NATIONAL TRAINING FRAMEWORK FOR CARE MANAGEMENT

GLASGOW CITY COUNCIL & NHS GREATER GLASGOW AND CLYDE

RESEARCH AND EVALUATION REPORT ON THE CITY WIDE IMPLEMENTATION PLAN

STAFF ENGAGEMENT

29 AUGUST 2008

Report by:

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CONTENTS

1. EXECUTIVE SUMMARY

1.1 Background

The research has been undertaken in order to focus on the impact on staff in terms of the delivery of the National Training Framework for Care Management in line with policy objectives. The Heads of Health and Community Care, agreed In December 2006 at the Integrated Steering Group (ISG) the training plan for OP/PD services. The approach was the training for trainers across the 5 CHCP s targeting 120 front line managers from health and social care between April-June 2007, in terms of the 3 modules relating to care management.

The next stage was the cascading of the training plan across the CHCPs, through locality based training between April to June 2008, facilitated by health and social care trainers to multi disciplinary staff groups. The target was 60-90 staff in each CHCP currently engaged in care management, with the opportunity to extend the training to a wider group of professionals who could be involved in the care management role if appropriate within the CHCP. The training modules being delivered related to assessment, care planning and care management, developed for the CHCP's in Glasgow city.

1.2 Research

The research evaluation was coordinated by the Research and Performance Team supported by the Integrated Practice Group (IPG), with the lead role to monitor the service development on behalf of the Heads, with the delivery of the training plan across Glasgow. The multi disciplinary group of practitioners reviewed the current evaluation tools used by Learning and Development making recommendations for changes to improve the process for staff feedback.

The pre and post evaluations were utilised through Survey Monkey, an electronic mechanism to collate responses within an agreed format, which would be reported to the researcher. South West CHCP and East CHCP were selected for this sampling (97 practitioners), the responses would provide a city wide perspective with findings from the concurrent questionnaires to support any cross cutting issues. The concurrent evaluations would be completed by all practitioners attending the training and collated through the Excel spread sheet to report on the outcomes across the CHCPs by the Learning and Development support (450 target). The timescale for the research and evaluation was April to August 2008.

The report would aim to reflect the overarching themes across the evaluation process. It would also aim to relate to the evaluation findings, gathered from the training for trainer's sessions, which had been used to inform the action plan for the Heads. This was integral to the research being undertaken in partnership with Edinburgh University in terms of Making Integration Work[1]. The operational manager

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[1] Dale, M.A. December 2007. *Making Integration Work to deliver the National Training Framework for Care Management in line with the City Wide Implementation Plan.* University of Edinburgh.

undertaking the research would have the overarching responsibility for compiling the report for this purpose and ensuring the current evaluation was set within the context of the wider service development. This would also include a dissemination plan, to ensure the learning from the experience was fedback to the Heads supporting the learning culture for the organisation.

The main findings from the report have been summarised with the action points to take the work forward.

1.3 Research Findings

Overall the research findings were generally positive in terms of the impact of the training for practitioners. This was confirmed in the 433 concurrent, 69 pre and 40 post questionnaires for the evaluation. The key benefits reported related to networking, and improving joint working through the understanding of roles and responsibilities of the range of staff engaged in care management. The course was welcomed with the feedback that further learning opportunities and networking should be facilitated by the CHCPs.

The practitioners reflected on their practice and the benefits of sharing their experiences within the practice of care management. There was clear evidence of an integrated approach to practice in line with the policy objectives for care management. Staff were reinforcing the reality of their everyday working practice.

However, there was also an acknowledgement that further training would enhance staff confidence and competence in the areas where there were clearly developing roles for staff in particular the Occupational Therapists and Social Care Workers. Health professionals reflected on their skills in the area and the need for further developments for some staff to take on the wider role.

The implementation issues, which had been an area of concern at the training for trainer's sessions and their evaluation, did not appear to be a major concern for the practitioners. This may be due to the fact that practice is now part of the day to day tasks and therefore the difficulties are overcome by staff driven to improve outcomes for service users and carers. It was also in part due to the very positive experiences with the delivery of the training which remained focussed on the benefits of care management rather than implementation issues.

The previous experience of delivering the Shared Assessment Training approximately 7 years ago was not as positive. This was a time of change to roles and threats to staff appeared to be predominant. With this hazard warning it had been important to win hearts and minds. The experience of staff would appear to reflect this has been achieved and the journey of integration may be further ahead than it appears. The evaluation provides evidence based practice which can be related to the research at NHS

Lanarkshire in August 2008, which also reported on the experiences of practitioners of integrated practice[2].

We are on a journey towards integration which is at the core of the vision of the CHCPs. The OPPD services are embarking on the implementation of the Rehabilitation Framework which will enhance the care management practice currently in place[3].   The service redesign could be informed from the research findings and the learning will also contribute to the organisational research undertaken in this area of integration[4].

We have achieved a baseline for our front line staff engaged in care management through the delivery of the training plan, but there is further work to be progressed. Due to the commitment from the front line managers delivering the training, the staff attending the training and the leadership and direction from the Heads committed to the quality services these are the key components to achieving the overarching service development.

Further evaluation and auditing of the progress will be coordinated by the Heads, through the ongoing city wide approach to raising standards and consistency in best practice which can be evidenced through a robust evaluation and monitoring framework. The Practice Audit Team will follow up on the current evaluation over the next 6 months which will take the work forward and in line with policy objectives.

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[2] Bell, K., T. Kinder and G. Huby, 2008. What Comes Around Goes Around: On the Language and Practice of Integration in Health and Social Care. *Journal of Integrated Care*, **16** (no. 4), p40.
[3] January 2008. Towards a Community Based Rehabilitation and Enablement Service for Older people, Older People with Mental Health Problems, Adults with Physical Impairment.
[4] Huby, G. and G. Rees 2005. The Effectiveness of Quality Improvement Tools: Joint Working in Integrated Community Teams. *International Journal for Quality in Health Care*, **17** (no. 1), pg 53 – 58.

1.4 Recommendations

The key action points:

Action 1 - Report back to Heads on the outcomes of the research evaluation linking to the Action Plan in September 2008 following the evaluation report being completed.

Action 2 -   The Long Term Conditions (LTC) sub group to report back to the LTC Steering group, in September 2008 for the Heads to progress through the ISG and work of the IPG.

Action 3 - Learning and Development to coordinate the ongoing delivery of the training modules integral to the training plan 2009-2010 and update the training materials to support the process-October to December 2008

Action 4 - Learning and Development should use this model for their future training plans, review and report back on recommendations to Heads by September 2008.

Action 5 - Update on the electronic solutions from the Joint Information Group (JIG) to the Heads September 2008

Action 6 - Full Evaluation Report to be fedback to the IPG on 11 September and Heads on 26 September, with a dissemination plan integral to the rollout process following the presentations to the core groups in September 2008.

Action 7 - Agreement with the Practice Audit Team regarding the next stage of the process for auditing purposes-September 2008

Action 8 - The Leads for the Carers Strategy and local centre managers should develop the proposal for the next stage of the training implementation plan reporting to the Heads in October 2008 to take the work forward.

Action 9 – Personal Development Plans (PDPs) to be provided to staff as part of the CHCP

development plan in October 2008 following the Heads review of the evaluation report. Each

CHCP should have a training group to oversee the local training plan and processes for staff

development.

Action 10 -Support the implementation of the Rehabilitation Framework from October 2008 through the

local processes in CHCPs

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1.5 Conclusions

The National Training Framework for Care Management, provided the context for the delivery of the 3 core modules on assessment and care management developed to reflect the Glasgow city model, in line with the local policy context. The target for the delivery of the training was met with a total of 557 practitioners invited to attend and 456 practitioners attended.

The model developed for the research evaluation framework was also successfully utilised, and provides an excellent example of practitioner-researcher collaboration. The lessons learned from the evidence-based practice will enhance the delivery of integrated practice in care management.

