Self Care Training Manual

Implementing the Common Core Principles for Self Care

Skills for Health

skillsforcare

contents

preface

This training manual has emerged from a project within the Skills for Care and Skills for Health self care programme, as part of the New Types of Worker programme.

The training manual was developed with Lancashire County Council's 'at home' care services. The objectives were to:

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

The brief was to:

- develop training to support self care using the Common Core Principles.
- 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.

The work in Lancashire has been one of the projects independently reviewed for us by CPEA Ltd, working with Sheffield Hallam University. They looked at team working, individual skills and attitudes, and how the organisations (providers and commissioners) facilitated new ways of working to promote self care. They found that Lancashire had worked with jdee Consultancy to pilot a training programme for front line care workers and developed a staff training manual linked to individual budgets and self-directed care. This work is the basis for the present Self Care Training Manual.

The impact of the learning in Lancashire was significant. One member of the 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 met 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.”

Our projects in Lancashire and elsewhere have 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.

But while training might not be enough on its own, it is certainly necessary. It was found to highlight 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.

In addition, organisational change was key in the Lancashire project, and was shown powerfully in significant workforce and organisational changes that occurred for one particular service provider. That organisation had been 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, unduly protracted processes for people to secure individual budgets, and web-based bidding systems 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 Lancashire 19 people who used services were surveyed both before and after the project

Some of the responses were:

"I feel my care worker supports me to remain as active and independent as possible" up from 74% to 90%

"My care worker understands my changing needs and is flexible in supporting me to meet them" up from 79% to 95%.

"I feel my care worker understands my long term health conditions and how they affect me" up from 73% to 90%

"I set goals with my care worker in what I would like to achieve with their support" up from 47% to 74%

"I am able to make decisions on how I am supported by my care workers" up from 74% to 89%

"I have been given information on technology and/or devices which can support me in my home" up from 31% to 79%.

It is clear from our work that self care training on its own is not the solution to change, but it is one component of the wider development required. 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', including the will to engage with, and be highly responsive to, people who use services.

And it is in this context, then, that Skills for Care and Skills for Health are pleased to publish this Self Care training package and commend its use to the domiciliary care services and trainers across the social care sector.

Jim Thomas
New Types of Worker Programme lead, Skills for Care

This Self Care Training Manual is supported by:

Angela Hawley, Self Care Lead, Department of Health.

UKHCA

foreword

Lancashire County Council has been looking to develop self-directed support that is available for people who will have their own personal budgets but also within the services that it commissions.

Building on earlier work, the County Council in partnership with Skills for Care and jdee training has developed both a Training Manual for the training of care workers and a programme to introduce this across the whole of Lancashire's domiciliary care provision (approximately 100,000 hours per week).

The manual and the way of working that it promotes has proved extremely successful. Both users of services and care staff have reported benefits which include greater say and control in service provision and increased satisfaction.

The manual is a comprehensive and effective training programme that clearly lays out how organisations and individual care workers can provide support that places the user at the centre of the process.

Mike Webster
Head of Procurement (Social Care)
Adult and Community Services Directorate
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acknowledgements

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We would also like to pay a special thanks to Helen Dean, Suzanne Black, Lisa-Marie Arkwright, Anita Ingham, Diana Parker, Natalie Ashworth and Hayley Gregson.

about the authors

Shaun Douglas Galley

With an honours degree in Social Policy and Administration, Shaun has been working in social care for the past 12 years, starting as a community support worker and working as a manager and national development advisor within domiciliary homecare. Since 2006 he has worked to change the organisational focus of homecare providers and local authorities, and has a particular interest in developing practical services that meet the agenda for universal self care and self-directed support.

With key project management experience, Shaun has been responsible for the integration of outcome-focused services in line with the personalisation agenda. In addition to research, he acts as a consultant and advisor to both services and individuals.

Sarah Johnson

Sarah has over 15 years' experience in the not-for-profit sector, designing, implementing and evaluating person-centred services both locally and nationally across health and social care. To meet the challenges of the personalisation of social care services Sarah has been responsible for innovating outcome-focused models of self care and developing monitoring and measurement tools to evidence the outcomes for individuals purchasing services.

She has also been working to implement training programmes to support frontline staff to transfer existing skills and knowledge into new ways of working. Sarah acts as a consultant, teacher and advisor to both services and individuals.

Contact: www.jdeeconsultancy.co.uk

introduction

Welcome to the Self Care training manual.

You may be thinking why do we need ‘new ways of working’ in social care and health?

People who use health and social care services have asked for changes to be made to the way they are supported, so they don’t have to fit in with what others want, but can direct their own support services.

So, this Self Care Training Manual is a new approach to supporting people in their own homes, so they can be involved, active and make personal choices that will begin to improve their lifestyles. The approach is part of an overall programme of work at Skills for Care called ‘New Types of Worker’ and a linked programme at Skills for Health called ‘New Ways of Working.’

Using this training manual is a fantastic opportunity for you to support health and social care workers to build on their current practice, develop their knowledge and learn new skills, so they can promote choice and control for the people they support. It will allow workers space to make sense of what is expected of them, and to support them to transfer their existing skills and knowledge into new ways of working.

What will the new type of worker actually do? (We call them this; in reality they might have all sorts of different job titles).

We want new types of workers to move away from just ‘doing tasks on the care plan’ to a working environment where partnerships are formed, where using effective communication, gathering information and supporting people to set new goals in their lives, is part of everyday practice.

Having the skills to build confidence and motivate people to take more self care of their own health and wellbeing will be a key responsibility for each new type of worker. We want the concept of self care; where people learn new skills and gradually change their routines to better care for themselves, to be at the heart of community homecare.

In order to make this happen, we will all have a part to play in working to improve the quality of support delivered in people’s own homes, and your contribution starts here.

how the materials should be used

The Self Care Training Manual has been designed to be used by trainers to support learners in groups of up to 12 maximum, over a period of two days.

The training can also be delivered to smaller groups of learners over a period of four weeks, as a module-by-module training.

In total there are 10 modules:

Module 1: The role of the care worker

Module 2: The future of homecare

Module 3: Self care support – 'doing it for ourselves'

Module 4: Person-centred partnerships

Module 5: Long term conditions – the journey

Module 6: Effective communication and self care

Module 7: Setting goals and overcoming challenges to self care

Module 8: Gathering information and signposting

Module 9: Supporting people's choices

Module 10: Supporting self care – assistive technology

Modules 1 and 2 recognise the existing knowledge and skills that care workers have, whilst introducing the changes that are being called for within health and social care so people can gain more choice and control over their support services.

Module 3 introduces the concept of self care and self care support, and gets learners to consider new ways of thinking, so they begin to involve people in better managing their own health and wellbeing.

Module 4 focuses on the three keys to person-centred partnerships and outlines how to empower people so they can be at the centre of their support services.

Module 5 outlines the emotional journey people may take when diagnosed with a long term health condition (LTC), and the symptoms they may face along the way.

Module 6 introduces the ICE tool (ideas, concerns, expectations) so learners may use their communication skills to uncover individuals' thoughts, feelings and the challenges they face.

Module 7 places setting goals as the focus for supporting people to better self care, and gives learners the skills they need to motivate and support people's confidence to become more involved in their own health and wellbeing.

Module 8 outlines the importance of gathering appropriate information to support people to make informed choices in their self care and outlines the self care support to which people can be signposted.

Module 9 considers how learners will need to work with people or their support networks to reduce risk, where reasonably practicable, so their choices may be upheld.

Module 10 outlines the range of assistive technologies available to support self care.

guidance for trainers

Within this document you will find information on how to present the modules and a list of the worksheets and OHPs needed for each one. We advise that you print these off and keep them with you as you facilitate learning, so you can keep to the suggested format and know when to introduce the discussions and worksheets, which all include suggested feedback.

You will find a copy of the OHPs and worksheets mentioned as separate documents at www.skillsforcare.org.uk/selfcare. It is important that you photocopy enough worksheets prior to your training sessions.

In addition to this there are 10 separate documents with information on each of the modules for ease of use. These introduce each module and the content within it and are designed to be used when delivering the training.

It is recommended that you take the time to read the supporting information within each module, so you are confident that you have enough background knowledge and understanding to transfer learning consistently.

When facilitating group discussions it is important that you use as much of your own knowledge and experiences as possible and refer to the feedback outlined for each module if needed.

