Evaluation Report

Working together to transform practice

Health Education England

TPCHEALTH

Manchester Metropolitan University

Contents

Executive Summary 3

1 Introduction 6

2 Programme Management 8

2.1 Partnership Members and Roles 8

2.2 Key Principles of the Partnership 8

3 Developing the Training Programme 10

3.1 Training programme requirements 10

3.2 Co-production (Engagement and Promotion) 11

3.3 Developing Course Content 11

4 Methodology 12

4.1 Design and Implementation 12

4.2 Impact of training on participants 12

4.3 Impact of training on service users and beneficiaries 13

5 Findings of Evaluation 14

5.1 Design and Implementation 14

5.2 Impact of training on participants 15

5.3 Key insights and learnings 23

6 Conclusion 25

7 Key Recommendations 27

Appendix 28

APPENDIX1: Course requirements 28

APPENDIX 2: Feedback from Consortium and Commissioners 30

APPENDIX 3: Training programme and attendee profile 36

APPENDIX 4: Self-rated knowledge, skills and confidence in asset based approaches 37

APPENDIX 5: Case Studies 41

APPENDIX 6: Readiness criteria 47

Executive Summary

Background

An asset based approach takes a positive view of health, care, wellbeing and independence. It is not an alternative to good, professionally delivered public services but it will require the health and care workforce across the system to work in a more collaborative and less transactional way with people - transforming their relationship with communities and supporting improved health outcomes.

In the North West, Health Education England recognised that whilst there were pockets of good practice (Eg: Wigan Deal[1]) and some training courses were being offered within organisations, there was not a programme of training and development that spanned across the health and care system or at a whole community level.

HEE (NW) worked in partnership with Central Manchester CCG and Manchester City Council to develop a tender specification for a 3 tier training and education package:

- Module 1: Introduction to Asset Based Care
- Module 2: Facilitating Asset Based Care
- Module 3: Conducting Asset Based Conversations (plus Train the Trainer)

The Big Life Group, MMU and The Performance Coach Health were successful in their bid as a consortium of training providers to design, deliver and implement the training programme by December 2017.

'Person Partner Place: Working together to transform practice' was Manchester's agreed brand name and responded to the *Person Centred Care through Asset Based Approaches* training specification developed by Health Education England (North West).

The programme name ***Person Partner Place*: *Using our assets to transform practice*** was influenced by Manchester's locality plan.

Aims and Objectives of the Training

The training programme was intended for those working across health and social care (including local authority, health and voluntary/community sector) in Manchester, with the aim of enabling practitioners to:

- Better understand asset based approaches to care and it's impact on improved health outcomes
- Build their skills, knowledge and capacity to successfully deliver these approaches to people with defined health needs in each locality

Training Programme

The 3 tier training programme, comprised elements of theory and application, and was delivered between April and December 2017 in three localities within Manchester, to a range of community, primary, social and health care practitioners. In total, 118 individuals attended one or more courses.

---

[1] The Deal for the future – Wigan Council: https://www.wigan.gov.uk/Council/Strategies-Plans-and-Policies/Deal-for-the-future.aspx

The workshops considered the local and national context influencing the move towards asset based approaches and were co-produced with local neighbourhood leads and commissioners.

The detailed learning outcomes for each module can be located in Appendix 1 and are summarised below:

Module 1: Focussed on understanding, knowledge and awareness that would enable participants to have the skills and confidence to introduce asset based approaches into their practice.

Module 2: Focussed on the skills to effectively communicate through building trust and confidence with people; jointly identify health and wellness goals; navigate and develop connections with community organisations and community based activities.

Module 3: Focussed on enabling participants to understand how asset based approaches can be used through motivational interviewing, person centred coaching and care/support planning

Evaluation Findings and Discussion

This evaluation has reviewed the process of developing and delivering the programme and the impact of learning:

When developing the programme, there was a hesitance to commit from some localities/neighbourhoods identified for the pilot. The reasons were that:

- They were not ready to take on the training
- They had recent or upcoming integration of teams or
- They believed that they had undertaken similar training previously

This led to a time lapse in both developing the course with the neighbourhood leads/stakeholders and delivering the programme within the initial agreed timeframe.

The impact of the training programme was good with a significant shift in learning, awareness and skill development from participants in the programme, across all three modules.

Attendees found the training interactive and informative and a majority of those who responded to questions about impact on practice, reported that the training had led to them adapting asset based approaches in their work and some, although it had only been short period of time, had noticed a positive impact with their clients.

Pre and post course evaluation clearly supports the training and has evidenced the learning that has taken place. For example, Module 3 had an overwhelming 100% response in recommending to other practitioners; Module 1 showed that 80% had applied their learning into their practice (2 weeks post course).

Some comments below demonstrate people's views about the training and how they will further adopt this approach into their practice:

"I think this is a fantastic, inspirational course. It needs to be rolled out to more staff in a wider area"

"The best Asset Based training ever!"

“Very good course, I started out not knowing anything and have learnt lots. Have also gained knowledge of other services”.

“I am now developing person centred assessments for community matrons”

“What I have learnt will certainly play a massive part in my planning of my work and thoughtfulness in my approach”

You can watch participants feedback from the programme here

https://youtu.be/CEQW4XQCKvQ

Recommendations

- **Build future training around the existing programme and style of delivery;** the workshops were well received and therefore any future training can be built around the existing training programme and style of delivery – preferably within localities or neighbourhoods.

- **Keep the multi-agency / locality approach;** it was clear that attendees valued the networking opportunities and commented positively about the multi-agency, locality approach – enabling them to understand and appreciate the good practice and challenges in different sectors and how they can all work together to support asset based approaches in the workplace.

- **Encourage more leaders, managers and GPs to attend;** whilst there was a good range of professionals attending the programme, there was a significant lack of leaders, managers and GP’s. For Asset Based approaches to truly impact system change and be embedded into practice, these decision makers should be encouraged to attend future courses. The courses they attend could be:
    - The current programme
    - An adapted programme with a more strategic focus or
    - The content from the current training programme is incorporated into leadership development programmes.

- **Embed training into organisational development and change;** whilst this is training programme can help to make people think and act differently towards their ‘customers/clients’, it also needs to be embedded into organisational development/change. Also, if there is a requirement to incorporate ‘Train the Trainer’ and use staff that span across the health and social care system, it is suggested that representatives from these functions are encouraged to join future project teams at the project planning stage.

- **Use the organisational readiness tool to gauge interest in the programme;** for future adoption and spread of the programme, it is recommended that the project lead or commissioner initially gauges interest in the programme via an organisational readiness assessment tool – a set of questions that will ensure confidence that a local health and care system is ready to embrace the training programme and embed asset based approaches.

1 Introduction

The Five Year Forward View sets out a clear vision for the NHS to develop a new relationship with people and communities in which people's own life goals are what count. It promotes wellbeing and independence as key outcomes of care and suggests that people with a long-term condition should be supported to manage their own health and care and be enabled to live well. It also highlights the important role communities play in supporting health and wellbeing. In 2015/16, this was further supported by the Health Foundation[2], Innovation Unit and the Greater Manchester Public Health Network[3], IPPR[4] and Nesta[5], who detailed both the context and the evidence for a shift towards asset-based approaches to care in England.

An asset based approach takes a positive view of health, care, wellbeing and independence. It is not an alternative to good, professionally delivered public services but it will require the health and care workforce across the system to work in a more collaborative and less transactional way with people - transforming their relationship with communities and supporting improved health outcomes.

In the North West, Health Education England recognised that whilst there were pockets of good practice (Eg: Wigan Deal[6]) and some training courses were being offered within organisations, there was not a programme of training and development that spanned across the health and care system or at a whole community level.

HEE (NW) worked in partnership with Central Manchester CCG and Manchester City Council to develop a tender specification for a 3 tier training and education package:

- Module 1: Introduction to Asset Based Care
- Module 2: Facilitating Asset Based Care
- Module 3: Conducting Asset Based Conversations (plus Train the Trainer)

The Big Life Group, MMU and 'The Performance Coach' were successful in their bid as a consortium of training providers to design, deliver and implement the training programme by November 2017.

