

A MODEL OF STAFF TRAINING: The GIST Process

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INTRODUCTION

Services for people with a mental handicap in Greenwich, like those in many other parts of the country, have been radically changing. The planned closure of Darenth Park Hospital and the DHSS initiative to get children out of hospital have resulted in plans to resettle some 80 children, young people and adults in 14 staffed houses in the community as two large institutions closed down.

These services are staffed by a mixture of staff transferring from the closing institutions and staff who have no experience of work with people with a mental handicap. It is generally accepted that training existing staff who may have extensive experience of work with people with a mental handicap in an institutional setting, but little experience of the issues involved in more intimate community settings, poses a significant challenge to new services (Ward, 1984). Equally, it is now strongly recommended that providing a good initial training period for staff newly appointed to community based services is important in order to help them to understand the principles upon which the service is based, to learn certain fundamental techniques and to generate and sustain enthusiasm and commitment to the new service.

The following model – Greenwich In Service Training (GIST) Process – was developed as a response to the immediate need to train and prepare staff for the opening of the new staffed houses (Sperlinger, 1987). It has also been refined and used to (re)train staff in existing hostels with equal success. Mittler (1987) has succinctly outlined the danger of “a naive faith in more and better staff training . . . now being tempered by a growing realisation that courses do not necessarily lead to change in the behaviour of participants, far less changes in the clients with whom they work”. The model outlined below was based on the conviction that staff training must be linked to active monitoring, evaluation and feedback of the services provided and to the consumers’ experiences of these services.

THE GIST MODEL

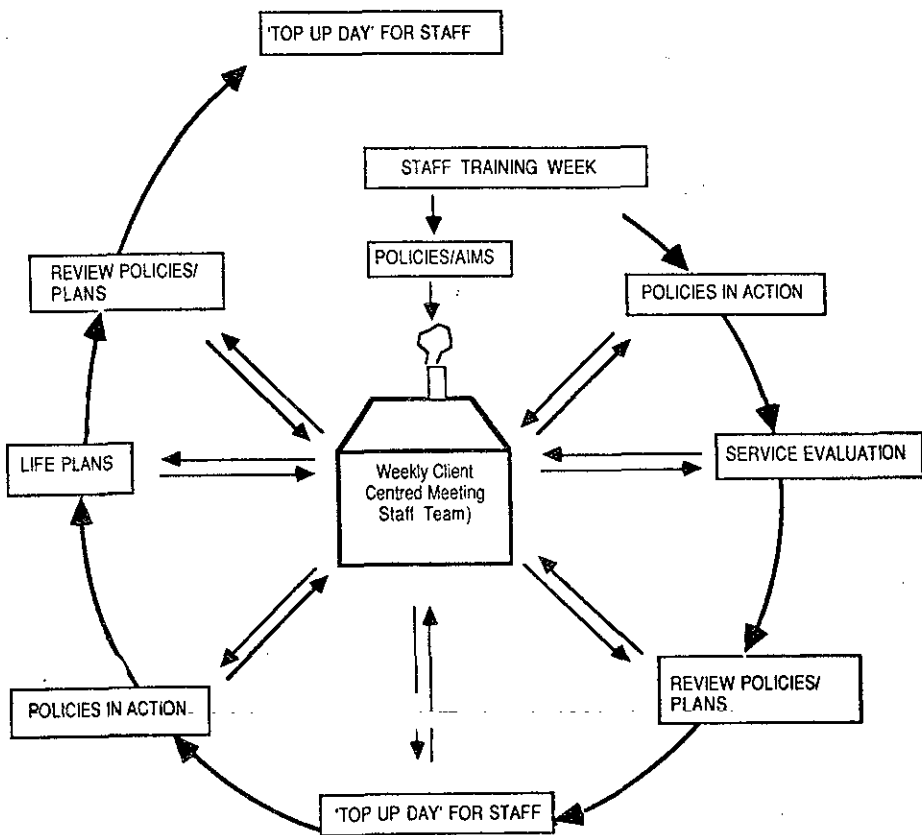
The model (see Figure 1) follows the stages of : –