Learners may be resistant to change and say ‘we do this already’, so be prepared and acknowledge their existing contributions, but remind learners that the new type of worker role brings with it new responsibilities to motivate people to self care. Once people have more confidence to ‘do more for themselves’, learners will have new opportunities to support them to achieve results in other areas of their lives.

suggested timetable

The self care training can be delivered over two days with groups of up to 12 learners, in a classroom environment.

An example timetable is included below as a suggestion for trainers.

day 1	
9.30am	Introduction
9.40am	The role of the care worker (Module 1)
10.10am	The future of homecare (Module 2)
11.40am	Tea/coffee
12.00pm	Self care support – doing it for ourselves (Module 3)
12.45pm	Lunch
1.45pm	Person-centred partnerships (Module 4)
2.45pm	Long term conditions – the journey (Module 5)
3.45pm	General discussion/reflection
4.00pm	Close

day 2	
9.30am	Recap on day 1
9.40am	Effective communication and self care (Module 6)
11.10am	Tea/coffee
11.25am	Setting goals and overcoming challenges to self care (Module 7)
12.25pm	Gathering information and signposting (Module 8)
1.05pm	Lunch
2.05pm	Supporting people's choices (Module 9)
3.05 pm	Supporting self care – assistive technology (Module 10)
4.35pm	General discussion/reflection
4.55pm	Close

how to present module 1

Timing
30 minutes includes discussion-varies with size of group

Materials
Flipchart paper, marker pens, 'Post It' notes
There is one discussion in Module 1

OHP's
OHP 1.1: Module 1: Outcomes
OHP 1.2: Did you know?
OHP 1.3: The vital role you play
OHP 1.4: Your role brings with it
OHP 1.5: These responsibilities include
OHP 1.6: Group discussion 1.1
OHP 1.7: Remember

Discussions and Worksheets

Discussion 1.1
OHP 1.6 Group Discussion – 'So what motivates you to be a care worker?'

Aim: Learners will consider their motivations for working within community social care.

Trainer: Ask each learner to write down one motivation on a Post It note; small groups to come up with more than one. This discussion should be completed as a whole group, and should take approximately 10 minutes.

Feedback: Trainer then gathers similar motivations together on flip chart paper and points out the similarities and differences that the group has come up with.

Motivations may include: 'I like the people I support'; 'Rewarding'; 'Helping them to stay in own homes'; 'Keeping people independent'; 'Making a difference'; 'I care about people'; 'Always something different'; 'Money'.

When you discuss the feedback with the learners, focus on the point that working in social care is often not for financial gain but rather wanting to ‘make a difference’ and to improve the quality of life for people in their own homes. Working as a new type of worker will give learners an opportunity to extend their skills and better support people to monitor and manage their health and wellbeing.

how to present module 2

Timing
1hr 30 minutes includes all discussions and activities - varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There is one discussion and three activities in module 2

OHP's
OHP 2.1: Module 2: Outcomes
OHP 2.2: Population trends
OHP 2.3: The Government's message
OHP 2.4: People's expectations
OHP 2.5: How things work now

Introduce Worksheet 2.1: Traditional Service – Mrs Patterson

OHP 2.6: The traditional care plan
OHP 2.7: Group discussion 2.2
OHP 2.8: In Control have some ideas
OHP 2.9: In Control's principles
OHP 2.10: How the new system will work
OHP: 2.11: Key – individual budgets
OHP 2.12: Individual budgets mean more choices

Introduce Worksheet 2.3: True or False

OHP 2.13: Key - individual support planning
OHP 2.14: Who does planning?
OHP 2.15: Why plan?

Introduce Worksheet 2.4: New Service – Mrs Patterson

OHP 2.16: Inside an individual support plan
OHP 2.17: Plans don't live in folders
OHP 2.18: New types of worker responsibilities
OHP 2.19: Challenges to the new system of homecare

Discussions and Worksheets

Worksheet 2.1

Aim: Learners will explore how people may experience the current system of homecare

Trainer: Split the learners into groups of 2 – 4 and give each group one Worksheet 2.1. Ask them to read through the worksheet, discuss and answer the questions, recording their answers. Depending on the number of groups ask each group to feedback on one question; make sure all questions are fed back. This activity should take approximately 20 minutes.

Feedback: **The key themes emerging from Worksheet 2.1**
Mrs Patterson may have felt uncomfortable with the assessment process, as similar questions were asked of her by both social services and the homecare agency; often it is the 'professionals' that assume control by approaching planning with tick boxes and rigid processes. Mrs Patterson could make few new choices in how she was supported, and any requests she did make were 'immediately' turned down and referred back to social services or the homecare office. She was told that making changes to her care plan was not allowed, without prior permission, again limiting her control.

Discussion 2.2

OHP 2.7 Group discussion - 'If you could change the way you support people what would you do?'

Aim: Learners will come up with ideas about how the 'way things work now' could change for people using social care services.

Trainer: Keep OHP 2.7 up for learners to see. Ask the whole group to think of how they would change the current homecare system, if they could. Trainer to use flipchart paper to record all feedback from learners. This discussion should take approximately 10 minutes.

Feedback: **Take brief feedback from learners**
Changes learners come up with may include: 'being able to change what is on the care plan'; 'giving people more control over who provides their support'; 'allowing people to make the choices they want to'; 'not putting people through more than one assessment'; 'involving people's families more often'; 'concentrating on what people want to do, rather than just on the things they can't'; 'letting care workers plan with people.'

When you discuss the feedback with learners, make the point that the current system needs to change as it does not put people in control and makes care workers follow very set tasks on their care plans. This does not allow people to become involved in their own support or make new choices about the things they want to do in their lives.

Worksheet 2.3

Aim: Learners will demonstrate their knowledge for the future changes being called for in home-care

Trainer: Give all learners a copy of Worksheet 2.3. Ask them to answer each question on the worksheet; this should take approximately 10 minutes.

Feedback: Trainer to read out the correct answers to worksheet 2.3, asking learners to mark their own worksheets

1. People are saying they are happy with the services they currently receive - **FALSE**
2. People in our society are saying they want more choice and control over their services - **TRUE**
3. In Control is an organisation that believes people can control their own services and be full citizens by using their individual budget - **TRUE**
4. The traditional way of providing care gives the person choice and flexibility - **FALSE**
5. Many care workers are trained to follow the 'care plan', and are restricted from planning to do other things with the people they support - **TRUE**
6. Making changes to the care plan can be difficult as people need to be reassessed or permission has to be sought through social services or the homecare provider - **TRUE**
7. An individual budget is where a person is offered an amount of money to spend on their support needs - **TRUE**

8. The person has to manage their own individual budget, there are no other options - **FALSE**
9. An individual budget can mean that family, friends and other organisations can provide part of the support a person needs - **TRUE**
10. Having an individual budget will mean you can help people plan new goals, not on their care plan, and achieve them - **TRUE**
11. Changing to individual budgets is going to really easy for care workers and people being supported - **FALSE**
12. As a new type of worker, being positive about individual budgets will mean change will be easier and people are more likely to get the best out of using them - **TRUE**

Worksheet 2.4

Aim: Learners will explore how people may experience the new system of self-directed support.

Trainer: Split the learners into groups of 2 - 4. Give each group one Worksheet 2.4, ask them to read through the worksheet, discuss and answer the questions, recording their answers. Depending on the number of groups ask each group to feedback on one question; make sure all questions are fed back. This activity should take approximately 20 mins.

Feedback: **The key themes emerging from Worksheet 2.4**
Mrs Patterson is in control as she has an amount of money to purchase the services she wants. The assessment procedures are designed to take her choices and decisions into account and focus on her abilities, what she can do and what she would like to do. Mrs Patterson is the central focus of her planning, taking her life experiences and likes and dislikes into account. The key benefits are that Mrs Patterson can now make changes directly with her care staff, and update her support plan when she wants to. Care staff also focus on building her confidence and skills.

how to present module 3

Timing
60 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes

There is one discussion and two activities in module 3

OHPs
OHP 3.1: Module 3: Outcomes
OHP 3.2: Your current role
OHP 3.3: This develops your habit centres
OHP 3.4: Traditional habit centres – the effects
OHP 3.5: What is self care?
OHP 3.6: Health and well-bing is?
OHP 3.7: Group discussion 3.1
OHP 3.8: Balancing health and well-being
OHP 3.9: How we are taught to self care
OHP 3.10: As older people?

