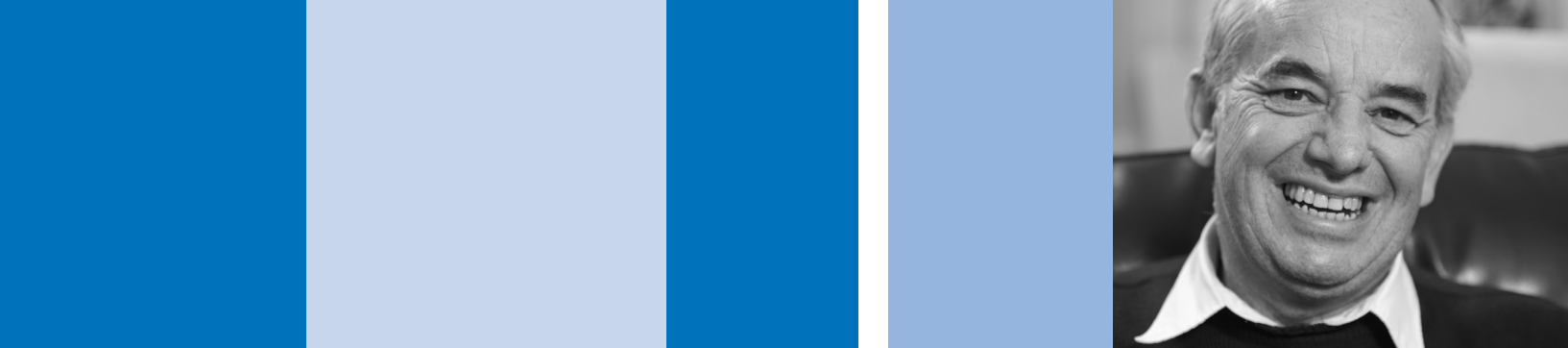




Common Core Principles to Support Self Care

Outcomes of the Self Care Programme
'demonstration sites' - full report





Acknowledgements

This report is based on the work of three demonstration sites. These sites were commissioned to explore the workforce development implications of the *Common Core Principles to Support Self Care* in health and social care settings.

This report was prepared for Skills for Health and Skills for Care by CPEA Ltd working with Sheffield Hallam University. The evaluation team comprised Janet Pearson, Company Director and Dr Margaret Flynn of the Centre for Health and Social Care Research, Sheffield Hallam University.

We thank Skills for Health and Skills for Care for commissioning the sites and the sites for bringing their ideas and expertise to the programme. We hope that the findings from each of the sites provide and enable the principles of self care to be embedded into the work of health and social care professionals and practitioners.

Editorial note

The terms ‘demonstration sites’ and ‘sites’ are used to denote the organisations receiving funding from the Common Core Principles of Self Care Programme at Skills for Health and Skills for Care.

‘New type of worker’ is a generic term that describes some of the staff involved in the programme. ‘New Types of Worker’ (NToW) is the name of the related programme of work at Skills for Care.



Executive Summary

CPEA Ltd, working with Sheffield Hallam University, was commissioned to examine the impact of self-directed support activities in the three sites regarding team working, individual skills and attitudes and in terms of how their organisations (providers and commissioners) facilitate new ways of working in promoting self care.

The work involved a combination of face-to-face interviews, telephone interviews, email correspondence and the co-construction of case studies. This involved emailing drafts of case studies to the sites and ensuring that these accurately described the sites' activities and learning.

The sites responded differently to the project brief in terms of the health and social care professionals and the carers targeted, and in ways of training.

East Lancashire piloted a training programme for front-line care workers and developed a staff-training manual. It was intended that the work would be linked to individual budgets and self-directed care. At the close of funding:

- 50 staff had been trained
- The views of older people with such long-term conditions as stroke, MS and arthritis had been captured before they experienced new types of workers (people with learning disabilities or mental health problems were not included)
- Links had been made with the local Expert Patient Programme co-ordinator.

South of Tyne and Wear covers three PCTs. These focused on training 48 modern matrons who manage 60 staff. Sustainability of the work was a key consideration so an e-learning package was designed. For the pilot a module about supporting people with long term conditions to self care was developed. This e-learning module was called STAN ('skills, tools, advice and networks').

East of England focused on three GP practices and their primary care teams. Work was undertaken with these practices with the intention of extending this across the Strategic Health Authority using a 'train the trainer' approach. The training was based on three two-hour sessions and used actors. It was commissioned from a team working with a local health foundation on the Co-Creating Health pilot sites, which aimed to change long term conditions care. This provided continuity. Links were made with the Expert Patient Programme in the expectation that EPP tutors would become co-tutors with clinicians. However, clinical engagement proved challenging.

Impact on team working

In the East of England region one GP practice completed the training by the end of April 2009. The feedback they provided at a local conference was very positive. The training and approach adopted was viewed as a valued opportunity for staff to benefit from effective facilitation and team building activities.



The impact of the individual e-learning activities for the Tyne and Wear community matrons remains to be determined.

However, the impact of the learning in East Lancashire was significant. One management team reported that the benefits to the staff were that their role and value was recognised:

“They felt empowered and more involved with their clients; they liaise with each other, work better as a team and motivation has improved.”

Another organisation observed that absence levels had decreased due to the new type of working and that there was a feeling of enhanced teamwork that was previously unknown.

East Lancashire staff in another organisation were reported by one care service registered manager as having changed from being lone workers into a self-directing team who now meet to plan rotas, share learning and exchange information:

“We have found the whole experience to be very rewarding and it has provided us with a unique opportunity to develop our workforce to meet the future needs of our service users and our commissioners.

“The team are keen to begin their new role... are now responsible for organising their own workloads to meet the needs of their new types of worker “citizens” (the new word for all service users) This

involves getting together with their team manager to plan the next four weeks’ care.... We can see from the booking sheet and rosters that the team are doing a brilliant job.”

(Newsletter 2nd Edition New Types of Worker - Pilot)

Throughout the case studies it is suggested that better ways of working to promote self-directed care do not result from training in isolation. The right conditions include a willingness to engage with people with long term conditions and their carers, and the willingness of provider and commissioner managers to see that their work has evolved in ways that are not fully adapted to current policy. They have to acknowledge that more agile and targeted ways of working with people with long term conditions have an edge over the blunt responses of large, hierarchical organisations.

In East Lancashire, for example, an organisation found that the position of the team manager was critical to supporting staff through change, as this allowed “more time to manage.” As a result, staff supervision changed, from individual staff reporting all matters to central control, to the creation of a locality team approach supported and supervised by a team manager. They determined that the NVQ is insufficiently oriented to the demands of personalisation and proposed that managers required training in respect of:

- Counselling
- Negotiating skills
- Team development



- Risk management
- Staff motivation
- Report writing
- Planning services for individuals.

Impact on Individual skills and attitudes

All training participants provided very positive feedback.

The training also highlighted a lack of familiarity with ideas about encouraging self-management. After the training the staff reported they had learned more about long term conditions and believed they were able to respond more sensitively in supporting people to self care. They also reflected that they were working differently, and in doing so, most found their work more stimulating.

Impact on how organisations work

There is little information about organisational impact in the East of England and South of Tyne and Wear as in these localities the approaches adopted were not linked to organisational change.

