How can we understand and develop the capability of VCSE workforce to have conversations that challenge, encourage, and empower people to make positive change?

Conversations for Change : VCSE co - design session
13th December 2023

Hosted by
Gloucestershire VCS Alliance (Matt Lennard, Chief Officer)
Gloucestershire ICB (Caitlin Lord, Project Manager)

1. Introduction

Coaching approaches and behavioural skills, give workers the conversational tools to feel confident to work with people in ways that support change. It can enable them to have honest, supportive and open conversations, that engage and positively challenge people to take responsibility and control.

The ICS has identified funding for a programme to upskill staff in the community/VCSE sector around these skills. This is in recognition of the sector's vital role in supporting individuals be active participants in their health and wellbeing and their role in addressing the inequalities that exist across communities in this regard.
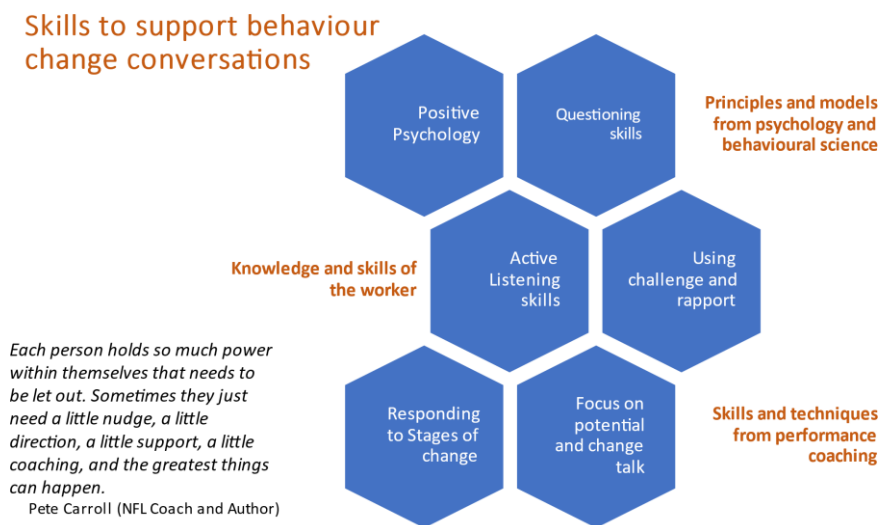
2. Programme Design

The intention is to design a training and development programme with and for the VCSE sector, tailored to that work context and accessible across the sector. This will consider the aims and particular needs of VCSE sector staff and volunteers, how to create opportunities for all to participate, and what post-training support is needed to turn this learning into practice.

This session was the start of the design process to explore some of these questions with sector representatives and gather thoughts and ideas to shape the programme.

An open invitation to VCSE sector was issued by Gloucestershire VCS Alliance. The 90-minute session was held virtually and a range of VCSE sector organisations attended (participant list at end of this report).

3. Frame for the Conversation

Making change in our lives to improve our health and wellbeing can be difficult. Supporting people do that is the role of everyone in the system, enabling people to find their own best solution and giving them the knowledge, tools and encouragement to make important changes in their lives.

However, workers tell us that talking to someone about their unhealthy behaviours (e.g. smoking, drug or alcohol use or other self-defeating behaviour) can be difficult as it can feel provocative, judgemental or even hypocritical. This can mean opportunities to help someone recognise a problem, see possibilities, and make change are missed. Behavioural skills enable these conversations and present an opportunity to increase impact of professional support.

This is especially valuable in working with people in marginalised communities who maybe peripheral to formal services.

Vision :
To enable people to thrive by feeling more motivated, confident and in control of managing their own health and wellbeing.

Great conversation is more than just exchanging information – it can transform relationships and health behaviours to benefit people, staff and the work of organisations that support them.
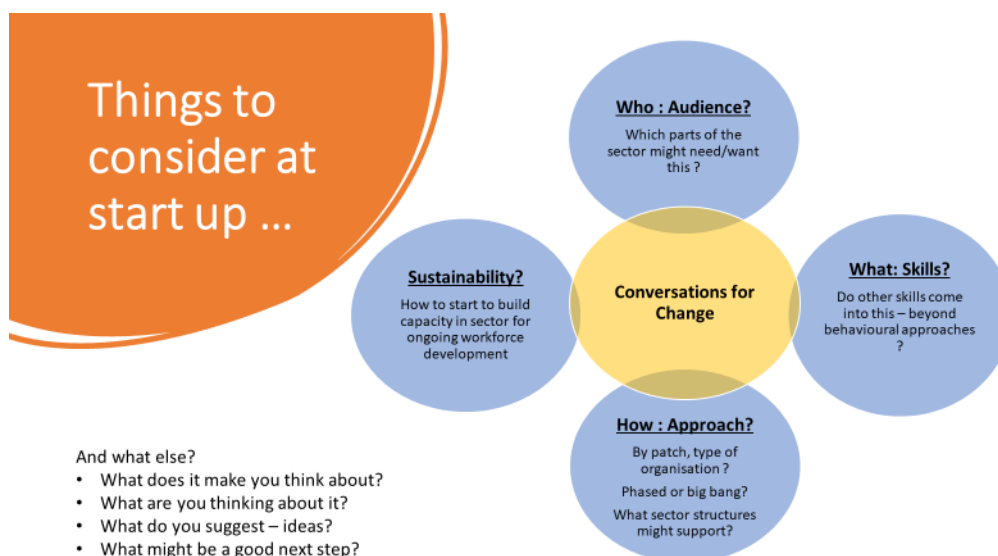
1. Empower people in your communities to self-manage their health and wellbeing

