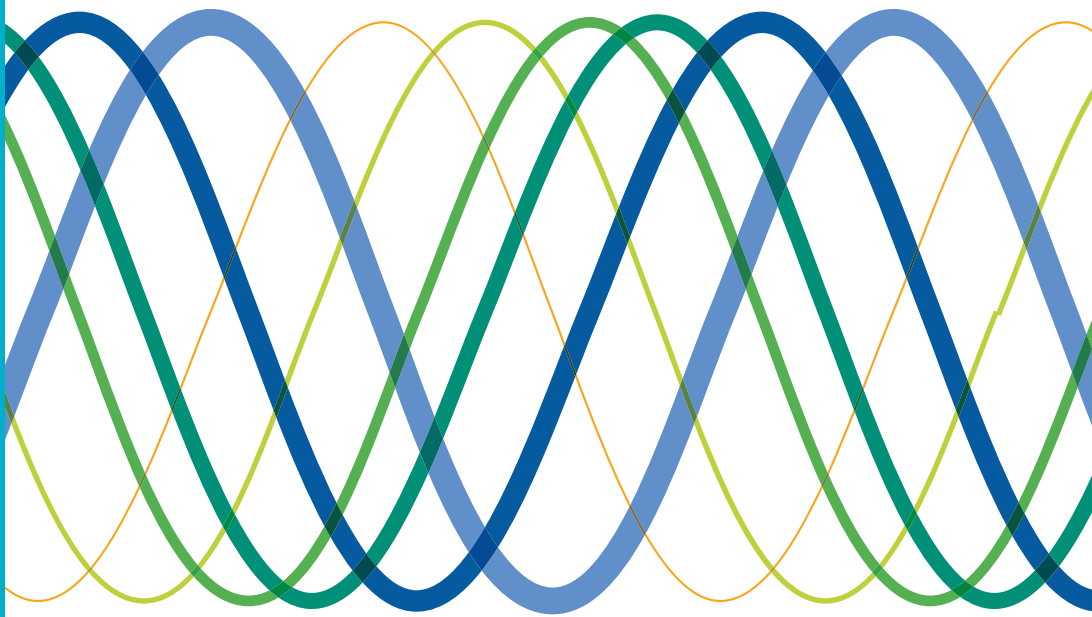
research
in practice
for adults

training transfer: getting learning into practice



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the purpose of this resource

This booklet provides practice suggestions informed by research evidence to support people who attend, commission and deliver training to improve their learning and development processes. Such changes should maximise the chances of training transfer occurring.

Without training transfer - the use of the acquired knowledge or skills once back at work - the training can be a waste of both time and money. Maximising the return on investment from training programmes is always important, but it becomes essential during times of austerity.

who this is for

This resource is aimed at people who have a responsibility for ensuring that training is successfully transferred to practice. This may include people who provide or commission training, team leaders, supervisors and managers - but it may also be of interest to other qualified and non-qualified staff or volunteers who would like to make the most of the learning opportunities provided to them.

Training is a shared responsibility between those who provide training, organisations/managers and delegates. Throughout the booklet you will find points to consider, addressed to each group, which aim to get you thinking about how you could increase the impact of the training you commission, deliver or attend.

Responsibility for training transfer is shared

Further information, including an accompanying poster is also available from **research in practice *for adults***. We have included selected references throughout the text to allow your own exploration of the topic.

training transfer

Training transfer refers to 'the use of trained knowledge and skill back on the job' (Burke and Hutchins 2007), and is an important but often overlooked issue in social care.

Training is used extensively in the social care sector as a way to standardise practice, meet safety requirements, induct new staff, embed new ways of working and improve practice. However some authors have identified that despite investing considerable resources into training, 'we have little knowledge of what training works and for whom, or its outcomes' (Manthorpe et al 2005). By understanding the process of training transfer, and the factors that influence whether it occurs, we can change the way we commission, provide and engage with training to maximise the likelihood of transfer.

If training is not transferred to the workplace i.e. if practice does not change after attending training, the whole exercise is a waste of time.

Within the research literature, three factors have been identified as being important in influencing transfer.

For social care training specifically, there is currently very little academic research, but initial studies seem to suggest that the 'subject climate' may also be important in this context (Pike 2012). Subject climate refers to how good a match exists between what training says should happen, and what actually happens at work.