2. MAIN REPORT

3. INTRODUCTION

In July 2007 the Heads of Health and Community Care across the five Community Health and Care Partnerships (CHCP's) in Glasgow commissioned Glasgow City Council Social Work Services Central Research and Performance Team to develop a performance management and evaluation framework to support the delivery of the National Training Framework for Care Management. The focus of the research, in terms of staff engagement, was aimed at staff within Older People/ Physical Disability (OPPD) services. The work was to be overseen and supported by the Integrated Practice Group (IPG). The training was a Scottish Government initiative, being rolled out across all social work and health staff involved in care management, in line with policy objectives across Scotland. This report outlines the evaluation process and the research findings in terms of the impact of care management training on the staff involved, making recommendations to support the wider implementation agenda.

3.1 Policy Context and background to the overall service development

The Guidance on Care Management, 1991, was revised in 2004[5], to reflect the wider policy developments in community care, with the emphasis on "improving outcomes for people through faster access to services and better results from services" [6]. The National Training Framework for Care Management Guidance, 2006, reinforced the requirement for partnerships to implement the policy, and provided a training framework for professional staff, involved in care management[7].

The Integrated Steering Group (ISG) is the overarching strategic planning group for the CHCP's in Glasgow City, providing the senior management leadership to support policy initiatives and service developments. The proposal from the Heads of Health and Community Care to deliver the National Training Framework for Care Management across OP/PD services was agreed in December 2006 at the ISG. The initial focus was training for trainers between April to June 2007 who would deliver the training to front line staff[8], targeting 60-90 practitioners across health and social care in each CHCP.

Further work was undertaken on behalf of the Heads of Health and Community Care to support the implementation process with the focus on the delivery of the training to staff. The Glasgow partnerships strategic approach and implementation plan for the delivery of the training was endorsed on 9 October 2007 at the city wide event with the front line managers and trainers.

In order to support the city wide implementation plan, the performance management and evaluation framework was ratified at the Heads of Health & Community Care and Rehabilitation and Enablement

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[5] Scottish Government, August 2004, *Guidance on Care Management in Community Care*, Circular No: CCD 8.2004.
[6] Scottish Government, August 2004, *Guidance on Care Management in Community Care*, Circular No: CCD 8.2004. AS 7 PARA 5
[7] Scottish Government, May 2006, *National Training Framework for Care Management*, Circular No: CCD 2. 2006.
[8] December 2006. Report to the ISG on the National Training Framework for Care Management from the Heads of Health and Community Care.

Services (RES) Managers meeting on 30 November 2007. The city wider project plan was agreed and targets were set for the performance management and evaluation framework providing the basis to the research proposal[9]. The Heads of Health and Community Care were then required to take this service development forward with their community care and health teams.

3.2 Aim of the Service Development

The overall aim of the service development is the delivery of the National Training Framework for Care Management within the 5 CHCP's in line with national policy objectives and the city wide strategic framework. The focus of the service development is the need for an integrated approach to implement the care management training across multi-disciplinary groups facilitated by health and social care front line managers between April-June 2008.

The objective of the service development is "Better trained and equipped staff undertaking the role of care management having received the training"[1]. Key to the success of the service development is the identification of health and social care front line managers to deliver the training plan. In order to secure 'ownership' of the service development, front line managers need to see the benefits of the training for themselves, staff and service users. Local processes and protocols are required to be in place to improve access to services and better outcomes for service users, which is critical to the care management policy objectives.

Research findings on the benefits of integration, which is core to the service development, is the need for "collaboration between members of different organisations or professions to deliver a service centred on service users needs rather than organisational imperatives"[4]. An integrated approach to care management across professions is required to successfully deliver the policy and improve the service users experiences. Integrated care pathways and "ownership" of the process will also improve integration at the operational level facilitating the service development[10]. The focus of research on the organisational implications and benefits provides the evidence to support policy changes.

However, the research undertaken at NHS Lanarkshire provides an insight on the language and practice of integration which reinforced that "health and social care managers are "doing" integration…integration is their everyday practice"[11]. The debate around the meaning of integration and the impact on practice with staff views being understood was the focus of the research. The staff views on the reality of integration provide a strong foundation for organisational learning. The current research being undertaken on staff engagement in the training being delivered, will provide an insight to the Glasgow

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[9]CHCP's Progress Report, November 2007. National Training Framework for Care Management Progress On Actions Related to City Wide Implementation Project Plan.
[10] Huby, G. and G. Rees 2005. The Effectiveness of Quality Improvement Tools: Joint Working in Integrated Community Teams. *International Journal for Quality in Health Care*, **17** (no. 1), pg 51.
[11] Bell, K., T. Kinder and G. Huby, 2008. What Comes Around Goes Around: On the Language and Practice of Integration in Health and Social Care. *Journal of Integrated Care*, **16** (no. 4), p46.

partnerships progress with integrated practice in care management across staff working in OP/PD services in the CHCPs.

Although the current research will not report on the impact of integrated practice for service users and carers, there is currently work being undertaken on the development of the User Defined Service Evaluation Tools (UDSET) within the Glasgow partnerships[12]. The feedback from the research with FMR at SW CHCP on the service user's experiences and the staff evaluations is due to be reported in September. Work is also being developed at North CHCP in terms of carers evaluations of the impact of services. This wider perspective from further research measuring the better outcomes and the impact on service users and carers of our practice will be beneficial.

The training plan currently being delivered and evaluated should provide evidence of the benefits to staff. Training should enhance and support staff with the necessary skills and competencies to deliver quality services. It is a core requirement of the organisation that staff are fully equipped for the tasks they undertake.

3.3 Aims & Objectives of the current Evaluation

The aims and objectives of the evaluation are to:
- Measure the impact of the care management training on staff
- Focus on the need for personal development planning for staff and a training plan with core requirements relating to staff roles and responsibilities in terms of care management
- Comment from the staff perspective on the progress with the overall strategic direction for an integrated approach to care management as agreed by the ISG in December 2006
- Support the planning for the delivery of The Rehabilitation Framework-The Next Stages "Towards a Community Rehabilitation and Enablement Service for Older People, Older People With Mental Health Problems, Adults With a Physical Impairment", January, 2008[3] with the emphasis on assessment and care management training to enhance the service delivery .
- Learn from the service development at practitioner, manager and organisational level reinforcing the benefits of "reflective" practice and action learning.
- Promoting a culture of a learning organisation through sharing the research findings.
- Support the development of a quality assurance approach at each CHCP to provide a baseline for continuous improvement and performance management, informing the audit to be undertaken by the Practice Audit Team.
- Provide evidence for the follow up by Social Work Inspection Agency (SWIA) of the progress with the training and development plan reporting in the Local Improvement Targets. (LITS)

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[12] Dr Ailsa Cook, Dr Emma Miller, Dr Margaret Whoriskey December 2008. Do Health and Social Care Partnerships Deliver Good Outcomes to Service Users and Carers? The User Defined Service Evaluation Tools (UDSET) Second Draft

3.4 Overarching Steering Group monitoring the rollout of the Training plan

The Integrated Practice Group (IPG) is responsible for the delivery of the implementation plan at a city wide level, providing the overarching steering group for monitoring the rollout of the Training Plan. This is the sub group of the Disability and Rehabilitation Planning and Implementation Group (PIG) which reports to the ISG. The RES Senior Management Team at the CHCPs are responsible for the implementation of the city wide plan at locality level. Each CHCP had an identified service lead for their local Steering Group coordinating the delivery of the training plan. This provides the overarching process for the CHCP's to report on the actions related to the delivery of the training plan on a 4 weekly basis to the Heads of Health & Community Care.

The National Training Framework for Care Management –Project Plan November 2007

Provides the information used to monitor the service development with the performance management and evaluation framework. Progress on actions related to city wide implementation, CHCPs progress report was updated 4 weekly to the IPG and the final report completed in August 2008[13].
The common themes from Training for Trainers Sessions (April-June 2007) were reported to Heads of Health & Community Care and agreed actions on 30 November 2007 detailed within the project plan. All actions being coordinated through the IPG agreed by Heads of Health and Community Care to support the implementation of the policy objectives.

