been addressed throughout the document and aided by expansion of detail and clarification of expected outcomes for each of the activities.

The pilot sites found that the identifying knowledge and skills and the role profiling exercises were particularly problematic to understand and portray, as was the additional information intended for use with them. The final evaluation workshop in particular highlighted the importance of having the time and appropriate activity to unpick knowledge and skills. There have, therefore, been significant changes made to the Toolkit to reflect these issues. The identifying knowledge and skills activity has been clarified and expanded using ideas from the pilot sites, for example, a staged approach to reaching a gap analysis. The Toolkit refers to how facilitators may use frameworks such as the NHS Knowledge and Skills Framework and the Shaping the Future themes (Howarth *et al*, 2004), but offers these as resources rather than prescribes their use. The role profiling exercise presented within the Tool prototype has been removed from the Toolkit as this had been found to add little value to the ETNA process. However, role mapping and role profiling is recognised as a potential action planning exercise following on from the identifying knowledge and skills activity, and appropriate resources are provided for services who wish to pursue this.

The pilot phase data showed that services are concerned about using interventions that are able to connect and link into existing organisational initiatives and provision. The Toolkit has addressed this by identifying expected outcomes of the activities so that services can see how these fit with their organisational objectives and development activities. The Toolkit has also included action planning sections for each of the

activities to illustrate how outcomes from events can be taken forward and developed further within existing organisational provision.

5.3 Learning

The development and testing of an ETNA Tool prototype has been a study that has sought to produce a defined product, the ETNA Toolkit. However, as a qualitative research study it has also sought to gain learning in that:

'qualitative research is an effort to understand situations in their uniqueness as part of a particular context and the interactions there…' (Patton, 1990:1)

This section presents the learning gained from the development of the ETNA Toolkit including:

- Learning from the research methodology and methods;
- The learning gained concerning education and training needs analysis and integrated health and social care.

5.3.1 Learning from Research Methodology and Methods

This research worked to three methodological commitments of collaboration, learning and interaction on the basis that there is little documented understanding about integrated health and social care (Howarth *et al,* 2004). It was therefore considered an important feature of this '*Work Package*' that those working within integrated health and social care were active participants in the research process to inform and develop understanding through their views and practice. This approach had value in that those who participated took a stake in the responsibility of the research and were proactive in its continued development. The approach was also valuable in providing a forum for shared knowledge between representatives from a range of PCTs, tPCTs and Social Service Departments. This has led to the development of networks amongst health and social care workers, between the researchers and across the universities and health and social care services. Research into collaborative working illustrates that decisions will be socio-political and moral in that our methodologies are value based (Toulemonde *et al,* 1998). Within this perspective it can be argued that the resulting ETNA Toolkit is therefore a product which is clearly grounded in its context. However, it could also be debated that as such the ETNA Toolkit may serve to reinforce particular views and ways of working.

Bryman (2001) notes that significant features of qualitative research are flexibility and lack of structure, that is not having presuppositions and having flexibility of method. The interactive and collaborative nature of this research was helpful in surfacing presuppositions, for example, the extent to which our research frameworks might suggest particular concepts of integrated service provision. The flexibility afforded by the range of methods was also of value in the collection of data. For example, during the pilot workshops the researchers were able to collect data by observation, through interaction with the participants during exercises and by leading structured evaluation activities. However, the pilot sites found that the interactive nature of some methods was at times distracting, for example, stopping to reflect on activities. The flexibility of approach was also challenging and involved a continual renegotiation of process as the research progressed. This included managing the cancellation of a pilot site at a late stage, and Reference Group members not always being able to attend meetings due to other priorities.

5.3.2 Learning about Education and Training Needs Analysis and Integrated Health and Social Care

Participants felt they had gained learning from being involved with the development of the ETNA Toolkit. In particular, the pilot sites found that the pilot of the prototype offered them an opportunity to hear their team's views and opinions. Representatives participating in the Reference Group meetings found the sharing of views and knowledge of particular value within the networks formed across representative organisations and universities.