Each of these four factors and their components will be explored more fully on the following pages.

individual characteristics

The characteristics of individuals who attend training programmes have a significant impact on whether training is transferred to practice. The degree of engagement with learning is affected by many things including numerous types of motivation, self-efficacy (belief in ability to perform certain tasks), cognitive ability, organisational commitment, perception of relevance of the training, and personality. Attitudes to training generally, as well as to the specific topic may also affect transfer. Some of these factors can be affected by the approach to training advocated by the organisation; for example a 'tick box' training culture or a negative transfer climate is likely to lower motivation to attend. Some of these factors are explored in more depth below.

motivation of person to attend, learn and transfer

Even the most brilliant of training programmes is unlikely to have an impact on practice if it is attended by people who are not motivated to attend, learn and transfer. Research has found that people who attend training voluntarily are more likely to transfer their learning to their work.

Similarly, adult learning theory outlines that motivation to learn in adults is triggered as they identify learning needs that will help them succeed in the role they hold.

Intrinsic motivation - motivation that stems from an internal willingness to learn, has a stronger relationship to transfer than extrinsic motivation, i.e. external pressure to undertake training (Burke and Hutchins 2007).

This has implications for the effectiveness of mandatory training (Mythen and Gidman 2011). Motivation to learn has also been positively linked to both work performance and training transfer.

In practice, this means that adults are more likely to want to attend, learn and transfer training if they are intrinsically motivated to do so - if they understand the purpose of attending and how it will assist them do their job better. This has implications in terms of the importance of conducting learning needs analyses, (see page 6), preparing learners for the training they attend, and discussing how attending will help the organisation to achieve its aims i.e. improve the quality of life of the people they support.

learner readiness

Learner readiness encompasses activities that prepare the learner for the training event. Activities may address motivation, intention to use learning or self-efficacy, support learners to set goals, or test prerequisite skills. Studies have found that high levels of learner readiness are linked to the use and reinforcement of child welfare practice skills and training transfer.

This has implications for the structures that exist around training in organisations; training should be linked to performance and goals should be set, and followed up on, relating to the area of performance that the training will target. Intention to use learning should be addressed and secured before the training event.

perceived utility of attending

People who perceive that training is useful, learn and transfer more (Burke and Hutchins 2007). This means that supporting people to understand how training is relevant to them is an important part of the training process. Again, using processes such as learning needs analyses (see page 6) can help staff to recognise and own the learning needs they have, and facilitate the selection of training that is appropriate and timely.

personality

Certain personality characteristics, such as conscientiousness, have been found to have a relationship with training transfer. Attitudes to the subject may also be an important factor in health and social care training (Antle et al 2010); for example training transfer in long- term care was affected by staff attitudes to older people (Stolee et al 2005).

While personality cannot be changed by the structures introduced into the workplace, it can be recruited for, as can other useful traits such as attitudes, willingness to learn, openness to change and a human rights value base. Practically speaking, this means that attitudes to learning and development, and to important aspects of social care could be included in recruitment criteria.

'Programmes do not "work"; people make them work'
(McCrae and Banerjee 2010)

points to consider

for delegates

- **How do you identify your learning needs?**
- **How do you prepare for training?**
- **How do you make sure you know what the training is meant to achieve?**

for managers/organisations

- **Do you have a policy of mandatory training? How does this affect staff motivation to attend training?**
- **How do you support your staff to identify their performance-related learning needs?**
- **What factors influence your choice of training provider? Do you consider training transfer in your choice of provider?**
- **What steps do you take to ensure your staff are motivated and prepared for training?**
- **How do you support staff to understand the relevance of training to their role?**

for those providing training

- **What kind of preparation activities do you provide to delegates?**
- **How do you ensure that the appropriate people attend your programmes?**

training design and delivery

The way that training is designed and delivered can have a huge impact on training transfer. As well as taking account of the principles of adult learning, tools such as learning needs analyses and practice and feedback of skills are important. Other methods to increase transfer include discussing training transfer and how the learning will be used at work, creating action plans or learning goals, and building in follow up and evaluation. Ensuring that the content is relevant to delegates is also crucial; people are not likely to use learning that they can't relate to their job. This ties in to learning preparation, and ensuring that the right people attend programmes.

learning needs analysis

Analysis of learning needs has a clear rationale. Training is most effective when it is used to address a deficit in knowledge, skills or ability; using it as a way to improve poor performance caused by factors in the work environment is unlikely to be effective (Burke and Hutchins 2007).

To put it into context: if staff have no idea about the principles of person centred care, or how to implement it, then training might be a useful way to make their practice more person centred by meeting that learning need. However if they understand the principles and how to put them into practice, but are unable to work in a person centred way because of structural or financial constraints, then asking them to attend more training is likely to only cause resentment.

