

Widening participation to Psychological Wellbeing Practitioner training

Project report to Health Education England

Centre for Outcomes Research and Effectiveness
University College London

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1. Executive Summary

- 1.1 Health Education England (HEE) commissioned University College London in February 2017 to undertake a project on widening participation to IAPT Psychological Wellbeing Practitioner (PWP). The majority of current PWP trainees are young white female graduates, particularly graduates of psychology and related degree courses, and the HEE brief was to develop a series of recommendations to widen the potential pool of applicants to the PWP role and training.
- 1.2 A national project group of PWP course leads and representatives of IAPT services across England carried out the project between April and September 2017. Evidence obtained included:
- Surveys of stakeholders with responses from 12 PWP course directors, 51 IAPT services, 160 PWPs and PWP trainees and 6 HEE area mental health leads
 - Information from PWP courses on application and participation rates
 - An analysis of academic requirements to undertake the PWP training and role
- 1.3 Stakeholders were unanimous about the need for and benefits of widening participation. People over the age of 35 (currently 18% of PWP trainees across all courses) were considered to be the most important target group, followed by minority ethnic groups (currently 22% across all courses, but 34% in London) and men (currently 16% across all courses). Key benefits of widening participation promoted by stakeholders were:
- Bringing a great diversity of experience to the role (especially by more mature applicants)
 - Better representing the population seen by IAPT services
 - The potential that these more diverse groups will stay longer in the PWP role compared to the younger PWPs who commonly use this as a stepping stone to further training and roles in psychological therapies and mental health.
- 1.4 Key recommendations, clustered by responsibility for taking forward the recommendation are:

Recommendations to NHS England and HEE

- 1.5 There should be a national strategy to promote the PWP role to the general public to increase awareness of the PWP job role and of PWP training. This should be linked with promotion of IAPT as a whole. Online videos of work in IAPT services with service user testimony and talking heads of staff, including diverse PWPs, should be part of this strategy.
- 1.6 HEE should jointly consider with STPs, HEIs and IAPT service providers the provision of alternative/variant types of PWP training, such as undergraduate routes, part-time options, training over a longer period of time and apprenticeship vocational training, which might suit the needs of some people from non-traditional backgrounds. All such variant training routes should train people to deliver the PWP national curriculum learning outcomes at a competent standard.

Recommendations to professional bodies (BPS and BABCP)

- 1.7 The British Psychological Society (BPS) and British Association of Behavioural and Cognitive Psychotherapies (BABCP) should each promote the role of PWP as contributing to the availability of psychological and cognitive behavioural informed interventions to the public

Recommendations to STPs and CCGs

- 1.8 STPs and CCGs should support HEIs and IAPT service providers in local targeted marketing approaches to attract a wider range of applicants to PWP training.
- 1.9 STPs should support HEIs and IAPT service providers in development of access schemes to help people from non-traditional background be better prepared for PWP training and better equipped to make successful applications for training.
- 1.10 STPs should jointly consider with HEE, HEIs and IAPT service providers the provision of alternative/variant types of PWP training, such as undergraduate routes, part-time options, training over a longer period of time and apprenticeship vocational training, which might suit the needs of some people from non-traditional backgrounds.

Recommendations to PWP courses and IAPT service providers

- 1.11 IAPT services providers and HEI PWP course providers should collaborate on local targeted marketing approaches to attract a wider range of applicants to PWP training. They should be supported in this by STPs, which will increasingly have a key role in local workforce planning, and collaborative initiatives are likely to work best at the STP area level. Suggestions and examples of targeted marketing initiatives can be found in section 4.18 of this report.
- 1.12 IAPT service providers and HEIs should develop access and support routes to help people from non traditional background be better prepared for PWP training and better equipped to make successful applications for training. They should consider both formal schemes such as access courses, NVQ training, foundation degrees and assistant practitioner schemes and more informal approaches such as mentoring, shadowing, secondments / placements / work and volunteer experience in IAPT services. Formal schemes should be supported by STPs.
- 1.13 IAPT services providers and PWP course providers should jointly review and agree recruitment and selection criteria and processes to ensure these do not indirectly deter or disadvantage applicants from non-traditional backgrounds. Review should cover (1) advertising/ recruitment processes (including advertising timetables) (2) the written (application form) and interview questions and tasks (e.g. role plays) used for shortlisting and interview decisions (3) both academic and relevant experience operational criteria used in shortlisting and selection following interview (i.e. numerical scoring systems).

- 1.14 Wherever possible, there should be joint selection interviews between PWP courses and IAPT services providers.
- 1.15 PWP courses and IAPT services providers should routinely monitor the application and selection rates of key diverse groups to check if they are less likely to be selected and, if so, consider whether modifications to recruitment and selection criteria and processes might be appropriate.
- 1.16 PWP courses and IAPT services providers should consider what additional support might be needed for PWP trainees from non-traditional backgrounds during their PWP training and put in place support systems accordingly.
- 1.17 HEE, STPs, HEIs and IAPT service providers should jointly consider the provision of alternative/variant types of PWP training, such as undergraduate routes, part-time options, training over a longer period of time and apprenticeship vocational training, which might suit the needs of some people from non-traditional backgrounds. All such variant training routes should train people to deliver the PWP national curriculum learning outcomes at a competent standard.
- 1.18 IAPT service providers should consider ways to make the PWP role more attractive as a career, including continuing training and career development opportunities.

2. Introduction

- 2.1 Health Education England commissioned University College London in February 2017 to undertake a project on widening participation to PWP training. The background to this approach was recognition that the majority of PWP trainees are young white female graduates, particularly graduates of psychology and related degree courses. The commissioning brief was to identify barriers for applicants from a diverse background in being able to apply and be selected for PWP training, while considering the requirements of PWP training and the clinical role and to develop a series of recommendations that could be tested by services and HEIs to be able to widen the potential pool of applicants to the PWP role.

3. Methods

- 3.1 A small project group of PWP course directors and representatives of IAPT services from across England led the project (membership at Appendix 1).
- 3.2 The project group developed a series of surveys of the experience and views of different stakeholders including:
 - PWP course directors
 - IAPT service leads
 - PWPs and PWP trainees, especially those from a diverse background
 - HEE area mental health leads

The surveys were carried out in May 2017.

- 3.3 12 PWP course directors, 51 IAPT services, 160 PWPs and PWP trainees and 6 HEE area mental health leads responded to the surveys
- 3.4 Following analysis of the survey data, additional information was obtained from PWP course leads to clarify specific issues:
- Percentage of PWP trainees from key target groups (older, BME, male and undergraduate intake)
 - Application rates from target groups compared to numbers selected on to PWP courses
 - Consensus on minimum academic ability required for people to meet the national PWP curriculum learning objectives in a reasonable length of training time.
- 3.5 A draft report of the findings with recommendations was then drawn up and circulated in August 2017 to the same set of stakeholders with invitation to comment. Stakeholders endorsed the recommendations and made a number of additional suggestions that were incorporated into the final report.

4. Summary of stakeholder survey findings

- 4.1 The results of the stakeholder surveys are summarised under headings of:
- Target groups for widening participation
 - Barriers/obstacles to these groups applying for and entering PWP training
 - Ideas/suggestions/initiatives for increasing applications/involvement of these target groups in PWP training
- 4.2 Full results of the PWP course and service leads and individual PWP and PWP trainee stakeholder surveys are at Appendix 2.

Target groups for widening participation

- 4.3 Both PWP course and IAPT services identified the same three demographic groups as their top targets for widening participation. These were in order - older applicants (variously defined from 30+ upwards), minority ethnic groups and men. Of these older applicants were mentioned by 61% of IAPT services (compared to 31% for minority ethnic groups and 27% for men). Other demographic linked groups mentioned less commonly were LGBT, disability, other than middle class, alternative religious groups and bilingual.
- 4.4 People with more, longer and/or wider life experience were the next most frequently identified target group. This category would be expected to overlap with the “older” demographic group identified as the top priority. Stakeholders made suggestions of a variety of different kinds of specific work experience/roles that might be particularly useful to target. These included other NHS and social care professionals (including nurses, social workers, OTs counsellors), support workers (including housing support workers and STR workers), people with experience working in other mental health roles, people working in charitable/third sector organisations and teachers. “Career changers” were mentioned by a

number of stakeholders, a category which again is likely to overlap with the wider life experience and “older” categories.

- 4.5 Non-graduates and people with lower academic qualifications were given as targets by both courses and services. While only mentioned by a minority as targets (25% courses, 8% of services), the issue of academic qualifications figured significantly later in the survey in relation to barriers/obstacles (see below).
- 4.6 A number of IAPT services (11%) gave people living locally and/or who are local active members of the community (e.g. community development workers) as key targets.
- 4.7 People with lived experience of mental health problems were mentioned by two IAPT services.

Barriers/obstacles for widening participation

- 4.8 The barriers and obstacles identified by PWP courses and IAPT services were rather different from those identified by the survey respondents from PWP and PWP trainees from diverse backgrounds as the obstacles that they personally experienced in their journey to PWP training. Possible reasons for the differences are discussed at the conclusion of this section.
- 4.9 The top obstacle identified by PWP courses and services was academic qualification requirements and/or a preference for “traditional” candidates with higher academic achievement/potential. This academic requirement/preference was seen as both deterring non-traditional candidates from applying and leading to them not being selected. By contrast, none of the diverse PWP survey respondents mentioned this as having been an obstacle for them on their pathway to PWP training. However, these same PWPs did identify this as an issue to consider in terms of ideas/suggestions for increasing applications from diverse groups (see next section)
- 4.10 The second top barrier identified by both IAPT services and courses and also on some diverse PWP stakeholder lists were aspects of recruitment practices and selection criteria and procedures. While some of these overlapped with the academic qualification requirements/preferences issue above, these comments were about a wider range and more specific operational aspects of recruitment and selection procedures. These included (1) advertising on NHS Jobs with a cap after the first 100 or 200 applicants advantaging the prepared traditional candidate (2) formal person specifications for the PWP role being skewed towards traditional applicants (3) the ability to complete applications forms and answer interview questions well being more difficult for more diverse applicants without the same knowledge of the role and what to say and often without the same writing and verbal skills as traditional applicants and (4) the quantitative operational criteria used in shortlisting and interviews favouring traditional applicants (5) the hectic pace and high volume of recruitment/selection leading to those selecting using more restricted criteria rather even where wider selection criteria have been agreed. An interesting aspect of some IAPT service and PWP

courses responses was that they attributed aspects of selection procedures determined by the other party as reflecting a preference for “traditional” over more diverse candidates. While only a minority of both made comments along these lines, it was noteworthy that where this occurred each considered the other as, in the words of one respondent, “having sway over candidate appropriateness”.