The key outcomes of the training programme were to enable health and care practitioners to:

- Better understand asset-based approaches to care and its impact on improved health outcomes

---

[2] Head, hands and heart: asset-based approaches in health care, A review of the conceptual evidence and case studies of asset-based approaches in health, care and wellbeing (2015) http://www.health.org.uk/sites/default/files/HeadHandsAndHeartAssetBasedApproachesInHealthCare.pdf

[3] Developing Asset Based Approaches to Primary Care: Best Practice Guide (2016)

[4] Powerful People: Reinforcing the power of citizens and communities in health and care (2015) http://www.ippr.org/files/publications/pdf/powerful-people_July2015.pdf?noredirect=1

[5] At the Heart of Health: Realising the value of people and communities (2016) http://www.nesta.org.uk/sites/default/files/at_the_heart_of_health_-_realising_the_value_of_people_and_communities.pdf

[6] The Deal for the future – Wigan Council: https://www.wigan.gov.uk/Council/Strategies-Plans-and-Policies/Deal-for-the-future.aspx

- Build their skills, knowledge and capacity to successfully deliver these approaches to people with defined health needs in each locality.

2 Programme Management

2.1 Partnership Members and Roles

The '*Person Partner Place'* partnership is a consortium led by Big Life group, a social enterprise based in Manchester, with 20 years' experience of using asset based approaches with communities and within service development, including developing innovative approaches to working within integrated pathways and embedding whole system approaches.

Manchester Metropolitan University developed and led on the delivery of modules one and two. MMU have a long history of carrying out research in the health, community development/education and social care with specific expertise in community engagement, using inclusive and representative approaches. The university has worked with local authorities, health care trusts, voluntary organisations and community groups.

The Performance Coach Health developed and delivered Module Three. TPC Health has over 15 years of experience working in the Health and Care sector to support practitioners to be more asset focussed and person centred in their approach. With considerable experience undertaking major culture change projects within the public and private sectors.

'Person Partner Place' was supported by a project manager, employed by MHCC, who organised promotion of courses, application process, including expression of interest form, collating participant information, booking venues and following up with participants on impact of learning.

Health Education England provided the oversight, challenge and monitoring during the project lifecycle.

2.2 Key Principles of the Partnership

The partnership developed 6 key principles underpinning the approach to development and delivery of the pilot programme:

1. Locality focussed targeting integrated, multidisciplinary teams

We planned to undertake insight sessions with locality leads to understand their goals for the intervention; to agree target cohorts of practitioners in integrated multidisciplinary teams and gain understanding about local context. We would then use this insight to craft our approach during training, and include the experiences of participants to make the programme bespoke to their needs.

3 Responding to people with high levels of need

During insight sessions we aimed to discuss core challenges and use our broad experience to help them to identify priority groups that would benefit most from asset based approaches. From this we would further support them to select the multidisciplinary practitioner groups who serve those priority groups for training.

4 Flexible, creative, evidence based

Our programme content was evidenced based, drawing on both academic literature and guidance published in NHS and Social Care reports. All modules were developed through experience of running similar courses in different localities and aimed to contain content that reflected the system, locality and practitioner needs identified in

co-design and design flexible delivery methodologies where possible. We used a blended learning approach to deliver highly experiential and potentially challenging training experiences.

5 Focused on impact

Pre and post measures of both knowledge/skills and application in practices through 'journey travelled' evaluation forms were designed, working with localities to align with their established measures; and discuss the possible use of other indicators such as the PAM, CS-PAM, Self-Efficacy Measures and Patient-practitioner orientation scale.

6 Collaborative and offering choice

The consortium of training providers offered an outstanding blend of local experience and delivery expertise. The aim was to work together in delivering an integrated overall solution that drew on the unique expertise of each partner and that could be flexed to meet the needs of participating organisation and individuals.

7 Develops sustainability of approach and value for money

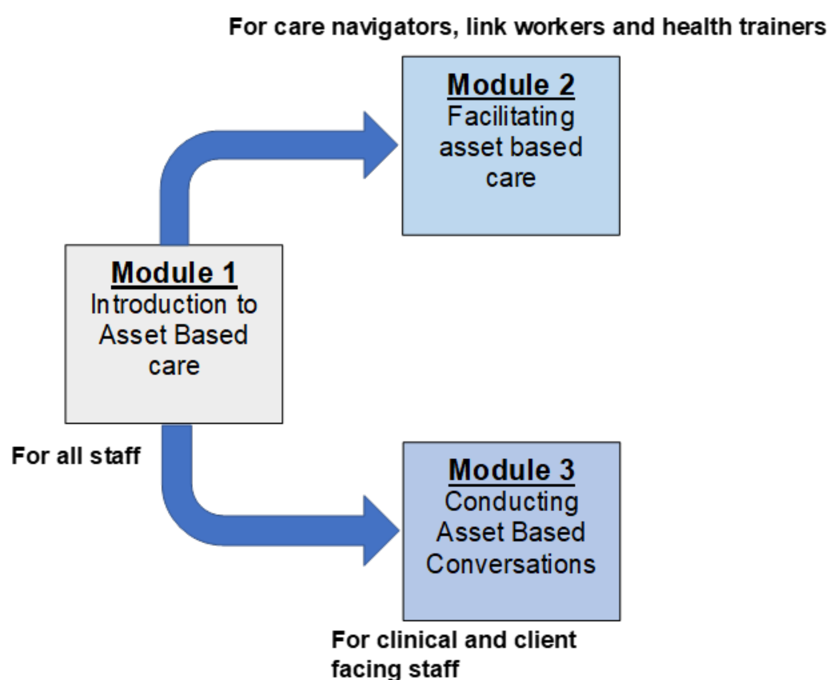
The 'Train the Trainer' approach for Module 3 supported the sustainability of the programme by developing internal trainers who could confidently and competently replicate the delivery of Module 3 to colleagues across the system. Whilst there was an initial upfront investment to support internal trainers in developing their competency, the future costs are nominal to continue training via this model/approach.

3 Developing the Training Programme

3.1 Training programme requirements

The following diagram shows the pathway that was originally outlined by Health Education England (HEE). This demonstrated that trainees did not have to follow a traditional, linear training pathway (eg: Module 2 would not need to be completed before Module 3) but allowed the individual or team to self-select the most appropriate course/s for them.

A detailed overview for each module that included course content requirements, learning outcomes and further detail can be found in **Appendix 1.**



HEE required the training to be integrated – focussing on health and care professionals within neighbourhood teams. So it was agreed that the focus in Manchester would be in the North, Central and South localities (with exception of Module 3 that was available to professionals citywide).

There was an agreed target of 220 attendees to be trained and the below diagram demonstrates the target and actual numbers of people attending the training:

MODULE	TARGET NUMBER	ACTUAL ATTENDEE NUMBERS
1.Introduction to Asset Based Approaches *(max. 25 per course)*	100	78
2. Facilitating Asset Based Approaches *(max 25 per course)*	100	67
3.Conducting Asset Based Conversations *(max. 10 people per course)*	20	16

3.2 Co-production (Engagement and Promotion)

'Person Partner Place' held a number of insight sessions with locality leads and teams to enable co-production of course content; the context; who would access it and where they would access it - with a clear encouragement to incorporate those from health, social care and voluntary sector.

The meetings highlighted that the localities were at different stages of integration and all had received different elements of training, some of which appeared similar to the 'Person Partner Place' programme. There was also the backdrop of the City's 'Our Manchester' strategy, which had developed training for local authority staff.

Furthermore, 'One Team' senior managers highlighted that whilst they could see the value of the training programme, some locality teams may not be 'ready' to fully engage in the pilot.

To overcome the above challenges the partnership agreed on further communication and promotion to encourage wider interest and involvement in the programme. This involved:

- Identifying and targeting key influencers within Manchester
- Development of a web site
- Advertising the training programme via social media;
- Creating eye catching flyers
- Attending key meetings and events in the city (including CCG locality meetings, community navigator meetings and voluntary sector event).