Basing training content on an analysis of learning need leads to higher levels of training transfer. Adopting structures such as learning needs analysis as a standard part of the supervision process also contributes to higher perceived utility of training, and motivation to attend, learn and transfer.

content relevance to job

Delegates must perceive a close relationship between training content and work tasks in order for transfer to occur (Burke and Hutchins 2007). Practically this means that during training, connections should be made between the learnt material and practice - delegates could be asked how their practice will change in light of the new information, or discuss situations in which the topic at hand is relevant. In social care training, the use of discussion of relevant case studies could help delegates to relate the learning back to their work; trainers could ask delegates to send in anonymised case studies beforehand to use in the training. Making training as much like the workplace as possible narrows the transfer distance, which increases the likelihood of transfer. Additionally, managers/ supervisors have an important role to play in contextualising the learning after staff have attended training.

discussing transfer

Knowledge of training transfer has been found to be variable among training providers and a survey of training in the UK found that many accepted best practice activities in training transfer were not consistently carried out in programmes across all sectors.

In the adult social care sector, the culture of training has been generally identified as a negative one, centred on 'tick boxing' and 'collecting certificates' (Pike 2012). This implies that the importance of using transfer strategies to maximise the effectiveness of learning is not consistently recognised. Discussing transfer in the design and delivery as well as evaluation stages of training could help reinforce the importance of using the strategies mentioned here to support transfer.

practice and feedback

Burke and Hutchins (2007) cited practice and feedback opportunities in learning interventions as important in enhancing long-term maintenance and application of skills. Spaced training - where delegates attend a course over numerous sessions, with time in between each one to reflect and practice skills in the workplace, has also been linked to increased transfer, as have follow up or booster sessions (Morgan et al 2007). This implies that training works best when delegates have a chance to try out new skills in their work, before returning to the session for feedback and discussion on the challenges and successes encountered.

Social care training aims to improve the confidence and competence of the workforce (Stolee et al 2005) and practice and feedback may increase delegates' confidence by supporting them to use new skills in a safe environment. Confidence has also been identified as the linking mechanism between knowledge and action in safeguarding adults training (Pike et al 2011), and other types of social care training may use a similar mechanism. In social care, thresholds and professional judgements are often a grey area meaning that improving practitioners' confidence in their decisions, and ability to explain their rationale is all the more crucial.

self-management

Applying new learning to practice can be challenging. Self management strategies can provide staff with support to change their practice. Standalone self-management training improves delegates' work-related self-efficacy (belief that they can do the job) - which is similar to confidence. Strategies can include goal setting, action planning, self-generated positive feedback and relapse prevention techniques (Burke and Hutchins 2007).

'If poor performance results from a lack of staff knowledge or skills, training can be provided. If it results from other factors, e.g. organisational, social, resource, managerial or attitudinal, these must be addressed accordingly'

(McKenzie et al 2002)

training design and delivery

follow up and evaluation

Training follow up is linked to transfer motivation: staff are less likely to change their practice if no one expresses an interest in whether they have or not.

Evaluation can also be part of the transfer process. It motivates people to transfer their learning - because they know that outcomes will be evaluated - and also helps with the process of transfer by prompting reflection on what changes have been achieved, and what still needs to be done.

The model of training evaluation generally used in the social care sector is administrative i.e. it involves counting numbers of staff who have been trained - and is illustrated in figure 1.

But asking how many staff have attended training tells us nothing about the impact that it has had. These transfer-related outcomes - relating to skills, knowledge, attitudes, and behaviours that have been applied to work, are more difficult to measure, but are also more important and meaningful. Information about how to develop effective evaluation within the social care sector is available via **REASON:** the research, evaluation and analysis support network co-led by **research in practice, research in practice *for adults*** and the National Foundation for Educational Research.