At a broader level the development of the ETNA Toolkit has illustrated that working with education and training needs in integrated health and social care settings is complex and has impact beyond the uncovering of needs. This work offered the following insights:

- **Working together and working as an integrated service.** The final evaluation workshop revealed an acknowledged difference between working together and working as an integrated service, that suggests the needs required for working as an integrated service may be different. The pilot sites and the reference group members thought that there was value in working with a process to help services identify what it is that makes them an integrated service and what this may require rather than a joint working service or one that works together. This was illustrated by PCT A who had many examples of how they worked well together, for example

regular team meetings. However, working in an integrated way was viewed as moving beyond recognition of each others' roles to involve deeper attention to the interaction and enactment of service roles. A simple example of this was given of when a social services worker goes into a home and sees that the person could benefit from a bath aid. They let the Occupational Therapist know who then does not go and repeat the basic assessment, as may traditionally happen, but provides the bath aid on the basis of the given assessment. Such examples highlight the need to specify skills and knowledge required for integrated working and what these skills and knowledge might involve.

- Unpicking knowledge and skills. Development of the Toolkit found that it can be problematic to get people to identify what it is they know and what they can do (knowledge and skills) and to talk about this outside of their professional setting. Many practitioners are very experienced and have often reached a stage of unconscious competence where they are no longer consciously aware of their skills and knowledge. There was some recognition that during the Tool development process the researchers may have assumed greater levels of conscious competence, or the ease at which people can identify and relate knowledge and skills. The pilot has illustrated that in working with a range of professions this can take time and is complex as knowledge and skills are often varied, overlapping and multi-purpose.
- Importance of structured dialogue. An important aspect of the research, similar to findings by Blackler and Kennedy (2004), was the value that participants throughout the development of the ETNA Toolkit placed on the opportunity to interact with their peers within a structured format. This was found to be beneficial not only in terms of networking but also in gaining understanding of how other organisations and services work on the particular issue of identifying education and training needs. Particular learning from the provision of structured dialogue, reinforced by the pilot phase, was the importance of services spending enough time on reaching a shared understanding of their current situation within any ETNA process, before exploring development needs.
- Working with process. The pilot phase illustrated that a process centred approach to education and training needs analysis was important in enabling services to surface and articulate needs of relevance to them in their context. The focus on process brought much value to the sites in establishing and developing dialogue but this also raised issues for consideration. The pilot phase found that the value of a process led education and training needs analysis relies significantly upon the facilitation of the process and, therefore, facilitator skill. This places the facilitator(s) in a crucial role and assumes appropriate facilitation skills and sufficient background knowledge of the service and team to make exercises relevant and to develop discussion. The pilot sites used for this research saw the ETNA Tool pilot phase as a positive developmental opportunity. The skill required to work within a positive environment raised the issue of the importance of having sufficient skill to be able to work with teams or services that were experiencing difficulties and conflict.
- Role of Education and Training Needs Analysis. Participants in this research found that conceptualising needs for integrated health and social care was a context dependant activity, and that this called for a model of education and training needs analysis that enables needs to emerge rather than prescribes needs within a given framework. Reference Group members and pilot sites found that this research gave them the time to reflect on how they typically deal with education and training needs analysis. Debate during the development of the Toolkit revealed that many organisations have a variety of ways in working with this, from personal development planning to team away days. The research indicated that education and training needs analysis tended to be aimed at particular groupings, for example, education and training needs analysis for social workers or nurses rather than as a team concern. It was felt that broader learning and developmental aspects that might be fostered through collective process-led interventions are often forfeited in favour of instrumental methods and tools that focus on individual job and role competencies. While participants in the development of the Toolkit showed an enthusiasm and stressed a need for education and training needs analysis that attended to integrated health and

social care at a service and team level, they recognised that within the broader scheme of change in the NHS this was not necessarily regarded as a priority. This was underlined by the pilot phase of this research that indicated the sustainability and importance of education and training needs analysis as part of a wider network of developmental provision that must have relevance and linkage to existing organisational and service development initiatives.