2. Encourage people make behaviour change in order for your interactions to have more impact

3. Improve peoples lives and make our working lives easier

4. Session Structure

The workshop began with a presentation by Caitlin Lord giving an overview of behavioural skills, the programme intent and implementation questions at this stage. The main section of the session was exploring the response from the VCSE sector, in discussion and through posting in the chat function. This asked a series of open questions about the proposal:

- What does this make you think about?
- What are you thinking about it?
- What suggestions do you have about that?
- What might be a good next step?

Some programme start-up questions were shared:

Things to consider at start up ...

Who : Audience?
Which parts of the sector might need/want this ?

Sustainability?
How to start to build capacity in sector for ongoing workforce development

Conversations for Change

What: Skills?
Do other skills come into this – beyond behavioural approaches ?

How : Approach?
By patch, type of organisation ?
Phased or big bang?
What sector structures might support?

And what else?
- What does it make you think about?
- What are you thinking about it?
- What do you suggest – ideas?
- What might be a good next step?

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Group discussion summary points and areas for further consideration

1. To what extent do VCSE sector organisations recognise and value these skills?

There was general agreement that this aligned and supported the VCSE sector approach to work – strengths based, personalised and enabling and sense there was demand in organisations to develop these skills.

Enhancing these skills in VCSE sector organisations had the potential to raise levels of trust in these local organisations.

It was also noted that, to some extent, these skills already existed in the VCS workforce. The training offer should not assume starting from a zero base.

It was suggested not to entitle this "training," as suggested a power differential and failed to acknowledge existing skills – better positioned as a "practice development programme".

It was felt this upskilling should support the VCSE sector in *their* mission. Concern was expressed that this about promoting skills or approaches that were directive or medicalised and counter to their personalised approach. It was felt important not to "push" individuals towards activities that fitted professional rather than personal agenda and reservation about expecting wholesale increases in signposting to services – that might reflect this mindset.

Overall, it felt important to start from a mindset of enabling people to make the changes *they identify* as important in their lives. The resulting variation might present some challenges in measuring success and pointed to thinking differently about evaluation. (See 5 below)

❖ *Reflection:*

Need to assess what level of skill already exists amongst VCSE sector workforce and where there are common gaps or areas that can be built on. This includes identifying organisations which have high skill level and may have inhouse training which could be shared with others in the sector. Plus any "expert" staff in organisations to take (be supported to take) a practice development role.

Consider carefully how the training is orientated and contextualised – as tool for personalised approach not a means to a professional end (such as smoking cessation). This particularly applies to Motivational Interviewing elements in Making Every Contact Count (MECC) and need to think also about more generic, non-situation specific MI skills training.

2. What programme structure and content would meet VCSE sector workforce needs?

It was recognised that there are a range of tool and techniques that fall within behavioural approaches.

Group felt there were some core skills that were appropriate for staff in all contexts. This included active listening and asking coaching questions. It was felt helpful to define a "core skills "offer and promote this for all staff. This might be a good starting point for a programme and generate interest in further training.

A training needs analysis with the sector was suggested as a good starting point to identifying need.

The group felt a modular approach should be taken rather than a structured programme. This would give organisations choice and control over take-up.

Tailoring and contextualising modules to work contexts was felt to be important. The group noted that these skills could be used in structured environments like assessments, informal environments like a craft group or busy, fluid environments like a food bank or community café. All these were felt to be opportunities for good conversation but the tools and approaches in each might be different.

Equally there was concern that the approaches be applicable across client groups – age groups and social situations (eg homelessness).

As well as core coaching conversational skills, the group particularly identified contextualised training:

- Brief Conversations – how to use these skills opportunistically in informal situations.
- Conversations to engage – for front of house staff/first point of contact staff.
- Change conversations in group settings.

Including positive affirmations and appreciation in a curriculum, supported the VCSE sectors strengths-based approach.

❖ *Reflection:*

Needs a framework to define skill levels– core, intermediate and advanced skills alongside some guidance on the staff/settings in which these skills might be applicable.

A sector training needs analysis (TNA) could use this framework to identify what range of behavioural skills training would be valued. It could support organisations identify staff for training and match with right offers.

Contextualising training – some of these requests can be accommodated but there is a limit to the amount of tailoring possible. Tailoring conversations to context is partially the responsibility of the professionals themselves in translating skills into practice. Support for this "translation to context" is an important consideration (see 3 below).

3. How can this investment build capacity within the VCSE sector?

There was interest to use this funding to create capacity in the sector rather than have wholesale commissioning of external trainers. This enables more sustainable change in context of this non-recurring funding and adds value to the sector.