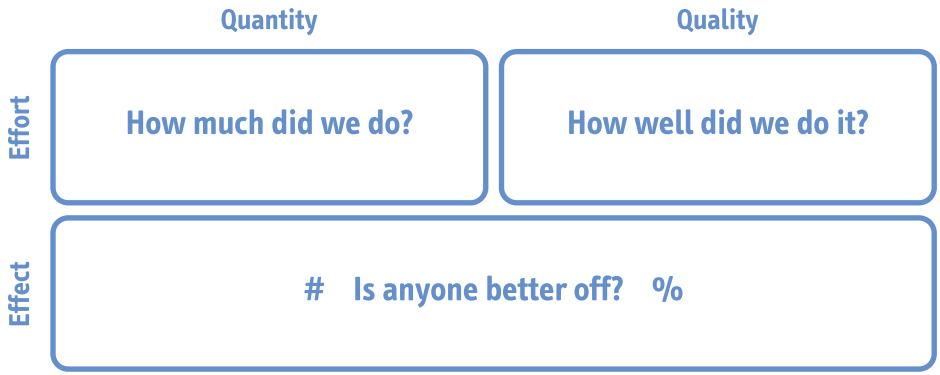

figure 1: Friedmans' performance measure categories

Friedman M (2005) *Trying Hard is Not Good Enough: How to Produce Measurable Improvements for Customers and Communities*. Victoria, BC, Canada: Trafford Publishing.

learning goals

Learning goals have been positively correlated with training transfer (Burke and Hutchins 2007). They can be short-term benchmarking goals, or long-term outcome-related goals, but setting goals is generally accepted to be more effective than being urged to 'do your best' in terms of transfer outcomes. Discussing learning goals with managers or supervisors has been recognised as useful.

The type of goal should also be considered: job development-related goals tend to lead to direct transfer - applying knowledge and skills to work; while self-development goals tend to lead to indirect transfer - e.g. increasing confidence.

Within a social care setting, Bell (1993) outlines the goals of training to be:

- **to meet service users' and carers' needs**
- **to contribute towards achieving organisational goals**
- **to meet the professional development needs of the individual.**

Using this list to frame learning goals may help delegates to have a clearer idea of what training is meant to achieve.

In terms of practical implications, this means that delegates should aim to set learning goals related to both their own development, and development of their job. A mixture of short-term and long-term goals, discussed, agreed and supported by their manager are likely to positively enhance transfer.

points to consider

for everyone

- **What kind of agreement do you have with other parties (delegates, managers/ organisations, and training providers) about where the responsibility for transfer lies?**

for delegates

- **Do you set learning goals relevant both to your own development and the development of your job- related performance?**
- **Do you agree learning goals with your manager before attending training?**

for managers/organisations

- **To what extent is the training you commission based on an analysis of staff learning needs?**
- **What support do you provide to staff to create learning goals and carry out action plans?**
- **How do you support staff to contextualise new learning after they have attended training?**

for those providing training

- **What kind of transfer tools do you include in training programmes?**
- **How do you ensure that delegates understand how the learning from your training can be applied to their practice?**
- **What kind of follow up and evaluation processes do you plan in to training?**

transfer climate

Transfer climate refers to 'those situations and consequences in organisations that either inhibit or facilitate the use of what has been learned in training back on the job' (Burke and Hutchins 2007).

Features of a positive transfer climate include:

- **cues that prompt trainees to use new skills**
- **consequences for correct use of skills and remediation for not using skills**
- **social support from peers and supervisors in the form of incentives and feedback.**

The following workplace factors influence the transfer climate, but are notable for their individual contribution to training transfer.

manager support

Manager support was rated as the most important factor influencing the effectiveness of training in long-term care (Stolee et al 2005), a finding that has been supported by much empirical research, including social work research. Some authors argue that manager support is more important than organisational support, because it has more every day impact (it is more proximal). However a social care based study pointed out that supervisor support is only useful if the supervisor is competent, and found that providing training on supervision positively affected outcomes. Further research suggests that managers should be trained as 'transfer agents'. Providing managers with information about transfer may reduce misconceptions about what training can achieve without the necessary organisational structures and support. This could ultimately lead to delegates receiving enhanced support to transfer their learning. For more senior staff, having the autonomy to make changes to practice may also aid training transfer (Pike 2012).

peer support (role support)

Peer support of learning also has a strong or moderate relationship with transfer. Having a 'critical mass' of people attend training has been associated with transfer in health and social care training (Gauntlett 2005), which may have been due to peer support, or because delegates saw evidence of other people's training transfer.

