

11 Principles For Better Training

Guidance for health and care professionals on the development and delivery of training for unpaid carers.



Contents

Foreword	3
Introduction	4
Members of the working party	6
PRINCIPLE 1: Safety	7
PRINCIPLE 2: Governance	8
PRINCIPLE 3: Preparation for training and managing expectations	9
PRINCIPLE 4: Roles and responsibilities of the trainer	10
PRINCIPLE 5: Training environment	11
PRINCIPLE 6: Access to training	12
PRINCIPLE 7: Training delivery	14
PRINCIPLE 8: Assessment of capability	15
PRINCIPLE 9: Managing/overcoming training difficulties	16
PRINCIPLE 10: Sustaining capability	17
PRINCIPLE 11: Training of wider family and social network	18

Foreword

I am delighted to write the foreword to this excellent guidance for health and care professionals on the development and delivery of training for unpaid carers.

It is a real honour for me as I have been involved with the WellChild charity in a variety of roles and have always been struck by the will for the continuous improvement of care, something very close to my heart. This was very evident in August 2015 when I had the fortune of opening a UK training summit, co-ordinated by WellChild to review practice in the training of unpaid carers to these children and young people. I know that health and care professionals regularly working with children and young people with complex needs will welcome these 11 Principles for Better Training and may consider them to be adapted for use within a community setting. The 11 Principles can also act as an aide memoire and could be used as a standard reference for nursing students, that can support their practice.



The Principles have been designed to adopt a systematic way in their presentation. The reader will greatly benefit from this, starting with Principle 1, covering Safety, Principle 2 covering Governance. Each Principle then increases the reader's knowledge covering a variety of topics culminating in Principle 11 focusing on the training of wider family and social network.

I think the user will benefit from the fact that the guidance is not too prescriptive but has a clear focus on quality and provides a means by which teams can not only measure but improve their practice. However, improving the quality of care and the training we provide is an imperative for the NHS. For this to happen, health and care professionals need to be committed to learning and changing, as well as capable of implementing and sometimes leading improvements whilst training others. I believe these 11 Principles for Better Training will go some way towards this aim.

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Introduction

BACKGROUND

WellChild is the national UK children's charity making it possible for children and young people with exceptional health needs to be cared for at home instead of hospital, wherever possible.

WellChild's vision is for these children and young people to have the best chance to thrive - at home, with their families.

Many children with long term complex health needs require their medical needs to be met at home. Whilst some families are well supported, in some cases with continuing healthcare packages, others get very little, if any support at all. As such parents and/or other family members are expected to learn and take on a significant proportion of this medical care and these unpaid carers undergo training in these interventions. There is a paucity of literature on the accepted training content or methodology for these learners and from professional experience it is well understood there is wide variation in provision and practice. In August 2015 WellChild coordinated a UK training summit to review practice in the training of unpaid carers to support these children and young people. The summit highlighted a lack of guidance for operationalising education, particularly for unpaid carers, and the challenges faced. The summit also explored the lack of consistency and equity across the country and while it highlighted some excellent practice this was not widespread. To further supplement the level of knowledge around the current state of education, families receiving training and professionals delivering training were invited to take part in surveys. The findings of this work further supported those from the training summit.

Subsequently using information gathered from the summit and surveys a working party was set up from members of WellChild and the WellChild Nurse network, led by Joanna Keating from Imperial College Health Partners to address this inequity.

PURPOSE OF THIS FRAMEWORK

The purpose of the framework is to provide guiding principles for health and care professionals on the development and delivery of training for unpaid carers. The content of this framework is a consensus of professionals actively delivering healthcare education.

The framework does not aim to be prescriptive, it is a tool to support practice and drive change, supporting resource allocation and local service delivery plans.

It sets out recommendations on quality in the learning journey and provides a means by which teams can measure and improve their practice.

INTENDED BENEFITS

Intended benefits of this framework are:

- To define a level of quality for the delivery of education for unpaid carers to improve equity.
- To provide a measure against which teams and organisations can benchmark and audit their current practice.
- To provide a tool to guide service improvement.

SCOPE

This framework is aimed at providing guidance for health and care professionals working in a range of environments and who are delivering training to unpaid carers of children with complex health needs. This framework does not provide guidance for the training and education of health and care professional staff.

STRUCTURE

The framework consists of 11 principles which sub-divide into relevant guiding principles. The principles can be viewed together or in parts as applicable to the situation. Common themes run through each of the principles, when collating the principles, the working party felt these themes are important enough to be repetitive.

The framework is a supportive tool for health and care professionals who will be involved in delivering training and education to unpaid carers and may also be used by learners to aid their understanding of the training process, supplementing conversation around expectation.