However, such change was key to Lancashire County Council and significant workforce and organisational changes occurred for one particular service provider. That organisation was centrally controlled, worked rigid shift systems and spent a great deal of time ensuring that staff attended to specified contract directions. As a result of the pilot,

structures have evolved so that a staff team 'cluster' supports a group of people. This cluster is engaged in organising rotas that deliver continuity of cover to clients; it also hosts fortnightly team meetings with a client focus.

One of the constraints put forward by all home care providers was the bureaucratic systems operated by the council. Contracts that were resolutely output focused, social workers insufficiently attuned to the flexible use of support hours, an unduly protracted process for people to secure IBs, and the web-based bidding system for tenders were all perceived as obstacles to the provision of personalised services. Irrespective of such challenges, one staff member noted:

"I am much happier now that our work is planned. Although I have to travel further in a day, I visit the same people and this helps us work together on long term plans so we achieve more in our time. Also, one of the best things is not being contacted by 'the office' everyday with changes!"

Impact on people who use services

In East Lancashire the provider services identified groups of people to participate in the project and 19 people who used services completed a survey prior to the project commencing. After the training programme the same people were interviewed to gather what changes had occurred.



Implications for training

The three sites produced a range of materials that demonstrate ways to enhance the development and deployment of the principles to support self care.

However, it does not appear that self care training on its own is the solution to change. It is one component of the wider development required with clinicians, front-line managers, systems and paperwork to support new ways of working. For training to be successful it is likely to have to be accompanied by a service-wide engagement with 'what self-directed services should be like'. In turn, this requires the will to engage with, and be highly responsive to, patients and people who use services.

A summary report and the Self Care Training pack can be found at:

www.skillsforcare.org.uk

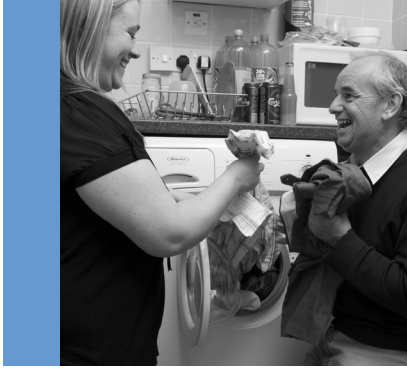
www.skillsforhealth.org.uk

www.newtypesofworker.co.uk

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Main Report

Background

The Department of Health consultation Your Health, Your Care, Your Say (2005) confirmed that we want to be supported to live more independently, to have greater choice in our treatment, and to be empowered to take control of any long term conditions we may have.

An increasing body of evidence has shown that self care support builds on people's own knowledge and understanding of living with their condition and that the kind of support offered can either enhance or diminish people's capacity to self-manage.

Attention to long term conditions through supported self care can reduce unplanned admissions to hospitals and GP visits. Additional benefits include people being more engaged in their treatment and having a strong sense of being in control of their long term conditions.

People with long term conditions are major consumers of primary and secondary care, where traditionally there hasn't been enough emphasis on long term conditions.

It is anticipated that people's use of primary and secondary care will increase over time. It is estimated that by 2025 the number of people in England living with at least one long term condition will rise by three million to over 18 million. This group currently accounts for 52% of all GP appointments, 65% of all outpatient appointments and 72% of all inpatient bed days (DH 2008).

Investment in support for self care is one way of reducing the demands that an aging population will have on public services. It is also a way of empowering people with long term conditions to get the information, skills, technology and support they need to live more independent lives.

In 2006 the Department of Health commissioned Skills for Health and Skills for Care to develop a set of 'common core principles to support self care' for the health and social care workforce and to work with them to embed the principles across the sectors (see annexe A). They wanted to explore ways of raising awareness of the principles among health and social care professionals. Key to this was the creation of the Self Care Programme and the selection of three 'demonstration sites'.

The objectives of the Self Care Programme were:

- To design and test models of training in adopting and using the principles of self care across the workforce
- To embed the principles of self care within the health and social care workforce through management supervision, action learning and specialist mentoring
- To evaluate the results and outcomes of the training through, among other methodologies, a qualitative survey of a sample of workers, people who use services, and carers
- To ensure that the sites share learning within and across sectors for the duration of their funding.



The three demonstration sites were:

- NHS South of Tyne and Wear – the modern matron and urgent care teams
- NHS East of England – GP practices and primary healthcare teams
- Lancashire County Council, East Lancashire – ‘at home’ services for older people with long term conditions.

The three sites had an identical brief:

1. To develop training to support self care using the Common Core Principles
2. To test the training programme with staff, people who use services, and carers.

The benefits of the work were:

- Empowering people who use services to make informed choices in managing their condition and care needs more effectively
- Enabling workers to communicate effectively with people who use services to develop and gain confidence in their self care skills
- Enabling and supporting people to use technology in supporting self care.

By the end of funding the sites each promised:

1. A cohort of trained personnel
2. A training toolkit
3. Implementation and change methods and dissemination of these
4. A survey and case studies engaging with people who used their service
5. A project report.

What we did

CPEA Ltd, working with Sheffield Hallam University, was commissioned to examine the impact of self-directed support activities in the three sites regarding team working, individual skills and attitudes and in terms of how their organisations (providers and commissioners) facilitate new ways of working in promoting self care.

The work involved a combination of face-to-face interviews, telephone interviews, email correspondence and the co-construction of case studies. This involved emailing drafts of case studies to the sites and ensuring that these accurately described the sites’ activities and learning.

What we found

The sites responded differently to the project brief in terms of the health and social care professionals and the carers targeted, and in ways of training.

East Lancashire piloted a training programme for front-line care workers and developed a staff-training manual. It was intended that the work would be linked to individual budgets and self-directed care. At the close of funding:

- 50 staff had been trained
- The views of older people with such long term conditions as stroke, MS and arthritis had been captured before they experienced new types of workers (people with learning disabilities or mental health problems were excluded)



- Links had been made with the local Expert Patient Programme co-ordinator.

South of Tyne and Wear covers three PCTs. These focused on training 48 modern matrons who manage 60 staff. Sustainability of the work was a key consideration so an e-learning package was designed. For the pilot a module about supporting people with long term conditions to self care was developed. This e-learning module was called STAN ('Skills, Tools, Advice and Networks'). Although the module was written and devised by the pilot team, the learning platform was designed by an external contractor (Tiger).

East of England focused on three GP practices and their primary care teams. Work was undertaken with these practices with the intention of extending this across the Strategic Health Authority using a 'train the trainer' approach. The training was based on three two-hour sessions and used actors. It was commissioned from a team working with a local health foundation on the Co-Creating Health pilot sites, which aimed to change long term conditions care. This provided continuity. Links were made with the Expert Patient Programme in the expectation that EPP tutors would become co-tutors with clinicians. However, clinical engagement proved challenging.

Evidence confirms that engaged and informed patients achieve the best health and quality of life. Empowered patients are more confident and better prepared to manage their condition, and are often more inspired to work with health professionals towards achieving shared

health goals:

"Successfully playing an active role in improving one's own health – often known as self-management (self care) – is not easy. It can involve understanding and following complex medical instructions and making difficult changes to lifestyle... Patients need the support of their clinicians, but too few today are equipped to offer it. Providing effective support for self-management is an essential but neglected function of our health service."