The availability of 'expert' staff, along with the support and commitment of peers and professionals was identified as a factor influencing the success of training in long-term care. Role support (which relates to the availability of others to discuss practice related concerns) was also found to be more important to the success of training aiming to change nurses' therapeutic attitude than the educational intervention itself. Education on its own was not sufficient to improve attitude; in fact without role support, education could lead to a loss of confidence (Ford, Bammer and Becker 2009). This implies that the support of new ways of working from peers can be equally, if not more important to ensuring practice change than training.

opportunity to use

New skills, knowledge and attitudes will not be transferred to the workplace if delegates are not provided with opportunities to use them. This is related to manager, peer and role support, as well as the training having a clear strategic link with the aims of the organisation. Limited opportunity to use learning in health and social care has been attributed to lack of management support, lack of time, lack of resources, and caseload (Gauntlett 2005), as well as overwork and fatigue. Practically speaking, this means that staff should have time allocated, and priority given, to using new learning as well as attending training.

strategic link

Strategic link acknowledges the fact that learning and development occurs in the context of organisational goals and strategies (Burke and Hutchins 2007). To maximise transfer, the two should be aligned - and more importantly, delegates should recognise that they are aligned. This means that transfer is most likely to occur where delegates can see how their attendance on training can contribute towards the strategic goals of the organisation. Management buy in to training has been identified as important in a social care setting (e.g. Morgan et al 2007).

'management support was identified as the most important factor impacting the effectiveness of continuing education'

(Stolee et al 2005)

follow up and evaluation

While follow up and evaluation needs to be planned in to the training design, it also needs support in the workplace. This may take the form of training transfer being a standing item on supervision agendas, or the requirement for delegates to share new learning and its implications in team meetings. Management support, or autonomy to change practice, is also needed to follow ideas for improvement through, to ensure that transfer is not constrained.

points to consider

for delegates

> **How do you report back your learning, and which aspects of your practice do you hope to change after training?**

for managers/organisations

> **What do you do to follow up on the impact of training after people have attended?**

> **How do you support people to use new learning in their practice?**

> **Can you list the structures that you use to support training transfer in your organisation?**

for those providing training

> **How do you measure the impact that training has had?**

subject climate

Subject climate was identified as important in a small study evaluating the effectiveness of safeguarding adults training (Pike 2012). Subject climate refers to how good a match exists between what training says should happen, and what actually happens at work.

Subject climate may be influenced by:

- **the culture of the workplace**
- **existing structures and supports for the subject being trained**
- **staff attitudes to the given topic.**

Little evidence exists around the issue of subject climate in training transfer so far, but it may be worth considering the impact it has in your organisation. For example, in safeguarding adults, training may advocate making an alert where abuse is suspected, but if whistleblowing is generally frowned upon, or management is unwilling to progress concerns, then the training is unlikely to result in an alert successfully being made. Likewise health and safety training is unlikely to be effective if the equipment used in training isn't available to use at work, or if staff feel that techniques learnt in training are too time consuming to use in practice.

To maximise the likelihood of transfer, cues around the topic in the workplace should be aligned with messages from the training. Again, using the safeguarding adults example, cues around the importance of safeguarding might involve:

- **including it as a standing item in team meetings and supervisions**
- **having information available to staff and people who use services about how to make an alert**
- **taking concerns seriously**
- **having an open approach to critiquing practice.**

points to consider

for everyone

Think of a training programme that you attended recently.

- **Were you able to use your learning in work?**
- **What was the subject climate like around the topic?**
- **Were your peers interested or able to support you in using it?**
- **Did the learning fit with the existing culture of your workplace?**

for managers/ organisations

- **How can you influence the subject climate around particular topics? (e.g. leading by example; emphasising the importance of practice improvement; providing feedback to staff about their performance)**

conclusions and tools

Successful training requires dialogue between those who provide training, managers/organisations, and delegates, about the structures necessary to ensure training transfer is maximised.
The responsibility for training transfer is shared, and outlining the roles and expectations of each partner in the transfer process will help ensure that transfer occurs. The evidence shows that training transfer cannot be expected to just happen; it needs to be supported throughout the process of training, by a number of different parties with a shared aim.

By ensuring that you are:

- **investing time in the preparation stage to ensure that training is the right way to improve performance, and that delegates understand why they are attending**
- **agreeing transfer strategies that will be used by all parties, and**
- **supporting delegates to translate their learning into changed practice,**

training is more likely to have a positive impact on social care practice.

assessing transfer potential

This tool enables the assessment of the chances of training transfer for any particular programme. By considering the characteristics of attendees, training design and delivery, workplace factors and subject climate for a programme, you will be able to predict the likely training transfer, and identify areas for improvement. If all factors are positively addressed, chances of transfer will be high; if barriers to transfer exist in every factor, chances of transfer will be limited. Try mapping an example of training you have attended to this tool; how does it compare to transfer levels?

case studies

It may be useful to consider the learning transfer grid from the previous page when reading the following case studies. In the first case study, training has made a real difference to practice, while in the second training did not transfer.