DEFINITION OF TERMS

Unpaid carers	A person who cares, unpaid, for a friend or family member due to illness or disability.
Training	Teaching or developing oneself or others skills and knowledge that relate to specific tasks or jobs.
Trainer	A person who teaches skills to people to prepare them for a task or job.
Learner	A person who is learning a subject or skill.
Continuing healthcare	A package of care for people that have significant ongoing health needs, assessed, arranged and funded by the NHS.
Competence	A sufficiency of knowledge and/or skills.
Capability	The ability to perform or achieve certain actions or outcomes.
Curriculum	Refers to the lessons, methods and materials with which the learners will interact during the period of training to achieve the desired outcome.

Members of the working party

- Jo Keating, Innovation Delivery Manager, Imperial College Health Partners London.
- Linda Partridge, Director of Programmes, WellChild.
- Alice Drury, Nurse and Projects Coordinator, WellChild.
- Hannah Bemand, Head of Family Services, WellChild.
- Aileen Crichton, WellChild Advanced Paediatric Nurse Practitioner, NHS Ayrshire and Arran.
- Vicky Amiss-Smith, WellChild Complex Care Nurse Specialist, Addenbrookes Hospital part of Cambridge University NHS Foundation Trust.
- Esther Bennington, WellChild Parent Trainer, Alder Hey Children's NHS Foundation Trust.
- Emilie Maughan, WellChild Long Term Ventilation (LTV) CNS, Great Ormond Street Hospital for Children NHS Foundation Trust.
- Tracy Brooks, WellChild Trainee APNP Long Term Ventilation Care, Royal Manchester Children's Hospital part of Manchester University NHS Foundation Trust.
- Jo-Anne Helliwell WellChild Nurse and Integrated team manager and Clinical lead children's community nursing south team, Cumbria Partnership NHS Foundation Trust.

PRINCIPLE 1: Safety

The child must be kept safe at all times during the period of training; reducing risk and exposure to harm. During the period of training the following principles should be considered:

- Parents and unpaid carers should be informed and be part of a transparent conversation about expectations on all sides to keep the child safe during any training.
- Training should not take precedence over the health and wellbeing of the child.
- Training should be provided by health and care professionals who are trained and competent in the procedure to be taught and are informed about the bespoke needs of the child, family and environment in which the child will be cared for.
- Training should be provided by health and care professionals who are competent to carry out training in line with local policies and procedures including local training models and resources.
- Prior to each training session a risk assessment should be undertaken, taking into consideration environmental aspects, health and wellbeing of both the child and learner.
- During the period of training the learner should not be left unsupervised to carry out skills or procedures they are not competent to deliver.
- Learners should be provided with information at each stage, at a level they understand, about maintaining safety and risk assessments.
- There must be an open and transparent culture at all times during the period of training and beyond for both learners and trainers for incident reporting, following local policies and procedures.
- Priority must be given to regular and planned reassessment and updates in all skills for both the learner and trainer to maintain competencies.
- To maintain safety training should include preparation for both routine and emergency situations.

PRINCIPLE 2: Governance

Trainers have a professional obligation to maintain their confidence, and capability in the skills they will teach and consistently evaluate the quality of their service delivery. To achieve this the following principles should be considered:

- Trainers have a professional obligation to maintain their registration, revalidating at appropriate intervals and maintain their confidence, competence and capability in the skills they will teach.
- Every health and care professional involved in training should take responsibility for maintaining up to date knowledge and skills in the areas in which they are training.
- All trainers should keep and be able to provide objective evidence of their own training and level of capability e.g. signed competence framework, checklist etc.
- Professionals should not carry out, or teach skills, for which they do not feel competent or capable and will seek out their own further training and/or identify an alternative suitably qualified and capable person to deliver the training required.
- Trainers should engage in peer review to ensure quality of delivery and content.
- Consider establishing a local professional training lead responsible for co-ordinating and implementing training processes.
- The quality of the training should be evaluated both during the training journey (formative evaluation) and after it is completed (summative evaluation) and the results used to continuously improve the service provided.
- The local training team should engage in regular review of local processes related to training and resources to ensure currency and applicability.
- Trainers should maintain accurate records of training for everyone being trained. Ideally a database with records of competence and dates of attendance will provide easy access for amendments, updates, reviews and audits and aid communication between all involved in the child's care.
- Trainers should make available to the learner a record of their training which they can keep as proof of competencies to include plans for review and update.
- A system should be in place for the reassessment and retraining of unpaid carers which is appropriately applicable to the specific social and clinical situation of the child and family accounting for, where applicable, changing needs and requirements including deterioration, end of life, palliative care or changes in social situations.
- At the end of the period of training, a named responsible professional for ensuring the provision of subsequent refresher training for the learner should be identified.
- A system for raising concerns about education and training should be in place within the organisation.
- Concerns raised must be investigated in line with local organisational policy.
- Trainers must make reasonable adjustments for learners with protected characteristics, in line with the Equality Act 2010.
- Organisations providing training should monitor how educational resources are allocated and used, including ensuring time in educators' job plans, investment in learning infrastructures and learning resources.