- 4.11 Lack of awareness of the PWP job role and availability of training for the role among the general public and wider pool of potential applicants in particular was the third top obstacle mentioned by both courses and services. While not mentioned as a personal obstacle by the diverse PWPs respondents, this may have been as they interpreted this question as their journey from learning about the PWP job role to getting on to a course. To the survey question asking how they first heard about the PWP role, the older PWPs often mentioned this happening by happenstance and in the later question on ideas/suggestions for increasing public visibility of the role figured highly in their answers (see below), so PWPs themselves clearly identified this as an issue.
- 4.12 By contrast, the top type of obstacles identified by diverse PWP in their journey to PWP training were practical issues regarding finances (drop in salary, borrowing money), geography (having to move to another town), childcare and, for older PWPs, the difficult decision in the first place to make a career change.
- 4.13 The second top barrier identified by diverse PWPs was difficulty obtaining relevant volunteer or paid mental health or other relevant experience to get selected on to PWP training.
- 4.14 Both PWPs respondents and services identified views of the PWP role and or more generally job roles in talking treatments/mental health as being either not for people like them (not for men/not for a person from my minority background) or being very aware that they would be a minority in training and work as barriers to be overcome. Some PWP respondents commented about being very aware of this during their training and at times feeling that their training course was targeted towards traditional candidates and had difficulty adapting to their different experience.
- 4.15 A further barrier mentioned by both services and older PWP trainees was anxiety about going back into education and/or managing course requirements after a long time away from education. This may in part be a realistic anxiety - some older PWPs commented that it was indeed hard during their PWP training to get back into doing coursework and exams.
- 4.16 Other barriers mentioned by courses and/or services were (1) low pay for the PWP role (2) lack of career progression in the role (3) requirement to train full time and (4) geography of courses (being too far from where people are living) .
- 4.17 The difference found between the obstacles identified by the diverse PWP survey respondents compared to those identified by courses and services may be due to a number of reasons. First, certain barriers identified by courses and services (e.g. academic qualifications) may well not have been personally an obstacle for the PWP survey respondents and this is why they were successful in getting on to

PWP training. Second, as noted the PWP survey respondents may have focused their response about obstacles on only a part of their journey from learning about the PWP job role to getting on to a course and not on the full journey. Their responses to other survey questions certainly indicate awareness of a wider range of potential obstacles to those they personally faced.

Ideas/suggestion/initiatives for widening participation

4.18 Survey respondents made a range of suggestions of ways to widen participation in PWP training. All stakeholder groups made similar types of suggestions. In addition, courses and services described a variety of widening participation initiatives they had undertaken (25 initiatives in all) – in response to a specific survey question about initiatives. These ideas and initiatives fell under the following broad headings, in order of frequency:

- Promoting and marketing the PWP role and training
- Reviewing recruitment and selection criteria and processes
- Developing access/mentoring/support routes
- Better pay and career development opportunities for PWPs
- Alternative types of training courses
- Support for diverse trainees on courses
- Examples of specific suggestions and initiatives are given in boxes.

4.19 Suggestions and initiatives around promoting and marketing the PWP role and training were by far the most frequent, with around half of each type of stakeholder respondent (courses, services and diverse PWPs) making general or specific suggestions. Stakeholders described both a need for universal promotion and marketing to the general public, given low awareness of the PWP role and training, and targeted marketing initiatives to specific groups. Ideas for promotion to the general public included:

- national TV and radio advertising
- stalls at job fairs
- promotion via Job Centres
- career talks in schools
- PWP course and/or IAPT service open days/events.

Ideas for marketing to targeted groups included:

- making clear in course materials and websites that older people, BME groups, people without standard academic qualifications and other more diverse groups are encouraged to apply (with video vignettes and quotes of diverse PWP trainees and stating that a diverse background can be an advantage)
- advertising in local media
- posters in community venues
- outreach to local community groups/via community leaders to identify people who might be suitable
- advertising on BME and LGBT websites
- advertising in media/on websites to pick up specific second career groups (e.g. mothers re-entering the workforce, teachers, other health and social care professionals)

- liaising directly with employers/occupational health departments where some employees may no longer be able to undertake the physical requirements of the role (fire service, ambulance service, military)
- use of social media
- open events for specific targeted groups
- promotion by IAPT employment advisors.

Marketing campaign for older applicants

Health Education England North Central East London commissioned University College London to pilot a marketing approach to attract more mature people with a wider range of life experience to PWP training.

A marketing expert was commissioned to advise on and coordinate a marketing campaign. The main campaign involved a striking advert in the Guardian (older readership) coordinated in time with emails from a specialist marketing company to 250,000 email addresses of people in the relevant demographic target group (age 35-65, living in the London area, etc). Both newspaper advert and emails linked people to an Eventbrite page to sign up to Open Evening events about PWP training, together with links to web information about PWP training. PWPs and senior PWPs describing their experience of training and the role were central to the open events.

The two Open Evening Events were oversubscribed. Of those who registered and attended, 45 made applications to PWP training. There was an overall increase in the number and proportion of applicants from a mature background (age 35+) from 95 in the previous year to 256 in the recruitment round following the marketing campaign.

Locally targeted recruitment

The Lincolnshire IAPT steps2change service serves a large rural county. As such it perhaps not appealing to younger workers and they found many trainees left the service when qualified. They decided instead to target recruitment at current Health Care Support Workers in the Trust. The advantage to this approach was that the staff are already working and living in Lincolnshire so know what it is like to live in a rural county and they also have experience of working with patients with mental health issues, therefore bringing a wealth of experience.

This has changed the makeup of the staffing group, from generally younger females to a variety of ages and more males. They anticipate this will lead to a lower turnover and that our patients reap the benefits of an experienced more diverse workforce

Targeting specific minority groups

The Orthodox Jewish community is a significant religious minority in Salford. In 2011 the proportions of patients accessing the IAPT service from this minority group was considerably short of the levels expected. Six Degrees Social Enterprise, the step 2 IAPT service provider, developed the Eis Ledaber project to address this disparity. Eis Ledaber means 'time to talk' in Hebrew. The project has been successful in achieving its aims of increasing the uptake of NHS funded IAPT services and addressing health inequalities within this community. A key element of the project's success has been the targeted recruitment of Trainee PWP's and volunteers from the Orthodox Jewish community. The advertising sources differed from traditional routes and Six Degrees worked closely with the community and Higher Education Institutes to overcome qualification barriers. Six Degrees has had to be flexible to accommodate the religious needs of the Orthodox Jewish staff in granting flexible working hours and understanding their unique cultural reference points and boundaries. The embedded workers have too had to deal with personal challenges as a consequence of both living and working within a relatively closed community.

In 2013, Six Degrees identified a significant increase in the number of requests for Polish interpreters. There were higher attrition rates and cultural issues affecting treatment outcomes. Six Degrees recruited Polish speaking trainees to assist Six Degrees to address and improve health outcomes and develop organisational cultural competence. This was very successful, both in terms of recruitment, increased access rates and improved recovery rate. In order to support the Polish speaking trainees, the service run a specialist BME supervision group that enables staff to develop their competencies in delivering culturally adapted low intensity interventions.

4.20 Reviewing and amending recruitment and selection criteria and processes and monitoring these in practice was the second broad theme that stakeholders made comments on. These included reviewing person specifications for the role, reviewing applications and interview processes and reviewing shortlisting and selection criteria to make it more likely that people from a diverse background will apply and be selected. Specific suggestions within this were:

- requiring services and universities to jointly agree criteria and wherever possible jointly interview candidates
- giving credit in shortlisting and selection criteria for a wider range of work and life experiences as relevant (and generally weighting more towards to life experience and less towards academic achievement)
- reviewing specific aspects of the application process (written application form and interview) which may favour people with a degree and inside knowledge of IAPT and bias against those with a more diverse background
- considering alternative selection tasks like role plays which are both relevant to the role and may be less biased in favour of traditional applicants.

- 4.21 Routes to prepare people for PWP training was the third strand of ideas advanced by all stakeholder groups. Specific suggestions included both formal schemes and arrangements such as access courses, NVQ training, foundation degrees and assistant practitioner roles and more informal approaches such as mentoring, shadowing, secondments/placements/work and volunteer experience in IAPT services and other bridging opportunities that would help people from non traditional background be better prepared for training and better equipped to make successful applications for training.

Assistant Practitioners for IAPT Services

The North West Psychological Professions Network in Collaboration with Health Education England has pioneered the introduction of an Assistant Practitioner (AP) role within IAPT Services.

In September 2016 three trainee APs were recruited to work within IAPT teams across Greater Manchester, linked with undertaking a Foundation Degree at The University of Bolton. The Foundation Degree provides foundation degree level training for assistant practitioners working in a range of health services. 12 months into this pilot scheme, the AP role within IAPT has come to be seen as an excellent supporting role for PWPs and an opportunity for career progression within the IAPT service

Since the pilot began, there has been growing regional and national interest in the apprenticeship levy and a Higher Apprenticeship Assistant Practitioner standard and training is being developed. The North West IAPT recruitment and career development project now aims to link with this and collaborate with educational providers of AP apprenticeship to create a training programme to achieve sustainable recruitment and training for those wishing to progress with the IAPT service.

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- 4.22 Ways to make the PWP role more attractive as a career were mentioned as a factor to address to attract diverse candidates by all stakeholder groups. Specific suggestions were higher pay and an improved career structure and opportunities for career progression. This was particularly mentioned by older PWPs and male PWPs (NB a greater proportion of the male survey respondents were age 35+ than female survey respondents – 40% vs 28%). That older PWPs had mentioned finances as a personal barrier/obstacle to training as a PWP underlines this as a significant issue.
- 4.23 Development of alternative/variant types of PWP training route was suggested by older PWP respondents and both courses and services. Specific suggestions were more undergraduate level training routes, part-time training options, longer and more flexible courses that could train people who would benefit from longer training and apprenticeship and vocational training routes. The current

development of a PWP apprenticeship standard was mentioned by both services and courses as a structure that could be used to deliver a vocational and more flexible approach to training that might be better suited to training people with limited academic qualifications.