3.3 Developing Course Content

The training programme was designed to model asset based practice - providing information and examples from a variety of sources (local, national and international) and enabling participants to explore specific issues through interactive activities.

The course activities within each module were designed to ensure participants had a chance to work with as many other colleagues as possible during the sessions with the intention of maximising the opportunity for developing longer term relationships between participants from different agencies after the course.

Participants were also encouraged to value and share their knowledge and experience of working in their local communities. Some activities were specifically designed to draw together participants working in the same locality so they could deepen their knowledge of the area.

A detailed resource list was also produced for those participants who wished to delve further into the literature on asset based approaches or who wanted to access a wide range of examples of asset based approaches in practice.

The list was further adapted as participants on the course began to share information about community groups, social activities or places to find further information which would help to support others in signposting.

4 Methodology

An asset based, qualitative, action research methodology was applied to the evaluation, in line with the consortium's approach and the asset based focus of the tender. As a pilot programme, it was therefore essential that much of the evaluation was formative and enabled the shaping of the module content, and in some cases, the marketing and recruitment, as the delivery of the courses was rolled out across Manchester neighbourhoods.

The evaluation framework (see below bullets) and methodology was developed by Manchester Metropolitan University showing the different elements of the pilot, how each area would be evaluated and by whom. This covered three main areas:

- Design and implementation of the pilot
- Impact of training on participants
- Impact of training on service users/beneficiaries.

4.1 Design and Implementation

An ongoing 'learning log' was maintained by the consortium lead, recording ongoing feedback from the 'lead in time' through to 'delivery', particularly drawing on the regular consortium and commissioners meetings.

A review and evaluation session was arranged towards the end of the delivery period, for commissioners and consortium members where all stakeholders were asked to (See **Appendix 2**) give their feedback on the design, development and delivery of the programme:- What had worked; the challenges; what had been adapted and how; what had been learnt and future recommendations.

This feedback has been used for key recommendations within this report.

4.2 Impact of training on participants

The aim of the programme was for the course content to be locality focussed and should, where possible, be co-produced to tailor the content around the participant's knowledge and requirements. To enable this, several formative meetings were held with locality leads and their teams. This process was further helped by potential participants completing expression of interest forms that included key background information about each participant, including baselines knowledge and desired outcomes.

To assess course participants' knowledge and skills in relation to asset based working, a 'journey travelled' approach was used:

- **Pre course questionnaire** – at the beginning of the course participants were asked to identify their existing asset based knowledge and practice.
- **Post course questionnaire** - the above questionnaire was then completed at the end of the course which measured any change in knowledge and practice, as well as evaluating the training as a whole.
- **Post course impact questionnaire** – two weeks after attendance on each module, participants were sent a questionnaire to assess the impact of the learning on their practice.

4.3 Impact of training on service users and beneficiaries

It was hoped that feedback could have been obtained from service users /patients/clients to evaluate any following a change by service providers to an asset based approach. In a short pilot programme this was not possible, but course participants were asked to gather case studies and anecdotes to evidence this. It has been agreed that a video of a variety of participants will be produced which is intended to showcase the training, learning and how the participants have adopted the approach in practice.

5 Findings of Evaluation

5.1 Design and Implementation

There are five key themes that were evidenced in the review, evaluation and feedback from the consortium and commissioners regarding the design and implementation of the project. The full table with more detailed information is available in **Appendix 2**.

Mobilisation
There was a change in approach from initial commissioned intentions that hindered early mobilisation and delayed the start of the programme. Once a project coordinator was in place and new approach implemented, momentum developed and through good engagement with key influencers, creation of a brand and using different communication platforms, mobilisation gathered pace.

It was also recognised that more time was required in the planning stage for the project team to ensure buy in from organisations whose employees were undertaking 'Train the Trainer' as there was a commitment for them to further train across sectors and not solely to their employing organisation's workforce.

Participation
There was good, diverse, multi sector attendance and after some initial low engagement at early insight sessions, some co-production did take place that enabled the modules to be developed with participants. However, it was challenging to secure GP and mental health professional attendance and some felt they had been 'sent' on the course with little information as to how it reflected in their role.

Early adopters spread influence which positively reflected on improved attendance at future, planned courses. There was a high level of enthusiasm and engagement from the majority of participants on the course. Each person determined the pathway that best suited them - with a significant number attending both modules 1 and 2 and expressing an interest in module 3.

Course structure and content
Course content was on the whole well received. Modules one and two were adapted to suit the participants, reducing from five to three days and changing some of the content after early sessions. Time pressures meant that module synchronisation could have been improved.

Partnership
The partnership between the training providers (Big Life group, MMU and The Performance Coach) was a new one, bringing together three organisations with specialist functions to offer to the programme for the first time. Communication was thought to be good but the time pressures on delivery and the early mobilisation issues hindered the ability to develop the programme further within the pilot period. The wider partnership, included the service provider/commissioners (HEE, Manchester CCG, Manchester City Council) and and through regular meetings and communications was thought to be a successful, progressive, open and transparent collaboration.

Impact
The intended longer term evaluation and impact on the service user was removed early in the programme as it was realised that this could not be achieved in the

timescale of the project. The formative approach was a good one and led to the continued development of the evaluation framework. Feedback from participants has provided indication that the programme has positively influenced practice.

5.2 Impact of training on participants

A total of 118 individual people attended the training programme (see section 4.1) with 38 attendees completing two modules and 7 people completing all three modules.

The detailed profile of attendees is shown in **Appendix 3** and, in summary shows that for Modules 1 & 2, there were a similar amount of participants across localities with the majority being employed by the NHS or local authority. There was a high level of female participants (average 74%) and a low level of those from an ethnic origin (20%). However, this could be attributed to the workforce profile/make up within these localities.

The following information gives a more detailed overview on each module that compares the learning outcomes with the impact of learning; the satisfaction; suggested improvements; impact on practice and applying their learning. More detailed data can be referred to in **Appendix 4.**

You can watch participants feedback on the programme here

https://youtu.be/CEQW4XQCKvQ

Some written case studies from participants are in Appendix 5

Module 1 – Introduction to Asset Based Approaches

'Training well delivered and extremely interesting'

'The session is very informative and helped me reflect on my own practice and what I can do differently'

The pre and post 'journey travelled' questionnaires from module 1 obtained feedback from 68 of the 78 who attended (88%). The table below links the learning outcomes to the impact on the participants levels of understanding:

Learning Outcomes	Impact of learning
A clear understanding of the concept and principles underpinning asset based approaches to care	Impact of participants learning covering awareness, confidence, skills and application were reviewed, with significant self-reported increases in all areas developed.
An awareness of the benefits of asset based approaches to people, communities and services	At the start of the training 63% of the participants said they were not aware at all or a bit aware of the benefits of asset based approaches to people communities and services, by the end of the training this reduced to 7% (5 people).
A working knowledge of the 5 approaches to asset	The course increased participant's levels of knowledge from 10% of participants having good or

based care as outlined in the Greater Manchester Public Health Network's Primary Care Framework	high knowledge about asset based approaches, to 84% (58 people) after the training course.
Have the skills, confidence and commitment to begin to introduce asset based approaches to your work	There was an increase in participant's skills in using asset based approaches in their work from 11% feeling they had a good or a high level of skills to 78% (54 people) at the end of the training. Levels of participants confidence in using asset based approaches was also found to have increased from 17% (10 people) feeling very confident to 81% (56 people) at the end of the training.

Satisfaction

Overall 53 of the 69 respondents rated the course as very good to excellent (77%).

As part of the evaluation questionnaire, there was an opportunity for them to feedback their comments/responses that are summarised below:

- In relation to the delivery of the course and its content, participants welcomed the interactive nature of the training, group activities and the balance of theory, practical activities and examples of practice (19 responses).
- Responses specifically mentioned the value of explanation of the principles of asset based working (13)
- Applying mapping assets (6)
- The value of learning about using asset based conversations (6)
- Participants particularly welcomed working with a range of service providers from different sectors, developing networks and understanding what other services could offer (9 responses).