Chapter Six:
The Evidence and Implications for Future Education and Training Needs Analysis

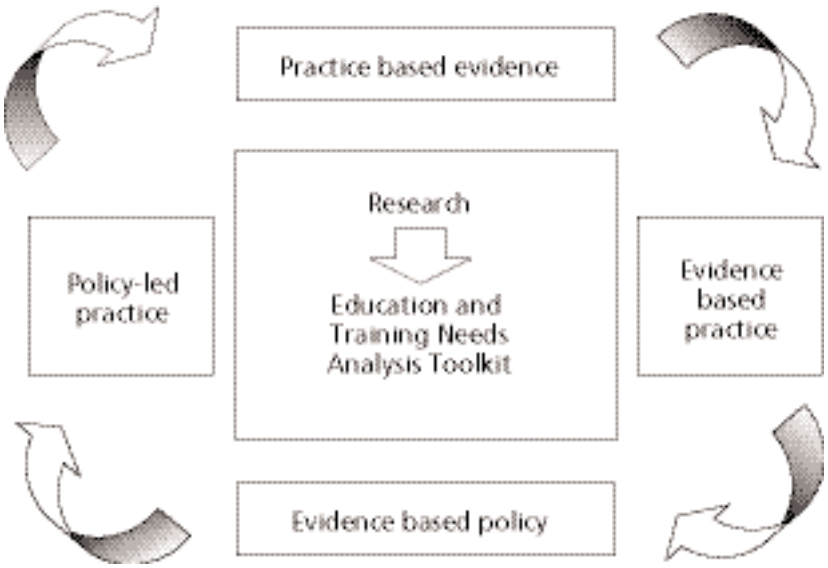
6.1 Introduction

This concluding chapter reviews the forms of evidence that have informed the development of the ETNA Toolkit. In particular, it seeks to explore how evidence has been drawn from a variety of sources and refashioned through iterative developmental processes involving the users of evidence to derive a prototype Tool and a final product in the form of a Toolkit for education and training needs analysis. This does not reflect a traditional model of knowledge transfer from the academy to consumers of knowledge where research findings are implemented (Sebba, 2004). Rather, it reflects a more complex interaction between health and social care organisations; university researchers; project partners within a wider project team; service users; and a wider context of policy development that develops the knowledge of these participants in the research process. As such a review of the evidence requires an acknowledgement of the dynamic relationship between practice, evidence and policy that shape the pragmatics of research on the one hand and of education and training needs analysis for service development on the other.

6.2 Relationships between Policy, Practice and Evidence

The relationships between policy, practice and evidence are complex and potentially contentious and cannot be fully explored here. However, the development and testing of the ETNA Toolkit is inevitably implicated in these relationships. In concluding our account of this project we seek to make more explicit the role of evidence and policy in relation to the development of the Toolkit as a resource for practitioners and service development. The Project, within which this research is situated, recognises that notions of practice, evidence, policy, education and training carry with them certain assumptions, for example, in terms of agency. The literature review by Howarth et al, Halics. (2004) demonstrates that these terms are not self-evident, are complex and may have different meanings for different individuals, organisations and communities.

Figure 4: Relationships between policy, practice and evidence



These complexities and interpretations are illustrated through the development of the Toolkit and in particular the understanding of needs as debated in Chapter 3. In recognition of these complexities this chapter acknowledges that a discussion of the relationships between policy, practice and evidence is framed by the context of the research and its inherent assumptions.

One way of tracing the relationships between policy, practice and evidence is illustrated in Figure 4 and discussed below:

From policy-led practice to practice based evidence

The initial impulse for the Shaping the Future Project reflects recognition by the collaborating universities and their sponsor that changes in health and social policy were likely to have a major impact upon service delivery through increasing integration of services in health and social care. A systematic review of the literature '*took account of the importance and interconnectedness of policy, practice, population and workforce needs within an integrated health and social care service*' (Howarth *et al* 2004: 4). The Project itself is policy-led and recognises policy-led development of practice in service delivery and associated education and training of the workforce. The aim of the Project accepts as a premise the integration of health and social care, and validates its purpose, through its definition of health and social care as 'care that is determined by

partnerships between health and social care agencies and users/carers for the health and well being of the (local) community.' Building upon this premise, the Project aims to find the evidence for education and training to deliver such integrated services. Thus, the Project moves from a rationale in policy-led practice to the aim to secure evidence based practice.