1. Intensive training for staff. Setting goals for the staff and for the service.
2. Supporting and monitoring the services and policies in action.
3. Evaluating the service being provided.
4. Feeding back the results of the Evaluation and providing “Top Up” Training and new goals for staff as a result of the Evaluation.
5. Supporting and monitoring the service and (revised) policies in action.
6. Providing further “Top Up” Training for staff, leading to the setting of new goals.

and so on.

figure 1

THE GIST PROCESS IN ACTION



The GIST Process ensures:

1. Continuous training for staff;
2. Ongoing support for staff in their new roles/new setting;
3. Service Evaluation and Positive Monitoring;
4. Consistently high-quality service for consumers.

This process adopts an adult model of learning. It is not a passive process, but aims to set achievable goals for staff and to allow them to make plans and policies as to HOW to apply new skills and principles in their services. It gives staff the responsibility and planning time to decide what is relevant for their consumers and how it will be put into practice. It is, therefore, also policy making.

Mittler (1987) has pointed out that training should "provide opportunities for learning to be a change agent in one's own work setting". This requires that staff be helped to anticipate obstacles and to consider how such obstacles may be overcome. The GIST process gives staff the responsibility and planning time to do so.

ORGANISATION OF STAFF TRAINING

Initial staff training is organised as an intensive week for all staff working in the new service/house/unit, (including secretaries, managers, night and part time staff). The aim of the week is to enable staff to understand and respect the clients with whom they will work; to provide them with the knowledge and skills they will need; to establish detailed operational policies; to help build group cohesion in the staff team; and to initiate systems of positive monitoring and support for both clients and staff.

Timing of recruitment of new staff is important. The project/home leader must be in post prior to the remaining staff, so that he/she may get to know the setting and the potential clients and then assume responsibility for parts of the Staff Training Week. This is vital, not only in affirming his/her role as a skilled and knowledgeable manager, but also in ensuring commitment by key staff to training, evaluation and policy making from the start of the service. The recruitment of the remaining staff is completed to ensure that all staff are in post some 4-8 weeks prior to the opening of the new house, so that they:

- (i) Get to know the clients with whom they will work.
- (ii) Have a concentrated Training Week together to equip them for their new roles.
- (iii) Have time to help clients prepare for the move; to plan their reception into the new service; and to ensure that the stress of transition is minimised.

Staff Training only proceeds if the two pre-requisites have been met. That is: firstly, that all staff (part time, managers, etc.) are fully involved in the intensive initial training week, and in subsequent single training days. And secondly, that staff get to know the clients with whom they will work prior to the actual training week. There are a variety of "Getting to Know You" exercises and profiles available, e.g. Allen (1983); Brost and Johnson (1982), which are useful for staff and clients in learning about each other. We have also required that staff in existing hostels understand the needs, strengths and preferences of their existing clients prior to intensive staff (re)training and have provided a structured way of gathering such information with clients. The fundamental requirement is that staff spend time with the clients, both individually and as a group and "get to know" them as people.

Although the emphasis in this paper is on the process of Staff Training (and preparation) in relation to the development of new services, it is essential that this is related to the preparation of clients to move into their new home. We have found that the Staff Training Week is best timed after staff have got to know the clients but before they are required to prepare the clients for the actual move into the new service.

CONTENT OF STAFF TRAINING

The services for which staff have been prepared have varied from new staffed houses in the community to traditional hostels which continue to provide services. The fundamental principles upon which the residential services in the new houses are based are those set out in "An Ordinary Life" (Kings Fund Centre, 1980). Hence, the emphasis is on enabling clients to develop new skills, achieve more independence and become integrated members of the neighbourhood in which they live. The corner-stone of staff training is the preparation of staff for the completely new role they will have as 'homemakers' (Felce et al, 1985; Tyne, 1981). In the new services, there is only one group of staff to perform the total range of tasks required within the house.