Suggested improvements

- The majority of responses said the course had been interesting and nothing needed to be improved (21).
- Some practical suggestions were made in relation to technical delivery, the venue and the balance of content
- 4 participants suggested the course should be run as half days, or be less rushed.
- Suggestions were also made about more varied participation e.g. G.Ps, managers and service users.

Impact on practice

There were 20 responses received from attendees who completed the post course impact questionnaire (two weeks after completing the course). Overall, 15 out of the 20 said that they had been applying learning and their responses are summarised as follows:

- Applying a person centred approach with 'patients' and utilising resources of other services and agencies.
- Recognising structural and organisational change requirements, and the need to disseminate the approach.
- Participants own changing awareness and approach and recognition of ongoing training requirements.

> *'For my personal learning style I need to understand the origin, philosophy, methodology behind the model in order for it to make sense to me and in turn implement with passion, commitment and the dedication it deserves, to be a confident, wise and good practitioner'*

Applying learning

- Ten respondents further stated that they are now having asset based conversations, helping people to generate their own solutions and linking into other services, attending community groups.
- One attendee commented that a participant they are working with is:

> *'Seeing beyond the "I can't do anything" feelings he had and for him to take charge of the situation and resolve it'.*

The impact on staff development, through further training and using new asset based methods of assessment

1. **When asked what has helped them develop a more asset based approach to their work?**

- Thinking positively/differently was mentioned in 5 responses, whilst a shift or reemphasis on being more patient focussed, was identified in 5/15 responses.
- Linking of other services (e.g.Buzz) (3).
- Two mentioned the importance of the training and one line management support.

2. **In response to asking 'what challenges have you experienced in developing an asset based approach?'**

- Four attendees mentioned the longer time taken to work in an asset based way, e.g. workload pressures, and two the difficulty in changing their ingrained existing approach.
- Another respondent mentioned structural challenges in relation to funding and mindset stating

> *'Funding doesn't come from the positive. It's based on deficit. And changing mindset of clients and practitioners to think from another point of view'.*

- Those who hadn't manage to apply the learning yet mentioned lack of opportunity and time constraints as a barrier for development. (6)
- Three attendees stated no challenges.

3. **In relation to how respondents intended to take their learning forward**

- Personal professional development was cited e.g further training (7 responses),
- Applying more reflective, thoughtful asset based practice (6).
- 3 people mentioned making better use of available resources.

- Staff development and organisational changes were mentioned in 10 responses, e.g. sharing with colleagues

'I have developed new person centred assessments for use with Community Matrons initially, then hopefully rolled out to other team members'

'Useful for when designing services and writing service specifications'.

- 4 mentioned helping patients to have more control

'Signpost patients to local resources to help themselves'

Module 2 – Facilitating asset based approaches

'The training has made me feel passionate again about my role and impact'.

The initial and post journey travelled forms from module 2 obtained feedback from 56 of the 67 people who attended both days. Participants were expected to have had the opportunity to apply their learning between the two sessions.

49% of those who attended Module 1 also went on to complete Module 2.

The pre and post 'journey travelled' questionnaires showed an upward shift in participants self-reported ability to a high level as follows (% of participants):

Learning Outcomes	Impact of learning
The ability to listen and build trust and confidence in relationships with people through effective communication	Communicate effectively with clients from 85% to 92.9%;
The ability to jointly identify health and wellness goals with people	Working collaboratively with clients from 7.5% to 92.9%;
The skills to ensure people can understand the range of health related information presented to them for their specific health condition(s)	Helping people understand their options in relation to health from 0% to 75%
The skills to develop and maintain effective partnerships with clinical staff and with community organisation and providers of community based activities	Developing and maintaining partnerships with clinical and non clinical staff from 7.5% to 76.8%
The confidence and skills to navigate and make relevant connections to community organisations and community based activities to support health and wellness goals	Developing and maintaining effective partnerships with 2.5% to 71.4%
The ability to work with and organise volunteer staff	Working with and organising volunteers from 0% to 39.2%

Satisfaction

'Incredible course, met some wonderful people. Taking away great information'

'Fully briefed on asset based approaches to care'.

Overall 48 of the 56 (85%) evaluation respondents rated the course as very good to excellent - an increase in satisfaction rate from module one (77%).

As part of the evaluation questionnaire, there was an opportunity for them to feedback their comments/responses that are summarised below:

- The pacing, content and range of activities was well received by 86% of the participants
- The ‘open space’ activity was valued by 11 of the 56 respondents
- The opportunity to ‘dream’ and plan for the next year by a further 5 respondents
- A third of the participants specifically mentioned that they particularly welcomed the opportunity to network, and find out about a range of services and ‘talking to other professionals’

‘There must be a mix of skills in training group, not just clinical’

‘It opened up communication with different teams, which is the path being taken’

‘being on training with clinical/multidisciplinary colleagues very useful to explore commonalities of perspectives’

Suggested improvements

- 8 people felt the course was too long and could be condensed
- 5 people asked for more time for discussion.
- 4 respondents suggested that there should be more information about the role of the voluntary sector and volunteers, and some requested guest speakers.
- There was some mention of practical arrangements like the appreciation of the provision of halal food and biscuits, and some comments about a noisy/crowded venue .
- 7 respondents made suggestion for how the course could be followed up e.g. having refresher programmes, train the trainers, including more people in the training (e.g. receptionists, all GP practices, and managers) having an ongoing communication network and keeping working as a multidisciplinary team.
- 22 did not respond.

Module 3 - Asset Based Conversations Workshop

'This was a brilliant course, I think everyone should have access to it. It actually shows you how to have a conversation with people in a better way.'

'Fantastic motivation to change our mind-set and therefore help shift patient's ideas of their healthcare, i.e. increase their participation/activation in own health. This would then decrease use of our services and therefore help us all to save money.'

Evaluation data from the pre and post questionnaires completed by participants demonstrates a strong improvement before and after the workshop in the way that participants felt about their knowledge about (movement from low to high on self-rated score % of people)

Learning Outcomes	Impact of learning
The principles underpinning asset based conversations Understanding health behaviour and behaviour change	Participants improved their knowledge of an asset based approaches. At the start of the module 64.29% of participants had a goof level of knowledge, at the end of the module 100% of participants had a good level of knowledge
Understanding and using the Person Centred Coaching skills Understanding and using Care & Support Planning approaches	Participants reported an improvement in their sense of practical skill in being able to have an asset based conversation with someone. At the start of the module 61.53% had a good practical skills level and at the end of the module 100% of participants had a good level of practical skill in this area
Understanding and using Motivational Interviewing based skills	Participants level of confidence to have asset based conversations increased. At the start of the module 69.23% of participants felt confident. At the end of the module 100% of participants felt confident
Developing the ability to tailor your approach to the needs of a situation	100% of people believed asset based approaches can support practitioners to make a "mindset shift" in how they have conversations with people who use services

Satisfaction
Respondents were asked to rate their overall impression of the Asset Based Conversations workshop and various specific elements. A summary of responses were:

- 100% stated good or very good for content, delivery/leadership and applicability to their work
- 100% stated very good for the expertise of the facilitators and opportunity to work and learn with colleagues
- 93% stated good or very good in relation to quality of support materials and their own contribution to the learning of others.

Suggested improvements
- There was a lot of content which wasn't covered within the supporting material. Perhaps the content could be reduced and refined.
- Maybe extending it
- Obtaining any disabilities from participants prior to the workshop, to ensure any special needs can be addressed in a sensitive way. However the facilitators should be commended on how they addressed the situation on the day.
- More time to practice the tools with people and families and to then bring how you found using the tools, the challenges and barriers back to the training to embed and build confidence to use
- Each course should have someone attending who isn't part of front-line delivery, to understand how processes and procedures need to change to allow staff to truly work in this way
- Difficult to attend all 3 modules due to staffing and service cover, increase number of sessions and variable dates for modules
- I felt that one week between the training days was too short for me to try to practice the tools given and to read homework.