From practice based evidence to evidence based practice

The research aims to fulfil this aim to secure evidence based practice by utilising practice based evidence. Although the development of the Toolkit made use of the existing evidence base for training needs analysis, the selection, evaluation and utilisation of this evidence was guided by the pragmatics of on-going development of policy and the opinions and experiences of practitioners. This led to questioning the assumption that needs analysis was not taking place owing to the lack of a tool rather than the influence of competing priorities within organisations. The publication of the draft Knowledge and Skills Framework in March 2003 and the implementation of Agenda for Change concentrated the attention of the researchers and Reference Group upon the need to link the Tool to the KSF so as to make virtue out of the necessity for organisations to make use of the KSF. Hence, the ETNA Tool became a Toolkit, wherein 'evidence' becomes transformed into 'resources' or 'tools' combined in a 'kit' to link the KSF to the identification of training and development needs. In this way the Project exemplifies partnership between practitioners and researchers engaged in 'development and research' rather than 'research and development': that is, practice based evidence drives the research process. Sebba (2004) sums up such activity as:

An interactive approach to producing, disseminating and using new knowledge which requires a transformative process to overcome the hazards of transfer and application … Successful knowledge transfer does not guarantee effective application due to, for example, lack of opportunity or resources, adherence to deeply held beliefs or difficulty in translating theoretical knowledge into practice. (Sebba, 2004: 40)

Thus the ETNA Toolkit, having been piloted and refined though a collaborative process with practitioners and the Reference Group is a 'product' derived from practice based evidence that may be used as evidence based practice.

From evidence based practice to evidence based policy

The potential for feedback from evidence based practice into evidence based policy emerged through the development of the ETNA Toolkit. Notwithstanding the seeming imperative of the use of the KSF, its terminology was at best unhelpful for ETNA workshop participants. As Sebba (2004:40) points out, evidence based policy that assumes a linear relationship between research and its users may be ineffective in the transfer of knowledge owing to 'the way it is expressed or the receptivity of the recipient'. Within the development of the ETNA Toolkit participation of Reference Group members and the pilot sites sensitised the researchers to this issue for both service users, carers and employees. The adaptation of the '*field of words*' technique (Cowley and Houston, 2003) for needs assessment provided a way to facilitate participants to articulate in their own terms the skills and knowledge that they bring to health and social care as well as identifying learning needs. Therefore, the Toolkit while policy-led in its inception provides opportunities for evidence based practice and practice based evidence to contribute to the evidence base shaping the interpretation and implementation of policy in service settings.

6.3 Implications for Research and Education and Training Needs Analysis

An exploration of the relationships between policy, practice and evidence has implications for both education and training need analysis and research itself. In this study the conduct of the research and the practice of ETNA for service development both share a common governing rationality of 'integration', melding policy, practice and research. The impulse for ETNA derives from the notion of 'integration' as a policy imperative. Likewise the research itself has accepted this governing rationality with respect to both its subject matter and its conduct. Policy, practice and evidence have been 'integrated', arguably transgressing orthodox views of validity whereby the authority of research lies in the hierarchical *application* of the findings derived from evidence *to* practice and/or policy. Stronach and MacLure (1997) point out a trend in educational evaluation research to make reference to canons of research orthodoxies as guarantors of authority for the producers and consumers of research. However, at the same time this trend adopts increasingly pragmatic 'truncated' forms of research at the service of programmes of 'reform' such as 'modernisation', 'service redesign' or 'integration' that provide the rationale for interventions such as education and training needs analysis.

The ways in which relationships between policy, practice and evidence are played out have implications for how the governing rationality of research, and the practice it purports to investigate or develop, is made more explicit, sustained or attenuated.

The themes 'considered essential requirements for integrated health and social care services' (Howarth *et al*, 2004) derived from the systematic review of literature, convey an authoritative framework for education and training needs analysis. This can be contrasted to the pragmatics of tool development whereby the development of the ETNA Toolkit recognised policy imperatives and simultaneously deflected from them. For example, taking into account the NHS Knowledge and Skills Framework and at the same time remaining apart from its implicit claim to codify all the skills and knowledge that any worker might need to be able to display. The development, piloting and refinement of the ETNA Toolkit has placed into the hands of potential users resources that are, on the one hand, more modest than might have been envisaged by a 'tool' that, by virtue of its scientific development could be guaranteed to 'do the job'. On the other hand, these same users, have a set of tools that they can select, combine and deploy in ways that offer more opportunity to determine what the job in hand actually is, as well as to accomplish it.