There are now many excellent manuals and guidelines for staff training, e.g. Felce et al, 1982; Shearer, 1983; and Ward, 1984, and there is general agreement on the range of content which appears to be useful and effective in preparing staff for their new role. The content of the GIST Manual was, at first, based on a "guesstimate" of what would be useful and relevant to the first group of staff in 1985, and it is now tailored to meet the specific needs of the staff and clients of each house/unit in turn, although the core content remains constant. (Sperlinger, in press).

The following have proved to be essential for each staff group:

1. Understanding the aims of the service and how they apply to staff and to the house.
2. Understanding the consumers' view of services and respecting each client's individual needs.
3. Understanding and appreciating the families/relatives' view of services and ensuring that they are as involved as they can be.
4. Identifying each client's strengths and needs and agreeing on how to respond effectively to their most pressing needs.
5. Learning how to teach clients new skills, how to provide opportunities, and how to plan with clients and their families.
6. Deciding how to ensure that consumers' views will be made known and continuously heard.
7. Clarifying operational policies; e.g. risk taking, keyworkers, privacy, record-keeping, etc.
8. Looking at how the 'Working Day' will be organised and getting prepared for 'Day 1' in the new service/back on the job.
9. Setting up support systems for staff and for clients.

This Staff Training results in the setting of achievable goals for staff and, crucially, it sets clear objectives for the service which can be measured in the Service Evaluation.

WEEKLY CLIENT CENTRED MEETINGS

These meetings, led initially by the home leader and a psychologist, have proved to be crucial to the development of the services in many of the houses. The emphasis on client related issues ensures that the meetings focus on the clients, but the aim is to support and facilitate staff in putting the agreed policies into action and in monitoring their service. In these meetings, staff discuss specific skills

teaching for clients; how to monitor progress; how to meet the needs of all the clients in the house; and how to support each other.

Staff will only continue to perform the skills they are taught on training courses if the system within which they are working supports and encourages such skills. Chamberlain and White (1986) have clearly made the point that, if supportive systems are not in operation in the work setting, then staff trainers should be cautious about teaching skills to staff. We have found that weekly client centred meetings operate as a very effective support system.

TOP UP DAYS

Continuous training and review of policies are essential. Not everything that staff need to know can be learned during an initial training week (Ward, 1987). Regular, planned training days are required so that staff review their work, their goals and the service provided in the light of their own and of clients' changing needs. This may require further skills training for staff, a review of operational policies and will conclude with the setting of new objectives for the service for the next 6 months.

We have developed a system of regular "Top Up" Training Days for all staff in a house/unit every 6 months. This requires temporary (Bank) staff cover to release all staff from normal duties to spend one day together, but the benefits are substantial for both clients and staff. Ward (1987) has pointed out that too little attention has hitherto been paid to the need for ongoing in service training and that, without it, services may stagnate.

SERVICE EVALUATION

We cannot simply hold the cherished illusion (Huxley, 1986) that everyone's quality of life will improve as a result of a transfer to the community. Houses for people with a mental handicap can be very restrictive (Chamberlain and White, 1986). People "living in the community" still interact mainly with other handicapped persons, experience loneliness as an intensive problem, experience little autonomy, spend endless hours in useless inactivity, and have little experience of everyday aspects of community living, (Emerson, 1985).

Blunden and Beyer (1986) and Emerson (1985) have emphasised that service evaluation is only relevant if the right questions are asked. There is now general agreement that pursuing quality in services involves a radical shift from the traditional methods of measuring how services are delivered to measuring their actual impact on consumers' lives. In the GIST Service Evaluations, we also examine the discrepancy between the goals and policies set by staff in the Training Week and what is currently taking place so that we may identify good and bad practices and tailor intervention to the problem identified.