(The Health Foundation Briefing, May 2008)

The sites aimed to address these concerns and equip GPs and other staff to promote self care within their work and practice.

Comparative information concerning the three sites is outlined in table 1.



Table 1 Summary of sites

Project themes	East of England NHS	South of Tyne and Wear NHS	Lancashire County Council: East Lancashire
Project Lead	Tom Leach Workforce Development Consultancy	Geraldine Granath Head of People Development and Training	Shaun Douglas jdee Consultancy
Target Group	GP practice staff	Community Matrons	Home care staff
Focus of training	Skill development programme for clinicians focusing upon communication skills	Awareness of the self care journey and the challenges for day-to-day practice	Awareness of self care and working with users to co-produce support plans
Methodology	Group facilitation	e-learning	Training sessions based upon manual
Duration of training	Three workshops between 2–4 hours	45 minute distance learning programme	Two consecutive days
Initial numbers/ groups	Personnel in three GP practices	48	50
Training provider	CFEP	Open College	jdee Consultancy
Track record of trainers within the locality	Worked with Health Foundation and PCT on Co-Creating Health Self Management programme	Produced other e-learning platforms for PCT on Infection Control packs	Worked on operational business support regarding outcome-focused care within the independent sector in Lancashire
End products	Training DVD	e-learning package	Training manual and materials
Funding	£50,000	£70,000	£70,000
Accreditation/ Certification of training		Certification from the Open College	
Evaluation by participants	First GP practice was positive	Not yet available	Report prepared and feedback positive
Key success	Changing hearts and minds within a GP practice	Production of e-learning materials for other groups of health and allied professionals	Workforce and organisational transformation of participant providers



Main challenges	Engaging GPs	Summarising ideas and information into an engaging e-learning package	Acknowledging that training is not the sole solution to change but part of wider development needed with front-line managers, systems and paperwork to support new ways of working
Future Plans	Train the trainer to cascade learning	Target other groups to the e-learning package	Train the trainer to cascade learning

The sites reflected a broad range of work from GP practice staff to front-line care workers. Each site trained approximately 50 staff and tested and produced training materials for a wider audience.

Impact on the workforce

Team working

In the East of England region one GP practice completed the training by the end of April 2009. The feedback they provided at a local conference was very positive. The training and approach adopted was viewed as a valued opportunity for staff to benefit from effective facilitation and team building activities.

The impact of the individual e-learning activities for the Tyne and Wear community matrons remains to be determined.

However, the impact of the learning in East Lancashire was significant. One management team reported that the benefits to the staff were that their role and value was recognised:

“They felt empowered and more involved with their clients; they liaise with each other, work better as a team and motivation has improved.”

Another organisation observed that absence levels had decreased due to the new type of working and that there was a feeling of enhanced teamwork that was previously unknown.

East Lancashire staff in another organisation were reported by one care service registered manager as having changed from being lone workers into a self-directing team who now meet to plan rotas, share learning and exchange information:

“We have found the whole experience to be very rewarding and it has provided us with a unique opportunity to develop our



workforce to meet the future needs of our service users and our commissioners. “The team are keen to begin their new role... are now responsible for organising their own workloads to meet the needs of their new types of worker “citizens” (the new word for all service users) This involves getting together with their team manager to plan the next four weeks’ care... We can see from the booking sheet and rosters that the team are doing a brilliant job.”

(Newsletter 2nd Edition New Types of Worker - Pilot)

Throughout the case studies it is suggested that better ways of working to promote self-directed care do not result from training in isolation. The right conditions include a willingness to engage with people with long term conditions and their carers, and the willingness of provider and commissioner managers to see that their work has evolved in ways that are not fully adapted to current policy. They have to acknowledge that more agile and targeted ways of working with people with long term conditions have an edge over the blunt responses of large, hierarchical organisations.

In East Lancashire, for example, an organisation found that the position of the team manager was critical to supporting staff through change, as this allowed “more time to manage.” As a result, staff supervision changed, from individual staff reporting all matters to central control, to the creation of a locality team approach supported

and supervised by a team manager. They determined that the NVQ is insufficiently oriented to the demands of personalisation and proposed that managers required training in respect of:

- counselling
- negotiating skills
- team development
- risk management
- staff motivation
- report writing
- planning services for individuals.

Individual skills and attitudes

All training participants provided very positive feedback. Although the Tyne and Wear community matrons were familiar with the principles of self-care they wanted to be able to:

- confirm their learning and knowledge
- mentor other staff as part of the wider public health agenda
- reflect and challenge day-to-day practice.

All community matrons registered for training and their completion rates were good (90% completed within a month). Concerns that the materials would not be pitched at the right level were unfounded. The content was perceived as relevant, the course was an effective reminder of good practice and the package was easy to use. There was general agreement that it was preferable to classroom learning.



A GP from the East of England noted:

"I was captivated by exploring the barriers to change... it was about patient knowledge and confidence which was often quite low when it came to smoking and drug abuse [e.g.] 'I know I should stop but I can't.' In terms of the journey – trying to improve my own confidence, despite encyclopaedic knowledge about consultation skills – ...from being a cynic I am now really enthusiastic."

Some home care staff in East Lancashire expressed concerns that the training would duplicate the work of their NVQ levels 2 and 3.

The independent providers involved all had good track records in promoting the training and qualifications of their staff. Staff reported that they understood the principles of self care but were unable to provide examples of how they might further them.

The training also highlighted a lack of familiarity with ideas about encouraging self-management. After the training the staff reported they had learned more about long term conditions and believed they were able to respond more sensitively in supporting people to self care. They also reflected that they were working differently, and in doing so, most found their work more stimulating. A management team reflecting on benefits to the staff endorsed this:

"They felt empowered and more involved with their clients; they liaise with each other, work better as a team and motivation has improved."

Impact on how organisations work

There is little information about organisational impact in the East of England and South of Tyne and Wear as in these localities the approaches adopted were not linked to organisational change.

However, such change was key to Lancashire County Council and significant workforce and organisational changes occurred for one particular service provider. That organisation was centrally controlled, worked rigid shift systems and spent a great deal of time ensuring that staff attended to specified contract directions. As a result of the pilot, structures have evolved so that a staff team 'cluster' supports a group of people. This cluster is engaged in organising rotas that deliver continuity of cover to clients; it also hosts fortnightly team meetings with a client focus.

In East Lancashire three independent sector home care providers were concerned that there were no people with individual budgets (IBs) taking part in the NToW Pilot.

Although Lancashire County Council had approached people who used services to inform them of the merits of having IBs, and some applications had been made, none



had been processed within the Self Care Programme's timeframe.

One of the constraints put forward by all home care providers was the bureaucratic systems operated by the council. Contracts that were resolutely output focused, social workers insufficiently attuned to the flexible use of support hours, an unduly protracted process for people to secure IBs, and the web-based bidding system for tenders were all perceived as obstacles to the provision of personalised services. Irrespective of such challenges, one staff member noted:

"I am much happier now that our work is planned. Although I have to travel further in a day, I visit the same people and this helps us work together on long term plans so we achieve more in our time. Also, one of the best things is not being contacted by 'the office' everyday with changes!"