For each case study, consider:

- **Which factors either helped or hindered training transfer?**
- **Which factors can you recognise from your own workplace?**
- **What can you do to address barriers to transfer in your organisation?**

Safeguarding adults

Janet works in a care home. The home was recently part of a safeguarding investigation where a resident was found to be experiencing neglect.

Following the incident, Janet's manager spoke to the whole staff team, outlining their safeguarding responsibilities and offering her support to take forward their concerns. Later that week in supervision, Janet requested attending safeguarding adults training as she didn't feel confident in her understanding of safeguarding. Janet's manager agreed training would be useful for her, and they agreed on some learning objectives, and to review Janet's confidence at her next supervision after the training.

Janet attended training which made her safeguarding responsibilities clear. The group spent lots of time discussing how safeguarding works in their own organisation and what could be improved. Janet noted down some ideas, including to add safeguarding concerns as a standing item on supervision agendas.

After training, Janet's manager reviewed her action plan with her, and soon after the agenda was changed.

Mental capacity act

Rick works in supported living for adults with learning disabilities.

One day he arrives at work to be told that his colleague is off sick, so he has to attend some mental capacity act training in her place. He is frustrated as he had a meeting booked with the family of one of the residents, but manages to cancel it.

Rick arrives at the training late and spends the day in a bad mood at having training sprung on him at the last minute by his manager. The training explains the principles of the Act, and Rick begins to see how it is important to check that the residents are supported to make their own choices. He leaves the training feeling that he has some ideas about working differently.

Back at work, he notices that mental capacity assessments are not discussed, carried out or recorded by his colleagues. Little effort is made to support residents to express their preferences and make decisions. Rick raises this with his colleagues, who tell him they don't have the time to assess everyone, and his manager, who tells him that she will look into it.

Weeks later, Rick has not heard anything from his manager and has lost the enthusiasm to change his practice.

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We invest a lot in social care training, based on the assumption that by training staff we will improve practice, leading to better outcomes for people who use services. But what is the basis for our confidence that training will improve practice?

This publication explores some of the factors that influence training transfer - the use of new learning at work. It outlines messages from the research literature, and provides examples of structures that can help ensure that the training you commission, provide or attend has the best possible chance of having an impact.

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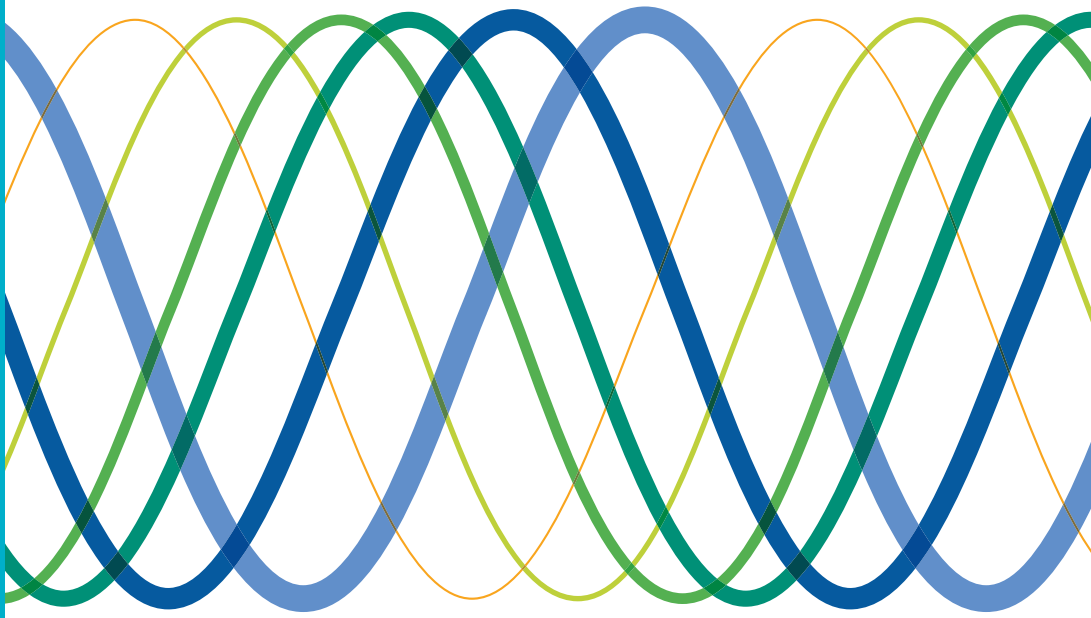

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