Introduce Worksheet 3.2: People's own self care

OHP 3.11: Your new habits – self care support
OHP: 3.12: Are people interested?
OHP 3.13: Are people interested?
OHP 3.14: What is stopping us supporting self care?
OHP 3.15: What is stopping us supporting self care?
OHP 3.16: Changing your thinking

Introduce Worksheet 3.3: Your new way of thinking

OHP 3.17: Remember your new habits
OHP 3.18: Your new habit centres will:
OHP 3.19: How are we going to make self care support happen?

Discussions and Worksheets

Discussion 3.1

OHP 3.7 Group Discussion – 'What steps do you take to take to look after your health and well-being?'

Aim: Learners will be able to describe different ways to look after their health and well being.

Trainer: Keep OHP 3.7 up for learners to see, ask the whole group to think of the steps they take to stay healthy and happy. This discussion should take approximately 10 minutes. Trainer to use flipchart paper to record all feedback from learners.

Feedback: **Take brief feedback from learners**
Steps learners may come up with include: 'eating good foods'; 'drinking water'; 'walking'; 'meeting friends'; 'relaxing'; 'not smoking'; 'watching a good film'; 'going to the gym'; 'getting a check up at doctors'; 'holidays'; 'dentist'; 'weight loss'; 'part of community'; 'listening to music'.

When you discuss the feedback with learners, make the point that we all take steps to look after our own health and well-being. We are all responsible for making our own choices about how to stay healthy and happy, and at times we will seek information, advice and support from the doctor, dentist, therapist, etc., to maintain our health and well-being. It is important that we can balance our health and well-being so that we can avoid illness where possible and remain in control of our lives.

Worksheet 3.2

Aim: Learners will understand that people can self care without the support of care workers.

Trainer: Split the learners into groups of 2 – 4. Give each group one Worksheet 3.2 and ask them to answer the question, recording their answers in the pie chart on the worksheet. Trainer to draw a copy of the pie chart on flipchart paper ready for feedback. Ask each group to feed back the points they have come up with. This activity should take approximately 15 minutes.

Feedback: **The key themes emerging from Worksheet 3.2**
'going to the toilet'; 'eating something'; 'drinking fluids'; 'watching TV'; 'taking medication'; 'write letters'; 'take a walk around'; 'stretching'; 'personal care'; 'talking to friends and family';

‘relaxing’; ‘washing dishes’; ‘cleaning’; ‘putting creams on’; ‘taking insulin’.

When you discuss the feedback with learners, make the points that even though people may use homecare services, care workers are with them for only a few hours out of a 24-hour day, and people do take steps to self care when they are on their own. Even those people with limited mobility will self care when alone.

It is all too easy to assume that people rely on care workers to do everything for them.

Worksheet 3.3

Aim: Learners will acknowledge the impacts of their current way of working and explore new ways of thinking.

Trainer: Split the learners into groups of four. Give each group one Worksheet 3.3. Trainer to read instructions at the top of Worksheet 3.3 and explain what a consequence is – what may happen for the people if their care workers think in this way?

Once learners have completed the worksheet, trainer to facilitate group feedback, and discuss main points raised with learners. This should take approximately 20 minutes.

Feedback: **The key themes emerging from Worksheet 3.3.**
Traditional care worker thinking

Traditional care worker thinking	Consequences
I can do only what’s on the care plan	‘They can’t choose what they want’; ‘they might not feel able to change anything’; ‘they don’t get the chance to do anything new’; ‘they may not be happy with the support they get’; they might want changes’; ‘they may feel they are not in control of anything’.
I don’t have time to get people involved in their tasks	‘end up needing care workers for everything’; ‘they might want to be more involved’; ‘they might get worse if they aren’t able to keep active’; ‘they might lose interest if they are not involved’; ‘they might become not very motivated to look after themselves more’; ‘they might lose their confidence in what they can do’; ‘create dependency’.

I'm not allowed to set goals with them	'they may get stuck with things they don't want to be doing'; 'they can't choose what they want'; 'they don't get an opportunity to change'; 'the care worker may end up being in control'.
I tried to get her involved but she said no, so that's it	'she won't get an opportunity again to be involved'; 'end up needing care workers for everything'; 'they don't get the chance to do anything new'; 'might feel they have been given up on'.
It's not my job to get involved in supporting her Arthritis	'they might get worse if they don't get the support they need'; ' they may not know who to get help from'; 'they won't get support with their health needs'; 'they won't learn more about their health needs'.

New type of worker thinking

New type of worker thinking	Consequences for the person
If the person makes a choice which is not on their care plan I can support them to achieve it	'they can decide to do the things they want to do'; 'they will have more control over what it is they want'; 'they will be more motivated to do more things if they can make a choice'.
I do have time to get people more involved in their tasks	'they can feel more involved in the things they do'; 'they will be more motivated to do more things'; 'we will be able to work together to get things done'; 'I don't take their independence away'; 'they can still use their abilities no matter how small'; 'they may feel I'm not just coming in and doing for'; 'they may feel they have a good partnership'; 'they will be able to do more in self care'.

It is the person's choice to set new goals and I can record these in their individual support plan and we both work towards them	'they can decide to do the things they want to do'; 'they will have more control over what it is they want'; 'they can feel more involved in the things they do'; 'we will be able to work together to get things done'; 'we can concentrate on achieving something'; ' they may learn new skills in their self care'.
I tried to get her involved but she said no, but I will try again, she may change her mind and get involved'	'they may be feeling a bit down so trying again will help'; 'they will be given the opportunity to change their mind and get involved'; 'they will have a worker who does not just give up at the first 'no'.
I can support people to learn more about how to cope with their health and well-being	'they will have support with their health needs'; 'they will have the opportunity to learn more about how to be more healthy'; 'they will learn new ways of coping with their bodies and their minds'.

When you discuss the feedback with learners, make the points that 'care worker thinking' can lead them to having the control and not 'allowing' people the opportunities to become involved in their own care, this can lead to them losing the skills to self care.

New type of worker thinking is always positive, and looks for the opportunities for people to make new choices and become involved in their own care, so they can learn new skills and improve their health and well-being.

Remind learners that the 'old ways of thinking' does not fit within the role of the new type of worker and they should practise new ways of thinking to ensure that people have a chance at self care.

how to present module 4

Timing
60 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There is one discussion and two activities in module 4

OHP's
OHP 4.1: Module 4: Outcomes
OHP 4.2: Person-centred partnerships explained
OHP 4.3: The three keys to person-centred partnerships
OHP 4.4: Empowerment is…
OHP 4.5: How can you empower?

Introduce Worksheet 4.1: Break down the task

OHP 4.6: Attitudes and behaviours
OHP 4.7: Positive attitudes and behaviours
OHP 4.8: Negative attitudes and behaviours

Introduce Worksheet 4.2: Attitudes and behaviours

OHP 4.9: Dignity and tespect
OHP 4.10: Group fiscussion 4.3
OHP 4.11: SCIE – Dignity in Care
OHP 4.12: Challenges to person-centred partnerships
OHP 4.13: Remember your new thinking

Discussions and Worksheets

Worksheet 4.1

Aim: Learners will understand that by breaking down the task, they can empower people to become more involved and improve their self care skills.

Trainer: Split the learners into groups of 2 – 4. Give each group one Worksheet 4.1 and ask them to read through the worksheet and break down the task. Trainer should then ask the whole group if Mrs Walker achieved making her own cup of tea by week 3, and if they approached this in different ways. This activity should take approximately 10 minutes.

Feedback: The key themes emerging from Worksheet 4.1 Each group may have taken a slightly different approach to empowering Mrs Walker to make her own cup of tea, but should have achieved the same outcome by week 3.

When you discuss the feedback with learners, make the point that within their roles as new types of workers there will be many opportunities for them to break down the task with the people they support, such as 'washing' 'dressing'; 'showering'; 'making breakfast'; 'walking from one room to another'; 'standing'; 'getting in and out of bed'; 'toileting'; 'household chores'.

Key point: New types of workers should always be working towards empowering the person, so they learn new skills and 'take over' some of the tasks they would have traditionally have had 'done' for them.

A recognised approach in 'break down the task' is to get the person to carry out the final action at the end of the task as soon as possible. So in making a cup of tea, this would be to stir the tea in the cup: this can lead to the person feeling a sense of achievement very quickly on. Focus can then be put on other actions, boiling the kettle, getting the milk and sugar ready, etc, as the person 'feels' that they have achieved the end part of the task so the other actions don't seem so daunting.

Worksheet 4.2

Aim: Learners will recognise negative attitudes and behaviours and consider their impact on people.