A registered owner suggested that the benefits of the New Type of Worker pilot were:

- People who use services being empowered to describe the outcomes they wanted, and team managers aligning their support planning accordingly
- Care staff reporting job satisfaction as they negotiated and liaised with people about the kinds of support they wanted
- Staff advising people who use the service about ways of obtaining information and services which may help in their self care and being much more involved in support planning to resolve matters which

formerly would have been passed on to others in the organisation

- Decreased sickness absence levels and a sense of enhanced team working
- Increased customer satisfaction.

Another agency manager reported that some care workers,

"have really shone... and as an agency we have learnt a lot... [care staff] like working this way and if they moved to another agency they would not like the traditional approach."

Impact on people who use services

No direct contact was planned or made with people who use services for this report. In one GP practice in the East of England the perceptions of a group of 25 patients about communication and consultations were surveyed to establish a baseline.

It was envisaged that a second survey would identify whether changes had taken place. However, it wasn't feasible to return to the same group of patients so a different group was surveyed at a later date. This meant that there was no feedback on the impact of the training. The initial survey was useful in obtaining feedback about the team's approach and style and it provided a basis for discussion during the training. For example, some people commented that some professionals did not listen



In East Lancashire the provider services identified groups of people to participate in the project and 19 people who used services completed a survey prior to the project commencing. After the training programme the same people were interviewed to gather what changes had occurred. Some of the responses are glimpsed in table 2.

Table 2 Responses from service user baseline questionnaire in East Lancashire

Question	Before pilot	After pilot
I feel my care worker supports me to remain as active and independent as possible	74%	90%
My care worker understands my changing needs and is flexible in supporting me to meet them	79%	95%
I feel my care worker understands my long term health conditions and how they affect me	73%	90%
I set goals with my care worker in what I would like to achieve with their support	47%	74%
I am able to make decisions on how I am supported by my care workers	74%	89%
I have been given information on technology and/or devices which can support me in my home	31%	79%

Comments expressed by people who used services included:

- “The NToW has given my mum a better quality of life. She has a sparkle back in her eye.”
- “I feel that my NToW and myself have a good partnership.”
- “My NToW helps me to help myself.”
- “I feel I’m worth something now.”
- “I now have more information about my physical conditions and I am now not doing things which make me feel bad.”

A project manager reported that completing the support plans with people required very different and time-intensive approaches to co-working:
“It took time and thinking power to identify outcomes and all service users had initial difficulties.”

However, she recognises the benefits as the majority of people liked the changes and want their support workers to continue working in this way:
“For some it has changed their lives.”



Implications for training

The three sites produced a range of materials that demonstrate ways to enhance the development and deployment of the principles of self care.

Feedback within the East of England and East Lancashire has had a decisive impact upon the way participants work. Within one GP practice it has changed hearts and minds, and for one home care provider it has led to significant organisational changes and changes in the ways their services are delivered.

However a note of caution is merited. East of England advertised widely across GP practices and struggled to secure volunteers for the programme. One of the challenges of supporting self care/management is that clinicians and colleagues cannot do it alone and their patients require orienting knowledge and skills. The programme aimed to equip health workers with a radical synthesis of ideas and means. However, novel and engaging training, employing actors, provided learning opportunities to only a few people. While practical exercises and materials were recorded onto a DVD and a toolkit was developed for wider circulation, what was described as a “slow seepage” of training is unlikely to change the work of the majority. Other approaches that have been successful in changing behaviour remain to be fostered, such as practice for the use of assistive technology.

Similarly, within East Lancashire only three independent sector providers volunteered to participate in the pilot. They each had a training ethos, wanted to change and appreciated the help and support provided by jdee Consultancy. They believed this contributed to the success of the project. One organisation noted that it would be much harder for other organisations if this type of support was unavailable to them. In 2009/10 funding for training has been allocated via the Lancashire Workforce Development Partnership, and Lancashire County Council plans to work with a further 11 organisations to roll out the programme based on the ‘train the trainer’ approach. Each organisation will identify a representative to be trained to deliver training within their organisation. Whether this approach can deliver sustained change is unknown.

It does not appear that self care training is the solution to change within the domiciliary care sector. It is one component of the wider development required with front-line managers, systems and paperwork to support new ways of working. For the ‘train the trainers’ method to be successful it is likely to have to be accompanied by a service-wide engagement with ‘what self-directed services should be like’. In turn, this requires the will to engage with, and be highly responsive to, patients and people who use services.

In South of Tyne and Wear the STAN package is compliant with NHS systems so in the future it can be linked into other NHS e-learning environments. Within the STAN programme,



the character Stan's relationships and family networks provide a springboard for learning about such topics via Stan's pregnant granddaughter, his sister with cancer or his father with dementia, for example. Currently Stan has a walk-on role in local work regarding information prescriptions.

It is envisaged that the STAN e-learning programme will be used widely within the South of Tyne and Wear PCTs, and discussions have already taken place about future use of the package with other groups of health professionals, including GP tutors. This is relevant to work in the East of England project and to inter-professional learning in general.

Conclusions

The three sites have all completed their projects within the timescales agreed, trained a cohort of staff and produced training materials for wider use.

The sites have initiated changes with the potential to permanently redefine the self care landscape. From the GP who recognised that clinical skills and interventions were insufficient to nurture patients' self care, to the home support workers who felt liberated by their training and new opportunities to self-manage their own work, there is compelling evidence of a shift from task-centred to relationship-centred working. Although individual practitioners reported that they were more able to work across sectors and establish links with other professionals, none of the sites embraced integrated working across health and social care—typically they worked within their own sectors. The training within two sites was not accredited and one was certified by the Open College, which raises questions about transferability beyond the sites and recognition within the sector.

Although valuable lessons have been learned from the sites, useful training materials produced and some significant changes made in the promotion of self care, engagement of the wider workforce remains a major challenge.



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Pilot site one - East of England: Developing collaborative practice to support self care with GP's and their practice teams

NHS East of England undertook to commission training to support the implementation of the seven core principles of self care within GP practices across the region. Evidence showed that engaged and informed patients achieve the best health and quality of life. Empowered patients are more confident and better prepared to manage their condition – and are often more inspired to work with health professionals toward achieving shared health goals.

The project planned to pilot work with GPs and allied health professionals to produce some practical guidelines to help incorporate the principles of self care into their work. Assisting professionals to make best use of limited consultation time to promote self care was to be emphasised within the guidelines.

Self-Management is a complex and dynamic process – a process of adaptation and change, which people /patients have to choose. They need the necessary skills and acceptance of living with a long term condition to:

- Recognise the condition and want to take more control
- Understand their condition in terms of diet, medication and exercise
- Develop an effective approach to adapting daily living and lifestyle

- Have the skills and ability to use health professionals in a different way.

Two key elements of the project were raising awareness of the self care 'journey' with a view to equipping health professionals to assist in the process and empowering patients.

It was anticipated that service users would play a key role in implementing the project in a number of ways:

- Providing feedback before each GP Practice team training, and again to the practice teams upon completion of the training
- Working with clinicians as part of the training team delivering practice team training during the second and third cycles
- Providing guidance on direction and management of the project through representatives on the Project Board
- Looking at other ways in which people with long term conditions could be involved in various aspects of the project to improve effectiveness.