Impact on practice
Respondents were asked to provide examples of the application of the skills and approaches they had learned during the programme and how they had applied in practice. Some responses are below:

- Using a model of ‘T-GROW in practice is a starting point to move through a shift with the client so they discover their own aim/topic. It can work but not for all clients.
- The day after the workshop I had a consultation with a lady that I had worked with before and tried this way of doing it and it was a completely different outcome. Using the coaching I felt for the first time we actually got to the bottom of things and she felt that I had listened more than last time. I think we are going to have a much better relationship going forward.
- I am now using the TGROW model in my future practice and feel that this has given me more direction and focus. I feel this is giving the client more options and supporting their decisions enabling them to self-care.
- Patient was refusing to take medication which resulted to poorly managed COPD. By using the solution focused coaching questions thepatient was able to realise what she had to do in order to avoid exacerbation.
- I enjoyed the two full days learning, it has given me a structured view/approach to assessing and providing patient care

- I have used the TGROW to create the dissonance between the patient goals and reality to promote self-generated options. This is ongoing as I have to leave the patient to reflect on this for the following appointment.
- I have had a different type of conversation with a patient who had told me they hadn't been walking for 12 months. I coached the patient to think of a goal herself and this was to go outside and make herself a cup of tea. On the ward we then made a cup of tea together and she has now progressed to walking with a frame and having further rehabilitation at home.

Applying learning
Respondents were asked to rate the extent to which they felt the person centred care coaching approach can support practitioners to make a 'mindset shift' in relation to how they work with some patients/clients and 100% of participants reported at least a strong mindset shift (See **Appendix 4**).

What do you intend to do differently in your work as a result of the learning you achieved during the programme?

Key themes

- I will listen more and talk less. I will structure conversations differently,
- Make more frequent use of new coaching tools.
- To involve patient more in planning their care and to change the way I approach my own practice.
- Source training for other colleagues.
- Goals and aspirations as the main focus

In time, further evaluation will be possible that covers

- Feedback from the developing trainers about the TTT process (which can be undertaken after the co-delivery sessions)
- Feedback from people (patients/service users/citizens) who have had asset based conversations with one of the developing trainers – as we have included this in the requirements for trainers to become accredited coaches as part of the Train the Trainer process (this can be compiled when the trainers submit their portfolios of learning for European Mentoring and Coaching Council accreditation – expected in April 2018).
- Feedback from participants to further gather impact using this approach and whether it has benefited the people they work with.

5.3 Key insights and learnings

In Module three, respondents were asked to list their key learnings and/or insights that they recognised during the programme.

Key Points

- Importance of structuring conversations
- Learning practical coaching skills
- Importance of evaluating own skills
- Learning to flex approach with different people
- Value of the assets based approach
- Importance and value of interacting and learning with colleagues

Person Partner Place
Using assets to transform practice

- Learning from other's experiences.
- Putting models into practice
- The expertise of the facilitator
- The delivery style of the training – involving and asset based
- Good resources to take away

'Talking less and using coaching models to guide discussion/communication'

'The need to be flexible in indirect and direct approaches. To allow the patient be in control but to use reflection to guide but not dictate a conversation'

'The way the facilitators worked through the workshop material in a way that it felt like we were having an asset based conversation together'

'Interaction of other professionals and learning from each other, excellent teaching from the facilitators. I feel I can now feel confident to include the TGROW model in my practice'

Enabling self care is about patient taking responsibility for their own health and as a professional, coaching and motivational interviewing is one way of making patient self realise their own goals and aspiration and how to come up with their own solutions that are viable to them'

6 Conclusion

It is clear from the self-reported evaluation data that the ***Person Partner Place: Using our assets to transform practice*** pilot training programme has had a strong positive impact on supporting improvements in key learning objectives for participants. There were 118 people who took part in the programme, in at least one of the modules with 38 people completing 2 modules and 7 completing all three modules.

The initial challenge of mobilising participants to attend, may have been affected by the lack of prior engagement with and commitment from key stakeholders before commissioning to the training programme. The volume of training, even in recognition of the requested reduction of training days (from 7 to 5) was considered a big commitment for teams who were just newly integrated and/or working under pressure.

There is learning here about prior engagement and assessing the 'readiness' of the team/organisation/system to be confident that they will embrace and implement the training to optimum success. A 'Readiness Criteria' document has been produced by Health Education England (see **Appendix 5**) which is a series of questions that can be used in the early insight process.

Once the facilitation of training programme started, it is clear that it had a positive impact on participants. There was sense of momentum as the modules developed, meaning that after a slow start, mobilising attendance was easier as the programme progressed - helped both by early adopters influencing others to attend plus the production of a wider, more varied range of communications.

The whole programme of learning had a positive impact on participants in variety of ways. Firstly, there is a clear indication of strong shift in the numbers of participants in each module from lower levels towards a very high level awareness, knowledge, skills, practical abilities and confidence. Participants have better understanding asset based approaches to care and its impact on improved health outcomes and have built their skills, knowledge and capacity to successfully plan to deliver these approaches to people with defined health needs in each locality. Participants reported that this learning was achieved from key ingredients in the programme including:

- The practical focus
- Active learning
- Incorporating a range of inputs and activities, e.g., theory, discussions, reflection, group learning and skills practice.
- The experiential process
- Being able to apply to the workplace
- Working with other professionals and networking
- Tools and resources to use in practice and test on clients

Another indication of the value of the programme are the very high satisfaction levels, across all modules in the programme, with 77% of participants rating module 1 very good or above, 85% providing the same rating for module 2 and over 93% of participants expressing very high levels of satisfaction for key areas of module 3. There were some suggested improvements for each module, mainly around flexibility

in course length and how the programme will be followed up to ensure continued learning.

From follow up engagement with some participants it is pleasing that the initial impact of learning has been taken forward into practice. Participants have reported that they have been able to use an asset based approach with patients and have had different types of conversations which has seen an improvement in the way patients have taken on responsibility for their own health and been challenged to make positive decisions that in the past were reticent to do. Some have reported that this approach takes longer, while others have highlighted that it is possible to have an asset based conversation in 10 minutes. One issue that is important to consider is the feedback that organisational change needs to take place to enable this approach to fully take hold. While participant's awareness is changing, the environment they work in needs to change and adapt too.

Overall the pilot programme has evidenced that the approach taken has achieved the benefits set out in the tender. There is significant learning that has taken place regarding how this programme could be developed further and while there is some work to do to review and align the modules, there are clear benefits that each module could provide as standalone courses or be adapted to meet the needs of the workforce in a programme of development. It is also strongly suggested that having undertaken the training, staff are supported to continue to develop to use the approaches.

7 Key Recommendations

The training programme should, when appropriate, be targeted at localities and integrated teams (including health, social care and voluntary sector). This will produce the best outcomes – not only in terms of learning but also it will create connections, networks and allow for information sharing (which was highly valued by pilot participants). The participants who attend the course should also reflect ethnic, gender, disability and age mix of the workforce.

Prior to offering the programme, use the 'Readiness Criteria' for those who are interested in adopting the programme. This will help to optimise attendance, increase efficiency and ensure that the learning applied will be used in practice. It will be also be helpful in advance of the co-production/insight meeting stage.

Encourage the development of a communication plan - using a variety of mediums to promote Asset Based approaches and the training programme.

Create strong connections with the community and voluntary sector to encourage attendance – as it was realised in the pilot that many of these organisation are more developed in their approach to asset based working and they offered valuable information regarding the assets in their area.

Encourage GP representatives through local networking or key influencers. This does not have to be a GP but someone who is in a supporting role (eg: HCA, receptionist, care navigator).

The programme could be offered to other statutory services, e.g. education, police and considered for future, inter-sector working.

Think about how this training programme can fit within the organisation's OD planning/strategies:

- Can asset based approaches be built into organisational culture change – embedding the approach through piloting and measuring impact within a small team and creating the evidence to support further spread and adoption.
- Could it be incorporated into leadership development for leaders and managers to embrace and role model a coaching culture within their internal workforce?
- How can they continue to create a sustainable delivery model (eg: how will they continue to use accredited trainers?; Can they consider events to celebrate asset based working; action learning sets; networks etc)?

There may be a need to either embed this programme into management and leadership training or design/develop a separate course for managers – to aid understanding, organisational change and sustainability.

Develop an overarching evaluation framework which encompassed all three courses and key impact measures to enable future review/revision.