Trainer: Split the learners into groups of 2 – 4. Give each group one Worksheet 4.2 and ask them to read through the worksheet, discuss and answer the questions, recording their answers.

Depending on the number of groups, ask each group to feedback on one question, make sure all questions are fed back. This activity should take approximately 15 minutes.

Feedback: The key themes emerging from worksheet 4.2

Negatives: 'The care worker does not listen'; 'questions are not asked about Mary's pain'; 'little respect for Mary's opinions'; 'takes over the kitchen'; 'blocks Mary's involvement in her care'; 'frustration and impatience leads to Mary being ignored'; 'uses 'time' as an excuse'; 'no evidence of breaking down the task'; 'Mary may feel loss of control'; 'powerless to change anything'; 'not supported'; 'frustrated'; 'Isolated'; 'not listened to or respected'.

Positives: 'speak to Mary about her arthritis'; 'understand more about her pain'; 'involve her in her tasks'; 'respect her routines'; 'not make assumptions'; 'get Mary more information on her arthritis'; 'listen to Mary'; 'ask Mary about her cooking'; 'not focus on time, but on involving Mary'.

When you discuss the feedback with learners, make the point that they should always be conscious of their own attitudes and behaviours. People are more likely to become involved in their self care if they are working in partnership with a new type of worker who has a positive approach.

Discussion 4.3

OHP 4.10 Group Discussion – 'How do you uphold people's dignity and respect?'

Aim: Learners will describe the different ways they can uphold a person's dignity and show them respect.

Trainer: Keep OHP 4.10 up for learners to see, ask the whole group to think of how they would uphold dignity and show respect. This discussion should take approximately 10 minutes. Trainer to use flipchart paper to record all feedback from learners.

Feedback: Take brief feedback from learners
Learners may come up with: 'listening'; 'respecting opinions'; 'privacy'; 'covering the person during personal care'; 'not staring'; 'asking people their choices'; 'take an interest in people's experiences'; 'uphold wishes'; 'respect routines'; 'respect religious beliefs'; 'take an interest in different customs'; 'don't talk down to people'; 'always communicate what you are doing'; 'address them in the way they like'; 'don't stand over them'; 'don't assume they can't do things'; 'respect confidentially'.

When you discuss the feedback with learners, make the point that we all have the same rights to be valued no matter our age, race and ethnicity, disability, culture, sexuality, customs or beliefs, and respecting people means supporting the choices they make so they stay in control of their lives.

how to present module 5

Timing
60 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There are two discussions and one activity in module 5

OHPs
OHP 5.1: Module 5: Outcomes
OHP 5.2: Defining long term conditions (LTCs)
OHP 5.3: The numbers
OHP 5.4: Being diagnosed with a LTC
OHP 5.5: The labels of LTCs
OHP 5.6: Group discussion 5.1
OHP 5.7: 'Labels' bring benefits
OHP 5.8: 'Labels' bring challenges
OHP 5.9: The Grief Cycle

Introduce Worksheet 5.2: The Grief Cycle

OHP 5.10: It's a personal journey
OHP 5.11: Group discussion 5.3
OHP 5.12: The common symptoms of LTCs
OHP: 5.13: Uncovering symptoms
OHP 5.14: Within your new type of worker role

Discussions and Worksheets

Discussion 5.1

OHP 5.6 Group Discussion – 'Let's discuss some common LTCs'

Aim: Learners will discuss four common long term conditions

Trainer: Keep OHP 5.6 up for learners to see. Ask the whole group if they have heard of these long term conditions and if they know what causes them. Trainer to use the information given below to expand on the learners' responses; this should take approximately 10 minutes.

Feedback:

Depression: Depression is a long term condition that can lead a person to feel helpless, isolated, sad and unmotivated. It often runs in families, although can occur for other reasons according to a person's life experiences:
(Note: it can also be a symptom of another health condition and last for a shorter period)

- Stress
- Childbirth
- Prescribed medications
- Alcohol and drugs
- Living with a long term condition – Multiple Sclerosis / Arthritis / Dementia

Stroke: A stroke can also be thought of as a 'brain attack'. This happens when the blood flow to the brain is disrupted by a clot or a bleed. When this happens, brain cells die and lose function in the affected area of the brain.

This can lead to the person losing their sight, memory, movements and their ability to swallow. It can also affect their communication — reading and writing, understanding and speech.

Chronic Obstructive Pulmonary Disease (COPD): COPD is a long term condition that is very similar to asthma. The small tubes carrying air into the lungs can become inflamed stiff and narrow, causing less oxygen to enter the body. Unlike asthma COPD gets worse over time and can lead people to rely permanently on oxygen or in more serious cases can lead to shortening of life.

Smoking is a major cause of COPD.

Arthritis: The two most common forms of arthritis are Osteoarthritis and Rheumatoid Arthritis. Osteoarthritis is the 'wear and tear' and the eventual breakdown of the cartilage that is found between joints at the end of our bones. Cartilage allows bones to move easily, free from pain; when this breaks down bone rubs against bone, causing much pain for the sufferer.

Rheumatoid arthritis causes the joints at the end of bones to become inflamed, and over time the joints become swollen and stiff, reducing ability to move easily.

The most common areas affected are the hands, knees, feet and spine.

Worksheet 5.2

Aim: Learners will understand the journey people may take when diagnosed with a long term condition.

Trainer: Ask the learners who would like to read out a stage of the Grief Cycle using information from Worksheet 5.2. Five learners will need to read out one stage each.

After learners have read out their grief stage, the trainer should ask the whole group if they recognise this stage and have ever supported people with similar experiences. This activity should take 10–15 minutes.

Feedback: When you discuss feedback from learners, point out that once people are diagnosed with a long term condition and they enter the grief cycle it can be very difficult to motivate them to become interested in self care. People will need to be supported through the cycle to acceptance, before they are likely to have the confidence and motivation to learn new skills and begin to manage their conditions.

Discussion 5.3

OHP 5.11 Group Discussion - 'What do you think are the symptoms people may experience with their long term conditions?' 'Do you think people with the same long term condition experience the same symptoms?'

Aim: Learners will have an understanding of the symptoms people may face as a result of their long term conditions.

Trainer: Keep OHP 5.11 up for learners to see. First ask the whole group to think of symptoms that people may suffer from as a result of their long term conditions, theny ask the whole group if they feel people with the same long term conditions would experience the same symptoms. Trainer to use flipchart paper to record all feedback from learners. This discussion should take approximately 10 minutes.

Feedback:
Symptoms learners come up with may include: ‘getting really tired’; ‘in pain’; ‘anxious’; ‘grumpy’; ‘depressed’; ‘lonely’; ‘angry’; ‘lack of interest’; ‘nausea’; ‘incontinence’; ‘loss of appetite’; ‘indigestion’; ‘constipation’; ‘memory loss’; ‘lack of concentration’; ‘withdrawn’; ‘suicidal’; ‘digestive problems’; ‘numbness’; ‘headaches’; ‘insecure’; ‘weight gain’; ‘loss of balance’; ‘stiffness’; ‘slurred speech’.

When you discuss the feedback with learners, make the point that the people with the same long term conditions may experience very different symptoms, or they may experience the same symptoms but suffer from varying degrees.

Below are some long term conditions for reference with OHP 5.5: The labels of long term conditions.

Arthritis: The two most common forms of arthritis are Osteoarthritis and Rheumatoid Arthritis. Osteoarthritis is the ‘wear and tear’ and the eventual breakdown of the cartilage that is found between joints at the end of our bones. Cartilage allows bones to move easily, free from pain; when this breaks down bone rubs against bone, causing much pain for the sufferer.

Rheumatoid arthritis causes the joints at the end of bones to become inflamed, and over time the joints become swollen and stiff, reducing ability to move easily.

The most common areas affected are the hands, knees, feet and spine.

Asthma: Asthma is a long term condition that affects the amount of air coming into and out of our lungs. The small tubes carrying air into the lungs become inflamed and can begin to build up mucus, causing wheezing, coughing or shortness of breath.

People will often become affected after coming into contact with smoke, perfume, dust or following exercise, or through changes in weather—pollen in summer and cold air in winter.

Many sufferers use asthma pumps or inhalers to open their airways until their symptoms pass.

Chronic Obstructive Pulmonary Disease (COPD): COPD is a long term condition that is very similar to asthma.