What we want to achieve as detailed in the Project Plan to support the implementation process

- Local protocols regarding levels of access to be developed citywide to support the Shared Assessment Framework (SAF)
- Devolved Budgets to an agreed level
- Engagement with GP's to support the overall process of Shared Assessment
- IT compatible system and a Multi Agency Store, E assess, and data sharing protocols
- Role of Lead Nurses and Allied Health Professional Leads to support the rollout and implementation process
- Clarity on staff to be involved in Single Shared Assessment (SSA)/ Care Management
- Identification of Trainers and protected time to plan for delivery of training
- Involve local service users and carers through the Public Partnership Forum (PPF) and other groups
- Involvement with Trade Union and Partnership Forum on the plans for training implementation
- Communication Strategy to support delivery of training plan
- Pilot of Modules 1,2 and 3 and update training materials
- Steering Groups to be established in each CHCP
- City Wide Steering Group to be confirmed

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[13] CHCP's Progress Report, August 2008. National Training Framework for Care Management – Progress on Actions Related to City Wide Implementation Plan.

- Heads to raise strategic plan at the Rehab PIG and ISG regarding the involvement of Homeless Partnership and Integrated Discharge Teams in training plan
- E-Learning tool to be developed for citywide roll-out

It was acknowledged by the Heads that the implementation issues would be progressed in tandem with the delivery of the training plan over April –June 2008. This was in recognition of the need for further work to develop the integrated care pathways for care/case management to reflect the CHCP developments since the ISG paper in 2003[14] and the updated guidance which was issued by Scottish Government. This was a major concern expressed at the training for trainer's sessions[1] due to previous experiences of the delivery of the Shared Assessment training locally. However the Heads were committed to addressing the issues at a strategic level but required the roll out of the training to commence. The need to win hearts and minds was a key issue underpinning the delivery of the training.

The evaluation of the findings will report on the impact of the implementation issues on the training and the cultural shifts required to make the training experience a success. The work at CHCPs to promote the benefits of the training would be key to the success of the service development, given the current climate we are working within, where all the implementation issues have not been resolved.

3.5 Care Management Training Plan

♦ A report was presented to Heads of Health and Community Care in January 2007. This incorporated proposals for a Training strategy for Care Management in Older People/ Physical Disability Services, with recommendations for support systems.

♦ The report recommended training 120 managers between April to June 2007 across the Community Health & Care Partnerships (CHCP's), from both Health and Social Care. Subsequently the trainers would cascade the training within their local partnership areas.

♦ 104 managers (target 120) were trained over 7 events. These were facilitated and supported by the Learning and Development Section and an Operations Manager. Other contributions came from Information Systems, Planning and Development, and the Employability Team.

♦ The training was supported by the Heads who provided an introduction to the programme and an opportunity for questions at the end of each 2 day training session. The training programme included Skills & Knowledge of the Learning process, an introduction to the National Training Framework for Care Management and a session on the Induction Tool for Health and Social Care Integrated Services[15].

♦ The Training for Trainers programme was evaluated formally in June 2007. Further developments were made to the programme to reflect the feedback from each of the training sessions.

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[14] Cameron, J., June 2003. Care Management Integrated Steering Group
[15] NHS Education for Scotland (NES) and the Scottish Services Council (SSSC), 2007. Get Going Together: An Induction Tool for Health and Social Care Integrated Services.

- ♦ A pilot session for the care management modules: Module 1: Assessing Need, Module 2: Care Management and Risk Assessment, Module 3: Care Planning /Monitor and Review were undertaken in South West CHCP in August 2007. Subsequently the training materials were developed to reflect the outcome of the pilot evaluation, and to reflect the Glasgow focus for Care Management. Further sessions were delivered in North CHCP (February 2008) and West CHCP (May 2008) before the final agreement that the training materials were fit for purpose.

- In order to ensure consistency and a standardised approach the training materials were provided to the Leads in each CHCP on CD Rom to support the implementation process. This included the e. Learning tool and a full resource pack (March 2008) [16].

- Learning & Development continued to provide direct support and involvement to the local training sessions between April and June 2008.

- The wider roll out of the additional Modules available for the full training programme was to be considered following the review of the current training plan and would be an integral component to the PDP process for staff.

- Further work was progressed to develop the e. Learning tool during the roll out of the training programme.

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[16] Glasgow City Council NHS Greater Glasgow and Clyde, March 2008. National Training Framework for Care Management: Resource Pack and Toolkit – CD Roms.

4. METHODOLOGY

4.1 Steering Group

The Integrated Practice Group which meets on a 6 weekly basis oversaw the work of the research evaluation. In February 2008, the Research and Performance Team outlined a framework for the evaluation process which was agreed. The focus on the engagement process with staff to measure the impact of the training would be undertaken through the use of questionnaires. Regular reports were provided to the IPG on the progress with the evaluation and this group provided a consultancy role across a multi disciplinary group for health and social care managers.

4.2 Timescale

The evaluation was planned over a six month timescale in order to complete, March 2008 to August 2008.

4.3 Questionnaire Design and Implementation

Practitioner Working Group

A one off meeting was planned with a small working group of practitioners from across the five CHCP's to support the design and construction of questionnaires to be used for the study. Questionnaires compiled and currently used by the Learning and Development Section for Social Work Services were the base for the evaluation. These tools were found to be problematic, as they did not lend themselves to any analysis, they were qualitative in nature and did not link up in terms of measurements used i.e. staff satisfaction, expectations of training, confidence, knowledge etc. Learning and Development had reported on a low response (5%) to questionnaires they issued on previous training.

It was important to include practitioners on the group from health and social work backgrounds. Each CHCP was requested to nominate one professional for the representative group. The group consisted of a nurse, social work care manager, practice team leader, social care worker and two staff from the Research and Performance team. The CPN nomination from the West CHCP was not received for the group.

Type of questionnaires

Three semi-structured questionnaires were compiled with the Practitioner Working Group to capture qualitative and quantitative data:

♦ Pre training questionnaire – this was circulated to staff attending the training two weeks in advance of their training date.

♦ Concurrent or 'on the day' questionnaire – this was issued by trainers delivering the training at the end of the second day of the course.

♦ Post training questionnaire – this was issued to practitioners 4 weeks after their training date

All three questionnaires were self-administered and contained in appendix 1, 2 and 3 for reference.

Administration of Pre and Post Questionnaire

♦ Questionnaires were pilot tested prior to circulation. Pre and post questionnaires were administered electronically through Survey Monkey.

♦ Practitioners were assured of their confidentiality under the Data Protection Act when completing forms.

♦ Researcher shared basic information generated in chart format from Survey Monkey in relation to the two questionnaires with the IPG group in June 2008 providing an update and feedback of the evaluation. A more detailed analysis would be undertaken at a later stage with data exported from Survey Monkey onto Microsoft Excel.

♦ Although 3 CHCP's (North, West and South East) were not involved in the Survey Monkey for pre and post questionnaires, the researcher had devised an Excel spreadsheet (for inputting data and generating graphs) for their use. This would allow localities to have basic analysis of the training at hand for their own locality if needed.

Administration of Concurrent Questionnaire

♦ Concurrent questionnaire was to be completed manually by all practitioners on day of the training at the end of the session (expected turnout 450 across the City in accordance with the set target).

♦ They were to be circulated by trainers taking the training.

♦ Completed forms were to be returned to the Learning & Development Section for collation and to be input onto an Excel database (set up by the researcher), which automatically generated bar graphs to be distributed to each CHCP as feedback for their locality.

♦ Once the concurrent information had been stored on database for each CHCP by Learning & Development, a copy was forwarded to the researcher to amalgamate data to get a city wide perspective and use for analysis.

Research Questions

The following areas were considered in terms of questions to be asked of practitioners relating to the care management training:

♦ Course content, structure and venue

♦ Levels of Satisfaction

♦ Practitioner expectation, feelings, confidence, and competence

♦ Benefits/ value of training

♦ Work practice

♦ Skills, knowledge and understanding

♦ Challenges/ Issues

♦ PDP, training and future development

This would provide an overview of practitioner's expectations and experiences of the training delivered. The focus on the impact of the training on practitioners would be measured from the responses and reflected on for the purpose of the evaluation.

4.4 Sampling

Each CHCP was expected to target between 60 – 90 practitioners for the training across social work and health within OP/PD i.e. 300 – 450 city total. The project plan had detailed the timescales for the delivery of the training between April and June 2008. The training would be delivered during this timescale across all CHCP's.

In terms of sampling, the following agreements were reached with the IPG:

1. Implementation of concurrent questionnaire - all practitioners attending the training would be included in the survey whereby they would be given an opportunity to complete a questionnaire at the end of the 2 day training.