Although the point of departure for the development of the Toolkit was influenced, if not determined, by policy, the use of the Toolkit supports a varied interpretation of policy in practice in terms of service development, needs analysis and action planning. In this respect the research reflects self critical and realistic (pragmatic) contemporary evaluation research characterised by *hybridity; transgressive validity*; and *negotiation or dialogue* between researchers and respondents (Stronach and MacLure, 1997: 109-111).

Hybridity, in this case, concerns the blending of tool development and evaluation research, exemplifying 'development and research' rather than 'research and development' (Sebba, 2004: 40). It is also evident in the combination of methods within the work reported here and within the wider Shaping the Future Project; in the subject matter, whereby diverse participants in service delivery are engaged in needs analysis; and finally in the combination and customisation of existing 'tools' as resources by users of the Toolkit.

Transgressive validity describes research that, rather than seeking to 'reproduce' an ostensibly stable reality, recognises reality as a flux of policy, practice and evidence. As a concept in this context, transgressive validity is evident in the full acknowledgement of policy 'imperatives' that are sometimes incoherent or contradictory. Research that intervenes in (or transgresses) this reality offers new possibilities for learning, co-creating new knowledge and changing practice on behalf of participants and users of the research. Both the research and the ETNA Toolkit, through an emphasis on participatory methods and 'process', recognise that policy implementation in practice involves interpretation as much as application. For example, while processes of integration are presented by policy as a given, within the use of the Toolkit the vision of what integration might be is not. As a further example, it can be noted that while the KSF is obligatory for the NHS it does not (at least as yet) apply to non NHS participants engaged in health and social care. Researchers and participants in the development of the Toolkit sought to find ways of working with the KSF while also finding language and practices that provide alternatives to its direct application in needs analysis activities. The validity of the Toolkit is enhanced by the capacity to work with and against the realities of incoherence and contradiction, hence its validity can be deemed 'transgressive'.

Negotiation and dialogue concerns the methodological commitment to participatory methods. Negotiation and dialogue are evident in the engagement of participants throughout the development and pilot phases of the study. This recognises shifting levels of influence of policy, practice and evidence throughout the process of the conduct of the research and in needs analysis itself. The use of the ETNA Toolkit facilitates the local constitution of needs as a negotiated *process* (see chapter 3) through the use of the Toolkit whereby a *hybrid* resource enhances the *validity* of needs analysis by virtue of both recognising and at times *transgressing* the 'givens' (Wells, 2004) of contemporary policy for service integration.

6.4 Summary

The development and testing of an Education and Training Needs Analysis Toolkit for integrated health and social care forms part of the wider Shaping the Future Project that engaged seven universities in the North West of England in a collaborative partnership. The aim of the research partnership is to identify the evidence base for delivery of integrated health and social care; the skills and knowledge required to deliver this care, together with the

current and future education and training needs of the North West of England Primary Care Workforce.

The development of the ETNA Toolkit adopted methodological commitments of collaboration, learning and interaction that are highly congruent with the overall aim and approach of the Shaping the Future Project and the Project's definition of health and social care as:

'care that is determined by partnerships between health and social care agencies and users/carers for the health and well being of the (local) community.'

An ETNA Tool prototype was developed under the guidance of an expert Reference Group and made use of resources available in the public domain. The appraisal of these resources was undertaken in the light of evolving policy affecting the context of service development in health and social care. This was informed by the Reference Group and the findings of the systematic review of the literature being undertaken by Howarth *et al* (2004) within the wider Shaping the Future Project. The testing and evaluation of the ETNA Tool prototype was also undertaken with the Reference Group culminating in an amended ETNA Toolkit. This account of the development of the Toolkit concludes by noting the dynamic and complex relationship between practice, evidence and policy that shapes the pragmatics of research on the one hand and of education and training needs analysis for service development on the other. The Toolkit is designed in such a way that participants may use it as a set of tested and adaptable resources for collaboration, learning and interaction aimed at the further development of care that is determined by partnerships between health and social care agencies and users/carers for the health and well being of local communities.

