

# SHARED VALUES: A VALUE BASED TRAINING PRACTICE PROGRAMME FOR HEALTH CARE ASSISTANTS AND SUPPORT WORKERS

The recent reports of both Francis (2013) and Cavendish (2013) set out a requirement to develop training and educational pathways for all health care assistants and support staff. A code of conduct for support staff has also been developed by Skills for Health and Skills for Care (March 2013) and the Government have included support staff development as one of 11 national priority projects in their mandate to Health Education England (DOH 2013) and Talent to Care (2013). Support workers make up around a third of the caring workforce and often spend more time with service users than nurses. They are a critical, strategic resource and impact on the quality and safety of the services we deliver. Yet, they are also one of the groups of staff which receive the least investment in education and training and many support workers report feeling undervalued and overlooked. (The Cavendish review: 2013). The challenge for organisations is to ensure that once the right staff are recruited that they are kept up to date with the skills and behaviours that reflect the changing needs of service users. To ensure best practice and quality outcomes, Sheffield Health and Social Care NHS Trust are investing non-medical training tariff in the development of support staff that support the teaching and learning of students and apprentices in the practice setting.

They prioritise this in tough financial times, knowing that it improves care and staff engagement. ‘

‘Healthcare assistants make up around a third of the caring workforce in hospitals, but research suggests that they now spend more time than nurses at the bedside.

If the NHS wants to improve patient care, it should see healthcare assistants as a critical, strategic resource. Yet many HCAs feel undervalued and overlooked.’

(The Cavendish review: an independent review into healthcare assistants and support workers in the NHS and social care settings 2013)

## ‘Shared Values’. The aim of the programme

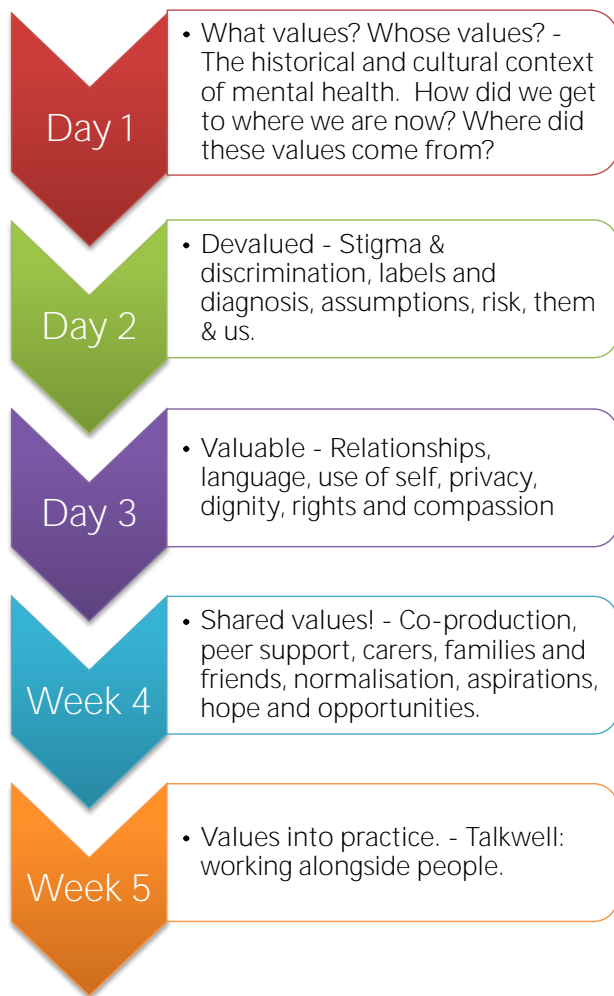
The recent reports of both Francis (2013) and Cavendish (2013) set out a requirement to develop training and educational pathways for all health care assistants and support staff. A code of conduct for support staff has also been developed by Skills for Health and Skills for Care (March 2013) as part of its response to the Francis enquiry.

This paper describes a training and practice programme ‘Shared Values’. The aim of the programme is for participants to develop an understanding of the values and attitudes which must underpin practice and to ensure that these values are apparent to service users and their families. Thus, the programme has two distinct parts, the taught (classroom) component and the workplace (practice) component.

The development of recovery-based services emphasises the personal qualities of staff as much as their formal qualifications. It seeks to cultivate their capacity for hope, creativity, care, compassion, realism and resilience (Laurie Davidson Recovery – Concepts and Application by, the Devon Recovery Group



## The Taught Component



## The Workplace Component

*“Training should not be seen as an end in itself: what matters is that workers are competent, and kind”* - Cavendish (2013)

Support workers are in a staff group who do not readily access or receive practice supervision within their work place (Long et al 2013). The second part of this programme addresses the issue of the transferability of training into practice by using effective contemporary supervision and mentoring methods.

Supervision and mentoring sessions will be delivered in the workplace by in-reach mentors and will link to the values already considered in the taught component of the training.

Mentoring sessions will use a model of supervision which is based on recovery principles and values. This piece of work has been developed by the Recovery Education Unit and seeks to replace current methods of supervision which traditionally focus on case management and managerial components neglecting issues around recovery values.

The programme will be delivered by mental health workers with a registered qualification and additional healthcare teaching qualifications, alongside paid service user trainers.

The importance of service user involvement in mental health education is the understanding provided by the experience of the service user or family to the learner. (Bennett et al 2003, Happell et al 2003, Repper et al 2004, Khoo et al 2004).

## Cost

The Recovery Education Unit already offers a range of courses funded through the Specialist skills Development Fund from Health Education Yorkshire and Humber. The cost of this training pilot is supported by the non medical training tariff and is a 5 day taught component and 5 mentor days per group over a 6 month period for a group of 15 learners.

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