East of England NHS worked with the Health Foundation to develop a training package and initially test out the impact of this in three GP practices. All the GP practices were different and a major challenge was how to engage with practices and obtain commitment to the project within the timescales. Whilst it was possible to create islands of good practice by engaging with some GPs, the longer term ambition was to achieve whole

systems change; and to develop locally based



networks and build examples from these. However, there was no automatic or obvious route for networking within Cambridgeshire or the East of England. There was also a need to link health professionals to other related projects promoting self care such as assistive technology developments, and community networks such as “Breathe Easy” for example.

GP teaching practices were the initial target group. Although they represented less than 50% of practices within the East of England, it was assumed that teaching practices would be more willing to engage with the programme. Three pilot sites were volunteered, one from Norfolk, Suffolk and Cambridgeshire.

The training assumptions were twofold: changing practice requires opportunities to try out new skills; and health staff are not engaged by the slides and lecture/ chalk and talk approaches.

One of the challenges of supporting self-care/ management is that clinicians cannot do it alone and patients need to have knowledge and skills. Clinician – patient partnerships yield the best health and quality of life outcomes but skills are needed to foster these partnerships. The project aimed to equip health workers with these skills but training that provided opportunities to work with actors was extraordinarily illuminating and yet only available to a few.

Practical exercises and other materials were recorded onto a DVD and a tool kit developed

that was more widely available. However it

appears that this slow seepage of training will not change the critical mass and there is a need to foster other approaches that have been successful in changing behaviour such as practice around the use of assistive technology for example. Key considerations identified by the Project Team were:

- Testing the robustness of conceptual judgements – what is working in training and what are the key message. The seven principles are concise but encapsulate a wide range of activity
- There is a need to change attitudes within practices so champions are required, not only to lead the training but also to develop the strategy and take the work forward
- A local East of England approach needs to link with national developments and engage with other organisations working in self care such as information prescriptions and personal health budgets.
- There were benefits to good facilitation within practices and this did change hearts and minds.

Development of the “Training the Trainer” approach to work across practices will help sustain the project. Practice nurse leads, expert patients and GP tutors within each county /area will be targeted to lead the training. Links were made with the Expert Patient Programme (EPP) with the intention of exploring possibilities of co-tutoring with clinicians. This was deemed to be critical to the process. However the long-standing concern of moving from pilot project to

mainstream activity remains an issue. GP



practices tend to be islands rather than networks sharing expertise and best practice and the Project Team are attempting to create local networks of practices across the region using levers such as practice based commissioning and PCT clusters.

Pilot site two - Lancashire County Council: East Lancashire at home services for Older People

In response to the personalisation agenda Lancashire County Council (LCC) wanted to put in place changes within health and social care services to ensure that the services they commissioned were high quality and placed the individual at the centre of the support package. They wanted to move from a commissioning framework that prioritised time, tasks and inputs with prescribed guidelines and disincentives for service users to one that put the service user in control of purchasing and designing their own support needs. LCC with jdee Consultancy had been involved in an “outcome based service delivery model” pilot project with a small group of service users in the Fleetwood area. The outcomes were positive and overall, service users reported that they felt more in control of the support they received; they could work with their care workers to bank time for other activities, and some noticed that they had increased their independence through care workers encouraging their involvement in both daily and longer term activities. Also, staff were generally more satisfied with their work and a reduction in staff absences and complaints were also noted. LCC were keen to extend

the pilot, initially across East Lancashire, and County wide, not least as Lancashire is a Total Transformation pilot site.

The longer-term aims for the project were to:

- Ensure people who use services are able to have greater control and be empowered to co-produce their support plans.
- Raise knowledge so front-line staff have the opportunities to develop and apply ‘practical skills’ in self-directed support.
- Motivate, encourage and support people to feel confident in their approach to managing their health and well being.
- Embed the importance of ‘information’ and ‘sign posting’ - as a route to self care opportunities for people with long term conditions.
- Further the role of Assistive Technologies for people using at home services.

These objectives were achieved by designing and testing a model of training in applying the principles of self-care across the health and social care workforce in East Lancashire (Burnley, Pendle, Hyndburn, Ribble Valley and Rossendale). The work included:

- Mapping the self care principles to the induction standards, NOS and the competencies in case management.
- (Following the mapping), designing a short training programme suitable for hands on health and social care staff working with older people with long term conditions.
- Testing the training programme with,



in the first instance, a cohort of social care practitioners/managers/trainers in a defined locality of East Lancashire – Prioritising those providing support services under contract to Lancashire County Council.

- Carrying out base line and follow up surveys with a cohort of staff and service users before and after the training to measure what changes had taken place in moving towards self directed care.

A number of home care “preferred” providers were approached and asked to complete a 1000 word application as to their capability and suitability for the project. Three independent sector organisations volunteered and the LCC Re-ablement Service. Provider meetings were set up to ensure ongoing communication and feedback.

The provider services identified groups of staff and service users to participate in the project. Older people were the major focus as they were the largest group of service users and highest proportion of expenditure. 30 staff and 19 service users completed a survey prior to the project commencing. These interviews were completed by LCC’s Contract monitoring officers and each took 1 – 1.5 hours to complete. Following completion of the training programme a follow up questionnaire was undertaken by jdee consultancy and the same cohorts were re-interviewed to ascertain what changes had taken place. Thirty-six service users were involved in the pilot and all completed individual support plans with their home care providers. An information leaflet

was produced that was widely circulated.

Stakeholder engagement was a key factor for the project.

The first stage was to map the competencies around the principles of self care against other competency frameworks namely induction standards and NVQ levels 2, 3 and 4. The mapping identified areas of commonality, what was missing and what support staff needed. Based upon this a training package was developed by Jdee Consultancy.

The target group to pilot the training were front-line support staff. In total 70 staff and managers befitted from the pilot training programme. Four groups were selected, three from Independent providers, Astra Care, Castle Care and Four Seasons Home Care - all of whom were contracted within East Lancashire to provide support at home services on behalf of Lancashire County Council. All were organisations with a keen interest in making changes to deliver person centred care and they volunteered to be part of the project. The fourth participant group were staff from the Re-ablement Team who provided an initial six-week intensive support helping people towards greater independence. Team managers from all four organisations worked with the individual service users involved in the pilot to develop support plans and met with staff to discuss goals and outcomes and make revisions as these were achieved.

The course participants and the people they supported were asked to complete a questionnaire. The first part of the

questionnaire was undertaken by LCC prior



to staff commencing the training. Generally staff said they were aware and understood the principles of self care but were unable to provide examples of how they might do this. The training also demonstrated a lack of familiarity with the concepts. There were two key challenges: some staff had concerns that if people were “enabled” they would no longer have a job; whilst others believed they were already well practised in the new ways. The same group of staff and service users were asked to complete a second questionnaire following completion of the training. Generally the staff group indicated they had learnt more about long term conditions and were able to respond more sensitively and support service users to self care. Self Care Support Plans were introduced for the pilot project, and New Type of Workers were encouraged to focus on achieving results for individuals in the key areas of Physical, Social, Emotional and Health Goals. Whilst maintenance tasks were necessary, learners could refocus on improvements and achievements for individuals. When asked, ‘what in your opinion would help you manage your health needs?’ services users top answers included:

- Ways to look after myself, like healthy eating and exercise
- Someone to talk to about how I feel
- Ways to prevent me getting worse
- Better understanding of the medicines I take and possible side effects.