Consider how the asset based approach can be further integrated into graduate and higher education training.

Appendix

APPENDIX1: Course requirements

Module 1: Introduction to asset based care

This module is a one day course, focusing on introduction to and enabling to asset-based approaches to person-centred care, and supporting people to build on their own capabilities

Audience: Everyone working in primary health and social care integrated neighbourhood teams (including VCS organisations)

Learning Outcomes

- A clear understanding of the concept and principles underpinning asset based approaches to care
- An awareness of the benefits of asset based approaches to people, communities and services
- A working knowledge of the 5 approaches to asset based care as outlined in the Greater Manchester Public Health Network's Primary Care Framework:
  - Holding asset based conversations with people
  - Connecting individuals to community assets
  - Mapping and growing community assets
  - Mobilising place-based assets
  - Working with communities to develop local provision
- Have the skills, confidence and commitment to begin to introduce asset based approaches to your work

Course content included

- Why asset based approaches now, in the context of the current health, self-care and health inequalities agenda
- The core concepts of asset based approaches; the mind-set and competencies needed
- The impact of asset based approaches on health outcomes, communities and services
- Identifying, mobilising and growing individual and community assets
- Asset based conversations and connecting individuals to their communities
- Embedding asset based approaches in individual practice and across the integrated neighbourhood teams, and strengthening partnership working.

Module 2 Facilitating asset based care

Module 2 is a two day course focusing on facilitating care and support using asset-based approaches: linking individuals to community assets

Audience: Clinical and non- clinical staff or other professionals supporting asset based care in an integrated team/ VCS (eg. care navigators, link workers, health trainers) – In practice the audience was a wide as that of module 1

Learning Outcomes

- The ability to listen and build trust and confidence in relationships with people through effective communication
- The ability to jointly identify health and wellness goals with people
- The skills to ensure people can understand the range of health related information presented to them for their specific health condition(s)

- The skills to develop and maintain effective partnerships with clinical staff and with community organisations and providers of community based activities
- The confidence and skills to navigate and make relevant connections to community organisations and community based activities to support health and wellness goals
- The ability to work with and organise volunteer staff

The course content included:

- Theory underpinning asset based approaches, the variety of approaches and when to apply them
- Key skills needed for effective facilitation of asset based care, including:
  - Working with individuals identifying their assets, linking them with their communities
  - Building and sustaining relationships with community organisations and providers of community based activities
  - Developing effective partnerships with clinical staff and One team
  - Working with community groups and other assets, including working with volunteers
  - An introduction to Appreciative Inquiry, World Café and Open Space

Module 3 – Conducting asset based conversations

This is a 2 day course focusing on enabling participants to understand how an asset based approach can be used in 1:1 conversations to enhance personalised care through person centred coaching, motivational interviewing and care & support planning. The workshop was designed around the end goal of supporting practitioners to use a range of approaches, techniques and practical skills that facilitate more asset based conversations.

Audience: For practitioners including asset-based approaches in their practice

Learning outcomes

The course content and learning outcomes included

- The principles underpinning asset based conversations
- Understanding health behaviour and behaviour change
- Understanding and using the Person Centred Coaching skills
- Understanding and using Motivational Interviewing based skills
- Understanding and using Care & Support Planning approaches
- Developing the ability to tailor your approach to the needs of a situation.

This is a fast paced, challenging highly interactive workshop with an emphasis on skill practice and development. Peer challenge and support is promoted along with feedback with the intention of creating a community of practice. .

APPENDIX 2: Feedback from Consortium and Commissioners

Theme	What worked	Challenges	Recommendations
Mobilisation	• Commitment and influence of key system leaders and managers in each locality to influence teams • Success of early courses produced good word of mouth promotion from participants • The project group, of commissioners, providers and customers, worked well when full roles and resources were in place. • The development of the project manager role once in place made a big difference in promoting the training and influencing attendance • The creation of a good brand helped with marketing and the use of different platforms, such as twitter, website to promote PPP	• One team not all ready to embark on the training or understand what it was about. Finding the right people to influence took time • The was a need to change the initial approach of the consortium from providing training to a team in place to train, to promoting the course and motivating attendance, which delayed the start of the pilot • Not having a coordinator in post from the start to coordinate promotion and attendance from across H&SC in Manchester • Delay in delivery timescales due to the above • The timing of the course, when many teams were just forming prevented early commitment • There was confusion over the involvement of the VSCE sector in the training • Not having a full time coordinator role hindered progress • No administration support had an impact on coordinator	• Have all roles in place prior to start of pilot • Need to ensure a receptive culture and awareness prior to the start of mobilisation, e.g is it a part of workforce development strategy • Clarify who is responsible for each element of the project prior to commencement • Timescales were not realistic based on the current position of the One Team in being able to put staff on the training • Develop online booking system possibly through website where course is promoted • Dedicated administration support

Participation	• Good sectorial diversity represented in the training • Some coproduction took place with stakeholders which was useful in tailoring the approach • Wide range of NHS and Social Care staff attended • In the main, participants worked very well together and high level of engagement from almost all • Significant number and range of staff managed to negotiate being released for 3 days • This was about early adopters spreading the message to others • National VCSE org participants were good • Some areas such as north have leaders who are doing this (integration) • Trainees on courses showed enthusiasm to put it into practice but were restricted by time, caseloads and management understanding of asset based approaches • Wide range of NHS and Social Care staff • In the main, people worked very well together • High level of engagement from almost all	• Poor attendance at early meetings to discuss course • Initial meetings, identified as coproduction opportunities became promotion activity to motivate attendance, which limited coproduction opportunities • Issues around backfilling for GPs prevented early take up of course • Complacency: Some thought their work/ organisations were already AB • One person made it clear she had been sent on course and felt AB not appropriate for her work	• Develop readiness measure, criteria set for organisations/local delivery systems to optimise this training experience for their employees (that have been learnt from this pilot): o Level of understanding/buy in from senior management and middle management o Where are they on their journey in development within their localities (established)? o Need OD function to think about the right mix of people to attend; who would be suitable for train/trainer; future co-delivery approach and OD interventions in the future. o Need a resource (eg: Project Officer) to co-ordinate and promote to optimise attendance. o Have good connections with the voluntary sector and mental health o What Asset Based work is going on in that area? o Readiness indicator – not sanctioning people and ensuring its open to all Working with system leaders to determine who the key people are o Check list for coproduction o Research about the checks on the local system o What does sustainability look like • Discuss backfilling of positions for attendees

			• Coproduction should be part of readiness planning and include coproduction on content and to ensure modules are place based and include multi sector • Encourage organisations to begin thinking about how this could be embedded into the organisation through OD interventions: o Eg: -Piloting approach in a specific team, Embedding into induction, leadership programmes, engagement events, events for all attendees on pilot, Champions from this programme, Celebrations/Networking opportunities (eg: E-forums, action learning sets etc) • Having suitable venues: size of rooms, noise levels, working equipment, ensuring materials suitable for people with visual impairment • The importance of fully checking venues out in advance
Training structure and content	• Module 3 feedback is its very skills focused. • Structuring asset based conversations underpinned by PCC coaching approach -that can be used to undertake PCSP and can incorporate MI • Participants identified a pathway through the 3 courses • Module 1 o Final iteration of course worked well	• The alignment of the 3 modules could have been better described • There were some issues with staff attending for the initial module 1 and 2 course length (5 days), meaning the course was recue to 3 days • Different levels of education and training experience meant some people did not feel stretched enough	• More time spent on developing coherence between modules and coproducing content and learning outcomes with provider and customer • Better understanding about the knowledge and experience of participants and what they want to learn • Course content and approach needs to be appropriate and relevant for all sectors (i.e. not overly health focussed).