The small tubes carrying air into the lungs can become inflamed, stiff and narrow, causing less oxygen to enter the body. Unlike asthma COPD gets worse overtime and can lead people to rely permanently on oxygen or in more serious cases can lead to shortening of life.
Smoking is a major cause of COPD.

Cancer: The human body is made up of many small cells that divide to create new tissue – muscle tissue, liver tissue, lung tissue, etc.

Normal cells: will grow and divide to create healthy tissue in the body. Their codes tell them when to stop growing.

Cancer cells: don't know when to stop, they grow and divide uncontrollably.

This abnormal growth causes cancer cells to group together, often in tumours. It is these tumours that can invade and damage healthy tissue and organs in the body, preventing them from functioning properly and causing the person to become ill.

Coronary Heart Disease: A network of healthy arteries and veins allow blood into and out of our hearts, the heart then acts like a pump, sending blood around our bodies and supplying our organs with oxygen and nutrients to function and survive.

Coronary heart disease can occur when fatty material and scar tissue build up in our arteries. This can cause the arteries to narrow, and as a result the heart gets less blood; affecting the levels of oxygen and nutrients to the rest of the body.

Poor diet, smoking and lack of exercise can cause the fatty material and scar tissue to build up and result in the long term condition that is coronary heart disease.

Dementia/Alzheimer's: Dementia is a long term condition that affects a person's memory and daily function. It is caused by the loss of brain cells, or damage to blood vessels in the brain, and can be a result of a brain injury or stroke.

Alzheimer's is the most common form of dementia, usually that stage where people's thinking and memory begins to deteriorate.

Other symptoms are:

- Asking the same questions over and over again
- Misplacing items – putting the hoover in the bath, etc.
- Having a sudden change in character – quiet to suddenly aggressive for no apparent reason
- Disorientation – who am I? Where am I? Who are you?
- Speech and understanding others can become affected and a frustration for the person.

Depression: Depression is a long term condition that can lead a person to feel helpless, isolated, sad and unmotivated. It often runs in families, although can occur for other reasons according to a person's life experiences, including:

- Stress
- Childbirth
- Prescribed Medications
- Alcohol and Drugs
- Living with another long term condition – MS/Arthritis/Dementia

Symptoms include:

- Changes in eating and sleeping patterns
- Changes in tone and pitch of voice
- Trouble concentrating, making decisions, remembering things
- Loss of interest in activities, family, friends
- Death or suicide

Diabetes: Our bodies use insulin to change the sugar in our foods into energy for our bodies. People with diabetes will generally have:

Type 1 Diabetes – Their bodies make limited amounts of insulin, or none at all.
Or Type 2 Diabetes – Their bodies make insulin, but cannot use it properly. When we don't have enough insulin or our bodies cannot use it in the right way and sugar builds up in our blood.

High sugar levels can cause damage to other areas of our bodies, eyes, kidneys, and heart and blood vessels.

Epilepsy: Our brains include many neurons that send electrical signals to other areas of our bodies to control movements, like lifting our arms, bending our legs, moving our fingers. Epilepsy is caused by neurons in our brains acting abnormally, resulting in people suffering from seizures of various strengths.

For some people, they may lose concentration and 'zone out' for a few minutes, for others more dramatic effects of shaking and throwing their arms and legs around will occur.

HIV/AIDS: Human Immunodeficiency Virus – This is a virus that attacks the body's immune system, which leaves the person more likely to develop infections and cancers. It is passed from one person to another by:

Unsterilized needles (tattoos, piercing), shared needles for injecting drugs, unprotected sexual intercourse, pregnancy (mother to child).

Antiretroviral medicines can help to fight the virus. But once the body can no longer fight the virus the resulting infections become known as Acquired Immunodeficiency Syndrome (Aids).

Obesity: Obesity occurs when a person's food intake (calories) is more than the energy their bodies burn off, so the excess calories are stored as body fat.

Weight gain can also be linked to other long term conditions – diabetes, high blood pressure, Arthritis, or to medications taken for other long term conditions.

Parkinson's: Parkinson's disease can also be known as 'movement disorder'.
Our bodies use a chemical called dopamine to carry messages around our bodies to tell them to move. When the cells that make dopamine are damaged or die, movement becomes difficult. The common symptoms are trembling of the limbs, slowness and stiffness, impaired balance, constipation and soft speech.

Multiple Sclerosis: Multiple means 'many' and sclerosis means 'scars' so Multiple Sclerosis means 'many scars'.

Our brains use nerves to send messages along our spines and nerves to tell our bodies to move, so if we want to move our fingers, our brain will send a message down our spine through nerves to our fingers and they will move.

In Multiple Sclerosis the covering of myelin that protects the nerves becomes scarred; when this happens messages find it difficult to get through to the rest of the body.

So the brain may send the message 'move my fingers', but be prevented from doing so, due to the scarring in the brain, spinal cord and nerves.

Schizophrenia: Schizophrenia is a mental illness; although the cause is not yet proven, it is thought the disease may be a genetic disorder, or be caused by damage to the nervous system or following a viral infection.

People with this long term condition can experience:
- Lack of motivation
- Loss of interest in personal care
- Uncontrolled anger/frustration

Untreated these may lead to:
- Hallucinations
- Delusions
- Confusing thoughts and/or speech

Bi Polar

Bi Polar is a mental illness that causes extreme changes in mood.
A person may be very ‘manic’

- Overexcited
- Fast movements and speech
- Be very creative and come up with ideas

And then very depressed the next

- Very quiet, withdrawn
- Unable to think clearly, or form rational judgments
- Unable to function socially
- In extreme cases suicide/death

Sickle Cell Disease: Sickle Cell Disease is an inherited disease.
A chemical called haemoglobin helps carry red blood cells and oxygen around the body to support its function. For those with sickle cell anaemia, the red blood cells carry a different type of haemoglobin, making them change shape.

They go from a normal shape to an S (‘sickle’) shape; this makes it difficult for red blood cells to carry oxygen around the body.

People who suffer with this long term condition will suffer from pain and can show signs of paleness of skin.

Skin Disease: The British Skin Foundation lists more than 2000 skin diseases that people can suffer.

As the skin is the largest organ of the body, the chances are that you or I will at some stage of our life suffer from a skin disease.

Some diseases are genetic, others are acquired through infection or bacteria and some others are more serious long term conditions; Acne, Eczema, Psoriasis, Cancer being just a few.

Spinal Cord Injury: The spine is made up of 24 small bones, or vertebrae. Each sits on top of another to make what is known as the spinal column. Between each vertebra is a soft gel called a disc that helps the spine with the pressure placed on it and prevents the bones rubbing together.

Spinal cord injuries happen when a person fractures their vertebrae; this causes various levels of ongoing complications, from loss of movement and pain and discomfort to complete paralysis. Damage to the nerves can limit a person's ability to undertake lifting and moving as the nerves carry messages from the brain to the spine.

Stroke: A stroke can also be thought of as a 'brain attack'
This happens when the blood flow to the brain is disrupted by a clot or a bleed. When this happens, brain cells die and lose function in the affected area of the brain.

This can lead to the person losing their sight, memory, movements and their ability to swallow. It can also affect their communication – reading and writing, understanding and producing language.

how to present module 6

Timing
1hr 30 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There is one discussion and three activities in Module 6

OHPs
OHP 6.1: Module 6: Outcomes
OHP 6.2: Communication defined
OHP 6.3: Group Discussion 6.1
OHP 6.4: The starting point

Introduce Worksheet 6.2: Are you listening?

OHP 6.5: Active listening
OHP 6.6: Paraphrasing
OHP 6.7: Why ask questions?
OHP 6.8: Closed questions
OHP 6.9: Open-ended questions
OHP 6.10: Probing questions
OHP: 6.11: Looking for cues

Introduce Worksheet 6.3: Check your questioning?

OHP 6.12: Challenges to effective communication
OHP 6.13: The ICE tool
OHP 6.14: How to use ICE – Ideas
OHP 6.15: How to use ICE – Concerns
OHP 6.16: How to use ICE – Expectations

Introduce Worksheet 6.4: Using your ICE tool

OHP 6.17: Using the ICE tool = self care goals

Worksheets and discussions

Discussion 6.1

Introduce OHP 6.3 Group Discussion
Can you think of the verbal and non verbal ways we communicate with each other?

Aim: Learners will consider the various ways to communicate, verbal and non-verbal.

Trainer: This discussion should be completed as a whole group. The trainer to write two lists on flipchart paper – 1. Verbal, 2. Non-Verbal – and ask learners to come up with their ideas for the two lists. This should take approximately 10 minutes.