Many felt devices in their home such as alarms and ways to monitor their condition were important and already had community alarm pendants. Generally, after the training more service users reported that support

workers helped them to remain as active and independent as possible, they provided flexible support and had a better understanding of their long term conditions and they were more knowledgeable about technology and devices for support at home.

The first stage of training consisted of 12 modules – reduced to 10 for Final NToW Training Manual, teaching methods included power point slides, case study exercises, activities and group discussion, evaluation of the training consisted of direct observation and questionnaires. The first pilot had been for three days but was shortened to two consecutive days. However the training was modular based and could be extended over a longer period of time. Good attendance rates were maintained over the two days and feedback was positive with staff saying they understood the content of the modules, were able to put into practice what they had learnt and were confident about doing so. Their comments were incorporated and changes made to the draft training manual. For example there was concern that there was too much detail about process when more emphasis should have been given to citizenship and self directed support. Upon completion of the course staff were given new type of worker badges. These provided some opportunities for wider discussions with both staff and other service users, not involved in the project, expressing interest in working in these ways.

Involvement with front-line staff also demanded the provision of some limited operational support with the provider agencies helping them work towards self directed care. Jdee Consultancy worked with some providers



develop support plans, set up risk logs, examine the impact of training and generally helped to make it work.

LCC believed the commitment of the providers selected and their desire to learn and change were key to the success of the project. The training sessions were positive with staff engaged and wanting to learn. Generally staff reported that care plans were fixed but now they can work together in a more productive way with users on the support plan. Managers reported that staff felt empowered and there was more recognition for their role.

There were no service users with an identified individual budget (IB) taking part in the NToW Pilot. LCC had started to approach service users to inform them of the benefits of using an IB and though some applications were made none were successfully processed within the duration of the project. A significant constraint expressed by all were the bureaucratic systems operated by the Council: contracts still being output focussed; lack of awareness from social workers regarding flexible use of hours; the length of time taken for service users to be allocated an individual budget and the web based bidding system were all cited as major forces hampering the ability of organisations and support staff to provide personalised services.

The project has provided staff with a good grounding to deliver person centred care; it has motivated staff and improved job satisfaction.

Care plans were driven by social workers but now support plans are co-constructed with

support workers and service users. However Idee consultancy believed that one exposure to training will not be sufficient to maintain and support staff to work in different ways. There will need to be an ongoing learning framework to support and embed the new practices.

Staff at Four Seasons Home Care have changed from being lone workers into a self directing team who now meet to plan rotas, share learning and exchange information. It was reported that working in this way has improved reliability, attendance at work and (perhaps) retention. Further evaluation will be required to assess the longer term impact. Staff supervision is changing from individual staff reporting all matters to central control to one of a locality team approach supported and supervised by a specific team manager. The organisation identified a number of issues concerning training for the new role of team manager, in that NVQ Level 3 was insufficient to equip staff to deal with personalisation and Level 4 was not appropriate. Team managers need bespoke training that covered aspects such as

- Low level counselling
- Negotiating skills
- Team development
- Risk management
- Staff motivation
- Report writing
- Planning services for an individual

LCC aim to use the toolkit and training materials across all care sectors, not exclusively community services but in residential, day care services and across



all client groups and they aim to use the materials as a means of changing cultures and developing staff skills. The materials produced allow for this usage. LCC operates an Approved provider list and it is their intention that all providers will have to demonstrate that staff have undergone training as a condition of getting on the list. This is one means by which LCC can ensure staff working in other organisations are geared to provide person centred support.

Only three independent sector providers volunteered to participate in the pilot. They all had a training ethos, wanted to change and appreciated the help and support provided by jdee Consultancy. They believed this contributed to the success of the project. One organisation in particular commented that would it would be much harder for other organisations if this type of support was not offered. Over the next year funding for training has been made available via the Lancashire Workforce Development Partnership and LCC plan to work with a further 11 organisations to roll out the programme based upon “train the trainer” approach. Each organisation will identify a representative to be trained to deliver the package within their organisation. Whether this approach can deliver sustained change is unknown. However self care training is not the solution to change within the domiciliary care sector, but part of wider development needed with front-line managers, systems and paperwork to support new ways of working.

For the train the trainers approach to be successful it is likely that additional support to organisations will be required.

Lancashire County Council: East Lancashire at home services for Older People - provider case studies

Astra Care

The organisation operates in Burnley, Pendle and Rossendale. They work with 400 clients and employ in the region of 140 staff, 75% of whom have an NVQ qualification at level 2, many at Level 3 and all managers are trained at level 4. They have a 2 star CSCI rating. The organisation had a training ethos with good facilities, a training manager and regular training events. They welcomed the opportunity of developing existing care staff to the New Type of Worker standard and learning more about personalisation. However they believed as an organisation their work was informed by person-centred approaches.

They selected 15 staff to undertake the training, including a manager and targeted single carers and their clients. Initially concerns were raised by both staff and service users that self care meant less care and staff hours would be reduced. Feedback from staff indicated that the course content covered much of what they had already learnt as part of their NVQ qualifications. However after the course staff thought and behaved differently, most reported that they found their work more stimulating and were better motivated.



Astra Care would prefer a modular in-house model of training. They will continue to use the package (i) as part of their induction programme and (ii) in regular training sessions for all staff. They found that the training encouraged staff to think about and deliver person centred support. Staff also understood the need to work more flexibly in terms of hours to respond to what service users want.

Astra Care produced a “bespoke support plan” and documentation for service users, which covered areas such as

- Personal information
- Long term conditions plan
- Personal Goals, with outcomes and review dates
- Daily Action Plan
- Risk Logs

Supporting documentation with examples was produced for staff along with a personal log book to detail goals set for clients, problems encountered, staff contribution to goals set, new contacts made and how skills gained from the project had been used with other service users not included in the pilot. They also produced various mini case studies detailing improvements to health and well being, closer working with health professionals and improved outcomes for service users as examples to others.

The management team said the benefits to the staff appeared to be that their role and value was recognised, they felt empowered and more involved with their clients; they

liaise with each other, work better as a team and motivation has improved. However, the organisation felt constrained in taking the work forward more quickly because of the LCC web based bidding systems, current invoicing and contractual arrangements based on tasks and time allocations, length of time taken for clients to be assigned an individual budget and a lack of awareness by social workers of the more flexible support arrangements.

Castle Care

The organisation operates in the Rossendale area. They have in the region of 75 clients and 24 staff with 60 - 70% qualified at NVQ Level 2. Three staff have completed NVQ Level 3 and a further three are working towards the award. They have a two star CSCI rating. They volunteered to be part of the project to learn more about personalised care and hoped to be more successful at winning contracts with LCC. As part of the project they approached the majority of their service users and their staff to seek volunteers. 15 staff took part with seven attending one training session and a further eight on another. A trainee manager had lead responsibility for the project within Castle Care.

At the start of the project a meeting for all staff involved was held to describe the project and prepare them for the training. Although some staff knew a little about self care and individual budgets, feedback from the project manager was that after the training staff were more confused, they found the issues boring, didn't like the “classroom” format and it was not the most “attention grabbing” experience.