PWP Apprenticeship Training

In September 2016 a working group was established to explore the possibility of providing an alternative route into PWP training through the Apprenticeship Scheme. As well as the apprenticeship scheme offering an alternative funding stream for PWP training, one aim of this development was to provide a different access route that would allow local IAPT service providers more say in the demographic of people who are brought into training. This might include selecting and tailoring training to people with different qualification levels and from relevant local communities and demographic backgrounds. The hope was that a supported route into training through apprenticeship processes could facilitate a home-grown workforce to emerge that could potentially produce a more representative and stable workforce in the future.

The project has now become a formal standard development committee and is working on completing an apprenticeship standard and an assessment schedule, which will lead to the formal recognition of this alternative route into training and access to the alternative funding strands associated with apprenticeships. Following discussion with all stakeholders the focus of the standard has moved towards ensuring that there is continuity and parity with existing training processes as the apprenticeship becomes a reality to continue funding and support for future workforce training provision.

The focus of the apprenticeship process on service led selection, recruitment and training will facilitate local initiatives focusing on targeted demographics to emerge alongside rigorous assurance of parity to existing training. The apprenticeship process has potential in this way to support localised workforce planning and development and the widening participation agenda as well as securing a second funding scheme for PWP training into the future.

It is hoped the standard will be ready for delivery by September 2018/19

- 4.24 Finally the older PWP survey respondents, but no other stakeholder group, made suggestions about PWP courses providing additional support and guidance for more diverse trainees in assignments/submissions and other aspects of the course, especially if they have not been in formal education for a long time and maybe never at university level. They in addition suggested that course websites and promotional material should include the availability of such support to people from a diverse background as a part of their marketing strategy.

5. Current participation and application rates from key target groups

5.1 Following analysis of the survey data, additional information was obtained from PWP course leads on:

- Percentage of trainees on PWP courses from key target groups identified by survey respondents - older, BME, male and non graduates
- Application rates from these target groups compared to numbers selected on to PWP courses

Responses were obtained from 12 courses. Average proportion of trainees from the target groups in current and recent (up to 3 previous years) cohorts (total PWP trainees = 1278) from the responding courses were:

- Age 35+ = 18%
- BME = 22%
- Male = 16%
- On undergraduate (vs postgraduate route) = 7%

5.2 There was some variation between courses in proportion age 35+ and BME trainees. While most courses had similar proportions age 35+, the University of Central Lancashire had a much higher proportion in their two cohorts (36%). Proportion of BME trainees on courses varied from 2% to 34% on the whole reflecting geography of the courses (with London the highest). Proportion of men was very similar between courses (13% - 21%). Proportion on the undergraduate route were generally low (1% - 8%), but two courses had higher undergraduate numbers (Birmingham 17%, Teeside 13%).

5.3 Information on application rates from the identified target groups was only obtained from the UCL course. As recruitment for most courses was led by services and services mostly used NHS Jobs on which information majority of courses were unable to access the data required to compare application to selection ratios. Recruitment to the UCL course in recent cohorts has been by application directly to UCL, hence the better availability of application data. For UCL, the relative proportions applying and starting PWP training for two years of cohorts were:

- Age 35+: Applications = 459/2460 (19%); starting 24/243 (10%)
- Male: Applications = 405/2460 (16%); starting 33/243 (14%)
- BME: Applications = 724/1791 (40%); starting 66/196 (34%)

5.4 These figures indicate that older applicants were less likely to be selected and there was a similar trend for applicants from BME backgrounds. For older applicants, UCL undertook an audit of selection of older candidates for one cohort to explore the relative contribution of university and services to any selection bias. This was possible as UCL operates a two stage shortlisting procedure for selection for interviews where university shortlist for interview from the remaining candidates. The UCL audit suggested that both university and services selected out more older applicants, the university longlisting 92/256 (36%) of age 35+ vs 45% (393/871) of younger candidates and services shortlisting 45/92 (49%) of the longlisted older applicants vs 267/393 (70%) of the younger longlisted

candidates. Once shortlisted, at interview older and younger candidates were equally likely to be selected.

- 5.5 The lack of data about application rates from universities other than UCL mean that it is not possible to draw firm conclusions about the relative contribution of low application rates vs selection procedures to low participation from more mature people, men, BME groups and people without an undergraduate degree. However, reports from other courses confirm the data from UCL of very high application rates from younger female graduates, the one difference at UCL being that a high proportion were from BME backgrounds rather than predominantly white. Thus widening participation has to start by increasing application rates from these under-represented groups.

6. Academic requirements for PWP training

- 6.1 Given the interest of stakeholder survey respondents in broadening access to people without standard academic qualifications and the comments of some respondents that academic requirements were unnecessary or excessive in current PWP training, the project group undertook an analysis of the PWP academic requirements.
- 6.2 The starting point for this analysis was the PWP national curriculum. This sets out learning outcomes that PWP trainees need to achieve by the end of their training course. These learning outcomes in effect define the competencies required of PWPs to undertake the PWP role. They were defined at the beginning of the national IAPT roll out and have been amended in only minor ways since. The current PWP national curriculum learning outcomes are set out in Appendix 3. They are incorporated into the [BPS accreditation standards for PWP courses](#).
- 6.3 These learning outcomes include demonstration of knowledge and understanding of a number of areas relevant to PWP practice as well as demonstration of competence in using this knowledge and understanding as part of role-played and live clinical work with patients. Together these learning outcomes require “academic” (knowledge, understanding and analytic) as well as “clinical” (interpersonal, practical and decision making) skills.
- 6.4 Showing evidence that PWP trainees have met these learning outcomes and demonstrate competence in practice is the function of assessments, both written assessments and clinical competency assessments. Written assessments evidence the trainee PWP’s understanding and knowledge of key areas relevant to PWP practice; clinical competency assessments evidence using this knowledge and understanding together with appropriate skills in role-played and/or live clinical work. The pass mark for assessments is the boundary that determines whether a PWP has met the learning outcomes and is competent to practice.
- 6.5 At the beginning of the IAPT programme it was established that the absolute minimum relevant knowledge and understanding and use of this in practice required to demonstrate achievement of these learning outcomes was equivalent to passing an undergraduate (level 6) course. The minimum pass mark normally

set at level 6 is 40%, which corresponds to grade descriptors associated with a minimum level of knowledge skills and analysis at this academic level. The expected knowledge skills and competence at level 7 (a postgraduate course) are significantly more stringent and, in addition, are normally set at 50% level. The system of levels of qualifications (from levels 1-8, from NVQ level 1 to doctorate) and minimum pass mark for each provides the standard well-established system for benchmarking levels of reasoning and thinking skills required for different types of task and roles. As such the chosen level of assessment reflects the standard practical method of establishing and assessing that students have met minimum standards for competency to practice.

- 6.6 Moving from assessment of competence at end of training to selection of appropriate candidates for PWP training, a key question for selection is whether candidates are likely to be able to achieve the required learning outcomes in a reasonable length of training time. The standard way to decide whether someone has the learning potential to achieve learning outcomes and pass a course at a specific level of qualification (level 6 for PWPs on an undergraduate route) is that they have obtained qualifications at a high enough pass mark at a previous level. This is fine for people who have relevant qualifications. For PWPs the relevant qualifications are either an undergraduate degree (level 6), which indicates they likely have ability to pass a PWP course at postgraduate level (level 7); or evidence of successful study at level 5, which confirms they likely have ability to pass a PWP course at undergraduate level (level 6). For candidates who do not have a relevant qualification, training courses have to use other methods to evaluate learning potential in order not to select candidates who are at high risk of failing to achieve the PWP national curriculum learning outcomes and failing to demonstrate adequate competence by the end of their training. General approaches used both by PWP and other courses are:
- Using selection tests or other tasks at admission to assess learning potential. Some medical schools routinely use such tests in selection. A PWP course example is setting a written essay that candidates complete in their own time over a few weeks (see box).
 - Evaluating whether candidates prior experience and achievements are equivalent to the usual pre-requisite qualification for the programme of study. Thus a candidate who routinely wrote complex reports as part of their work might be considered in these reports to demonstrate analytic skills equivalent to those achieved on a level 6 degree course. Accreditation of prior experiential learning (APEL) is a formal process of this kind, although usually used to demonstrate that students can be excused from elements of a course rather than to demonstrate equivalence by experience of entry qualifications to a course.
 - Assessing whether candidates can use their prior experience and learning in new contexts (see box), a process referred to as encapsulation of prior learning. Candidates are required to undertake a learning module and to demonstrate through new learning that they are able to acquire knowledge, understanding and analysis commensurate with study at level 5. This is a more rigorous approach than the two above, but would allow access for those who might be unable to demonstrate this by the other approaches.

An essay task to select non-graduates

To broaden access and offer equal opportunities to those with non-traditional backgrounds who cannot be considered through the APEL route, which continues to have a focus on academic achievement, the University of Southampton offers an alternative route. This route is predominantly taken up by those already employed in Trusts at present, but this would not be considered the only option.

Potential candidates, either identified prior to applying for a position, or after applying and having been identified as not having evidence of study at L5, are asked to write a 2000 word essay on a topic set by the programme lead, currently about the advantages of behavioural approaches over cognitive ones. The potential applicant is sent the essay title, but are also sent the marking grid which will be used to assess the level so they understand what is being looked for by the marker. They are given up to 4 weeks to complete this and are remind that this needs to be their own work as ultimately if someone else completes this for them then they could well struggle on the programme.

The essay is then marked by one of the course team, against the criteria. If the candidate does not meet the required standard, but is assessed to be not too far from the required level then the candidate is provided with structured feedback (as a student who failed an academic component on a programme would be) and offered a 2nd attempt, again to be completed in 4 weeks. Successful completion of this, or at the 1st attempt then satisfies the course director that this candidate should be able to manage the required level. Of those who have gained entry to the programme this way all have completed the programme, but have generally required additional support.