Where expertise exists in VCSE sector organisations around these approaches, investment could be used to support their development across organisations.

Interest in a Train the Trainer approach was expressed – bringing those training skills into the sector and supporting collective practice development across organisations in the sector.

Developing learning facilitator role in sector/organisations could be helpful. They could support learning into practice and promote these skills and approaches.

❖ *Reflection:*

Whilst a full Train the Trainer approach might be difficult as these are complex training skills, there could be investment in Change Conversations "Champions" in the sector/organisations.

These staff could have a role in supporting staff develop their practice and embedding the approach in their organisations. The programme might include training to upskill in practice supervision skills and running reflective practice/active learning sessions. Staff in the sector with these skills could support practice development more generally.

4. What practical considerations are there around delivery in the VCSE sector?

Face to face and virtual delivery was supported. An emphasis was put on face-to-face delivery as it was felt to enhance quality of learning.

The opportunity to practice the skills in a training environment was important. This was more helpful and engaging than simple "chalk and talk".

Feedback from peers can help to embed and share learning with others was highlighted. This could happen in practice development action learning groups/group supervision.

Mixed groups were supported – *across* rather than training *in* organisations. People welcomed the opportunity to meet new colleagues and make connections and this added value in terms of supporting network-building in the sector.

Concern was expressed that smaller organisations may not be able to afford to send people for training. This training will be free to organisations though there may be other issues like funding sessional workers to attend in non-work time. Support for this could be explored.

The use of technology to deliver the programme should be considered.

5. How can the impact of this programme be captured?

The measurement of impact should reflect the previous discussion that this is about supporting people around *their own* goals.

The challenge to measuring, is that the changes may be very varied – some observable like taking up service offers such as smoking cessation but equally the changes may be in their own lives and not captured by "the system". It may be that the changes are internal in how they are thinking about change – e.g. recognising a problem for the first time. All these changes are valuable.

It was suggested that measurement should focus on community approaches, involving people and workers in capturing change.

This recognises that the person themselves and those working most closely with them are most likely to understand the impact AND the value.

The need to capture unintended consequences (positive and negative) was also highlighted. This might include impact on workers/organisations/the sector as well as the people themselves.

❖ *Reflection:*

Capturing change in these varying spheres is challenging but important to personalised care.

One possibility might be to use the Stages of Change model (below) as a framework. This aligns with the ethos of a coaching approach – to support people move up the scale, on whatever change they want to make. This could be explored further with the sector.

Maintenance

Action

Preparation (Ready)

Contemplation (Getting Ready)

Precontemplation (Not Ready)

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Stages of Change Model

6. Final Thoughts

Participants suggested looking at using training offers "free to the system" to maximise funding available. These included:

- ❖ NHS Leadership Academy
- ❖ Corporate partnerships

Conclusions and Next Steps

This first co-design discussion identified several areas for further work:

1. Develop a framework to classify level of skills and roles that might align to each level.
2. Undertake a Training Needs Analysis with organisations in the sector to inform a programme training specification.
3. Identify any existing training being delivered in VCSE sector organisations that could be offered more widely across the sector as part of this programme and what would be needed to support this.
4. Identify any "free to us" training by existing funded providers like NHS Leadership Academy or NHS Personalisation programme that could be part of this programme of training and development.
5. Explore (with the VCSE sector) interest and capacity to develop champions/reflective practice facilitators and what would be needed to implement. (This may be part of the wider VCSE sector infrastructure discussion).
6. Explore whether/ what sort of funding support might be required for smaller organisations to engage – potentially bursaries/backfill costs.
7. Discuss impact capture further and possibilities of using a Stages of Change framework or other tools suggested by the sector.

A second workshop with the sector would be held in the New Year to progress these. The Gloucestershire VCS Alliance will be in contact to arrange.

Matt Lennard closed the discussion by thanking everyone for their time and contribution and inviting any further thoughts to be emailed to him.

Caitlin Lord's details will be shared along with the presentation slides. Anyone especially interested in developing this area of work is invited to contact her - Caitlin.lord@nhs.net.

Attendance List

Anna	Reeves	Creative Sustainability CIC
Brendan	McInerney	
Bridget	Mangan	
Darlington	Okeke	
Hannah	Gorf	One Gloucestershire ICB
Hannah	Norman	One Gloucestershire ICB
Janice	Laverick	Rethink Mental Illness
Jill	Parker	Gloucestershire VCS Alliance
Jordan	Fores-Higgens	Gloucestershire Nightstop
Lizzie	Hewitt	The Music Works
Lucy	White	Healthwatch Gloucestershire
Maud	Mcloughlin	Aspire Foundation
Megan	Raine	Redwell Centre
Rosa	Barratt	Allsorts Gloucestershire
Sabrina	Dixon	GRCC
Sue	Cunningham	GL Communities
Tracy	Clark	Young Gloucestershire
Victoria	Robson	The Door

Powerpoint Presentation from Session

You can download the slides from the session on the Gloucestershire VCS Alliance website here

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