2. Pre and post consultation questionnaires - a quota sample of practitioners (e.g. those attending the training in May/ June), were to be selected from South West and East CHCP's. The quota of 97 was to be used comprising 22% of the higher total target figure to be trained e.g. 450. 53 staff were selected from South West and 44 from East.

   It was not possible to include all practitioners within the second part of the study given the tight timescale and the nature of the task. Practitioners would be expected to complete the pre questionnaire two weeks prior to training and the post questionnaire four weeks after attending training – for this reason, numbers needed to be manageable within the given time.

The above methods would be representative in terms of reflecting staff views across the city as many of questions asked in the three questionnaires were cross cutting. Initial feedback from the pre and post questionnaires was also reported to the IPG group in June 2008 to ensure that common themes were reflective and emerging within the research report from the manager's perspective across the service areas.

5. ANALYSIS

Table 1: Number of staff invited to attend training, numbers attending & number completing concurrent questionnaire by CHCP.

| CHCP	Total number of practitioners invited to attend training		Total number attended		Total number completed concurrent questionnaire
	SW Staff	Health Staff	SW Staff	Health Staff	
North	63 + 3 Centre	35	58 + 2 Centre	33	92
South West	72 and 8 Centre	15	56 and 6 Centre	6	67
East	89 and 2 Centre	48	74	39	110
West	44 and 4 Centre	56	37 and 4 Centre	47	83
South East	63	55	55	39	81
TOTAL	**348**	**209**	**292**	**164**	**433**

5.1 Training Numbers

The table above shows:

- A total 557 practitioners invited to attend the Care Management Training across the City of which 62% were from social work and 38% from health. Of the 348 social work staff invited, 17 (5%) were from the centre. Most CHCP's exceeded the criteria target set at 60 – 90 per CHCP. All but South West had invited a significant number of Health Staff to participate in line with their local management decision.

- Of the total invited, 456 (82%) attended the training of which 64% were from social work and 36% from health. Less than half of those invited from the centre attended. Staff should have been aware of the reasons for attending the training with appropriate briefings from their line managers as an integral process to their personal development planning – thus the high attendance rate.

5.2 Completed questionnaires

- Concurrent questionnaires[17] – Graph 1 shows the number of forms completed and returned by practitioners from each CHCP. A quarter of the returns had been completed by East CHCP. Of the 456 practitioners who attended the training, 433 (95%) completed and returned forms.

- Pre questionnaires – 69 (71%) completed forms out of 97 consulted. 37 (51%) respondents were

Graph 1: % of concurrent forms completed
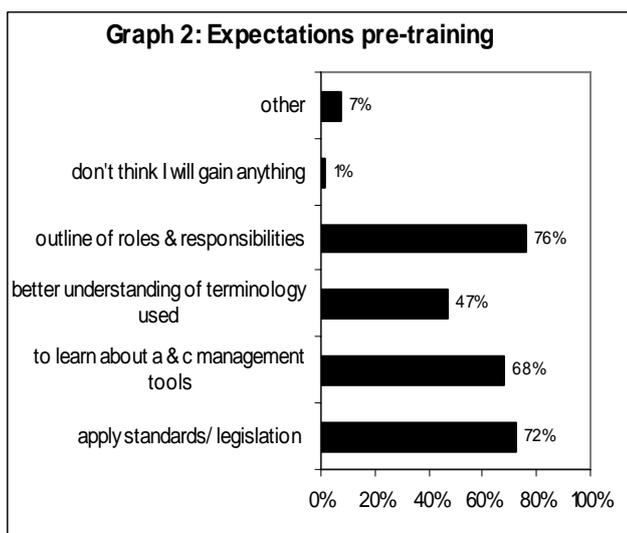
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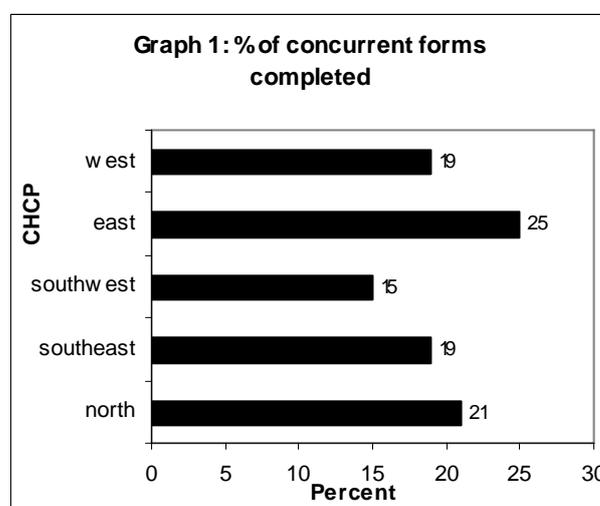
[17] See also table 1

from East CHCP, 33 (45%) from South West and 2 (3%) from Social Work centre. In terms of staffing profile, South West CHCP had less health staff represented (2) in comparison to East CHCP (10). This was also evident in the returns of the concurrent questionnaire (see table 1).

♦ <u>Post</u> <u>questionnaire</u> – 40 (42%) completed the questionnaire out of 97 consulted. Quality of information provided was poorer than that of the pre questionnaire and therefore it was not possible to analyse location or designation of practitioners participating in this part of the study. A range of factors may have contributed to the lower response which may include: lack of follow up by line manager, return to work and demands, timing over summer period, but it was still a higher response than Learning and Development have experienced e.g. 5%.

5.3 Pre, Concurrent & Post Questionnaires Results

Common themes used across the three questionnaires captured practitioner views on: their expectations of the training, course content/ value, general feelings, benefits and work practice issues... The findings have been presented to reflect opinions across these broad themes. The analysis focuses on information obtained from completed evaluations by staff: 69 pre questionnaires, 433 concurrent questionnaires and 40 post questionnaires.

A. Expectations of care management training (question covered in pre and post questionnaires)

Graph 2: Expectations pre-training

other 7%
don't think I will gain anything 1%
outline of roles & responsibilities 76%
better understanding of terminology used 47%
to learn about a & c management tools 68%
apply standards/ legislation 72%

0% 20% 40% 60% 80% 100%

A large proportion of practitioners were expecting to gain the following from the training, according to the pre Q, also demonstrated in graph 2:

- 78% - an outline of roles & responsibilities of staff
- 72% - how to apply standards/ legislation to assessment and care management practice
- 68% - to learn more about the tools used in assessment and care management.

Under 'other' the following expectations were noted:

'to refresh and update my knowledge'

'what is covered by assessment and care management?'

'to learn of new theories and approaches to assessment'

'to gain insight into other professional perspective on care management'

However, at the post questionnaire stage when staff were asked if the training had lived up to their expectation, of the 39 responding to this question:

- 28 (72%) said that the training had lived up to their expectation

- and over a quarter at 11 (28%) said it had not. The respondent's designation, where training had not lived up to expectation, was: 6 social care workers (SCWs), 2 occupational therapists (OT), 1 social worker and 2 unknown as details had not been provided. The responses could indicate that some of the OTs and SCWs have not been fully involved in the wider care management tasks due to their current remit. However, unable to confirm this due to the lack of data fields in questionnaire relating to the length of time in post and their current role in care management. This became evident as the analysis of the data progressed for the evaluation. Any future research studies should build this element into their quantitative data to allow more in depth analysis.