An e-learning module to assess learning potential

The UEA course has created an e-learning module to enable access to PWP training a wider pool of non-graduates without recent study experience or usual qualification level. Services are able to shortlist non-graduates that may ordinarily not meet university entry criteria. If they are suitable at interview, they receive an offer dependent on their completion of the access module (12 hours) prior to the induction week.

The e-learning module teaches the non-graduates about IAPT, teaches study skills and tests their knowledge in an interactive format to enable the course to meet the university entry criteria in a creative way. The e-learning module includes lots of videos and blended learning tasks so academic study skills are embedded within IAPT relevant learning and seem relevant to the person. Students are

provided with an academic mentor for support as they complete the module.

6.7 Learning potential clearly interacts with length of training. So with a longer training and more support, some people might be able to achieve learning outcomes and meet minimum competency, who would be unable to do this in a shorter length of time. But this clearly increases the costs of training. At some extension of length, a training is probably better delivered as two linked courses, for example as an initial level 5 foundation degree followed by a level 6 PWP undergraduate training route and related examples of access schemes described in the previous section. For example associate practitioners trained to level 5 in generic mental health practice may wish to use this foundation to access a PWP qualification at level 6 and to move on beyond this to complete a formal honours degree (see box above).

7. Recommendations for widening participation

7.1 Our recommendations for widening participation draw heavily on the stakeholder survey suggestions and are structured under the same headings:

- Promoting and marketing the PWP role and training
- Developing access/mentoring/support routes
- Reviewing recruitment and selection criteria and processes
- Support for diverse trainees on courses
- Alternative types of training courses

Promoting and marketing the PWP role and training

7.2 There should be a national strategy to promote the PWP role to the general public to increase awareness of the PWP job role and of PWP training. This should be linked with promotion of IAPT as a whole. Online videos of work in IAPT services with service user testimony and talking heads of staff, including diverse PWPs, should be part of this strategy.

7.3 IAPT services providers and HEI PWP course providers should collaborate on local targeted marketing approaches to attract a wider range of applicants to PWP training. They should be supported in this by STPs, which will increasingly have a key role in local workforce planning, and collaborative initiatives are likely to work best at the STP area level. Suggestions and examples of targeted marketing initiatives can be found in section X of this report.

Developing access/mentoring/support routes

7.4 IAPT service providers and HEIs should develop access and support routes to help people from non traditional background be better prepared for PWP training and better equipped to make successful applications for training. They should consider both formal schemes such as access courses, NVQ training, foundation degrees and assistant practitioner schemes and more informal approaches such as mentoring, shadowing, secondments / placements / work and volunteer experience in IAPT services. Formal schemes should be supported by STPs.

Recruitment and selection criteria and processes

- 7.5 IAPT services providers and PWP course providers should jointly review and agree recruitment and selection criteria and processes to ensure these do not indirectly deter or disadvantage applicants from non-traditional backgrounds. Review should cover (1) advertising/ recruitment processes (including advertising timetables) (2) the written (application form) and interview questions and tasks (e.g. role plays) used for shortlisting and interview decisions (3) both academic and relevant experience operational criteria used in shortlisting and selection following interview (i.e. numerical scoring systems).
- 7.6 Wherever possible, there should be joint selection interviews between PWP courses and IAPT services providers.
- 7.7 PWP courses and IAPT services providers should routinely monitor the application and selection rates of key diverse groups to check if they are less likely to be selected and, if so, consider whether modifications to recruitment and selection criteria and processes might be appropriate.

Support for diverse trainees on courses

- 7.8 PWP courses and IAPT services providers should consider what additional support might be needed for PWP trainees from non-traditional backgrounds during their PWP training and put in place support systems accordingly.

Alternative types of training courses

- 7.9 HEE, STPs, HEIs and IAPT service providers should jointly consider the provision of alternative/variant types of PWP training, such as undergraduate routes, part-time options and training over a longer period of time, which might suit the needs of some people from non-traditional backgrounds. This should include consideration of apprenticeship vocational training, as a model which could support a more flexible approach to training that might be better suited to training people with limited initial academic qualifications. All such variant training routes should train people to deliver the PWP national curriculum learning outcomes at a competent standard.

Making the PWP role more attractive as a career

- 7.10 IAPT service providers should consider ways to make the PWP role more attractive as a career, including continuing training and career development opportunities.

Appendix 1 – Project group membership

John Cape, Director of Psychological Therapies Programme, University College London (convenor of project group)

Simon Grist, Course Director, PWP training programme, University of Southampton

Kelly Hylton, Senior Operational Manager, Six Degrees Social Enterprise, Salford

Liz Kell, Senior Lecturer psychological interventions, University of Central Lancashire, and Chair of the North West Psychological Wellbeing Practitioner Professional Network

Stephen Scott, Programme Lead, PWP IAPT Provision, University of Essex

Heather Stonebank, Lead PWP, Sheffield IAPT, and Lead PWP Clinical Advisor, Yorkshire and the Humber Clinical Networks

Andrew Wright, Service Manager, North Yorkshire IAPT Service, and IAPT Clinical Advisor, Yorkshire & Humber Clinical Network

Appendix 2 – PWP widening participation survey results

Introduction

Two surveys were undertaken:

1. A survey of PWP course leads and IAPT service leads
2. A survey of PWPs from diverse backgrounds

The surveys were conducted on survey monkey. Links to the surveys were emailed to:

1. PWP course leads asking them to complete the first survey themselves and to circulate the second to their PWP trainees and ex-trainees (either to all or just those from a different background to the usual youngish relatively recent graduates).
2. Regional IAPT clinical leads asking them to circulate a covering email with the two survey links to all IAPT service leads in their Region. The email forwarded to service leads was similar to that to course leads, requesting they complete the first survey themselves and to circulate the second to PWPs in their services (either to all or just those from a different background to the usual youngish relatively recent graduates).

The surveys were emailed out in the first week of May 2017 and included a deadline date of 31 May 2017 to complete the survey. In the event, the survey was closed a few days after the deadline on 5 June 2017

Survey 1 - PWP courses and IAPT services

Response rate

There were 67 responses from courses and services. 12 were responses from PWP courses and 55 were responses from services (one of the service respondents assumed the survey was about widening access to services by service users and was discarded). There were a further 41 survey forms started, but with no relevant responses filled in (some of the people starting and not continuing a form came back later and completed a further survey form).

Structure of survey 1

There were two parts to the PWP course and IAPT service leads survey:

1. Information about widening participation initiatives (if any) which the service/course had been involved in, what has worked and obstacles/barriers
2. Course and service views as to target groups for widening participation, current obstacles/barriers to their participation and ideas/suggestions for increasing applications/involvement of these targets group in PWP training

Results of the two sections are reported in turn.

Course and service widening participation initiatives

9 initiatives were reported by 7 courses (two courses describing 2 separate initiatives).
Of the course initiatives:

- 5 related to non-graduate entry. 3 of these were about the availability of a non-graduate entry option, one was about using an essay assignment as a way of screening academic potential in non traditional applicants and one was about having an e-learning pre-course module as a way of getting non traditional applicants up to speed before starting the course
- 3 related to marketing/advertising initiatives to non-traditional routes via (1) local cafes, mothers groups, local papers (2) a national advertising campaign and open events (3) through the IAPT provider's Trust intranet
- 1 related to providing placements in non-IAPT settings

16 initiatives were reported by 13 services (3 services reporting 2 initiatives). The initiatives were as follows:

- 5 related to advertising/recruiting from within the IAPT provider organisation; admin staff, band 3 nursing assistants, STR workers and assistant psychologists specifically mentioned
- 3 related to recruiting from either other NHS professions – OT, nursing, physiotherapists, health trainers (relevance for LTC initiative commented on by one) – and from emotional and wellbeing workers
- 2 mentioned expressions of interest in the PWP apprenticeship
- 1 involvement in a trainee assistant practitioner pathway as a feeder for PWP training
- 1 advertising locally outside NHS jobs
- 1 reviewing their advertising to attract a broader/wider group and keeping this in mind through the recruitment/selection process
- 2 mentioned the LTC initiative (relevance unclear)
- 1 mentioned NHS England funding from trainee PWP posts (? LTC backfill)

Target groups, obstacles and ideas/suggestions (courses)

10 courses responded to this part of the survey. For two of these courses, there were responses from 2 separate people; the responses of these are combined below.

Target groups mentioned in order of frequency were:

- Older age (8 courses): two courses said 30+, one 35+, two 40+, one older people, the rest not specified
- Ethnic diversity (6 courses)
- Male (5 courses)
- Non-graduates/lower academic qualifications (3 courses)
- More/longer/wider life experience (2 courses)
- Disability (2 courses)
- Other NHS workforce/other health and social care professionals/people with physical health training (e.g. nurses) (2 courses)
- Career changers (1 course)
- People who would like to work (and train) part-time (1 course)
- Other than middle class (1 course)
- Teachers (1 course)
- Bilingual (1 course)

Obstacles mentioned by courses were:

- Academic qualification requirements and/or preference for higher academic achievement/potential (4 courses)
- Services prefer the traditional applicants and this is reflected in their selection criteria and practices (3 courses)
- The high proportion in applicants of young academically able graduates leads inevitably to these being most represented in those selected (2 courses)
- Lack of awareness of the role in the general public/wider pool of potential applicants (3 courses)
- Pay grade of PWP and/or lack of career progression in PWP role puts off a wider pool of applicants (3 courses)
- Those less academically able and/or without the “usual” background do not write such good application forms and/or do less well at interview so don't get selected (2 courses)
- Preference for candidates with a psychology or health related degree leads to other degrees being ignored (1 course)
- As a result of the very large number of applicants selection processes inevitable end up to using a targeted approach that makes it harder for more “unusual” applicants to get selected (1 course)

Suggestions for increasing applications and widening participation included:

- Increasing public awareness of the role, including to service users (4 courses)
- Improved advertising and targeted advertising (3 courses)
- Recruiting from existing staff of Trust/organisation (2 courses)
- Changing JD/PS, shortlisting criteria, application process and interview selection process to make it more likely more diverse applicants will apply and be selected (including requiring joint service and university interviews) (4 courses)
- More available undergraduate training routes (2 courses)
- More opportunities for PWP career progression (2 courses)
- Apprenticeship PWP training (1 course)
- Work experience, NVQ training, assistant practitioner apprenticeship and related approaches to preparing people for PWP training (1 course)
- Part-time training (1 course)
- Integrating PWP training with nursing and other NHS trainings (1 course)

Target groups, obstacles and ideas/suggestions (services)

There were 51 responses from IAPT services to this part of the survey. More than one response from a service could be identified in a couple of cases, but most were from different services.