Feedback: The trainer then groups similar motivations together on flipchart paper and points out the similarities and differences that the group has come up with.

Verbal communication may include: ‘talking’; ‘whispering’; ‘shouting’; ‘writing’; ‘reading’; ‘listening’; ‘speaking’; ‘use of symbols and numbers’.

Non-verbal communication: ‘smiling’; ‘touch’; ‘facial expressions’; ‘posture’; ‘eye contact’; ‘tone of voice’; ‘hand gestures’; ‘body language’; ‘nodding head’; ‘our dress code’; ‘sign language’.

When you discuss the feedback with learners, make the point that there are a number of ways to communicate with those around us. As new types of workers, learners will need to think about how they approach communication and ‘adapt’ their style so they can build partnerships of trust, and respect with the diverse people they support.

Worksheet 6.2

Aim: Learners will appreciate how difficult it is to gather information from the people they support if they do not use a range of communication styles (verbal and non-verbal).

Trainer: Split the learners into groups of three and ask them to decide who will be the story teller, the listener and the observer and then ask them to read their individual instructions from Worksheet 6.2. Place two chairs back-to-back for each group, for the pairs of story tellers and listeners, with a third to one side for each pair’s observer. Where possible leave space between the groups. Ask learners to start their role play. This should take approx 20 minutes.

The trainer then asks the observers to feed back what they thought was difficult for their story teller and listener.

Depending on the number of learners, the groups can be cut down to just story tellers and the listeners.

Feedback: The key themes emerging from Worksheet 6.2

Listener: 'Not being able to see facial expressions'; 'not being able to ask questions'; 'not being able to check that information is right'; 'no feeling of connection'; 'not being able to encourage the story teller'; 'difficult to concentrate without seeing the person'; 'more difficult to remember what is being said'.

Story Teller: 'Not being able to see facial expressions'; 'not being able to see body language'; 'no feeling of connection'; 'ignored'; 'listener not really interested in me'; 'not wanting to tell the story, as no feedback'; 'not sure if the message is getting through'.

After learners have discussed their experiences, make the point that if people are to feel valued, listened to and respected then new types of workers will need to use a range of communication skills each time they support them.

Worksheet 6.3

Aim: Learners will understand what closed and open-ended questions are and recognise the importance of 'cues' and probing questions.

Trainer: Give all learners a copy of Worksheet 6.3. Ask them to answer each of the questions on the worksheet. Learners may need support with Section 2 of the worksheet. This activity should take 10 minutes

Feedback: Trainer to read out the correct answers to worksheet 2.3, asking learners to mark their own worksheet.

Section 1 correct answers:
1. Closed 2. Open 3. Closed 4. Open 5. Closed 6. Closed 7. Open

Section 2
A **Cue:** “I wasn’t so good”. **Probing question:** ‘”Why were you not feeling so good?”
B **Cue:** “…but I’m not sure”. **Probing question:** “What are you not sure about Maggie?”
C **Cue:** “…can be a hassle though”. **Probing question:** “What makes it a hassle for you?”

Worksheet 6.4

Aim: Learners will gain knowledge of how to gather information using the ICE tool.

Trainer: Split the learners into groups of 2–4. Give each group one Worksheet 6.4, ask them to read through the worksheet, discuss and answer the questions, recording their answers. Depending on the number of groups, ask each group to feedback on one question; make sure all questions are fed back. This activity should take approximately 15–20 minutes.

Feedback: The key themes emerging from Worksheet 6.4

Question 1 –
Ideas: Mrs Krause: “Yes dear, it is really getting me down, and it stops me from doing things”.

Concerns: Mrs Krause: “Well, I’m in this wheelchair more now after the op, and I am not eating as well as I use to, it does concern me and it brings me down!”

Expectations: New type of worker: “What do you think we can do Mrs. Krause, could I find some information on healthy foods for you?”

Question 2 – Key benefits of using the ICE Tool are: ‘structured communication’; ‘find out how people are feeling about their health conditions’; ‘find out how people are affected by their health conditions’; ‘find out how people cope with their health conditions’; ‘opportunity to get people to think about ways of improving their health conditions’; ‘gives new type of worker a chance to set goals with people to improve their self care’.

Question 3 – Focus on one good example from learners and highlight where they have used the ICE tool to gather the person’s ideas, concerns and expectations. Remind learners that by using the ICE tool it will be easier to gather ‘information’ from people about how they are managing their long term conditions. Used in the right way, this information can then create opportunities to support people with building their confidence to self care.

how to present module 7

Timing
60 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There are two discussions and two activities in Module 7

OHPs
OHP 7.1: Module7: Outcomes
OHP 7.2: What is a goal?
OHP 7.3: How to set goals with people?
OHP 7.4: Find out what people want to do?
OHP 7.5: Group discussion 7.1
OHP 7.6: Examples of goals
OHP 7.7: Planning how to reach goals

Introduce Worksheet 7.2: Planning how to reach goals

OHP 7.8: Review the goals
OHP 7.9: Challenges to self care
OHP 7.10: What is confidence?
OHP 7.11: Why people lose confidence
OHP 7.12: Group discussion 7.3
OHP 7.13: The signs of low self-confidence
OHP 7.14: Supporting confidence
OHP 7.15: What is motivation?
OHP 7.16: Why people lose motivation
OHP 7.17: What can affect people's motivation?
OHP 7.18: Motivating people to self care

Introduce Worksheet 7.4: Expectations and motivations

Worksheets and discussions

Discussion 7.1

Introduce OHP 7.5 Group discussion - What goals may people set to improve their self care?

Aim: Learners will consider the different types of choices people may make when setting goals in their self care.

Ask learners to call out the types of goals they think people may make when working towards improving their self care. The trainer should write down answers on flipchart paper. The discussion should be completed as a whole group, and should take approximately 10 minutes.

Feedback: Goals that learners come up with may include: 'doing more for themselves'; 'making a cup of tea'; 'going out more'; 'dressing themselves'; 'healthier diet'; 'making friends'; 'taking up a hobby'; 'making own lunch'; 'learning more about long term conditions'; 'folding washing'; 'doing some cleaning'; 'having more of chat'; 'more contact with family'; 'gardening'; 'more involved in personal care'; 'able to stand for a bit longer'; 'join a support group'; 'clear out wardrobe'; 'go shopping'; 'learn to send email'; 'speak to my neighbours'; 'go to local cafe'.

When you discuss the feedback with learners, make the point that many of the goals that people chose to do will fit into the keys areas of physical goals, social goals, emotional goals and health goals.

Worksheet 7.2

Aim: Learners will explore how to set goals and break them down into small steps so they can be achieved.

Trainer: Split the learners into four groups and give each group one Worksheet 7.2, and allocate each group a case study – physical, social, emotional, health – and ask them to discuss and record their answers. The trainer may need to support learners to come up with ideas. Ask one member of each group to feed back to other learners on their worksheets; make sure all questions are fed back. This should take approximately 20 minutes.

Feedback: The guide to the possible feedback emerging from Worksheet 7.2 is:

Physical Goal – 'To be able to stand with support for longer'
How important is it for me: 'Very'
Who and what is needed to support my goal: 'My new type of worker'; 'enough time'; 'good pair of shoes'; 'a walking frame to support me'; 'money'.
Break my goal down into small achievable steps:
Week 1 'Check the frame I have and see if it's ok'
Week 1 'Check if I have enough room to stand with a frame and if the chair can be put near me'
Week 2 'Order a good pair of shoes'
Week 3 'Build up the amount of time to start with 2 minutes'
Week 4 'Go to 5 mins'
Week 5 '5mins'
Week 6 '8mins'
Week 7 '10mins'
Date to reach my goal: 3 months time – 4.10.09

Social goal – 'To be able to join a group where I can go out and meet other people like me'
How important is it for me: 'Very'
Who and what is needed to support my goal: 'My new type of worker'; 'transport'; 'money'.
Break my goal down into small achievable steps:
Week 1 'Get information from local day centre on days out'
Week 1 'Call Dial-a-Bus and arrange transport'
Week 2 'Move the time of his 9am visit'
Week 3 'Go out on first day trip'
Date to reach my goal: 3 weeks time – 5.05.2009

Emotional goal – 'To feel happier when I sit in my front room, as the clutter gets me down'
How important is it for me: 'Very'
Who and what is needed to support my goal: 'My Son'; 'my new type of worker'; 'free service to take clutter'; 'money'.
Break my goal down into small achievable steps:
Week 1 'New type of worker to contact my son so he can help me decide what to keep'
Week 2 'New type of worker to find a free service to take clutter'
Week 3 'Work with my new type of worker and son to clear room'
Week 4 'Clutter to be picked up and taken away'

Week 5 ‘Son to take me into town to buy new chair’
Date to reach my goal: 5 weeks time – 07.08.2009

Health goal – ‘I want to learn more about my Parkinson’s’
How important is it for me: ‘Very’
Who and what is needed to support my goal: ‘My new type of worker’
Break my goal down into small achievable steps:
Week 1 ‘New type of worker to get me information leaflet on Parkinson’s’
Week 2 ‘New type of worker to help me read information leaflet’
Week 4 ‘New type of worker to contact Parkinson’s support group’
Date to reach my goal: 5 weeks time – 11.11.2009

When you discuss the feedback with learners, make the point that setting goals should always be realistic. Planning is the most important stage of making sure that people have everything they need to help them reach their goals, so they should always break the goal down and think of everything it will take to achieve it.

