Risk & Danger

Person-centred approaches: a new core skills training framework

Colin Wright, Framework Development Manager at Skills for Health, provides guidance and key points for best practice when implementing and using a new Core Skills training framework.

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I n the summer, Skills for Health released a brand-new Core Skills Education and Training Framework called Person-Centred Approaches. The framework aims to distil best practice and to set out core, transferable behaviours, knowledge and skills for the health and social care workforce and carers.

The new framework, commissioned by Health Education England, provides a description of behaviours, knowledge and skills needed to put a person-centred approach into practice, beginning with the underpinning of values and core communication skills.

The framework identifies that the different types of conversations crucial to a person-centred approach can be described in three steps:

- Conversations to engage with people
- Conversations to enable and support people
- Conversations with people to collaboratively manage highest complexity and significant risk.

Appropriate steps to take will depend upon the type of conversation needed in a particular situation. This is not necessarily dependent on someone's job role or level of seniority.

Implementation: Delivery of training, education and learning opportunities

The framework aims to guide the content of education and training, whilst still allowing it to be tailored to local needs.

However, achieving person-centred approaches involves more than just education; it requires a significant behaviour change for workforces. Achieving successful implementation across whole organisations requires clear and strong leadership, together with systems and processes that support this way of working.

Behaviour change

To achieve and sustain positive impact for workforces who are adapting and/or adopting new ways of working, recent research (Nesta 2016) suggests that taking a behavioural approach (including capability, opportunity and motivation) to supporting people is more successful than isolated

training. Development of capability must simultaneously be supported with the right processes, systems and opportunity, together with locally relevant incentives, which build those intrinsic and extrinsic motivations.

> ❝ THERE ARE FACTORS THAT CAN IMPACT THE ABILITY OF STAFF TO LEARN AND THEIR MOTIVATION AND CONFIDENCE TO IMPLEMENT NEW SKILLS AND BEHAVIOURS ❞

There are factors that can impact the ability of staff to learn and their motivation and confidence to implement new skills and behaviours. These include psychological, social, economic and cultural factors within their lives and working environment.

In practice, this means the person needs to:

- Know what to do
- Know how to do it
- Think it is a good thing
- Believe that they are capable
- Believe that it is their role
- Believe that people who are important to them think it is the right thing to do.

Co-producing training

The active involvement of people and carers with experience of using services and managing health conditions is central to effective training on person-centred approaches.

Sessions should be co-designed to model person-centred approaches and to meet learning outcomes. As well as articulating the experiences and perspectives of people using services, co-production demonstrates the wider positive strengths, contributions and impact that they can make.

Individuals may contribute by sharing their story (either in person, or through a medium such as video or podcast)

while others may wish to actively co-deliver theory and techniques as much as possible.

There are valid steps along the way to achieving co-production, such as engagement, involvement, participation and consultation.

When developing models for co-delivery, it is important that they include:

- Robust mechanisms for feedback
- HR process including development and support
- Remuneration
- Boundaries between dual roles of patient and educator, collaborator and service provider.

Reflective practice

To develop person-centred behaviours and approaches, it is important for individuals to take time to think about what they are doing, how they are doing things and the impact this has on other people. This draws on an individual's experiences, knowledge, values and feedback (and evidence where appropriate) to analyse and identify opportunities to change their thoughts and behaviours.

This could be achieved through:

- Keeping a diary
- Talking to peers
- Focusing on specific events
- Informal or formal mentoring
- Local role specific activities such as Schwartz rounds
- Listening and acting on feedback from people who have used services and their carers.

Continuous improvement

Continuous improvement is a principle that runs through everything we do. Embedding person-centered care will require improvements in how some services are designed, delivered and reviewed. The opportunities for improvement need to be identified, developed and evaluated in partnership with people who deliver and use those services. A continuous feedback loop is an essential component of this.

Training and development for person-centred approaches can be a component of quality improvement projects, and the principle of quality improvement should be included in training to enable staff to drive this agenda.

Value-based approaches to workforce recruitment and development

The foundation for a strong person-centred workforce begins with attracting, recruiting and developing individuals who embody the values as described at the start of the framework. It is important that the organisation commits to:

- Ongoing support to build the person-centred skills, behaviours and motivations of its workforce

- Continually seek feedback and involvement from people who use services for ongoing improvement
- Supporting staff with these approaches in the context of professional revalidation.

Organisations could achieve this through induction programmes, mandatory training, appraisals, local initiatives, campaigns, networks and opportunities for ongoing development.

Methods for delivering training

All members of the workforce need to be trained in the core relationship building and communication skills. It is important to stratify the workforce to identify those for whom the three steps are appropriate.

At each step, the mindsets of behaviour change, coproduction, continuous improvement, value-based approaches to workforce development and reflective practice, should all be considered.

All steps should be grounded in real life examples and complexity to experience the importance and impact of these conversations. ■

KEY POINTS

✓ The Person-Centred Approaches framework aims to distil best practice and set out core, transferable behaviours, knowledge and skills for the health and social care workforce and carers

✓ There are 3 conversations: to engage, to enable and support and to collaborate

✓ The framework guides education and training content while enable tailoring to local needs

✓ Key factors can impact the ability, motivation and confidence of staff to learn and implement new skills and behaviours

✓ For effective training, active involvement of people and carers with experience of using services and managing health conditions is central to the approach

✓ Reflective practice is important for consolidating knowledge and experience gained through the approach

✓ Continuous feedback is an essential component of The Person-Centred Approach

✓ All steps need to be grounded in examples from real life

To download the framework, visit:
skillsforhealth.org.uk/pcadownload

REFERENCE

Nesta (2016) Supporting self-management. [Accessed 7 September 2017] Available from http://www.nesta.org.uk/sites/default/files/rtv-supporting-self-management.pdf