Target groups mentioned in order of frequency were:

- Older age (31 respondents): four said 30+, one 30-60, one 40+, one 50+, one 65+, five “older” people, the rest not specified
- Ethnic diversity (16 respondents)
- Male (14 respondents)

- More/longer/wider life experience (9 respondents)
- Other health and social care professionals (including nurses, SWs, OTs, counsellors)/people with physical health training (9 respondents)
- People with experience working in mental health roles / with mental health problems (9 respondents)
- Support workers, band 3/4 physical and mental health support workers, STR workers, housing support workers (8 respondents)
- People living locally and/or who are local active members of the community (e.g. community development workers) (6 respondents)
- LBGT (6 respondents)
- Non-graduates/lower academic qualifications (4 respondents)
- Career changers (4 respondents)
- Disability, including Aspergers/LD/LTHC (3 respondents)
- People working in charitable/3rd sector organisations (3 respondents)
- Bilingual / second language (3 respondents)
- People with lived mental health experience / service users (2 respondents)
- Alternative religious groups (1 respondent)
- Teachers (1 respondent)
- People with health education backgrounds (e.g. health trainers) (1 respondent)
- People with experience working with groups (1 respondent)

Obstacles mentioned by services were:

- Academic qualification/educational requirements and/or preference for higher academic achievement/potential (18 respondents). This both putting people off applying and leading people to be screened out.
- Recruitment criteria and processes appear geared at new graduates and against valuing experience (7 respondents). This seen as university led in some responses – “academic snobbery”, “universities have sway over candidate appropriateness”
- Lack of awareness of the PWP role and training in the wider potential pool of applicants (8 respondents)
- Pay grade of PWP and/or lack of career progression in PWP role puts off a wider pool of applicants (4 respondents)
- View by applicants that the role/type of work (mental health/talking treatments) are not for men, not for a person from my minority background + stigma of mental health work (5 respondents)
- Anxiety about being able to manage the requirements of a course especially if not been in education for a long time (3 respondents)
- Lack of targeted advertising that reaches a more diverse wider pool of applicants (3 respondents)
- Requirement to train full time (2 respondents)
- Requirement to have a psychology degree, health degree or core profession (2 respondents)
- Perception of PWP role as a low paid graduate stepping stone (2 respondents)
- Geography of courses – too far away (2 respondents)
- Poor interview skills of more diverse applicants (1 respondent)
- Limited capacity to work at fast pace required of IAPT PWPs (1 respondent)
- Short advertising/application window (1 respondent)

- Requirement to complete lengthy KSA (1 respondent)

Suggestions for increasing applications and widening participation included:

- Publicising/marketing the role/training (26 respondents). Specific ideas included promoting in job centres and via IAPT employment advisors; outreach to community groups to identify local people who might be suitable; LGBT & BME websites and publications; Trust websites; open days; national TV and radio advertising; social media; stalls at job fairs.
- Routes to prepare people for PWP training such as access courses, foundation courses, secondments/work experience in IAPT services, (7 respondents)
- Changing shortlisting criteria, especially weighting more for life experience (6 respondents)
- Longer and/or more flexible courses (including, but not only, apprenticeship routes) that could train people who would benefit from longer training (5 respondents)
- Better starting pay and clear opportunities for PWP career progression (4 respondents)
- Part-time training options (2 respondents)
- Develop vocational training routes to target non-graduates (2 respondents)
- More degree level training (1 respondent)

Survey 2 – Individual diverse PWP

Response rate

There were 160 responses from individual PWPs. Demographic breakdown of these is given below.

Gender:

- 27 were male
- 124 female
- 9 gender not specified or identifiable from first name or other information on the survey form

Age distribution:

- 60+ = 2
- 50-59 = 12
- 40-49 = 19
- 35-39 = 12
- 30-34 = 25
- 22-29 = 84
- Age not specified = 6
- Age 35+ = 45/154 (29%) of total with age specified: 10/25 (40%) of male, 35/124 (28%) of female respondents with age and gender specified

Ethnicity

- White 112
- Irish 2
- Polish 2
- Greek 1
- Turkish 1
- Mixed 9
- Asian (Indian, Pakistani, Bangladeshi, Bengali) 10
- Chinese 1
- Black (African, Ghanaian) 4
- Other non white not specified 2
- Not specified 16

Of the 27 male applicants, 10 were age 35+ (see above) and a further 5 were from an ethnic minority background. Only 11 (41%) were under age 35 and white/white British.

Just under half the respondents (n = 77) were female, white and under 35, so not from the expected diverse groups the survey was targeted towards. The introduction to this survey said “You will be aware that the majority of PWP trainees come from a relatively narrow demographic (young, relatively recent graduates, female and white).....We are interested in the experience of PWPs who came to PWP training from different backgrounds. If you would consider this to be your experience, we would be very grateful if you would complete this survey.” One younger white female respondent in the background section of the questionnaire mentioned having several LTCs, and a number of the 30-35 year old white females described working in non-traditional PWP

background roles before moving to the PWP role. Some of these white women under age 35 may have been from diverse or non-standard backgrounds of other kinds (e.g. working class backgrounds, LGBT). But most respondents described rather standard younger PWP applicant backgrounds and a couple even commented that they were 'typical' and 'not that diverse'.

The PWP courses the respondents reported currently being on or having trained on as a PWP were as follows:

- Birmingham – 22
- Christchurch Canterbury – 1
- De Montfort – 1
- Exeter – 17
- Liverpool John Moore – 3
- Manchester – 2
- Newcastle – 3
- Nottingham – 1
- Reading – 15
- Sheffield – 18
- Southampton – 18
- Surrey – 8
- Teeside – 5
- UCL 25
- UCLAN – 2
- Ulster – 1
- York – 6
- No university given - 11

Response to survey questions

The survey questions were:

- Please describe your background and experience before training as a PWP?
- How did you find out about the PWP role?
- Please describe your experience/journey from finding out about the role to getting into PWP training?
- Please describe any obstacles you had to overcome in your journey to PWP training?
- What helped in you in overcoming obstacles and getting to PWP training?
- Do you have any ideas and suggestions for attracting and helping people from different backgrounds into PWP training?
- Any other comments?

Responses to each question are given below

Background before training as a PWP

Results to this question are given in full only for those age 35 + as this is the “non-traditional” group for whom this is most relevant. A number described more than one significant role prior to training as a PWP, in which case both were included in the clustering:

- Support worker/MH worker (not from a recognised profession) - 17
- Business/engineer/media/accountancy/army/HR and other non-health/care – 12
- Counsellor – 8
- Social care/3rd sector manager/community development - 5
- Nurse – 4
- Police/prison/probation officer - 4
- Drugs worker – 3
- Teacher – 1

12 (10%) PWPs aged less than 35 described career backgrounds in another field prior to PWP training. Most of these PWPs were age 30-34. The career backgrounds described were:

- Industry/advertising/marketing – 3
- Counsellor/psychotherapist - 3
- Teacher - 2
- Mental health nurse – 2
- Occupational therapist – 1
- Social worker - 1

How found out about the PWP role

Results to this question are aggregated separately for those age 35 + and for those from a BME background, as the most relevant diverse groups for this question. As noted above, these two groups included a majority (58%) of the male respondents to the survey.

PWPs age 35+:

- NHS Jobs – 11
- Other external advert – 3
- Through Trust/organisation where working (which employs PWPs) – 6
- Working or volunteering in a MH/counselling/probation/3rd sector organisation (without an IAPT service) and hearing about PWP role – 8
- University/training course informed about IAPT/PWP role – 3
- Website (BPS, BACP, MIND) – 3
- Internet (researching MH/CBT/roles on line) – 4
- Friend/word of mouth - 3

PWPs with BME backgrounds:

- Friends/colleagues (fellow university students)/family – 11
- Lecturer on course - 3
- Suggested by someone where I was working as an assistant psychologist/MH worker – 4
- NHS jobs – 4

- Other advert/site/google search – 4

For comparison purposes, responses of white female and male PWP's age less than 35 were as follows:

- Friends/colleagues/word of mouth/family – 21
- University/lecturer on course – 19
- NHS Jobs – 12
- Other external advert (newspaper & web) – 5
- Through Trust/organisation where working – 15
- Working or volunteering in MH or related organisation – 8
- Website (MIND, NHS Careers, D Clin Psych online, Assistant Psychologist Facebook Network) - 4
- Internet other (e.g. searching on line) – 12

Journey to PWP training

Results to this questions are aggregated separately for those age 35 + and those from a BME background. In addition, one response of a male PWP that specifically mentioned gender as an issue is noted.

PWP's age 35+:

- The most common response was to describe the journey as relatively straightforward (16 respondents). Examples are:
 - I was successful almost with no problems, I obtained an interview straight away.
 - I applied not thinking I would be successful as didn't have a degree, however, I was invited for interview on the basis of writing an essay to demonstrate my ability to manage a university course, and was successful at interview
- However, some respondents described the process as much more difficult and stressful (7 respondents). Examples are:
 - It took 4 years as never enough experience - frustrating
 - One word - stressful. I applied numerous times and was successful in applications until I got to an interview stage, where I often did not impress enough. I was finally successful in an interview but failed the University exam as I misconstrued the exam question being asked to me.
 - I found it very competitive, I was up against many younger people who had just come out of education having studied Psychology and on my first interview was not offered a place. However, the lead was very keen for my to reapply on the next cohort as they stated that there is a need for older PWP's within service and offered very good advice and support in aiding my next application.
 - When I found the role I was very excited but was so scared about the exams... when I had a knock back the first time round this reinforced my belief that I could not do it and I went on a journey of my own.. I then pulled myself together and made a plan and re applied I put all my strength and energy into it and passed everything and at each stage I started to believe in myself and got more confident. I wish I had find it years ago..
- A number of respondents commented on making arrangements to get relevant experience first as support workers and similar (7 respondents)
 - Just needed to get relevant experience in Mental health.