In terms of what was missing from the training, practitioners included:
- application of standards/ legislation (5 respondents)
- outlines of roles and responsibilities (4 respondents)
- assessment and care management tools (2 respondents)
- terminologies used (2 respondents)
- and other (5 respondents)

Other was noted as:

'not enough guidance from coordinators, and not enough input from coordinators when we went into groups'
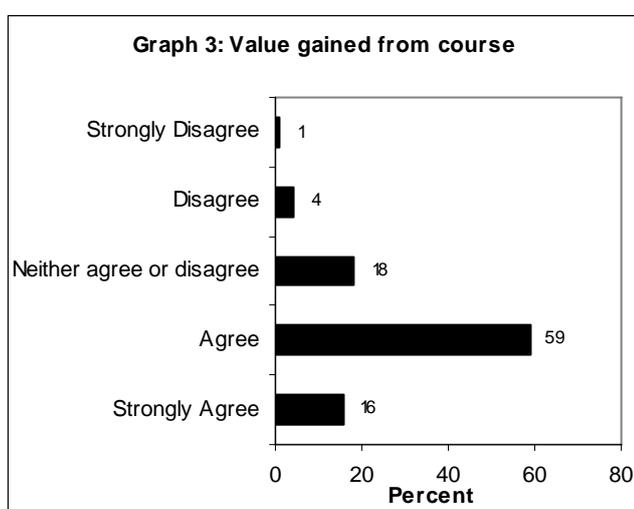*'good review but training more appropriate for newly qualified staff or new to council'*
'Very similar to previous Care Management Training'
'how unmet need is recorded'
'was very basic'

B. Value of course (question covered in concurrent and post questionnaire)

Graph 3: Value gained from course

	Percent
Strongly Disagree	1
Disagree	4
Neither agree or disagree	18
Agree	59
Strongly Agree	16

Of the 433 practitioners completing the concurrent questionnaire as detailed in graph 3:
- 75% responded they strongly agreed / agreed with the statement 'they found the course very valuable' - also reflected, in post questionnaire at 58%.
- 20 (6%) disagreed/ strongly disagreed within the concurrent questionnaire and 6 (15%) in the post. Post questionnaires showed some practitioners dissatisfied with the course saying they felt there was nothing new being

gained from the training as they were already experienced in care management practice. The following comments were also noted in relation to dissatisfaction:
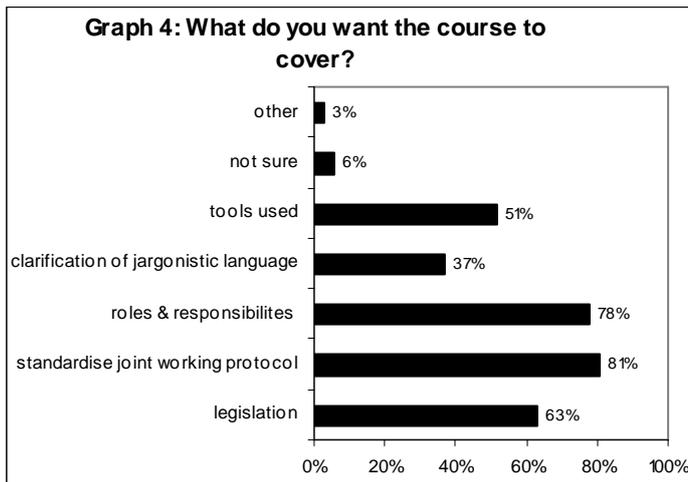
'feel the course was too long'
'course brought more questions than answers'
''training was social work bias'
*''I got very little from this course'*

C. Specific areas the course will cover (question covered in pre and post questionnaires)

Graph 4: What do you want the course to cover?

- Over three quarter respondents thought the training would cover standardising joint working protocol and roles & responsibilities.
- Almost two thirds thought legislation
- and just over half, tools used care management.
- Under other, two comments were noted: *'what is care management?'* *'networking'*

In terms of the post training evaluation, 40 respondents answered the question on course coverage of which:

- 28 (70%) were satisfied with course content
- 12 (30%) were not. The graph on the right details the areas staff felt had been missed out from the training. Legislation, Joint working protocol and roles and responsibilities were the most frequent responses given which

Graph 5: What was missing from the course?
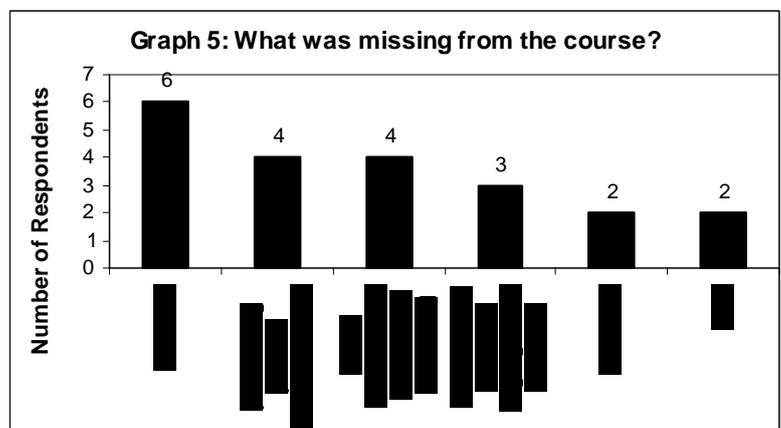
also tie up with what individuals had stated under their expectations of the course before attending.

- In terms of 'other' the following comments were noted: *'I thought I we would be learning something new'; 'wanted it to be more detailed'*

D. Core Modules (question covered in concurrent and post questionnaire)

The table on the right details the differences/ similarities collated from both questionnaires in terms of satisfaction around modules used at the training:

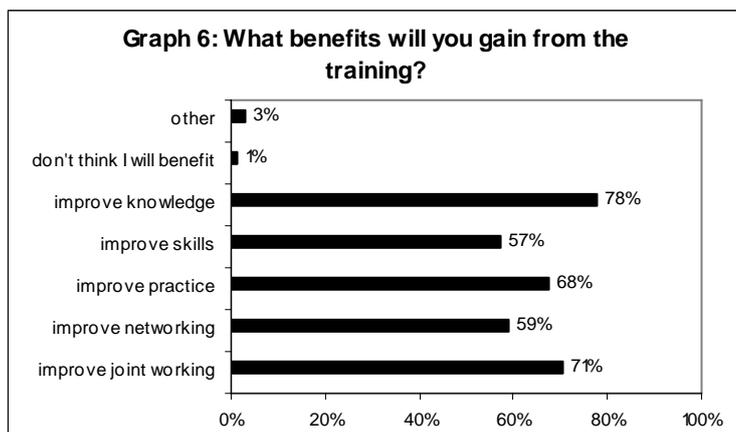**Table 2: I got a lot of value from the Modules/ what did you think about them?**

	Concurrent questionnaire Strongly agree/ agree	Post questionnaire Very good/ good
Assessing need module	318 (73%)	21 (53%)
Care management module	322 (74%)	22 (55%)
Planning, monitoring & reviewing module	307 (69%)	22 (55%)
E.Learning	145 (33%)	13 (33%)

- ♦ Analysis of concurrent evaluations shows assessing need, care management and planning, monitoring & reviewing modules valued by large percentage of practitioners in comparison to the findings in the post. It must however be noted that the post evaluation is only based on 40 individuals views and therefore used with caution.

- ♦ e.Learning component of the course was not valued highly by practitioners in either questionnaire.

Where practitioners showed satisfaction with core modules, the following comments were noted:

'enjoyed all the debates and discussions'
'learned a lot from roles exercise/and course'
'good values exercise/ thought provoking'
'very interesting/ better understanding of CM'
'this has given me food for thought'

E. Benefits of care management training (question covered in pre and post questionnaires)

Graph 6: What benefits will you gain from the training?

| Category	Value
other	3%
don't think I will benefit	1%
improve knowledge	78%
improve skills	57%
improve practice	68%
improve networking	59%
improve joint working	71%

Top three responses recorded within the pre questionnaire as benefits to be gained from the training were:

- 78% - improve knowledge
- 71% - improve joint working
- 68% - improve practice
  '

The post questionnaire however showed a different picture:

- 65% - Improvement in networking
- 50% - Improvement in joint working
- Improvement in practice and knowledge seems to have dropped dramatically when compared against what was said in the Pre Q survey.

Graph 7: Post training what benefits of training do you foresee?
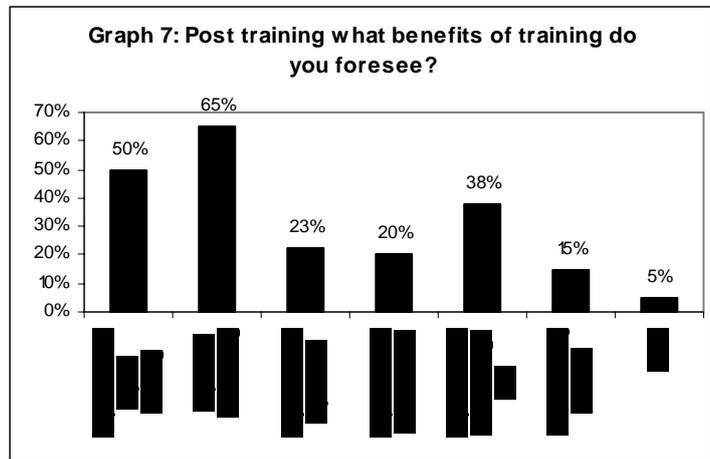
Within the concurrent questionnaire it also emerged that a significant number of people supported the findings of the post questionnaire in terms of ranking improvement in networking and joint working highly.