Discussion 7.3

Introduce OHP 7.12 Group discussion - How would you know if a person did not have much confidence? What are the signs you would pick up on?

Aim: Learners will understand the reasons why people may lose their confidence and find it difficult to set new goals or see them through.

Ask learners to call out reasons why they think people may lose their confidence. Trainer should write down answers on flipchart paper. The discussion should be completed as a whole group, and should take approximately 10 minutes.

Feedback: Reasons that learners may come up with include: ‘they are on their own a lot’; ‘they worry’; ‘don’t get involved’; ‘long term condition’; ‘anxiety’; ‘negative thinking’; ‘had a bad experience’; ‘depressed’; ‘think they are past it’; ‘don’t want to fail’; ‘just their personality’; ‘allow others to make decisions for them’.

When you discuss the feedback with learners, make the point that many people lose confidence because of a bad experience they have had or because of how they see themselves. New types of workers should spend time with the people they support and work with them to improve their confidence, so they can begin to learn new skills in their self care. Often this can be the first goal.

Worksheet 7.4

Aim: Learners will consider the impacts of raising a person's expectations and motivating them to self care

Trainer: Split the learners into groups of 2 - 4. Give each group one Worksheet 7.4, and ask learners to read through the worksheet, discuss and answer the questions, recording their answers. Depending on the numbers of groups ask each group for feedback on one question, for Miss Polly and Mr Jones, until all questions have been discussed, this should take approximately 15 minutes.

Feedback: The key themes emerging from Worksheet 7.4

Miss Polley:
1. Miss Polley did not have realistic goals
2. New type of worker raised Miss Polley's expectations
3. Miss Polley may feel let down, depressed, sad, lose trust or respect for her new type of worker
4. Set realistic goals, tell Miss Polly it may not be easy to reach goals, may take some time, work together to review progress and make changes if needed'

Mr Jones
1. Focus on positives, do more for himself when he is on his own, chance to learn how to do new things around the house, use his budget to do other things - new type of worker could go out with him and Max for a walk
2. Making a dinner, bit of housework, bath for Max, join support group, more involvement in personal care
3. Feel positive, sense of achievement, motivated to do more, help with depression.

how to present module 8

Timing
40 minutes includes discussion and activities - varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There is one discussion and one activity in Module 8

OHPs
OHP 8.1: Module 8: Outcomes
OHP 8.2: What is signposting?
OHP 8.3: How do we signpost?
OHP 8.4 Group discussion 8.1
OHP 8.5: Gather information
OHP 8.6: The rules of information
OHP 8.7: Knowing more leads to…
OHP 8.8: The key areas to signpost
OHP 8.9: Self care education
OHP 8.10: Community services
OHP 8.11: Support networks

Introduce Worksheet 8.2 'Support Networks' – 'Mr. Ramesh – Information'

OHP 8.12: The benefits of signposting

Worksheets and discussions

Discussion 8.1

OHP 8.4 Group discussion - Where are the places you could go to find information for people on their long term conditions?

Aim: Learners will identify the various places they can access information for people with long term conditions.

Trainer: Keep OHP 8.4 up for learners to see. Ask the whole group to think of the different places they could go to get more information for people on their long term conditions. This discussion should take approximately 10 minutes. Trainer to use flipchart paper to record all

feedback from learners.

Feedback: Take brief feedback from learners.
The places learners may come up with may include: ‘doctor’; ‘district nurse’; ‘day centre’; ‘family’; ‘the office’; ‘local authority’; ‘help lines’; ‘voluntary organisations’; ‘local hospital’; ‘internet’; ‘chemist’; ‘social worker’.

When you discuss the feedback with learners, make the point that there are many places that information can be found to help people learn more about the long term conditions they have. Simply starting with an information leaflet can motivate people to want to become more involved in their self care, so within the new type of worker role learners need to be able to access information for the people they support.

Worksheet 8.2

Aim: Learners will consider the various ways to signpost people to support services so they can improve their self care.

Trainer: Split the learners into groups of 2 - 4. Give each group one Worksheet 8.2, and ask them to read through the worksheet, discuss and answer the questions, recording their answers. Depending on the number of groups, ask each group to feed back on one question, make sure all questions are fed back. This activity should take approximately 15 minutes.

Feedback: The key themes emerging from Worksheet 8.2
The key symptoms that Mr Ramesh may be facing since his wife passed away are depression, bereavement, isolation, loneliness, low self esteem, low self confidence, pain. The area Mr Ramesh would need support with first would be his ‘pain’, without this support it would be more difficult for him to become involved in other areas of his life.

The Expert Patient’s Programme would be an option Mr Ramesh could consider for how to learn new self care skills and better manage his pain. We know Mr Ramesh is interested in poetry so joining a poetry or reading group may be an option to help him overcome his feelings of isolation and loneliness and help build his confidence. Mr Ramesh used to be active in his Indian community before his wife passed away, so a specific cultural or religious group may get him involved in his community again and best support his bereavement, helping him to manage his depression.

how to present module 9

Timing
60 minutes includes discussion and activities – varies with size of group

Materials
Flipchart paper, marker pens, Post It notes
There is one discussion and one activity in Module 9

OHP's
OHP 9.1: Module 9 :Outcomes
OHP 9.2: Hazards and risks
OHP 9.3: Group discussion 9.1
OHP 9.4: Our personal risks
OHP 9.5: Making new choices – the benefits
OHP 9.6: Can we all make safe choices
OHP 9.7: Risk awareness at work
OHP 9.8: Inside a risk assessment
OHP 9.9: Why do we need risk assessments?
OHP 9.10: It's the law
OHP 9.11: Employer responsibilities
OHP 9.12: Employees responsibilities
OHP 9.13: Regulations
OHP 9.14: 5 Steps to safer choices
OHP 9.15: 5 Steps to safer choices

Introduce Worksheet 9.2: Risk log

OHP 9.16: Your new type of worker responsibilities

Discussions and worksheets

Discussion 9.1
OHP 9.3 Group discussion - List some possible hazards that you could be at risk from in your everyday life.

Aim: Learners will come up with a list of hazards that they may face in their everyday lives and consider the risk from those hazards.

Trainer: Keep OHP 9.3 up for learners to see. Ask each learner to come up with three possible hazards they may face and write these on a Post It note. Trainer to write three columns on flip-chart paper: 1. High Risk, 2. Medium Risk, 3. Low Risk. Ask each learner to look at the hazards they have come up with and decide for each of them if they would be at high, medium or low risk of being harmed by them. Learners to their put Post It notes in the relevant risk column. This discussion should take approximately 10 minutes.

Feedback: Take brief feedback from learners.
Hazards learners may come up include:
Home: rugs, kettles, stairs, electricity, cookers, bath, poor lighting, pets, gas, showers, electricity, steps, clutter, wires, moving and handling.
Work: computers, workstations, chemicals, photocopiers, shredders, fire escapes, sharps, lone working, stairs, wires.
Community: buses, chemicals, pavements, cars, cyclists, crime, falling material, traffic.

When you discuss the feedback with learners, make the point that hazards are all around us, and we have our own approach to minimising them, so we aren't harmed. Reflect on the three columns on the flipchart paper and point out that some we will be at high, medium or low risk of being harmed by the hazards around us. Make the point that hazards don't stop us from doing the things we want to do, e.g. 'crossing the road', but we make choices so we can reduce the risk to as low as possible – 'cross at the traffic lights'. We reduce risks everyday.