PRINCIPLE 3: Preparation for training and managing expectations

The expectations of the learner should be proactively and formally managed prior to embarking on the training journey. In order to achieve this the following principles should be considered:

- Prior to commencement of training, an initial meeting or meeting(s) should be held between a training lead/coordinator and the learner to develop a shared understanding of their relationship and the learning journey.
- The initial meeting or meetings should be scheduled at an appropriate time during the child's clinical course.
- The initial meeting or meetings should include but may not be limited to:
 - Purpose for training.
 - Structure (e.g. the expected time it will take to complete the learning journey).
 - Process (e.g. the likely teaching methods that may be used).
 - Outcomes (e.g. consider and agree how the training journey will be evaluated).
- The initial meeting should also be aimed at developing an understanding of the learner and may include discussion on but not limited to:
 - The learner's expectations of training.
 - The learner's relationship with the child, wider family and social network.
 - The learner's current emotional state and stage of understanding and acceptance of the child's medical status.
 - The learner's wider lifestyle commitments and any potential challenges or barriers to learning.
 - The learner's previous experiences of learning, their learning ability and literacy and any learning preferences.
- The initial meeting or meetings should enable the learner to ask questions about the process and openly discuss any assumptions and/or concerns.
- It is good practice to:
 - Develop a training agreement detailing the roles and responsibilities of both learner and trainer which is bespoke to the learner's needs and signed by both parties demonstrating their commitment to the shared process.
 - Set and document goals in collaboration with the learner.
 - Schedule and undertake planned regular reviews of progress against agreed goals, highlighting successes and areas for further development.
- Document and share with the learner and all team members involved in the training process a learning timetable. The timetable should include details of planned training content, dates, duration, venue and trainer.
- During the period of training, the training agreement should be reviewed periodically, iterated if applicable and agreed by both trainer and learner.

PRINCIPLE 4: Roles and responsibilities of the trainer

It is recommended that those delivering clinical training experiences should possess the following qualities:

- Have current and specialist knowledge in the clinical area bespoke to the child's needs.
- Have experience of planning and delivering training.
- Have knowledge of how to assess training needs and competencies following local policies and procedures.
- Be affiliated with a recognised professional organisation or governing body who have governance for the health or care professional delivering the training.

In addition to this, trainers have a professional obligation to:

- Maintain their registration, revalidating at appropriate intervals and maintain their confidence, competence and capability in the skills they will teach.
- Not carry out, or teach skills, for which they do not feel competent or capable and will seek out their own further training and/or identify an alternative suitably qualified and capable person to deliver the training required.
- Maintain up to date knowledge and skills in the areas in which they are training.
- Keep and be able to provide objective evidence of their own training and level of capability e.g. signed competence framework, checklist etc.

PRINCIPLE 5: Training environment

An appropriate training environment is key to facilitating the process of learning, where possible, the following should be considered:

- Consideration should be given to the specific skill or knowledge to be taught and the most appropriate training environment selected to facilitate attainment of that.
- Wherever possible, training should be delivered in an environment and/or with the equipment and materials which are most reflective of reality to facilitate transfer of learning. For example, it would be wise to facilitate training within the real home environment the child will be cared for, or other non-clinical environments the child will access, where safe and possible to do so, during the period of training.
- Where it is feasible, the learner should be given a choice of options regarding where the learning takes place.
- Training should take place in a geographical location which is feasible for both learner and trainer to access.
- In selecting the location for training consideration should be given to cost and time of travel for the learner and efforts should be made where possible to minimise the impact of these.
- Trainers should consider the acuity of the child's clinical condition when planning the training area and consider that learners may want to be near the clinical area, so they may be called back to their child.
- Training should, where possible, take place in an area that minimises noise and distraction.
- The learning environment should be appropriately physically accessible for the learner.
- The learning environment should enable access to equipment and resources necessary to meet the learning objectives of the training session or it be reasonable to transport these to its location.
- Curriculum and lesson planning would be good practice to enable identification of appropriate environment and booking of facilities where required.
- Training should be planned where there is sufficient time and avoid key inpatient activities such as ward rounds and multidisciplinary team meeting times.
- The time and location of training should be sensitive to the learner's cultural and/or religious needs.
- Scheduling of training should consider wider commitments of the learner and be designed to minimise impact of these as far as reasonably practical.
- The learner should be consulted, and permission sought prior to inviting observers, such as students, into any training session to ensure the maintenance of a safe learning environment.
- Careful consideration should be given to training unpaid carers together or separately and selection of approach based on what is most appropriate to learning styles, topic or skill to be taught, the relationship between learners and the maintenance of a safe and positive environment conducive to learning.
- Trainers should actively seek feedback about training environment and adjust if indicated.