	o Great engagement and feedback • Module 2 o Needed very limited revision o Great engagement and feedback o A significant number of participants attended both Module 1 and 2 and hope to progress to Mod 3 • 10 participants committed to the train the trainer programme. • HEE committed funding for co-delivery sessions and requested an action plan from LCO that gave assurance of co-ordination, implementation (inc. targeted groups) and evaluation.	• The learning outcomes and course specification was heavily prescribed and appeared misunderstood leading to confusion in delivery • Timing of the course made it difficult for people to attend both modules if they found out about course late • Late getting buy in from organisations or train the trainer. • Challenge of non-clinical staff delivering to clinical colleagues. • Train/Trainer approach/strategy was not considered earlier in the project. • Challenge – the co-ordination of using a mix of employees across health, social care and voluntary sector	Possibly look at shorter days or use half-days • Revise outcomes to ensure other specific areas of AB practice are included • Ideally ensure everyone had attended Module 1 first, or at least done online course • Being specific about learning outcomes for different courses / modules • Need for managers courses – to aid sustainability – part of readiness tool? • Think about breaking course into half day courses for module • At the initial stages, provide information/framework about what will be required from the organisation and request a plan about how they will ensure staff can be trained to train and how they will spread and adopt in the future. • Any future training offered will incorporate some co-delivery funding to facilitate the required
Partnership	• Consortium worked well, had different strengths. • Generally good support for each other and in creating a consistent approach • Regular meetings with commissioners worked well • Early meetings and partnership development	• Partnership spent all allocated time getting the programme set up and attending unproductive meetings so there was less time to invest in the partnership itself • Continuing to meet as a partnership with time restraints and commissioner meetings, which in a	• Consortium lead need to build in time/money for an enhanced role in coordination, admin. Website design, hosting etc • Schedule meetings in advance – use videoconferencing • Flexibility of commission to increase payments within the envelope and not stated bid

	• Developmental meetings with commissioners was really good an coproduced	sense took over from these meetings. This meant that individual conversations were more frequent rather than consortium meetings. • Didn't have space to focus on alignment of courses and run through content in detailed way • Time spent on elements increased for each partner meaning each partner committed more time, money and resources than planned	• Need to build in time for course development and ensuring modules flow • Longer meetings when face to face is needed
Impact	• Formative, leading to adaptations on behalf of trainers. • Willingness to contribute • Good ideas for solid evaluation process	• Removed in depth evaluation element from tender, and agreed to roll out prior to evaluation. • Evaluation is normally an independent of delivery but in this case was conducted by the delivery partner • Course evaluation -too many learning outcomes for course to measure effectively • Final evaluation -some impact measures for the final evaluation were for longer term evaluation and could not be realised within the timescale of the project. • Course evaluation (Module 1&2) – didn't capture how they have put into action the learning from course.	• To understand impact on services there would need to be pre-project gathering of data and the evaluation would need to be longer term (eg: 1-2 years). • Need for an overarching evaluation framework which encompassed all three courses • Future review/revision of impact measures. • Review outcomes after full course evaluation and revise again if necessary. • Need mechanism for capturing case studies of how people are using the learning / any impact on practice. • Evaluation plan for train the trainer needed. • Need to be realistic about what is possible within the constraints of the current programme & budget

			• Pre and post training to look at impact of training on deflections from Primary and secondary health care

APPENDIX 3: Training programme and attendee profile

	Module 1	Module 2
Sector		
Local Authority	21(30%)	22 (33%)
NHS	32 (46%)	26 (39%)
Housing	5 (7%)	6 (1%)
VCSE	5 (7%)	10 (15%)
Not stated	6 (9%)	
Locality		
North MCR	35% (24)	19 (33%)
South MCR	20% (14)	15 (23%)
Central MCR	23% (16)	15 (23%)
City Wide	22% (15)	17 (32%)
Gender		
Female	80%	68%
Male	20%	32%
Age		
20-34	30%	(27.5%)
24 - 49	32%	(30%)
50-64	38%	42.5%)
Ethnicity		
White British	77% (53)	75% (55)
African origin	9% (6)	12% (9)
Asian origin	10% (7)	2.7% (2)
Caribbean origin.		9% (7)

Attendees profile information was captured for Module one and two only

APPENDIX 4: Self-rated knowledge, skills and confidence in asset based approaches

Module 1: Pre measure How would you rate yourself in terms of:

	Very Low		Average		Very High	Total
Your knowledge of asset based approaches in person centred care?	13.3%	21.7%	55%	10%	0%	60
How skilled do you feel about using asset based approaches in your work?	18.3%	25%	45%	11%	0%	60
How confident do you feel about using asset based approaches?	16.6%	20%	46%	15%	1.6%	60
How aware are you of the benefits of asset based approaches to people, communities and services?	13.3%	18.3%	31%	28%	8.3%	60

Module1: Post measure How would you rate yourself in terms of:

	Very Low		Average		Very High	Total
Your knowledge of asset based approaches in person centred care?	0%	0%	15.9%	68.1%	15.9%	69
How skilled do you feel about using asset based approaches in your work?	0%	0%	21.7%	57.9%	20.2%	69
How confident do you feel about using asset based approaches?	0%	1.5%	17.3%	56.5%	24.6%	69
How aware are you of the benefits of asset based approaches to people, communities and services?	0%	0%	7.2%	47.8%	44.9%	69

Module 2: **Pre measure how would you rate yourself in terms of your ability to:**

	Very Low		Average		Very High	Total
Communicate effectively with clients, patients or service users	0%	0%	15.0%	65.0%	20.0%	40
Work collaboratively with clients, patients or service users	0%	0%	22.5%	70.0%	7.5%	40
Help people understand options in relation to their health	2.5%	10.0%	37.5%	50.0%	0.0%	40
Develop and maintain effective partnerships with clinical and non clinical staff	0%	5.0%	27.5%	60.0%	7.5%	40
Develop and maintain effective partnerships with community organisations	2.5%	12.5%	47.5%	35.0%	2.5%	40
Work with and organise volunteers	10.0%	22.5%	37.5%	30.0%	0.0%	40

Module 2: Post measure How would you rate yourself in terms of your ability to:

	Very Low		Average		Very High	Total
Communicate effectively with clients, patients or service users	0%	0%	7.1%	51.8%	41.1%	40
Work collaboratively with clients, patients or service users	0%	0%	7.1%	51.8%	41.1%	40
Help people understand options in relation to their health	1.8%	1.8%	21.4%	53.6%	21.4%	40
Develop and maintain effective partnerships with clinical and non clinical staff	0%	1.8%	21.4%	50.0%	26.8%	40
Develop and maintain effective partnerships with community organisations	1.8%	3.6%	13.2%	57.1%	14.3%	40
Work with and organise volunteers	12.5%	16.1%	32.1%	19.6%	19.6%	40

Module 3: Pre-Measure how would you rate yourself in terms of:

	Very low			Average			Very high	Total
Your level of knowledge about what an Asset Based approach involves...	7.14%	21.43%	7.14%	35.71%	14.29%	14.29%	0	14
Your level of practical skill in having an Asset Based Conversation ...	0	23.08%	15.38%	38.46%	15.38%	7.69%	0	13
Your level of confidence to have an Asset Based Conversation ...	7.69%	7.69%	15.38%	53.85%	0	15.38%	0	13

Module 3: Post Measure how would you rate yourself in terms of:

	Very low			Average			Very high	Total
Your level of knowledge about what an Asset Based approach involves...	0	0	0	0	7.14%	64.29%	28.57%	14
Your level of practical skill in having an Asset Based Conversation ...	0	0	0	0	14.29%	71.43%	14.29%	14
Your level of confidence to have an Asset Based Conversation ...	0	0	0	0	0	84.62%	15.38%	13

Please rate your overall impression of the Asset Based Conversations workshop across the following domains:

	Poor	Satisfactory	Undecided	Good	Very good	Total
Content	0	0	0	14.29%	85.71%	14
Delivery and leadership	0	0	0	14.29%	85.71%	14
Expertise of the facilitators	0	0	0	0	100.00%	14
Opportunities to work and learn with colleagues	0	0	0	0	100.00%	14
Quality of support materials	0	0	7.14%	14.29%	78.57%	14
Applicability to your work	0	0	0	7.14%	92.86%	14
Your own contribution to the learning of others	0	0	7.14%	28.57%	64.29%	14

Mindset shift

	Not at all	Weak	Moderate	Strong	Very strong	Total

To what extent do you feel the asset based approach can support practitioners to make a "mindset shift" in how they have conversations with people who use services?	0	0	0	53.85%	46.15%	13

Recommending to Others

	Not at all	Unlikely	Neither likely nor unlikely	Likely	Extremely likely	Don't Know	Total
How likely is it that you would recommend this workshop to other practitioners?	0	0	0	0	100.00%	0	14
How likely is it that you would recommend a practitioner who uses an asset based approach to friends and family?	0	0	0	0	100.00%	0	14

APPENDIX 5: Case Studies

Health Education England

NAME: Mary Leggett

ROLE: Community Parkinson's Disease Specialist Nurse (PAT)

Do you work in health, social care or voluntary sector? Health

Did you attend Modules 1or 2? No

What did you know about asset based approaches before you began the training programme?