- One applicant focused on practical arrangements:
 - Thought about, could I commit to it, I have a 3 year old son, sorted out childcare arrangements, domestic arrangements
- A few applicants commented on a pathway leading from another related possible career (3 respondents):
 - As there was little paid counselling work I decided to retrain as a PWP to increase my work options
- There were a few comments that related not to the route into training, but to negative experiences in PWP training itself as an older/untypical applicant (3 respondents):
 - I found the interview process with the service provider really good and supportive and the team in the service was also very welcoming and helpful. The University staff were less helpful and I felt amongst others who had come from varied employments backgrounds that we were viewed as less capable than graduates and were discriminated against and judged negatively, I did on more than one occasion think about leaving.
 - I was given 'a chance' to attend PWP training and expected it to be really challenging given I had no degree and was told that I would 'struggle'. I did not struggle, my main issue was learning how to write essays again. I felt somewhat challenged by the students I were working alongside given they were all 20, white, recent graduates with little of no life experience. I found the conversations in training difficult as there was no other representation of the general public and so I felt judged and isolated.

PWPs with BME backgrounds also mostly reported the journey as relatively straightforward (14 respondents) although a few also commented about being quite anxious about applying or the interview process:

- It wasn't too difficult if I'm honest , I think I got lucky! I applied and got an interview for all the roles I'd applied with and got offered 2 out of the 3
- I heard about it, thought it was a great opportunity. Failed my first interview but performed well in my second.
- Finding out about the role and considering this position made me feel very nervous. I was unsure whether I would be offered a place as I did not have a psychological background, which I felt was a disadvantage for me. I was very happy to know that I was offered place soon after the interview as I thought it did not go too well.
- The interview was quite anxiety-provoking as I was still unsure of exactly what the role entailed but the panel helped to put me at ease and guide me through the interview with clear questions

One respondent reported getting a dedicated BME PWP post, but not being offered a standard PWP post:

- One of the jobs I applied for was a BME community development PWP post. I have personal and professional experience of working in BME communities and I am aware of the difficulties that diverse groups face when accessing mental health services (which I would like to help change). I was offered this post and went on to accept it. During my job search, I was also given an interview for the standard PWP role; however, I was not successful in obtaining that post.

7 respondents described arranging initial support worker, volunteer work or similar in preparation. 2 of these respondents obtained assistant PWP posts in the first instance

Only 2 respondents described less positive experiences and one of these was feeling ill informed about the process:

- The university process was not discussed in detail, i.e requirements application, group discussion and interview

There was one comment from a male respondent about his journey to PWP training that specifically noted gender as an issue. This was:

- Tough, long and with lots of rejection due to not having enough experience. I found that often being male and with vast Army leadership and experiences and cultural understanding and being older and having experience other than being a graduate was a hindrance on getting job. having dyslexia was a huge barrier that should have not have existed but unfortunately did.

Obstacles to PWP training

Results are aggregated separately for those age 35 + and those from a BME background. In addition, one response of a male PWP that specifically mentioned gender as an issue is noted.

PWPs age 35+:

- 8 respondents responded “none” to this question.
- 7 respondents described practical issues regarding finances, geography, childcare and the difficult decision to make a career change:
 - The decision to change career completely. Accepting that it would mean some loss of income and a change in lifestyle. Adjusting to that change.
 - I was fortunate that I could afford to spend the time and money to get the training and experience and was not put under pressure by my family to maintain my earning ability as an Accountant which was clearly double my earnings in this role.
 - Childcare arrangements, mental blocks i.e. do I want to do more training after 4 years of training to be a therapist already
 - Having worked for a number of years, I have had to adjust my finances in order to accommodate the annual loss in salary - even with London waiting it's a significant reduction in income from what I have been used to.
- 6 respondents focused on initial difficulties obtaining a PWP post such as needing to apply more than once, secure volunteer or other related work initially. One respondent considered that life experience had not been taken sufficient account of in appointing PWPs:
 - lack of credit given to other experiences and life roles. disability barriers. overly focus of gradates, and the qualities they bring and not of other careers and the perspectives they bring on mental health.
- 3 respondents commented on the selection interview as being the biggest obstacle:
 - Attending the university selection day. Completing the written test
 - Interviews
- 9 respondents answered this question in relation to obstacles/issues experienced as a more mature student having arrived on the course, commenting on difficulties they found:

- On first arriving at university it became apparent very quickly I was 'old', having completed a foundation degree in health and social care the previous year with peers my own age, this was a shock to the system.
- The course work was very difficult due to not having sat an exam for over 20 years
- The attitudes of the university teaching staff were the biggest obstacle to overcome during the training.
- I have sometimes felt that the training is very much aimed at those who have just left University and have no other life commitments such as family, pets....
- age, limited to community experience and course sold as stepping stone by peers
- Out of formal education for 10 years + and unfamiliar with some of academic writing models
- It also took some time to adjust to working with a workforce where my peers are younger and have less general experience in the workplace
- 7 other respondents commented on other obstacles/issues experiences while training, rather than in relation to their journey to training. These included aspects of the teaching and coursework and life events that created obstacles to training:
 - Isolation Making myself 'fit' the models Frustration and anger
 - Wanting something so much that I put too much pressure on myself

PWPs with BME backgrounds:

- 4 respondents answered “none” and another 3 did not answer this question
- 7 respondents described practical issues regarding finances, geography, and the decision to go back into education:
 - It isn't in my country so I moved to England.
 - English as the second language had an impact on my confidence prior to applying. I was not sure, whether my background would not be an obstacle into getting the post.
 - I went down the self-funded route so ensuring that I was financially well enough off before commencing the training was something that I had to greatly consider.
 - Relocating to London to complete the training was financially taxing. I also had borrow money from family at the time to aide my relocation.
 - The obstacle that I thought would be difficult is becoming a student again and balancing work and academic life
- 7 respondents described difficulties obtaining a PWP post such as being rejected and needing to reapply several times and requirements to obtain suitable work experience first:
 - Struggling to get clinical experience due to not being a 'good team fit'
 - Being an older person with limited mental health experience put me at a disadvantage in certain areas (age 33 F Asian background respondent)
 - There were no actual obstacles other than most IAPT services were and still are looking for unrealistic amount of work experience before you can apply for the training.
 - Lack of confidence straight after finishing studies, so needed mental health work experience. Don't have a driving license which is usually an essential requirement.

- The most difficult step was getting the relevant experience and breaking through into the NHS. After graduating with BSc and with limited experience, it was nigh impossible to get any paid position within NHS, and I couldn't afford to consider voluntary/honorary positions as I wholly depended on my income (being from abroad, I didn't have any financial support in the UK). That was by far the biggest obstacle in my career path towards becoming a PWP
- 2 respondents commented on aspects of the application process:
 - Not anything unusual - getting enough information about the role in order to pass the interview
 - Ensuring I wrote my application in a way that met all the criteria.
- 9 respondents answered this question in relation to obstacles/issues experienced having arrived on the course, commenting on difficulties they found, although only 2 of these related this to being from a diverse background:
 - I some times feel I am discriminated against for being Asian or different.
 - This was my first time as university student in the UK.I found extremely difficult to write essays and to understand the British mental health and legal system so when I read about history, policies and laws it took me a long time to summarise and get the right information for my essays.
 - I have a small child and childcare was difficult. the emotional difficulties of such a demanding course while being a single mother also. tiredness, life demands etc!

There was one comment from a male respondent about obstacles he had to overcome that specifically noted gender as an issue. This was:

- Knowing that the role was not a core profession. The fact that no one knows what a PWP is. Even psychologists/GPs etc. Knowing that most PWPs don't last 2 years. Knowing that there is no accreditation process for PWPs. Working as a male in a predominantly female environment can be challenging. I consider this to be a wider societal issue and more should be done to try and combat this at a national level.

For comparison purposes, responses of white female PWPs age less than 35 were as follows:

- 10 respondents said there were no obstacles
- 16 mentioned practical issues like funding (4 respondents) and needing to relocate or commute long distances (8 respondents)
- 15 gave their lack of relevant experience and/or need to obtain relevant mental health type experience in order to be selected on to training as an obstacle
- 13 described aspects of the application and selection process as obstacles including getting information on / understanding the application process (2 respondents), very short application deadlines (3 respondents), short notice of interviews (2 respondents), stress of interviews, written essay requirements and/or group selection tasks (4 respondents)
- 15 answered this question in relation to obstacles/issues experienced having arrived on the course.

What helped in overcoming obstacles

Results are aggregated separately for those age 35 + and those from a BME background.

PWPs age 35+:

- 11 older PWPs gave personal characteristics as key to helping them deal with obstacles on their journey to PWP training. Most commonly mentioned were motivation, determination and tenacity (7 respondents); also confidence/ believing in oneself (3 respondents) and patience/acceptance of difficulties (2 respondents)
- 8 respondents mentioned contact, information and support from people who knew about IAPT services (including friends who were PWPs) and colleagues and managers in their pre-PWP training work experience role.
- 4 gave practical and/or emotional support as important.
- Commonly more than one of the reasons above was mentioned:
 - Being determined and supported and having a friend in the field who gave me the information because I doubt I would have come across IAPT as an option otherwise.
 - Confidence in my own ability and an understanding of the expectations (after speaking to people whom had completed the course)
 - Motivation. Being able to take a hit financially for a year. Support from husband
- 3 respondents gave “luck” in terms of getting a pre-training or trainee post.
- The older PWPs who had answered the obstacles question in terms of obstacles while on the PWP training course (rather than obstacles on journey to getting onto a PWP training course) gave support from other PWP trainees (6 respondents), support from their services (6 respondents) and from tutors on the course (3 respondents)
 - I have a very supportive manager who reminds me regularly when I mention being 'old' that I have a huge amount of experience to bring to the role.