PRINCIPLE 6: Access to training

The trainer will need to recognise that the learner will have to balance the demands of their personal and professional lives. As such their family and social dynamics, work and personal commitments should be explored in an initial conversation and an appropriate plan developed in collaboration for the period of training which is sensitive to these. In addition, each learner will have their own learning preferences, styles and capacity which also need to be taken into consideration. The trainer should consider exploring the following with the learner:

- It is essential that families have the opportunity to feel safe and supported and can explore their feelings around health and wellbeing including the learner's own existing and emerging psychological and physical needs. This will give the trainer the opportunity to signpost to appropriate support.
- The trainer should be cognoscente of the health and wellbeing of the learner – consider any underlying health and emotional issues including physical limitations and ensure adaptation or flexibility around training where reasonably practicable.
- Throughout the period of training, the trainer may become aware of needs that not only impact on the learner but also family life. We recognise the trainer may be unable to resolve these issues but has a duty of care to sign post the family member to an appropriate third party.
- The trainer should make efforts to understand at the conception of the training journey the learner's family and support network and explore the breadth of learners that may benefit from or require training.
- It is important to consider a person's capacity to learn and that many learners may not have been taught since childhood. Explore previous experiences of learning, positive and negative.
- The preferences of the learner should be considered in planning learning activities.
- Consider that learners may have varying levels of literacy and therefore a variety of learning resources and multimedia should be available and appropriately matched to the needs of the learner.
- Consider that English may not be the first language for some families. Whilst their level of English may be good in some cases consider the need for translation services to support comprehension for both face to face training and written resources. A professional translator should be used in all circumstances.
- Trainers should offer flexibility in the scheduling and location of training sessions to reduce the learner's need for time away from work where possible. Trainers may also wish to consider offering support to the learners to give time away from work to complete the learning journey.
- It may be challenging in some cases for families to attend or engage in training where other family members or dependants also require their care and attention. Training should be sensitive to commitments to the family and offer flexibility. Professionals may consider additional support that may be available locally or through a third party to support family care needs to enable engagement with training.
- Consider for families the distance to training but also any costs they may incur in getting there. Where possible the training venue should aim to minimise travel and other expenses incurred for the learner. It may be useful to consider available funds or grants to support cost of travel related to training, look at alternative locations for training and the possibility of using hospital accommodation to facilitate access for an intensive period of training.

- Matching the learner and trainer's schedule. Consider timings of the child's clinical interventions to support the training journey.
- Discuss with the learner any cultural or religious wishes they want to be considered throughout the period of training.

PRINCIPLE 7: Training delivery

Training delivery should be clearly planned and reasoned to account for the bespoke needs of the learner and the knowledge and skills they are required to acquire.

The trainer needs to consider the following:

- The learner's learning preferences. It may be useful to undertake a learning style assessment at the beginning of the training journey to support the development of appropriate training activities aligned to that.
- Constructive alignment. This is a principle used for devising teaching and learning activities, and assessment tasks, that directly address the intended learning outcomes.
- The sequence of tasks to be learnt. The trainer should not teach advanced skills prior to the learner having basic knowledge and understanding.
- Providing opportunity for not only part task training but also whole task training therefore reflecting reality.
- Providing opportunity to practice and develop skills in comprehension, application, analysis and evaluation in addition to simply the ability to recall information.
- Providing opportunity to practice skills with varying levels of oversight and instruction as they progress through their journey, thereby supporting the transition to caring autonomously.
- Towards the end of the training journey, providing an opportunity for the learner to practice the culmination of knowledge and skills learnt in various scenarios true to life and/or in the environment that the child will be cared for and as such that in which the learnt skills will be applied.

With the above considered the trainer or team of trainers should:

- Develop a curriculum bespoke to the learning needs and preferences of the learner.
- Prepare considered lesson plans to ensure a quality and structured learning experience.