F. Feelings regarding the training (question covered in pre and post questionnaire)

Graph 8: What are your feelings re training?
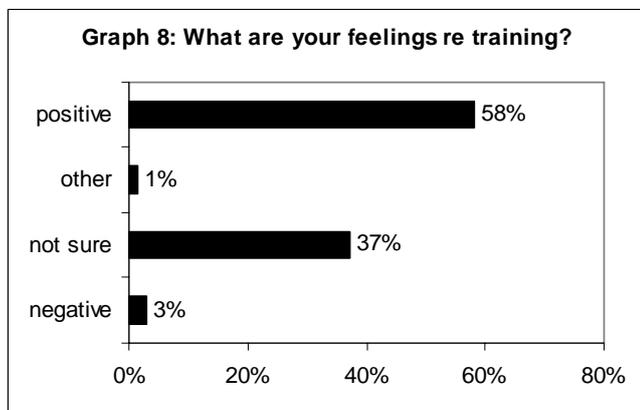
69 practitioners answered this question in the pre questionnaire:

- Over half at 39 (58%) felt positively about the course
- A third were not sure what they thought
- Only 3% showed any negative feelings.

Respondents who were unsure of their feelings regarding the training could be staff new to the care management role or staff from a health or centre background unsure of work practice in this area. The table on the right shows their designations broken down where just over a quarter were Occupational Therapists whilst another quarter were found to be Social Care Workers

Table 3: Designation of staff unsure of feelings re training

|	
Care manager	3
Community Psychiatric Nurse	2
Dietician	1
Occupational Therapist	7
Project co-ordinator	1
Resource worker	1
Social care worker	6
Social worker	2
Staff nurse	1
Information not provided	1
Total	**25**

This may be indicative of the current role and responsibilities of the OTs who are mainly involved in the assessment and provision of equipment and adaptations, with a less broad role in the wider care management tasks. Similarly a number of SCWs have previously focussed in the role of Occupational Therapy Assistants (OTAs) or Home Care Assessors (HCAs) again with a limited role in care management. With the development of practice teams the OT and SCW role was to be more generic however this has not been consistently rolled out across the CHCPs.

This has implications for the current review of the practice team model and the developing role for staff and in particular the OTs and SCWs in care management to support the Rehabilitation Framework and delivery of services. Further training and learning needs may be identified from the PDP process to enhance the staff development needs in this area. There is also a need to address the issue of the occupational therapy waiting list for the provision of equipment and adaptations which has prevented the OTs developing as Care Managers.

In terms of post-training questionnaire only 38 respondents answered the question on general feelings. There appears to be a drop of 11% from the pre questionnaire to 47% post where positive feelings shown. However, a third of respondents were still unsure of how they felt. Respondents with negative feelings around the training had increased from 3% pre to 16% post.

Graph 9: Post training, how are your feelings re training?
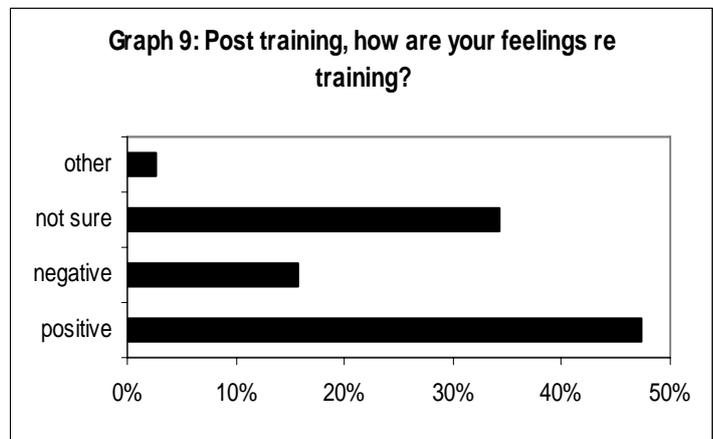
G. Putting training into work practice (question covered in pre, post and concurrent questionnaire)

Graph 10: How will you put the training into work practice?
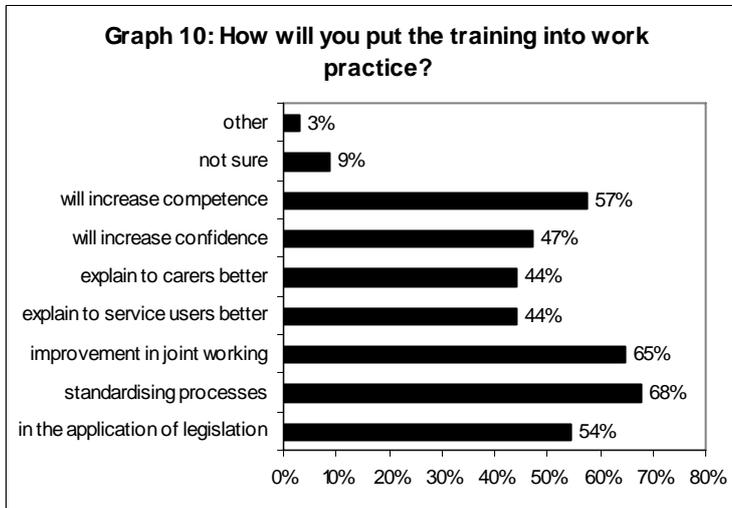
Within the pre questionnaire, there were 68 respondents to "putting training in to practice" with the top 5 ranked as follows:

- 68% standardising processes,
- 65% improvement in joint working
- 57% increase competence
- 54% application of legislation
- 47% increase confidence.

The concurrent questionnaire reinforced the fact that 78% of the respondents stated they would be able to transfer skills/knowledge gained from the course into work. 56% practitioners in the post questionnaire reported that they had been able to put the training into work practice. There were 22 statements to support the response which covered a range of areas. Categorised comments in the main areas:

- Currently use in practice due to experience and role (9 comments),
- Impact on joint working, networking, understanding roles and communication (9 comments)
- Reflective on practice (2 comments)
- Improve skills and knowledge (2 comments).

The respondents that stated they had not been able to put any part of the training into practice feedback on the following key areas was given:

- The training was not new and part of their everyday practice (6 comments),
- the issue of restricted access to budgets by health (2 comments),
- Lack of IT (1 comment)
- Don't care manage (1 comment).

The responses also highlight that experienced staff are currently engaged in the care management role and therefore integral to their practice. This is overlapping with the response where practitioners have responded they have put into practice but the question was responded to in the negative. This could reflect the different interpretation of the question. Overall, the response still highlights the number of staff engaged in the work practice. This is another example where a further breakdown in the analysis in terms of length of experience in care management would have been beneficial with a correlation to staff qualification and designation. There were also a number of centre staff attending the training and they are not directly involved in practice (12).

H. Personal Development Planning after the training (question covered in post and concurrent questionnaire)

40 practitioners answered this question in the post questionnaire of which 23% respondents, after the training, had been able to discuss with their line manager their ongoing learning and development needs as part of their PDP. Where there were needs identified (9%) they included:

- ongoing assessment planning and implementation sessions
- shadow a social worker
- and RSP Training (role specific training).

There were 78% practitioners who responded they had not received the follow up session and 91% response that no further training needs identified.

In the concurrent questionnaire a high percentage of the staff (70%) had responded that the training would encourage them to discuss development needs further in their PDP.

This is an area for management to address in terms of the commitment to ongoing staff development needs and developing a training plan to support staff with their tasks. In view of the high response rate that the course did not live up to all the expectations (28%), in particular reference to legislation and standardised procedures. There is a requirement for further analysis in this area to support the solid base achieved which could be progressed through the PDP process and the use of the joint induction tool. The training needs analysis would inform the training plan and support the redesign of services for the Rehabilitation Framework.