PWPs with BME backgrounds gave similar responses to PWPs age 35+:

- 4 gave personal characteristics as key to helping them deal with obstacles on their journey to PWP training including determination/motivation (2 respondents) and confidence (2 respondents)
- 4 described help from others who knew a bit more about IAPT than they did:
 - Speaking with people who successfully applied
 - Speaking to others and finding out how applications are shortlisted.
- 4 gave sorting practical issues and practical and emotional support from family as key
- 4 respondents described getting mental health experience as the key step in overcoming this obstacle on the path to PWP training
- The PWPs who had answered the obstacles question in terms of obstacles while on the PWP training course (rather than obstacles on journey to getting onto a PWP training course) gave personal qualities / self-reliance (2 respondents), support from tutors (2 respondents), employers (1 respondent) and friends (1 respondent) as helpful. One response is worth quoting as it specifically relates to being from non-English speaking background:
 - It was difficult to ask for support from my tutors, I was embarrassed and was the only person whose first language wasn't English. I did not want to be perceived as if I couldn't meet the academic requirements of the course. I

knew I was capable of doing the job and I enjoyed my sessions with patients. I spoke to friends who proof read my essays and I bought a couple of books about how to write critical essays. I did speak to one tutor later on the course and he put me in contact with a department at the university for foreign students. They were able to give me two one off sessions for improving my essays.

For comparison purposes, responses of white female and male PWPs age less than 35 were as follows:

- 16 respondents gave personal qualities, especially “persistence”, as key to overcoming obstacles on their journey to PWP training
- 12 respondents described support and advice from their workplace, supervisor or tutors
- 9 respondents described support from family
- 6 respondents described support from peers, especially people who were ahead of them on the journey to PWP training
- 7 respondents gave obtaining one or more relevant experience opportunities as key
- PWPs who answered the question about obstacles in terms of obstacles during the training experience itself rather than obstacles getting into training, gave personal qualities (5 respondents), support from peers (5 respondents) and support from either the course of their workplace (5 respondents) as what helped them overcome the obstacles in training

Suggestions for attracting/helping people from different backgrounds

Results are aggregated separately for those age 35 + and those from a BME background. In addition, the suggestions of 4 male PWPs that specifically mentioned gender were noted.

PWPs age 35+:

- Almost half (20) older PWPs responding to this question suggested some form of advertising or promotion of the PWP role and training, either to make it more visible to the public generally or specifically targeting older people or other groups through targeted marketing (e.g. open days, community venues/sites) and making clear in materials and course websites that older, people who don't have academic qualifications and other diverse groups are encouraged and the support available to help complete the course.
- Better pay was suggested by 2 respondents as key for older applicants, while 1 respondent suggested better career progression opportunities
- Providing IAPT volunteering / shadowing a PWP and other bridging opportunities were suggested by 3 respondents
- 14 respondents focused on shifting the emphasis in all aspects of recruitment (advertising and selection criteria) to greater emphasis on life experience and less on academic ability. 3 of these respondents saw this as primarily a case of changing attitudes of university staff. Another 3 respondents linked this with need to promote the PWP role as a valued career in its own right
 - I believe life experience is essential and giving people a chance to prove they can do it. I really feel the role is so under valued and in my opinion we work the hardest in iapt services. I get upset when I see the time used as a

stepping stone and thus frustrates me as I feel it is such a valuable role but so under rated in comparison to the higher intensity role.

- My "diversity" is my age and i feel that this role is perceived as a younger persons role within most situations. I feel that the university (both in general and in this specific role) should be selling itself more to "older" people. For instance i received no offer of mentor-ship from a mature student or i was offered no "special" mature student open days. I feel that this would help both the university and the PWP course in attracting people with vast life skills who would be fantastic in the job and who would excel within university.
- 2 respondents suggested a need to address specific aspects of the application process (written application form and interview) which favour people with a degree and with knowledge of IAPT and bias against those from a more diverse background:
 - The written application process requires specific evidence and a style of writing. Unless you understand how to write this, you won't get an interview. Would help open up the process if this was demystified.
 - My understanding is that there are plenty of people from different backgrounds, age groups and genders who would like to train as PWP, however, at interview they possibly do not perform so well as others and therefore do not score so well on the interview questions. So, possibly this should be addressed!
- 2 respondents suggested a more radical change to PWP training, considering it does not require any academic qualification and would be more suited as a vocational training or in-work apprenticeship
- 1 respondent suggested part-time training would be helpful
- The need for support on PWP courses for more diverse trainees was mentioned by 2 respondents
 - Work with academic staff about their attitudes in accepting, encouraging and supporting applicants with years of experience in the community who may not hold a degree.
 - The academic side is very challenging if you have been out of academia for many years. It would be helpful to have more guidance and help with academic submissions.
- A more diverse teaching staff was suggested by two respondents
- The university staff and those that interviewed me were ethnically diverse but seemed very middle class - more inclusivity might help.
- Finally the difficult target driven nature of the PWP role were mentioned by two respondents:
 - Be honest BEFORE offering post that it is a very hard, rather relentless workload daily!!! It grinds people down the sheer volume of people that need to be seen.

PWPs with BME backgrounds:

- The greatest number of suggestions by far were around increasing awareness and promoting the PWP role and training both generally and specifically to people of BME background (16 respondents):
 - Awareness. A lot of psychological roles tend to be dominated by White females. I think in order to change this and have the workforce more diversified, you need to target people at an earlier age.

- I think a poster or quotes from PWPs from different backgrounds being advertised with the training would be helpful. It would attract attention and make people feel more confident in applying.
- Raising awareness of PWP role and training among people from different backgrounds, by collaborating closely with community organisations. Promoting and advertising job through community leaders. Acknowledging that diverse background can be an advantage, rather than disadvantage.
- Encouraging people from different backgrounds to use their own culture and experience to help others could be a good incentive for people to undertake the training.
- Do talks at universities - hold an event for BMEs to inform them about the role and encourage them to apply
- Set up a pwp widening participation working group to encourage discussion on ways to promote the course- members of the group can play a key role in promoting the course in their own communities More work needs to be done in BME communities where there continues to be a huge stigma around participating in mental health careers.
- I believe that PWP training is very accessible as it is - fully funded, bi-annual intake, large cohorts, good progression opportunities. I believe it's sufficient to attract a lot of people from different backgrounds. However, I have noticed that significant competition for the course, and the fact that the majority of PWPs come from a very narrow background might prevent some people from minority background from applying to the course (I have certainly heard people doubting their chances to get into the PWP training, as they fear they don't "fit" the PWP image - e.g. white, middle class, female). I believe highlighting the need for people from minority background, and diversifying the teams would reassure such people and potentially increase the number of applications.

Other suggestions were

- Providing placements to give people an idea of the role and the relevant experience to apply (1 respondent)
- Widening the selection criteria to allow for a broader range of background experience (2 respondents) and for people not to have a degree (1 respondent):
 - Making the entry requirements realistic as not many people are going to be privileged to have experience in IAPT or with CBT
- Having a more diverse interview/selection panel (1 respondent)

These were suggestions from 4 male respondents that specifically referenced gender:

- Advertise to areas where men work in mental health such as hospitals or send out emails for this and realistically explain what is expected from the role
- In order to have a good shot at being accepted on to a training course and get a trainee job you need to be a graduate. It's very hard to get a suitable academic reference if you're not..... My study experience suggests most psychology graduates are white and female. My money's on the academic requirement deterring people from other backgrounds required. If you want to attract more diverse backgrounds place less emphasis on the academic component, offer suitable career progression, make the PWP role a core profession (like every other role in mental health), and put pressure on commissioners and services to make the IAPT workload more sensible.

- Unfortunately, the role of a PWP is often seen as a stepping stone for something else, namely clinical psychology or high intensity training to a lesser extent. Psychology attracts more female graduates than males so it would be natural that you would receive more applicants from this demographic. I am unsure of the ethnicity split in psychology graduates. Sadly, PWPs don't seem to be treated very well in organisations, often seen as cheap labour whose workloads and work practices are often switched up to accommodate unsustainable service needs. The unsustainable nature of the role itself makes it difficult for it to be seen as anything more than a stepping stone. The role itself needs to be more career driven, limited senior roles aren't enough to attract people in. I would suggest that minority gender/ethnicity PWPs should help in recruitment and bring awareness to the role, i.e. these PWPs to visit university and college days to speak to undergraduates/college students about the role and act as role models within their specific demographic.
- Awareness. A lot of psychological roles tend to be dominated by White females. I think in order to change this and have the workforce more diversified, you need to target people at an earlier age.

For comparison purposes, responses of white female PWPs age less than 35 were as follows:

- Just over half (n= 38) responding to this question suggested some form of advertising or promotion of the PWP role and training either in general or to specific target groups. Unlike older PWPs, they commonly suggested promoting the role within universities
- 12 made suggestions around the application and selection process. One suggestion from 2 respondents, which had not been made by the more diverse PWPs, was for a centralised application scheme to all PWP courses to assist diverse PWPs in identifying local training opportunities. Other suggestions were valuing /weighting selection criteria for a wider range of experience (4 respondents) or for people from local communities (1 respondent) and, more radically, replacing "relevant experience" as a criterion for selection with OSCE competency tasks at interview (1 respondent)
- 3 made suggestions about helping people obtain experience to apply through volunteer, work experience and assistant practitioner opportunities
- 4 advocated different or more flexible training routes including non-graduate and part-time training options.
- 13 focused on pay, the PWP role itself and career progression as key to attracting people. 11 of these respondents made comments on the importance of career progression opportunities.

Other comments

Results are aggregated separately for those age 35 + and those from a BME background. In addition, the other comments of 4 male PWPs that specifically mentioned gender are noted.