PRINCIPLE 8: Assessment of capability

Assessment should be embedded throughout the training journey to both provide a means of monitoring progress and demonstrating whether the learner has achieved set learning outcomes. Assessment activities thereby provide evidence of capability to carry out learnt interventions independently and the following should be considered:

- Assessment should be embedded throughout the period of training, with a variety of formative and summative assessment strategies implemented.
 - Formative assessment should enable insight for both trainers and learners around progress during learning and enable early identification of any barriers to learning or lack of progress enabling adaptation of approach.
 - Summative assessment should enable a final hand over of accountability of care for the child to the learner.
- Documented and accurate records should be kept throughout the period of training and shared with the training team.
- The wider multidisciplinary team should be kept informed about the learner's progression through the period of training thereby enabling their participation in care as applicable to their capability.
- All trainers should have systems in place to share information and experience of training learners by way of supporting formative assessment and thereby progression of learning.
- Assessment activities should go beyond simply testing recall. Assessment activities should also aim to test the learner's ability to process, analyse and evaluate information forming judgements and making autonomous decisions and should require the learner to apply skills learnt in a variety of changing circumstances.

PRINCIPLE 9: Managing/overcoming training difficulties

Both the learner and the trainer need to recognise there may be challenges during the period of training. Systems should be in place to support identification of challenges and a collaborative action plan to address these developed with the following being considered:

- Set SMART goals at the beginning of the period of training and schedule regular review points. Setting goals enables the trainers to identify and evidence lack of progression.
- Learners must receive regular, constructive and meaningful feedback on their performance, development and progress at appropriate points in their course or training programme and be encouraged to act on it.
- Raise concerns about training accomplishment with the learner early in a confidential meeting.
- Identify in collaboration with the learner potential contributory factors to training challenges and act where possible to minimise these.
- Develop a collaborative action plan for tackling training challenges which is timescaled and reviewed.
- If the learning still does not progress an escalation plan needs to be initiated in discussion with family and multidisciplinary team and actions agreed e.g. increase care provision or safeguarding.

PRINCIPLE 10: Sustaining capability

Re-training should be discussed at the initial expectation setting stage and included in the training commitment document. Prior to the child's discharge home, a clear strategy with an accountable lead should be agreed and documented.

Prior to discharge the trainer should consider the following:

- Identify who will undertake the updates and handover documentation and relevant information to the ongoing trainer.
- Inform the learner of the future plan and timescales, introducing them to the ongoing trainer where possible.
- Identify where and when retraining will take place.
- Ensure that learners have a contact through which they can request an update if they do not feel confident or capable of providing updates and retraining at any interval.
- An updatable re-assessment form should be signed by both the trainer and learner and shared appropriately.
- Based on professional opinion, it is recommended that carers undergo re-training and/or re-assessment at least annually.

PRINCIPLE 11: Training of wider family and social network

It is important that the wider family are acknowledged as a potential support network. The trainer should make efforts to understand at the conception of the training journey the learner's family and support network and explore the breadth of learners that may benefit from or require training with the consent of the parents or guardians.

The trainer needs to consider:

- Priority for training should be given to main caregivers initially. Negotiation with main caregivers around appropriate further carers to be trained and timing and extent of their training should be undertaken.
- Any family member who is going to undertake training needs to be made aware of all roles and responsibilities around the ongoing care. The trainer needs to have an open and robust discussion to ascertain that the learner understands and is able to commit to the training journey and as such should undergo the recommended process outlined in Principle 3: Preparation for training and managing expectations.
- The learner's capacity to engage in learning and in both formative and summative assessments. In relation to young carers or siblings the trainer needs to recognise that they will take part in some clinical skills and therefore a robust and open discussion needs to take place to ensure all members are safe and supported. It may be worth considering the development of a sliding scale of clinical input ranging from awareness right through to independent decision making and delivery of clinical care. Ensure the parent and siblings are aware of possible safeguarding issues and welfare of the family members through open and honest discussions and an agreed collaborative approach with clear lines of accountability for the child's care is documented and shared amongst the family and wider multidisciplinary team.
- Where possible all learners in the same family need to be exposed to the same learning materials and opportunities throughout the journey to ensure continuity of message and understanding. Consideration should be given to group training.
- All family members need to be given access to training directly from the trainer to reduce inconsistency and any family conflict. It is not considered acceptable for family members to cascade training themselves to other family members or friends.
- All trained people involved in the child's care should be highlighted within the child's care records. Similarly, to the main carer for the child, others trained in clinical care should be subject to a retraining and reassessment process as outlined in Principle 10: Sustaining capability.

Patron: HRH The Duke of Sussex



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