There was a gap between the training and commencing work on the pilot and once this work commenced the manager said most staff were motivated and felt they were doing a:

“proper job... red tape had all gone... they learnt more when the practical work started... when the practical aspects began staff were very motivated, enjoyed the new way of working, felt more in control and valued.”

The project manager said that completing the support plans with service users was significant additional work and a very different approach to working with service users, “it took time and thinking power to identify outcomes and all service users had initial difficulties. However, now she can see the benefits as the majority of service users liked the changes and wanted to work in this way,

“for some it has changed their lives.”

Weekly team meetings took place to plan with staff and provide support but as the pilot progressed staff required less intensive support. Staff can also see the benefits and report greater satisfaction seeing goals achieved. All new service users to Castle Care have agreed outcomes in their support plans and, in time, the organisation will replace all the older task centred plans. These are based on the templates provided by jdee consultancy and have had minor adaptation to ensure they meet the National Minimum Standard 7 requirements on care planning.

As an organisation they were pleased to have been involved in the pilot. They received help and support from jdee consultancy and believe it will be harder for other organisations to participate and change without that support. She identified a number of organisational changes that have/were taking place as a consequence. These included:

- All new clients have outcome based support plans
- Policies and procedures have changed to reflect these new practices such as care planning and risk assessment. For example risk taking had been determined centrally but now the service user determines levels of risk, chooses an activity and signs a risk agreement.
- Support planning and team meetings require more time and an additional member of staff will be appointed
- Person centred care planning will form part of induction for all new staff. This will incur extra costs as more time for training will be required.

In summary, engagement with the pilot was stressful and hard work but was enjoyable and service users have benefited. Individual budgets allowing more flexibility represent the start of a slow change process. Some carers:

“have really shone... and as an agency we have learnt a lot... carers like working this way and if they moved to another agency they would not like the traditional approach.”



Four Seasons Home Care

The organisation operates in Burnley, Pendle and Rossendale. They have 360 clients and 120 staff with 71% qualified at NVQ Level 2, 32% with NVQ Level 3, 6.7% with NVQ Level 4 and two staff members holding the Registered Managers award. They have a 3 star CSCI rating. Four Seasons Home Care recognised that the task of re-training care staff to think differently and deliver outcome based care instead of carrying out 'tasks' was going to be difficult but they realised they needed to empower staff and managers and make organisational changes to deal with personalisation. They selected 15 staff to undertake the training, including a manager and targeted single carers and their clients, specifically creating a team of staff and clients willing to be involved in the project. This also formed the basis of a new cluster group, which enabled the organisation to test out a new model of working.

The registered owner reported that the benefits of the new type of worker pilot were:

- Service Users are empowered as the service places the service user in direct control of how their care is delivered.
- Service Users explained what outcomes they would like to achieve and then team managers developed their support plan around those objectives
- Care staff are directly involved with achieving the outcomes and this adds much job satisfaction
- Care staff were equipped with new skills to advise service users how to obtain information and services which help

manage their long term conditions

- Care staff liaise directly with service users regarding how best to utilise the time and plan alternative services to help meet the agreed outcomes.
- Care staff are much more involved in support planning and work together to resolve issues, which normally would have been passed on to other people in our organisation.
- Absence levels have decreased due to the new type of working and there is a feeling of enhanced team work that was not there before
- Customer satisfaction has increased.

We have found the whole experience to be very rewarding and it has provided us with a unique opportunity to develop our work force to meet the future needs of our service users and our commissioners. jdee consultancy provided continual feedback, which helped the pilot run smoothly, supporting our management team and most importantly training our care staff to deliver new types of care. As the pilot draws to its conclusion we feel confident with what jdee have developed and will carry on implementing changes throughout the organisation. (Four Seasons Home Care 2009)

Significant workforce and organisational changes have taken place. The organisation was centrally controlled, worked rigid shift systems and a great deal of time was exercised in ensuring staff attended as per contract directions. Structures have changed and focused on a staff team cluster, with dedicated management supporting a group of



service users. Staff are engaged in organising their rotas that provide continuity of cover to clients, fortnightly team meetings have a client focus, issues are raised and dealt with and general and client specific information exchanged. The position of the team manager has been critical to supporting staff, improving quality and this system allows “more time to manage”. Four Seasons plan to identify the next cluster group, staff will undergo training and the organisational structure will move into the model of cluster teams. They are re-writing policies and have provided some additional training on risk management.

The team are keen to begin their new role and are now responsible for organising their own workloads to meet the needs of their new types of worker ‘citizens’ (the new word for all service users). This involves getting together with their team manager to plan the next four weeks care. We can see from the booking sheet and rosters that the team are doing a brilliant job. By planning the work with the new types of worker citizens they are making a big difference to the day to day care provision and encompassing the long term aims of the pilot members. The whole new types of worker care team have fed back that they feel much happier working in this way and expressed satisfaction when enabling new types of worker citizen to achieve their agreed goals. One citizen is now self-medicating and this is a real achievement.

One staff member perhaps summed up the benefits: “I am much happier now that our work is planned, although I have to travel further in a day I visit the same people and this helps us work together on long term plans

so we achieve more in our time. Also one of the best things is not being contacted by “the office” everyday with changes!

Pilot Site Three - NHS South of Tyne and Wear: Developing Self Care Practitioner skills

The NHS South of Tyne and Wear covers Gateshead, South Tyneside and Sunderland Teaching PCTs and is the name given to the integrated management arrangements that exist across the three PCTs. The NHS South of Tyne and Wear wanted to explore the workforce management and development implications of the principles of self care in support at home services. Although a number of themes emerged, the priority was long term conditions, the new role of community matrons and how their work would develop alongside and link with principles of self care.

The plan was to design and test a model of training in applying the principles of self care using management supervision, action learning, specialist mentoring and other forms of change support. E-Learning formed an attractive option as the PCT sought to develop more imaginative approaches to training and move away from the “classroom” style methodologies.

The project aimed to develop a stand alone training package. A local advisory steering group ensured the long term sustainability of the approach and dissemination of the learning to the wider health and social care community, including educational commissioners and providers. They planned to:



- Review information already available and make it accessible
- Develop training materials
- Design a training package
- Test with a cohort of staff
- Evaluate training materials and methodology

Some carers were involved in scoping the original brief and background information was gained via patients' stories' describing how they engaged with the NHS. The principles of self care were discussed with carers' groups and the patients' stories helped to provide direction. The project group worked closely to keep the Community Matrons aware of the project and how it was developing.

When the e-learning package and associated materials were developed they were to be tested with such relevant groups as patients. Links were also planned with the Expert Patient Programme as part of the information sharing with a view to developing confidence and awareness as patients managed their long-term conditions.

The PCT identified key personnel to undertake the work. As part of the scoping exercise vast amounts of materials and literature were made available regarding the principles of self care but this needed to be made accessible to front-line staff who were meeting patients and had to make connections with day to day concerns and practice.

Initially training at three levels was considered:

- Entry level for new and unqualified staff

- Bands 1 to 4 for staff who were not clinically qualified such as health care assistants
- Qualified nursing staff and other health professionals including community matrons

It was decided that the behaviours and skills required to promote self care were similar across all levels and a common approach was required that focused upon an individual patient, learning from practical issues in addressing their circumstances, and professionals using their knowledge and skills to support people in competent and valued ways.