Age 35+:

- 3 respondents added specific comments related to being an older PWP:

- As an older male I find myself in a small minority in IAPT on account of my 1 age 2 gender I've never felt discriminated against on account of either of these factors, but it may be off putting for some?
- I have seen there is a high turnover of PWP's, I think if it was aimed towards more mature experienced candidates like myself there would be less of a turnover, personally I'm here to stay.
- As a student in my 40s I feel more comfortable in the role especially when seeing patients because I am that much older. I also have life experience which helps too.
- 1 respondent suggested having a buddy during training might be helpful:
 - It was very helpful to have a 'buddy' in service who knew the ropes and would help out with questions. It may help to have a similar buddy system at university - especially for those with a more diverse background.
- 1 participant commented that part-time PWP work would be helpful
- 5 comments were about retention in the PWP role: 2 of these were about pay, 2 suggested PWP professional accreditation would help and 1 focused on career development opportunities:
 - I would like to see the role more valued and better pay better training to develop and also accreditation and a far more support. I like to lead from others and share experiences. I get cross when graduates enrol and the undergraduates get discriminated against professional snobbery I call it.
- 5 additional comments were about expectations and workload in the role, affecting both retention but also implications for recruitment of diverse groups into the role:
 - It's the nature of the workload which leads to so many people leaving so quickly post qualification. It is not a human ask. Also the role is too relentless and repetitive, especially in protocol target driven IAPT services.
 - People should be made aware that as a PWP they will have to see as many patients as they can see within the shortest period of time that they can allow
 - You need to examine workload and admin in order to retain workers nationally. stats comes before workforce wellbeing and patient care.
 - The IAPT model on paper talks about mild to moderate problems seen at step 2. However, in reality this does not happen at all!!! We see much more complex, difficult people with trans-generational issues deeply ingrained in them and their families' lives. Therefore much harder to shift. Seeing these types of presentations typically in the volume PWP's see each day/week/month with such a massive focus on targets targets targets is truly hard. People are really burned out and, in my opinion, that's why people leave so frequently. My particular service has nice management who are caring and respond to individuals but I have worked in other IAPT services as a PWP were it was horrendous and people (PWP's) were in tears through stress. This should be looked at as word of mouth spreads and the PWP role isn't always seen as manageable
 - The training is awful. The dept head tour the class off a strip early on over registration issues, and it was not the fault of the people she named and shamed it was a university admin issue. This is from someone who is an experienced PWP and course leader. The university keeps moving the boundaries for things e.g assessments so everyone gets unnecessarily stressed when this is not needed. The format is wrong as it is clear that a PWP is not respected. This is why so many unqualified are able to be in post

and continue to be in post, and those with no experience are expected to do the role prior, and during training with no support. The assessment is really just a call centre speech - therefore the speech and format should be given out, with the university marking criteria on day 1. Then it could be adapted by students for individuality and different services. It is possible to stick to the formula with real people. It is also clear that in practice there are two main issues - firstly the way things are done meet a financial incentive and secondly by being so obviously financially driven it is not person centred as it is not adaptive. This can be demonstrated by the amount of people who return to service for 'another go'. Long term it cannot work as it does not address the causes of distress, therefore to refer to CBT as a treatment is misleading and unfair and false advertising - it is only an intervention in this format. The green footprint of IAPT must be taken into consideration. The pressure of work on PWP to work i.e. fit in assess, treat and write up notes on at least two databases is asking for trouble. There is a lack of reality that most people by definition of nearly all research available will attend with a minimum of three problems, therefore this system sets people up to fail, as in reality all will need Step 3 but are being forced into Step 2. The way the universities deliver the course would not encourage people from diverse backgrounds, would not encourage people who have little formal qualifications but are experienced at working with people in need, and the lack of preparation for exams etc is beyond belief. I hope the system changes soon.

PWPs with BME backgrounds:

- 3 respondents added specific comments related to being from a BME background:
 - The course needs to integrate diversity considerations throughout not just a couple of lectures at the end. I felt that some of the race and culture lectures were pinned onto the end, and not really the foci through out. More support needs to be made available for people who relocate for the course, especially those who come from lower class backgrounds. ie relocation bursary.
 - I do think that more men are needed in the pwp role especially where I work there are only 2 out of 13 trainees who are male. I feel it can make a difference to have a male therapist, sometimes I feel it can help me to relate them better. So I believe this initiative is very good. I also feel the same about someone that is from a different culture and with different beliefs for the patient demographic. As having a different belief, I might find it a bit hard to share this with some therapists who might not understand it.
 - Some times feel I am discriminated against for being Asian or different.
- 3 additional comments were about expectations and workload in the role, affecting both retention but also implications for recruitment of diverse groups into the role. One of these comments was from an older PWP from BME background and is included in the older PWPs other comments above:
 - Not as highly paid when managing risk and I think being PWP is not something you can do long term due high case load
 - Please see above and please try to have a look at why there's a huge turnover in IAPT and how to keep the current staff , generally in any psychology related job attracts young females.

There were other comments from 4 male respondents that specifically referenced gender:

- I do think that more men are needed in the pwp role especially where I work there are only 2 out of 13 trainees who are male. I feel it can make a difference to have a male therapist, sometimes I feel it can help me to relate them better. So I believe this initiative is very good.
- You didn't ask my sexuality, or life stage, I'm a gay man, divorced and two kids and work part time
- As an older male I find myself in a small minority in IAPT on account of my 1 age 2 gender. I've never felt discriminated against on account of either of these factors, but it may be off putting for some?
- The only way to make sure that PWP's are representative of the population is to make sure that the PWP role is an attractive one. As it stands it is not. More focus should be put onto staff retention rather than trying to recruit from a wider demographic pool.

One final comment from a male PWP is worth noting:

- To promote the role and the position, IAPT needs to be honest and provide meaningful research regarding its efficacy/effectiveness rather than allow services to cook the books, ignore NICE guidelines, etc. in order to meet targets. If the job is too high pressured, lacks reward, and is ethically dubious then it will be difficult to keep any staff.

Additional comments from the younger (age 35 or less) white female respondents covered similar themes on the whole, with some specific comments that are worth quoting:

- I would say, don't assume I would not be considered diverse as I am white. I have dyslexia (not always easy to manage within the PWP role!). I was and still am the first in my family to go to university, I am from a low income background and did not go to a good school.
- I do feel that IAPT workers are typically represented by young middle class females and this is at detriment to the service. Education and opportunity to do unpaid work are not the only indicators of how successful a PWP will be able to work with individuals experiencing mental health difficulties and can result in high staff turn over due to staff wishing to move forward with their careers, which in turn devalues the role of the PWP and leads to a staff group which lacks expertise.
- The PWP role is a fantastic starting point in an IAPT service. For those individuals who want to progress to HI training, there should be more support and opportunity to do this earlier than 2 years. Especially if you are looking for those people who have come from other professions, who may be older. The pay is not sustainable and these people are going to be -understandably - keen to find a role they can settle in and build their skills.

Appendix 3 – PWP National Curriculum Learning outcomes

These are the PWP training learning outcomes extracted from the National Curriculum for the Education of Psychological Wellbeing Practitioners, 3rd edition (January 2015)

Engagement and assessment of people with common mental health problems:

- 1) Demonstrate knowledge, understanding and critical awareness of concepts of mental health and mental illness, diagnostic category systems in mental health and a range of social, medical and psychological explanatory models.
- 2) Demonstrate knowledge of, and competence in applying the principles, purposes and different types of assessment undertaken with people with common mental health disorders
- 3) Demonstrate knowledge of, and competence in using 'common factors' to engage patients, gather information, build a therapeutic alliance with people with common mental health problems, manage the emotional content of sessions and grasp the client's perspective or "world view".
- 4) Demonstrate knowledge of, and competence in 'patient-centred' information gathering to arrive at a succinct and collaborative definition of the person's main mental health difficulties and the impact this has on their daily living.
- 5) Demonstrate knowledge of, and competence in recognising patterns of symptoms consistent with diagnostic categories of mental disorder from a patient-centred interview.
- 6) Demonstrate knowledge of, and competence in accurate risk assessment to patient or others
- 7) Demonstrate knowledge of, and competence in the use of standardised assessment tools including symptom and other psychometric instruments to aid problem recognition and definition and subsequent decision making.
- 8) Demonstrate knowledge, understanding and competence in using behaviour change models in identifying intervention goals and choice of appropriate interventions
- 9) Demonstrate knowledge of, and competence in giving evidence-based information about treatment choices and in making shared decisions with patients.
- 10) Demonstrate competence in understanding the patients attitude to a range of mental health treatments including prescribed medication and evidence-based psychological treatments.
- 11) Demonstrate competence in accurate recording of interviews and questionnaire assessments using paper and electronic record keeping systems.

Evidence-based low-intensity treatment for common mental health disorders:

- 1) Critically evaluate a range of evidence-based interventions and strategies to assist patients manage their emotional distress and disturbance.
- 2) Demonstrate knowledge of, and competence in developing and maintaining a therapeutic alliance with patients during their treatment programme, including dealing with issues and events that threaten the alliance.
- 3) Demonstrate competence in planning a collaborative low-intensity psychological or pharmacological treatment programme for common mental health problems, including managing the ending of contact.
- 4) Demonstrate in-depth understanding of, and competence in the use of, a range

of low-intensity, evidence-based psychological interventions for common mental health problems.

- 5) Demonstrate knowledge and understanding of, and competence in using behaviour change models and strategies in the delivery of low-intensity interventions
- 6) Critically evaluate the role of case management and stepped care approaches to managing common mental health problems in primary care including ongoing risk management appropriate to service protocols.
- 7) Demonstrate knowledge of, and competence in supporting people with medication for common mental disorders to help them optimise their use of pharmacological treatment and minimise any adverse effects.
- 8) Demonstrate competency in delivering low-intensity interventions using a range of methods including face-to-face, telephone and electronic communication.

Values, Diversity and Context:

- 1) Demonstrate knowledge of, and commitment to a non-discriminatory, recovery orientated values base to mental health care and to equal opportunities for all and encourage people's active participation in every aspect of care and treatment
- 2) Demonstrate respect for and the value of individual differences in age, sexuality, disability, gender, spirituality, race and culture.
- 3) Demonstrate knowledge of, and competence in responding to peoples' needs sensitively with regard to all aspects of diversity, including working with older people, the use of interpretation services and taking into account any physical and sensory difficulties service users may experience in accessing services.
- 4) Demonstrate awareness & understanding of the power issues in professional / service user relationships.
- 5) Demonstrate competence in managing a caseload of people with common mental health problems efficiently and safely.
- 6) Demonstrate knowledge of, and competence in using supervision to assist the worker's delivery of low-intensity psychological and/or pharmacological treatment programmes for common mental health problems.
- 7) Demonstrate knowledge of, and competence in gathering patient-centred information on employment needs, wellbeing and social inclusion and in liaison and signposting to other agencies delivering employment, occupational and other advice and services.
- 8) Demonstrate an appreciation of the worker's own level of competence and boundaries of competence and role, and an understanding of how to work within a team and with other agencies with additional specific roles which cannot be fulfilled by the worker alone.
- 9) Demonstrate a clear understanding of what constitutes high-intensity psychological treatment and how this differs from low-intensity work.