My previous line manager (Madeleine Bevan) had encouraged use of TGROW in our team and I had attended a self care group where this had been discussed

What did you learn on the training programme?

Ways for getting the best from a patient and getting their engagement

It might take longer a little but is worthwhile in the end

A health worker has an agenda and generally wants to fix people, some people don't want to be fixed; you can get patient's to set their own agenda and use your professional skills more effectively

The value of really listening and finding out what is important to the patient

How did it help you think more about multi-agency/integrated working?

Yes, this was one of the most useful parts of the course. We don't normally think about being joined up but there were people from housing, people in crisis teams, people working with the homeless – we all have same objectives.

How have you used your learning and how has it impacted on your practice?

I have started to use different questions. I am new in role and new to the job (this is a new role and there hasn't been one the same before). All the patients are so happy to see a nurse, normally I would be telling them what to do - but now I have learned to ask better questions:

- What are your expectations?
- What is it you would like?
- How is your medication working for you?

- What support do you need?

I am being much less directive and questioning more.

Have you got an example of using asset based approaches which has improved the outcome for the patient (eg: where they have identified and implemented changes to improve their health and wellbeing)?

We discussed a patient's incontinence and used the TGROW structure to have the conversation and discuss this with her. Normally I would have told her what she should do to manage her incontinence, but I focused on asking her questions and we talked more about how she felt about it and how it was affecting her. By the end of the conversation, the patient was putting suggestions forward for herself, and asking me to signpost her to a support group so she can

NAME: Julian Chapman

ROLE: MSK Extended Scope Practitioner (InHealth Group)

Do you work in health, social care or voluntary sector?

Health – we are a private organisation treating NHS patients through supporting CCGs

Did you attend Modules 1 or 2? No, only module 3

What did you know about asset based approaches before you began the training programme?

I had heard a little bit about the concepts, but no formal training.

What did you learn on the training programme?

The key learning was about structuring the conversation around patient goals, getting them to create their own goals using TGROW, writing them down and documenting what needs to be done.

How did it help you think more about multi-agency/integrated working?

Yes, definitely – it was good to meet people on the training, and I have found that now that I am more focussed on asking patients what their options are, it also helps to make me question my automatic thinking, so I am thinking more about what other agencies might be able to help.

How have you used your learning and how has it impacted on your practice?

Yes, massively so, a physio from our team also did the training and we have shared what we have learned through some in-service training with the team. We have developed shared way of working, whereby now in our initial MSK assessment we use TGROW and Appreciative Inquiry to help the patient come up with what their goal is ultimately; what assets are available to them; what we can help them with; and what they will do. We are getting patients to do a wrap up at the end of the session rather than us telling them what they are going to do.

When we do an assessment now, it goes straight through to physio with a copy to the GP – so they follow up to see how the patient is engaging with the interventions and how it's going. This is now happening across services with the patient driving the goal.

When documenting the assessment we now put a note at the top with what the diagnosis is, what GP needs to do, next steps for their treatment, and then patient's goal. This is not normally in notes. The result is that it is now much more transparent and we have what the patient wants at the heart of the treatment.

Have you got an example of using asset based approaches which has improved the outcome for the patient (eg: where they have identified and implemented changes to improve their health and wellbeing)?

A patient who presented as depressed and quite fatigued with her knee pain attended clinic. Diagnostically she was sound but had on going chronic pain and life pressures.

Initially she expected and wanted all the answers from the me as the clinician, expecting me to solve the problem for her and come up with a solution that suited her.

I was able to use the TGROW model to shift the emphasis back onto the person's own resources and work with the guidance around how to tailor my conversation with someone between activation levels 1&2. This involved supporting her to connect how her current behaviours were impacting her pain.

She cited time constraints as her main limiting factor. However, when I helped her to think more about how she was currently managing her knee pain and the various things in her life that is affecting how she is managing it, she identified a few things that she could do differently and committed to making some small incremental changes to her current exercise regime that were in her control and fitted with her current activities.

The assessment was a little difficult due to the levels of depression and chronic pain, however I was pleased I was able to structure the conversation differently and encourage her to make choices that fitted with her life. We now have a written step forward for both her and the GP. speak to others and share experience. It was a much more useful conversation for us both and gave a better outcome.

NHS
Health Education England

NAME: Meadhbh Westwood

ROLE: Nutritionist & Lifestyle Coach.

Do you work in health, social care or voluntary sector?

I work for a private healthcare company that is commissioned by Manchester Council to deliver service to community (free to users, paid for by Council)

What did you know about asset based approaches before you began the training programme?

We had done some internal training around motivational interviewing so had some knowledge, but this training was much more practical with more variety and a choice of different models to use. It broke the concept down o you understood why and how the approach works which made it a lot easier.

What did you learn on the training programme?

The various models which were all good

To step away from the deficit approach and use people's resources

To have conversations that get people to think more and generate options

To be a bit less directive , eg not "you must do this" and listen more

How did it help you think more about multi-agency/integrated working?

It wasn't a particularly important part of the programme for me. Everyone was from very diverse backgrounds and people tended to look at how asset based conversations could help them in their own situations/workplaces.

How have you used your learning and how has it impacted on your practice?

See below – three examples of where I have used this

Have you got an example of using asset based approaches which has improved the outcome for the patient (eg: where they have identified and implemented changes to improve their health and wellbeing)?

I had a phone assessment with a lady with alcohol dependency. I went through the TGROW model to structure the conversation and it helped her to think about what was happening more and come up with some ideas about what she could do to change her behaviour. I used the decisional balance model to help her to weigh up the costs and benefits of changing and she set some goals to stop drinking . Since the conversation, she has been three weeks sober and lost 9 lb. She has done it herself.

I did a session with a 12 year old boy around his weight and eating. I used the decisional balance model with him and he decided he wanted to make some healthy changes and health and nutrition. He was quite motivated by this as in the past he had just relied on what his mother provided and didn't see where he could contribute. The approach gave him a sense of more choice and control. Using the TGROW model following this resulted in some positive goal setting and some ideas for specifically what he could do to make a change. He set himself some quite firm goals that weren't fully realistic, but it has helped him to move in the right direction. Subsequently this approach has helped him to work towards his goals and his BMI has reduced a little.

I run some weekly group sessions to support people to make healthy choices and lifestyle changes. I decided to try out the asset based approach with the group and they responded much more positively. We used decisional balance and TGROW tools to have a different kind of conversation. The group reported that they found the approach really useful and said it helped focus them on what they wanted to achieve and more motivated to do it. Feedback a week later was that it "gave them a kickstart".

APPENDIX 6: Readiness criteria

It is suggested that the following key questions/criteria are considered so that there is confidence a local health and care system is ready to embrace the 'Person Centred Care through Asset Based Approaches' training programme:

- Is there a readiness for change?
- What is the level of understanding/buy in from senior management and middle management re asset based approaches?
- Where are they on their journey in development within their localities (eg: established integrated teams)?
- Need an OD function to think about the right mix of people to attend; who would be suitable for train/trainer; future co-delivery approach and OD interventions in the future.
- Need a resource (eg: Project Officer) to co-ordinate and promote to optimise attendance.
- Have good connections with the voluntary sector and mental health
- What Asset Based work is already going on in that area?

Health Education England

Person
Partner
Place
Using assets to transform practice