The information is gathered by a Psychologist and a house staff member together. It is collated, documented and fed back first to the house staff, consumers, relatives and then to managers. From this positive and negative feedback, new goals are agreed for the service and the means of achieving these new goals is specified.

Service Evaluation is part of the staff training process. Evaluation takes place annually for a house/unit, and is timed so that the feedback to staff takes place during a 6 monthly "Top Up" Day at which all staff are present. As a result of the feedback, new goals are set for the next 6 months. If staff require new skills in order to meet these new goals, then this is provided during the Top Up Day. If changes

in organisational or management procedures or operational policies are demanded, then, where possible, these are effected by the manager in charge, after discussion with the staff team. Changes required which are outside the span of control of the house staff and immediate line managers (e.g. District transport policies) are referred directly to the most appropriate manager at Unit or District level, along with the evidence within the Evaluation.

This Service Evaluation is linked to action. The questions asked are intended to measure real outcomes for consumers and include the gathering of consumers' views of the services which they receive. We have used a variety of methods of gathering information including: time sampled observations of clients and staff; continuous records of clients' use of community facilities, new skills learned, opportunities given and choices made available; clients' views, relatives' views and staff's views; diaries; etc. Hence, we can measure the amount of time clients spend unoccupied, how much they use community facilities, the choices they are regularly offered and their views of the house in which they live, and the service which they receive. Like Mansell et al (1987) we have found it possible to examine how staff spend their time, how much they understand the service objectives, which practices they routinely follow and which have fallen into disuse.

OUTCOMES

1. To date, some version of the GIST Staff Training week has been organised for 15 groups of staff. Of these, 6 groups have been staff in existing services (e.g. hostels/day centre) and 9 have been staff preparing for new staffed houses. Of the latter 9 staff groups, 3 have been providing services for children and young people and 6 services for adults. This represents a total of some 150 staff.
2. Staff complete checklists and questionnaires at the GIST training weeks and Top Up Days. A consistent finding has been that what staff rate as 'most useful' are:
 - (i) Getting in clients' shoes/understanding relatives better.
 - (ii) Learning new and useful skills and information which they can envisage using back in the workplace.
 - (iii) The "Team-Building" effect of the training on the staff group as a team.
 - (iv) Learning about Normalisation.

When asked 6 and 12 months later to look back at the initial training week and rate what had had most influence on the service, staff named:

- (i) Learning about Normalisation.
- (ii) Greater knowledge/understanding and respect for consumers.
- (iii) Staff "Team-Building".
- (iv) Skills Teaching.

Although the ranked positions of Normalisation and Skills Teaching are reversed over time, there is a remarkable consistency about the content ranked most useful or most influential from some 12 topics.

It is often forgotten in the enthusiasm of creating a new service that reviewing one's role can be stressful for staff, particularly if the service is to function without the usual hospital networks. Staff and consumers miss the support that such networks provide and staff need help to develop their new role in the relatively small teams which staffed houses require.

3. Service Evaluations, although initially feared by staff, have been accepted as

useful and powerful means of monitoring both achievements and shortfalls. For example, in one staffed house, the initial evaluation after 6 months, found Engagement to be only 8.4% for the children during the day at home. The Top Up Day concentrated on clarifying engagement and disengagement and exploring the needs of individual children. Twelve months later, the next Evaluation found Engagement to be 37%. In the same house, a later evaluation included a questionnaire for both staff and parents of the children who lived in the house. Results indicated a discrepancy between what staff and parents felt constituted a "welcoming" greeting when parents came to the house. Again, staff training concentrated on this issue, with help from one of the parents, and there is already evidence that this has had a very positive effect on the relationship between staff and parents.

4. Staff training must address the skills required of staff and the demands of their job in the particular environment in which they are to work.