The project group read through the self care documentation to pull out key information, planned how they could make it interesting, meaningful, accessible as they sought to transform it into training/ learning materials. Self care was not a new concept but the group wanted to develop a fun way of confirming awareness whilst challenging people's thinking and behaviour. They agreed upon a visual e-learning approach with click-on icons, a tool kit/tool box, that told a story and engaged staff. Central to this was a character called STAN, that signposted a particular individual's journey of self care. The training module looked at the four elements of supporting self care: Skills, Tools, Advice and Networks (STAN). To assist with this journey other characters with clinical backgrounds were introduced.

The e-learning package provided an introduction and background concerning the



principles of self care. STAN was the main character and the materials told his story and detailed his pathway/ journey of self care. Skills, tools, advice and networks were all discussed in more detail by clicking on icons and signposts. The package was linked to a range of interactive materials and quizzes to test users knowledge and understanding.

The messages were that healthcare professionals must work to create an environment for self care, which starts with recognising the importance of self care activities at all stages of the care planning process. They must also provide support and resources to assist individuals in managing these activities and examples were included. The material for the course was broken down into several smaller lessons, each lesson dealing with a specific area of the overall subject. Each lesson consisted of a series of pages in which an instructor talked through the material and the pages included supporting pictures, graphs, animation or extra sounds to help with the learning where appropriate. Some lessons included challenges/quizzes to help maintain interest in the material.

The programme took one to two hours to complete but could be undertaken as smaller learning modules. Certain sections had to be completed with a pre-determined percentage achievement before the user could move to the next stage. Upon successful completion, a certificate was issued and the learning recorded on the individual's training records. Learners should be able to:

- Demonstrate a broad knowledge of self directed care

- Be aware of ways in which healthcare professionals can offer guidance and support to individuals
- Have a basic knowledge of the seven "Common Core Principles to Support Self Care"
- Be able to offer examples of how each of the STAN elements can support self care activities

The e-learning programme was launched in April 2009. The target group for the training was community matrons. Each community matron worked in a geographical cluster area supporting GP practices and community nursing services.

All the Community Matrons registered and completion rates were good with 90% completed within a month. Initial feedback was positive and concerns that the materials would not be pitched at the right level were unfounded. Preliminary feedback indicated that the content was relevant; there were no intellectual blocks; it reinforced good practice and behaviour; the package was easy to use and preferable to classroom learning. The Project team were considering developing audit tools in order to gather feedback over a longer period.

Promotion of the package was successful and within the first month it was made available to a wider group of health professionals such as health trainers and community nurses. Various promotional materials were produced using STAN's character to raise awareness of healthy eating and healthy lifestyles and printed on small items of equipment such as



tape measures for example.

The e-learning package was presented as fun as well as having a serious message. The package is flexible; learners can complete at their own pace, it can operate on different levels but is simple, jargon free and accessible in that staff can work online from any computer. The package provided day to day examples and information about self care can be used with other groups of staff to learn about, reflect and challenge practice at a level appropriate to their role and function. It is useful for both health and social care professionals

The STAN package was compliant with other university systems so that in the future it can be linked into other NHS e-learning environments. Using STAN's relationships and family networks it provides a springboard for learning on other topics such as: a pregnant grand-daughter, a sister with cancer or a father with dementia. STAN also links to the work being developed locally on information prescriptions.

More generally, following the launch the package was made available on the Health Care E-Academy website at a cost of £30 for individual learners with discounted rates for group participants. It joins a suite of online packages available to a wide range of users.



Annexe A. Principles of Self Care

The principles

Principle 1 – Ensure individuals are able to make informed choices to manage their self care needs

Context: The worker's practice is informed by the principles of respect, dignity, choice and independence for individuals. It encourages and supports individuals to make decisions based on the experience of their needs and enhanced by appropriate professional support and guidance. Practice is based on a shift of values from professionals knowing best to them supporting and empowering individuals to be in control of their needs.

Principle 2 – Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care

Context: The worker uses communication and relationship skills, which encourage and support individuals to work with professionals to identify strengths and abilities as well as areas for development, and to find solutions together building on existing skills.

Principle 3 – Support and enable individuals to access appropriate information to manage their self care needs

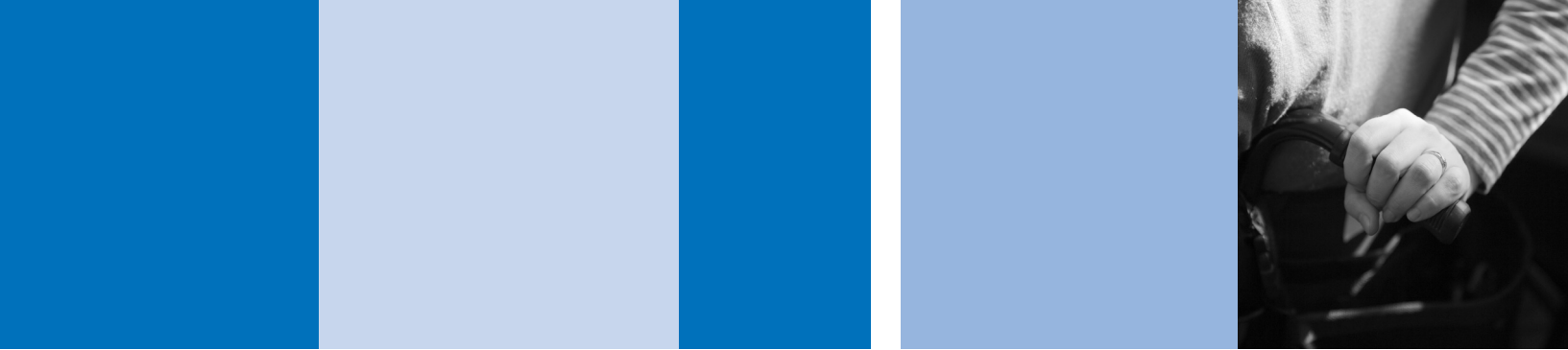
Context: The worker encourages and supports individuals in accessing appropriate information, and where possible provides the relevant and evidence based information in an appropriate manner, providing sufficient choice/options.

Principle 4 – Support and enable individuals to develop skills in self care

Context: The worker facilitates access to appropriate training and self care skills development within or outside their organisation in order to develop and support individuals' confidence and competence to self care. The worker also delivers support to individuals in developing self care/self-management skills.

Principle 5 – Support and enable individuals to use technology to support self care

Context: The worker ensures appropriate equipment and devices are discussed and when appropriate puts individuals in touch with the relevant agency from where they can procure the item(s), and where possible provides the relevant tools and devices. The worker also engages with individuals to support and enable the use of technology.




Principle 6 – Advise individuals how to access support networks and participate in the planning, development and evaluation of services

Context: The worker advises individuals about participation in support networks both to receive from and give support to others. The worker promotes and encourages involvement of individuals in the planning, development and evaluation of services they receive, and supports them to organise care packages to meet their self care needs.

Principle 7 – Support and enable risk management and risk taking to maximise independence and choice

Context: The worker encourages and supports individuals to make choices about how to live their lives and manage any identified risks. The worker promotes choice and independence while supporting individuals to manage risks proportionately and realistically.



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