6.5 Conclusion

The development of the ETNA Toolkit has illustrated that education and training needs analysis for integrated health and social care is important but competes with other priorities. As such it must therefore be seen as part of a wider strategic development to which it contributes. This calls for education and training needs analysis that has relevance to local context and recognises that needs vary from service to service and locale to locale. Therefore, it is important that education and training needs analysis enables purposeful dialogue that facilitates the unpicking and structuring of the complexity of knowledge and skills and aids the creation of a local, sustainable and achievable vision through the conceptualisation of needs appropriate and relevant to a particular service.

This research has demonstrated that understanding and analysing education and training needs for integrated health and social care is complex. Education and training needs analysis may, therefore, support the identification of knowledge and skills for progressive integration beyond joint working. This learning suggests an emergent model of education and training needs analysis based on process led activities that promote the capacity to articulate, achieve and sustain a context-relevant vision of integrated service provision.

The production of the ETNA Toolkit reflects collaboration, learning and interaction between health and social care organisations; university researchers; project partners within a wider project team; service users; and a wider context of policy development that develops the knowledge of participants in the research process. Developing the Toolkit has highlighted the interplay of policy, practice and evidence in that it is informed by policy, developed as a product of practice based evidence that in turn seeks to inform policy. As such this research suggests that this kind of intervention, although often policy led, is very much about co-creation of evidence based practice that benefits from the participation of practitioners and researchers in furthering practice and knowledge. The co-creation of practice may therefore work within policy while furthering new understandings of policy in action.

Exploring the relationships of policy, practice and evidence in the context of this research has highlighted that this research is in itself an illustration of the tensions and challenges inherent in working within policy while seeking to remain practice based. The methodological approach for this research and the development of an emergent process-led ETNA Toolkit has enabled these tensions and challenges to be made explicit, debated and interpreted at a local level. As such this work acknowledges a need for research and education and training needs analysis that offers ways in which such tensions and challenges might be mapped and understood, and that enables contributions to developing knowledge, policy and practice.

Appendix 1:
Education and Training Needs Analysis (ETNA) for integrated health and social care in the context of the Shaping the Future Project

<table>
<tr><td>Identify agencies ⟷</td><td>Education and training needs analysis (ETNA) →</td><td>Educational outcomes of provision – WP4</td></tr>
<tr><td rowspan="3">Partnership capabilities – WP3
Benchmark; NatPact partnership competencies; the 'working partnership' (HDA); 'smarter partnerships'.</td><td rowspan="3">→ ETNA process →
ETNA toolkit
Vision of integrated health and social care
■ What do they/we know and do?
■ What do they/we need to know and do?
■ At what level?</td><td>Profile → Assessment → Learning needs
Generic competencies; Local competencies | Gap analysis | PDP's Learning plans Cpd commissions</td></tr>
<tr><td>Identify staff \ workers – WP5
Are they involved? (working together: staff involvement – a self assessment tool)
Views?
Levels in the organisation?</td><td rowspan="2">Continuing inclusion of users and carers</td></tr>
<tr><td>Identify actual and potential users and carers WP6
PPI strategy
Level of participation?</td></tr>
<tr><td rowspan="2">What/who is the community?
Strategies
HiMp
Local strategic partnership (LSP)
Local delivery plan (LDP)</td><td rowspan="2">Workforce development
Present
Who? Present workforce
How many? Who have we now?
Function? What do they do?
Activity analysis</td><td rowspan="2">→ Service development
Future
Function: what should they be doing?
What kind? Future skills
Where/how many? Roles
→ Future</td></tr>
<tr><td>Past →</td></tr>
<tr><td>Perquisites\inputs →</td><td>Process</td><td>→ Outputs</td></tr>
</table>