I. Previous guidance in relation to assessment and care management (question covered in pre questionnaire)

In the pre questionnaire staff had responded as follows:
- 47% - team briefing sessions
- 34% - Internal courses
- 19% - no guidance received at all
- 15% - external courses
- 13% - National Training Framework for Care Management
- 10% - previous employment
- 10% - other

This could have usefully been correlated to staff qualification and designation for a fuller analysis. The 19% (no guidance received at all) may relate to staff not involved in care management, however if they are practicing then a further issue could arise when the Practice Audit is undertaken regarding core training requirements.

J. Knowledge of standards & procedures (question covered in pre questionnaire)

In relation to knowledge of standards and procedures:
- 85% respondents said they were aware that they existed and 15% were not
- 65% said they had knowledge of their content and 35% said they did not
- 61% said they had used them and 39% said they had not
- 63% had put them into work practice and 37% had not.

This information was related to the designation of the respondent and reflected the previous issue in terms of OTs and SCWs role. 12 respondents were OTs with 8 stating they had no knowledge of the standards and procedures 19 respondents were SCWs with 6 stating they had no knowledge of the standards and procedures. There is evidence in the responses that health staff (5) across designations have knowledge of and have used the care management standards and procedures.

This question reflects on the need for the training for staff that are currently engaged in or will be engaged in the care management role. The evidence that 24 respondents are not aware of or put the standards into practice could be reflective of the staff currently not engaged in care management. The training was also targeted at staff that will have a future role in care management which each CHCP would determine. Hence the number of health staff attending the training varied across the CHCPs. Due to the fact this information has not been cross referenced in the questionnaires it does not provide conclusive evidence for the findings.

However as managers this further highlights the need for PDPs to ensure that staff involved in care management is fully aware of and working to the agreed standards of practice. If the 44% responded

that they had not been able to put training into practice relates to the fact they are not involved in care management this should be further evidenced by the PDPs and further training needs identified. It was also evident in this response there had been different interpretations of the same question therefore not conclusive.

K. Issues and challenges (question covered in pre questionnaire)

The issues and challenges reported by 67 practitioners who answered this question in the pre questionnaire were:

- 88% - lack of resources (time, money, staff etc)
- 63% - how unmet need is recorded
- 58% - -how unmet need is measured
- 49% - lack of information
- 45% - mixed range of skills i.e. should all be same basic level
- 25% - pace of change too fast
- 4% - other and 1% pace of change too slow.

The post questionnaire provided an opportunity for practitioners to give additional information: the main responses with 8 recorded related to the pace of the course, benefits of meeting health colleagues, reflective practice, interest in integration and the practicalities, and need for IT systems. However the question relating to issues and challenges was not followed through in the design of the post questionnaire.

The themes could then have been reinforced for the analysis, if additional information had been gathered in the concurrent and post questionnaire. The issues and challenges could have been related to the key themes from the training for trainers evaluation for the current report.

5.4 Summary of Research Findings

Positive aspects from the delivery of the training plan in terms of the research

♦ The care management training was extremely well attended by OPPD front line staff across the 5 CHCP's. 82% took the opportunity to attend of the 557 invited. It had been targeted at 300-450 practitioners across the city and a figure of 433 was achieved.

♦ 95% of staff attending the training had completed and returned concurrent evaluations – a major achievement in comparison to the 5% return received by Learning and Development on previous occasions.

♦ Overall, findings were generally positive in terms of the impact of the training for practitioners. Assessing Need; Care Management; and Planning, Monitoring & Reviewing modules were seen as valuable elements of the course as evidenced by findings in concurrent evaluations. In the case of the first two modules, almost three quarter respondents had related this fact and in the third approximately two thirds. The course was reported to be 'very informative and interesting'.

♦ The training would provide a baseline standard for the PDPs of staff across health and community care contributing to their post registration and learning requirements which was reflected in findings of concurrent questionnaire where 70% practitioners had said it would

♦ The main benefits related to networking and improving joint working, through the understanding of roles and responsibilities of the range of staff engaged in care management. The course was welcomed with the feedback that further learning opportunities and networking should be facilitated in the CHCPs. This was seen as a huge hurdle overcome as at a workshop session at Victory Centre in 2007 concerns had surfaced over health and social work practice in terms of care management lacking joint working.

♦ Networking & joint working were particularly high in terms of staff feedback on the benefits of the training with responses 65% and 50 % respectively within post questionnaires. The acknowledgment that the training has, and will improve communication between health and social work staff, also reinforces the feedback that staff had a better understanding of roles and responsibilities after the training.

♦ There were benefits for staff in terms of reflective practice and opportunities to improve work practice through sharing of best practice

♦ Facilitators overall received very good feedback. This supported the objective to ensure that all practitioners had received consistency in the delivery of the base line training with agreed course content.

♦ The views and opinions from the evaluation feedback were welcomed in order to improve the course content and delivery of the training focussed on experiences.

♦ Evidence of current practice in care management across health and social care practitioners who are engaged in an integrated approach to the delivery of services, in line with policy objectives.

Areas for further improvement and action required from staff feedback staff in terms of the impact of the training delivered:

The review of the findings from the research confirms there are still areas which need to be improved and action is required to be taken to progress the implementation agenda supporting care management practice. In each area highlighted a comment has been made to inform the action plan and recommendations.

♦ Course could be shorter/ condensed into one day for more experienced staff. For newer staff the course should be provided during staff induction.

Comment: This will need to be considered as the benefits of experienced and new staff learning and training together could be affected if the course was reduced to 1 day and focussed only on new staff.

♦ e. Learning could be improved.

Comment: This has been acknowledged and work is ongoing with Learning and Development to raise e Learning tool to the gold standard.

♦ Better balance of social work and health staff to facilitate the discussion at the training sessions.

Comment: The course had been designed with the aim of delivery to multi disciplinary groups of practitioners. Issue may be the lack of attendees at certain sessions by multi disciplinary groups of staff and the need for a better balance of staff across disciplines.

♦ Course material to be circulated prior to training date.

Comment: This had been considered but limited circulation of pre course material to the Practitioners Guide and the course content. Learning and Development to review and issue the full course materials advising staff to bring contents to training events.

♦ Venue should be major consideration for delivery of training.

Comment: Feedback was mixed due to different venues being used but an agreed standard should be achieved and delivering training in the Learning and Development Centre will address this issue.

♦ There was a change of opinion in the post questionnaires in relation to the benefits of the training which was less positive.

Comment: This may be related to the lack of follow up by managers or non existent follow up in terms of PDP's. There was a commitment to staff they would have the benefit of PDPs to support their training and learning requirements. This should be addressed and actioned for staff. A CHCP training and development plan would support the wider training agenda incorporating access to training on the core modules for care management. In terms of motivation and supporting staff delivering front line services, this is a key priority especially at the time of further change and the Rehabilitation Framework

to develop OP/PD services. Training attended will contribute to the post registration requirements for qualified staff but need for training being recognised, along with ongoing support to para professionals.

♦ Stress to workers before attending course is common feedback from other courses.

Comment: This may be due to work pressures but should be supported by manager in terms of a balanced caseload, facilitating and incorporating training within personal development planning

♦ Practitioners were not exactly clear in terms of what the course would deliver. Interest in Legislation was raised which is included in the wider range of training modules and courses available.

Comment: With PDP's in place staff should have greater awareness of the opportunities for learning, development and training related to their competencies and requirements for the post.

♦ Induction for new staff should include a focus on standards and procedures.

Comment: This is high on the agenda as a large percentage of staff at the pre training stage stated they were not aware of the standards and procedures. Clearly this is an area to address as staff should be working within agreed protocols and procedures to deliver a high quality service. It is acknowledged the staff who responded may not be currently involved in care management and this is part of the developing agenda. The Practice Audit Team will follow up through sampling of the standards being applied to care management practice following the delivery of the training plan.

♦ The staff experienced in care management fedback they were wanting something more challenging in terms of training.

Comment: Additional modules are available and more specialised training is integral to the Training plan for example Adults with Incapacity, Guardianship and Legislation and Policy. Staff will benefit from a developmental focus at their supervision which would be addressed through the PDP process. Management require to monitor the implementation process for the delivery of the PDP's.

♦ IT and electronic solutions are an issue and needs to be addressed.