Worksheet 9.2

Aim: Learners will understand how to plan to reduce risk as far as is reasonably practicable.

Trainer: Split the learners into groups of three, give each group two copies of Worksheet 9.2, ask learners to read the case studies, and plan how to reduce the risks in each of the case studies. Ask learners to record their answers to each case study on separate risk logs.
This activity will take approximately 20 mins.

Trainer to draw an outline of the headings from 'my risk log' onto flipchart paper x2, ready for group feedback. Starting with Case Study A ask each group to feed back their answers, write these on the flipchart and compare the answers from each learner group. Repeat for Case Study B.

Feedback: The key themes emerging from Case Study A

Chosen activity: Going out
Why it's important: Very, Mrs Gregg feels 'she has been stuck in doors' for ages.
What are the potential hazards? What could happen? Getting out of the house, steps, uneven pavement, traffic noise, weather, trip/fall, getting tired, needing to sit down, needing the toilet, panic attack.
Risk of accidents/dangerous occurrence HIGH/MEDIUM/LOW: High - not been out for some time, recent fall.
If HIGH or MEDIUM, what additional precautions need to be taken to reduce the risk? Take the wheelchair, speak to the family, check the access out of the house, check the route, incontinence pads, ring office for advice, plan small steps – a bit at a time.

The key themes emerging from Case Study B

Chosen activity: Change the foods that I eat.
Why it's important: Very, would like to feel more health and would help to control my blood sugar levels.
What are the potential hazards? What could happen? May affect diabetes/blood sugar levels.
Risk of accidents/dangerous occurrence HIGH/MEDIUM/LOW: Medium – Mr Edwards is managing his diabetes through insulin but there is still a risk to his blood sugar levels.
If HIGH or MEDIUM, what additional precautions need to be taken to reduce the risk? Ring the office for advice, speak to a diabetes nurse, speak to Mr. Edwards's GP, gather more information on health eating and diabetes, food diary, contact national diabetes support.

When you discuss the feedback with learners, make the point that planning how to reduce risks means breaking down people's choices into manageable steps—so all the potential hazards and risk can be considered, and reduced. New types of workers should always use risk logs to record their planning, and seek advice and guidance from their supervisor where risk is unable to be managed.

how to present module 10

Timing

1hr 30 minutes includes discussion and activities – varies with size of group

Materials

Flipchart paper, marker pens, Post It notes
There are two discussions and two activities in Module 10

OHP's

OHP 10.1: Module 10: Outcomes
OHP 10.2: Defining assistive technology
OHP 10.3: Mobile technology
OHP 10.4: Group discussion 10.1
OHP 10.5: Assistive technology – why now?
OHP 10.6: To support – not replace
OHP 10.7: The three types of assistive technology
OHP 10.8: Daily living aids
OHP 10.9: Group discussions 10.2
OHP 10.10: Examples of daily living aids
OHP 10.11: Telecare equipment
OHP 10.12: Examples – telecare equipment
OHP: 10.13: Telehealth equipment
OHP 10.14: Telehealth – how it works
OHP 10.15: Examples of telehealth

Introduce Worksheet 10.3 : Opportunites for assistive technologies – Mrs Beaney

OHP 10.16: Benefits – assistive technologies
OHP 10.17: Who decides
OHP 10.18: In your best interests
OHP 10.19: The role you play
OHP 10.20: Discuss assistive technology – ICE
OHP 10.21: Access information on assistive technologies
OHP 10.22: Signpost for referral

Introduce Worksheet 10.4 : Assistive technology – true or false

OHP 10.23: Within your new type of worker role

Discussions and Worksheets

Discussion 10.1
OHP 10.4 Group Discussion - Think of all the assistive technologies that we use to support ourselves in our own homes.

Aim: Learners will come up with of a list of assistive technologies that they use in their own homes to make their lives that little bit easier.

Trainer: Keep OHP 10.4 up for learners to see. Ask the whole group to think of the types of technology they use in their own homes, these may be electronic or stand alone equipment. This discussion should take approximately 5 minutes. Trainer to use flipchart paper to record all discussion from learners.

Feedback: Take brief feedback from learners
Assistive technologies that learners may come up with include: 'tin can opener'; 'remote control'; 'bath mat'; 'vacuum cleaners'; 'computers'; 'washing machines'; 'microwave'; 'hand rail'; 'telephone'; 'internet'; 'alarm clock'; 'fridge'; 'dishwasher'; 'kettle'; 'burglar alarm'; 'smoke alarms'; 'door chains'; 'ovens'.

When you discuss the feedback with learners, make the point that we all use 'assistive' technologies in our lives. They support us to stay safe, save time and to be more independent and in control of our lives!

Discussion 10.2

OHP 10.9 Group discussion - Think of some of the daily living aids people may use in their own homes which support their self care.

Aim: Learners will come up with of a list of daily living aids that people may use in their own homes to support their self care.

Trainer: Keep OHP 10.9 up for learners to see. Ask the whole group to think of the types of daily living aids that people may use in their own homes to support their self care, these may be electronic or stand alone equipment. This discussion should take approximately 10 minutes. Trainer to use flipchart paper to record all discussion from learners.

The daily living aids that learners may come up with include: ‘tap rails’; ‘bath mats’; ‘walking sticks’; ‘commodes’; ‘turn table’; ‘chair raisers’; ‘raised toilet seat’; ‘wheelchairs’; ‘zimmer frames’; ‘grabbing sticks’; ‘kettle tippers’; ‘big button telephones’; ‘stair lift’; ‘ramps’; ‘hoists’.

When you discuss the feedback with learners, make the point that people using homecare services already us a wide range of daily living aids to make their routines easier and safer. As new types of workers support self care, the opportunities to introduce new assistive technologies will increase, and they will be able to support people to use new equipment to rely less on others ‘doing for them’, and more on being able to do for themselves, using equipment.

Worksheet 10.3

Aim: Learners will explore the opportunities for using daily living aids, telecare and telehealth to support people to better self care in their own homes.

Trainer: Split the learners into groups of 2 – 4. Give each group one Worksheet 10.3 and ask them to read through the worksheet, discuss and answer the questions, recording their answers. Ask each group to feed back on each question. This worksheet should take approximately 15 minutes.

Feedback: The key themes emerging from Worksheet 10.3
Opportunities for daily living aids – ‘medication reminder’; ‘kettle tipper’; ‘bath mats’; ‘shower stool’; grab rails’; ‘walk in shower’; ‘grabber’; ‘Zimmer frame’.

Opportunities for telecare – ‘bed sensor’, ‘emergency pendant’, ‘medication reminder’ – these can all be linked to monitoring centres.

Opportunities for telehealth – blood pressure monitor – these can be purchased from local chemists or can be linked to a monitoring centre.

When you discuss the feedback with learners, make the point that within their new type of worker roles they will be able to suggest the use of assistive technologies with the people they support, to improve their self care.

Worksheet 10.4

Aim: Learners will demonstrate the role they play in supporting people to use assistive technologies to self care.

Trainer: Give all learners a copy of worksheet 10.4 and ask them to answer each question on the worksheet, this should take approximately 10 minutes.

Feedback: Trainer to read out the correct answers to worksheet 10.4 asking learners to mark their own worksheet.

1. The Mental Capacity Act 2005 says that we all have the right to make our own choices and decisions unless proven otherwise - **TRUE**

2. If a person living in a nursing or residential home can't make their own decisions and they are at risk, they can be made to use assistive technologies without having to go through an assessment process - **FALSE**

3. Within your New Type of Worker role, you are allowed to talk to people about the difficulties they may be having when they are on their own, and suggest technologies to help - **TRUE**

4. It is not a good idea to get information leaflets for people on the types of technologies that may help them self care - **FALSE**

5. Using technologies can be a scary thought for some people so it is important to focus on the benefits that technologies can bring for them - **TRUE**

6. If the people you support are interested in finding out more about technologies, it is not your job to tell anyone - **FALSE**

7. If you tell your supervisor that the person you support is interested in using assistive technologies to self care, they will make a referral to the local authority - **TRUE**

8. The local authorities want to support people to remain safe and secure in their own homes, and have dedicated teams that will come out and visit people to talk about the options available to them - **TRUE**

9. The only way people can get assistive technologies is to pay for it themselves - **FALSE**

10. It is really important to keep up to date with the different types of assistive technologies that are available on the market - **TRUE**

11. Assistive technologies are not there to replace what I do! - **TRUE**

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