The GIST process has proved useful in both new services and in established services as long as the staff and trainers have adequately researched both the skills, needs and experiences of the clients to whom the service is to be offered and the resources available to the service. There is no point in teaching staff skills or information which are not valued or expected of them in their work. Only when staff are provided with an opportunity to put into practice what they learn, will training be adequate. If staff cannot relate what is being taught to their own job, it leads to bitterness, frustration and low morale, as they return to their place of work seeing only the increasing distance from the ideal of their service and their job. It is the task of trainers to establish precisely what resources are available to staff BEFORE training, so as not to set up a cycle of frustration. For example, there is no point in spending training time on how to teach consumers daily household tasks if there is no cleaning/laundry/kitchen equipment available.

5. Whatever form training has taken, it does not happen automatically, but requires resources and must be part of the management structure from the beginning of planning new services.

It will be clear that the recruitment policy outlined above, in which staff are in post up to 3 months before the opening of a new house, has huge financial implications. Similarly the GIST model, with its pattern of a continuous cycle of single training days for all staff in a unit/house every 6 months, requires agreement to the recruitment of Bank staff in order that groups of staff may be released from normal duties for a day. Again this has substantial financial and management implications, for which there must be support.

6. It is generally accepted that regular Individual Planning is a necessary and appropriate way of ensuring that a consumer is receiving an effective and individually tailored service, designed to meet his/her needs. Traditionally, "caring" has been seen as its own reward for staff. We are no longer asking staff to "care for" consumers, but we often do not give enough consideration to either helping staff to devise "Work Plans" or "Service Development Plans" for themselves, or to helping maintain staff performance within the system.

This raises the importance not only of general support, but also of specific feedback for all levels of staff - "Catching your Staff do something Right" (Houts and Scott, 1975). Chamberlain and White (1985) have found that the common features of systems (or homes) which maintain positive behaviours (in relation to skills teaching) in both staff and consumers are that they:

- (i) Show staff what is expected of them
- (ii) Give staff the opportunities to perform the skills

- (iii) Value the skills and their performance very highly, and
- (iv) Help them to monitor their own effectiveness, so that their teaching skills will improve.

The GIST Process aims to break down the role for staff into practical and digestible units; to support staff in using their skills; to help them evaluate their service; and to continue to set and review work goals for staff. It is a model of staff training which provides staff with the opportunity to develop new skills and the autonomy to put them into practice within a supervised and supportive framework. It provides a much broader base for staff at all levels to participate and prevents the usual "Peek-a-Boo" attitude to staff training.

7. A substantial body of work has indicated that, when direct care staff feel that their role is flexible and that they play an important part in decision making in their work place, it results in not only better motivated staff, committed to implementing change, but also in better outcomes for consumers, (Raynes et al, 1979). In the pressure to prepare staff for new services, there is a danger that we perpetuate the "injection" form of staff training, such that it is a "one off" filling with training in which staff are passive recipients. The language which staff use to describe various types of training is revealing. For example, "I've done my training" / "I've had my training" etc., all convey the message that it is over and in the past. If services are to be responsive to the changing needs of both consumers and staff, training must be ongoing and dynamic.

8. Pursuing quality in services is part of the GIST Process. Service Evaluations look at whether the service aims and objectives are being met, at the effect of the service on consumers' lifestyles, and at consumers' own views of the service. They are concerned not only with the service process, but also with client outcomes. Further, the planned feedback of these evaluations facilitates positive monitoring, (Blunden, 1988) and provides a measure of the quality of service being offered.

This model is now being proposed for clients in Continuing Care Services (Lavender and Sperlinger, 1988) and has potential value for a range of services.

We believe that the model or process of training outlined above not only guarantees continuous monitoring of services, but also ensures that each step — staff training, consumer-preparation, ongoing support and service evaluation — promotes positive changes in staff and in service policies and, ultimately enhances the lives of the consumers. It also provides a way of **sustaining** quality in services.

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