WP = 'Work Package' from Shaping the Future Project

Appendix 2:
Further Resources to support Education and Training Needs

Resources	Main features	Comments
Department of Health Knowledge and Skills Framework and Development Review (Department of Health, 2004) See web pages from the Department of Health web site http://www.dh.gov.uk/Home/fs/en	Linked to 'Agenda for Change'	Partnership section corresponds to Shaping the Future Project definition of integrated health and social care. Links to learning outcomes and organisational levels
Markwell S, Watson J, Speller V, Platt S and Younger T (2003) *The working partnership*. London. Health Development Agency http://www.hda-online.org.uk/documents/working_partnership_1.pdf See also Health Action website http://www.healthaction.nhs.uk/Visit pages on Partnership development	A collection of tools to underpin partnership development	Based on Verona Benchmark and developed by the Health Development Agency
HDA Public Health Skills Audit Burke, S., Meyrick, J. and Speller, V. (2001) Public Health Skills Audit: Research Report. Health Development Agency. London Available from http://www.publichealth.nice.org.uk/ Publications available on line http://www.hda-online.org.uk/search/results.asp On line tool http://www.phskills.net/	Completed on-line or using paper based work book, with option of facilitated workshops (guide available). ETNA tool has adapted some aspects of process.	Developed by HDA through research project and now managed by John Moores University as an on line resource.
National Occupational Standards in Health and Social Care http://www.skillsforhealth.org.uk/	Functional analysis and competencies – related to vocational awards	Widening range of Occupational Standards
Smarter Partnerships http://www.lgpartnerships.com/	A range of tools to assess skills and knowledge for partnership working with suggested educational\ training activities	

Resources	Main features	Comments
QUILT http://www.quilt.org/Home/ptool.html	A set of tools to support partnership development	USA resource for early years context of integrated services
Working Together: Staff involvement – a self assessment tool Tool and Action Plan both available from http://www.dh.gov.uk/Home/fs/en	Available on-line, completed as a paper based activity based on 7 standards relevant to organisational development for service planning and delivery	A generic tool focussing on organisational capability for service development necessary for (but not confined) to integrated health and social care
NatPaCT organisational competency framework. http://www.natpact.nhs.uk/ The partnership competencies http://www.natpact.nhs.uk/downloads/newcf/5.pdf	A very extensive, interactive web based resource under continuous development, linked to the modernisation agency.Includes self assessment guides to competencies at various levels of specificity	Specific focus on primary care and associated areas of activity including *partnership*, workforce development, education, training and research as well as specific service areas and professional groups Most relevant at the Strategic level
Sainsbury Centre Model for the capable practitioner. The Sainsbury Centre for Mental Health (2001) *The capable practitioner*. The Practice Development & Training Section, The Sainsbury Centre for Mental Health http://www.scmh.org.uk/	Developed in the context of mental health	Capable of being applied to a variety of service contexts
Modernisation Agency: Changing the work force tool kit for local change http://www.modern.nhs.uk/home/default.asp?site_id=58 Modernisation Agency's NHS Improvement Leaders' Guides	A series of guides to support leadership and change management, including: ■ Setting up a collaborative programme; ■ Managing the human dimensions of change.	Applicable to service redesign and parallel curriculum development

Resources	Main features	Comments
Making Health Scrutiny Work: The Toolkit http://www.dhn.org.uk/	Produced by the Democratic Health Network to assist local government to fulfil its obligations for 'Health scrutiny' and partnership working	Contains check lists, case studies and summary boxes
Health Education Board for Scotland (1995) Devising methods to assess training needs of health promoters in Scottish area health boards http://www.hebs.org.uk	Detailed research report.	Methods and findings applicable across professional and organisational boundaries
System-Linked Research Unit on Health and Social Service Utilization, based at McMaster University, Ontario, Canada http://www.fhs.mcmaster.ca/slru/home.htm	Provides details of research programmes and resources relevant to integrated service provision	
National Primary Care Development Team http://www.npdt.org	Information on 'Collaborative' methodology	
Integrated Care Network http://www.integratedcarenetwork.gov.uk/homepage.php	Range of tools, resources and information	
The King's Fund, London.http://www.kingsfund.org.uk/PDF/partner.pdf	Extensive publications and research reports	See references on partnership and integration

Web sites accessed 20 April 2005. The authors cannot accept responsibility for the contents or continued availability of the web sites listed.

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http://www.dh.gov.uk/PolicyAndGuidance/HumanResourcesAndTraining/ModernisingPay/AgendaForChange/fs/en

http://www.content.modern.nhs.uk/cmsWISE/Workforce+Themes/Retaining_and_Developing_Staff/PayandReward/ImplementingAgendaforChange/Implementing+Agenda+for+Change.htm