Comment: This was raised from the evaluations at the training for trainer's sessions and integral to the action plan being progressed by the Heads. This will have an impact on the rollout of SAF and care management across the wider staff group.

♦ Although the Training was overall positively received, resources are still an issue, therefore difficult to follow practice through for example budgets, and choice.

Comment: The recording of unmet need to inform the planning process was also raised at the training for trainers at their sessions and highlighted for Heads in the action plan.

6. RECOMMENDATIONS

6.1 Summary

The National Training Framework for Care Management has been successfully implemented through the local training plans delivered across the CHCPs to achieve the policy objectives. 456 practitioners attended the training sessions across the 5 CHCP's, meeting the target set in the Project Plan. The robust training plan produced and delivered was due to the hard work of a whole range of staff across Health and Community Care. The research proposal was critical to providing the evidence based practice for the organisational learning and sharing of good practice.

The engagement with practitioners, throughout the process, has ensured the model for service development was their forum for reflecting on the effective service delivery across OPPD. The ownership evident by the key stakeholders has resulted in a comprehensive overview of the implementation of care management within our front line services. Areas for improvement have been identified and the commitment to continuing on the journey of integration is reinforced,

The research has been an excellent example of organisational integration at all levels and with this solid base, the future changes ahead will be managed to strengthen the Rehabilitation Framework. We have debated the language and terminology around care management as managers, planners and policy makers. The practitioner's engagement with the research has reflected on the interface across care and case management that will contribute significantly to the development of working definitions based on evidence based practice.

1. The Project Plan for the implementation of the National Training Framework for Care Management city wide was updated 4 weekly and reported to the IPG. The final project plan August 2008 provides the overarching progress report[13]. The common themes reported from the Training for Trainers Sessions, April-September 2007 to the Heads and agreed actions on 30 November 2007 have also been updated in the project plan.

    Action 1 - Report back to Heads on the outcomes of the research evaluation linking to the Action Plan in September 2008 following the evaluation report being completed.

2. The Long Terms Conditions sub group was established in June 2008 with a short life focus to September 2008. The main remit for the group is to develop the integrated approach to care and case management through a common definition and understanding of practice. The IPG focus on the integrated approach to care management practice will be reinforced and strengthened by the remit of the LTC sub group. The original Care Management ISG paper 2003[14] which has been updated to reflect the development of the CHCPs and joint working will be the basis to the

discussions[18]. This will help to address the key themes relating to the implementation process supporting care management: development of local protocols for levels of access, devolved budgets to an agreed level, clarity on staff involved in the care management role, and an integrated approach to care management. The work repated to anticipatory care will also be informed by the Working in Partnership Project for SPARRA at South West CHCP and ISD which has at the core the need for integrated care management arrangements from multi-disciplinary teams[19].

Action 2 - LTC sub group to report back to the LTC Steering group, in September 2008 for the Heads to progress through the ISG and work of the IPG.

3. The training materials and resources developed for the rollout of the training to be reviewed based on the comments and feedback from the evaluations. The main area for development is the e learning tool to gold standard for the use by practitioners as part of the awareness raising   process for the rollout of care management. The case studies in the training delivered should   be more dynamic. They could be used to reflect the care management process with opportunities for a wider engagement on health related areas. The agreement that modules 1, 2 and 3 are provided as a main line course by Learning and Development, with 6 courses to be delivered in the forthcoming year 2009-10 and coordinated centrally. This would be supported by a pool of health and social care trainers from the CHCPs. A tutor group will be established to facilitate this roll out.

Action 3 - Learning and Development to coordinate the ongoing delivery of the training modules integral to the training plan and update the materials to support the process October – December 2008.

4. Due to the improved pre, concurrent and post evaluation questionnaires developed with support from survey monkey, and the excel spreadsheets this resulted in a higher response rate by staff attending training. However they could be further improved with a few additional quantitative data items with a compulsory field: length of time in post, qualifications, designation and experience in care management.

Action 4 - Learning and Development should use this model for their future training plans. Learning and Development to review and report back on recommendations to Heads by September 2008.

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[18] Owens, J., February 2008. Updated ISG paper from IPG on Care Management.
[19] Working in Partnership Project Plan for SPARRA at SWCHCP & ISD, January 2008

5. The ongoing issues regarding the compatibility of the IT systems and the rollout of the electronic solutions for practitioners and managers is being developed through the work at Scottish Government, Data Standards Board and the Joint Information Group(JIG) supported by the Heads. The current piloting and testing of the care assess module and the developments to include a joint care plan will be integral to the roll out of the Shared Assessment Framework supporting care management implementation.

> **Action 5** -Update on the electronic solutions from the JIG to the Heads -September 2008.

6. The lessons learned from the research to be shared with managers, practitioners and trainers to disseminate the good practice and developments promoting a learning culture. The research report was presented to the IPG 11 September for discussion and agreement to present to the Heads for their meeting 26 September. The original wider group of managers responsible for the roll out of the training in December 2007 should be part of the extended group to receive feedback on the outcomes of the research. This should be coordinated through the Heads meeting with RES Managers and Operations Managers on 2 October. Local feedback sessions to staff at CHCPs should also be coordinated across the CHCPs by the Leads for the Steering Groups involving Research and Performance Team, Learning and Development and operations. The research document should be published and reported in relevant newsletters and Database for Good Practice at Glasgow University .The research will also be integral to the evaluation process for Making Integration Work at Edinburgh University which has reported on the wider service development[20].

> **Action 6** -Full Evaluation Report to be feedback to IPG and Heads with a dissemination plan integral to the rollout process following the presentations to the core groups in September 2008.

7. Engagement processes with service users and carers should be developed to support the work currently being piloted for the Scottish Government and the Joint Improvement Team with the User Defined Service Evaluation Tools UDSET[21]. This provides a real focus on the better outcomes for service users and carers measured and reported on for the local development plans. Integral to the UDSET is the need for robust assessment and care management processes strengthened by staff equipped to deliver high quality services. As part of the wider audit and performance work reported to SWIA in June 2008 there was an agreement to use the benchmarks from this training to review the progress incrementally.

> **Action 7** - Agreement with the Practice Audit team regarding the next stage of the process for auditing purposes-September 2008.

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[20] Dale, M.A. March 2008. Making Integration Work to deliver the National Training Framework for Care Management in line with the City Wide Implementation Plan. University of Edinburgh.

8. The delivery of the training to the target of 60-90 staff to receive the modules 1, 2 and 3 between April-June 2008 has been met. West CHCP will also have concluded their training by September 2008 with an overall delivery of training to the targeted group of 456 staff across Glasgow. There is a need to consider the next stage of the training plan and ongoing rollout. Agreement had been reached as part of the Carers Strategy to develop the next module for city wide roll out targeting Carers Awareness.

> **Action 8** - The Leads for the Carers Strategy and local centre managers should develop the proposal for the next stage of the training implementation plan reporting to the Heads in October 2008 to take the work forward.

9. The staff should have the support of a personal development plan for their learning and development needs and the feedback from the evaluations confirmed the lack of follow up at supervision by line managers. There is a need to ensure PDPs are rolled out across CHCPs and this should be progressed, along with the ongoing need for networking and wider staff development sessions.

> **Action 9** - PDPs to be provided to staff as part of the CHCP development plan in October 2008 following the Heads review of the evaluation report. Each CHCP should have a training group to oversee the local training plan and processes for staff development, continuing to have a city wide approach to ensure consistency in practice and a standardised approach in line with the needs of the Rehabilitation Framework Next Steps[21].

10. Practitioners feedback on the benefits of the training in terms of working across the CHCP and understanding the roles of other practitioners will be integral to the support for the delivery of the Rehabilitation Framework which also emphasizes staff training and learning in assessment and care management.[3]

> **Action 10** - Support the implementation of the Rehabilitation Framework from October 2008 through the local processes in CHCPs.

6.2 Conclusions

The National Training Framework for Care Management, provided the context for the delivery of the 3 core modules on assessment and care management developed to reflect the Glasgow city model, in line with the local policy context. The target for the delivery of the training was met with a total of 557 practitioners invited to attend and 456 practitioners attended.

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[21] Harkness, A., July 2008. Towards a Community Based Rehabilitation Framework: The Next Steps.

The model developed for the research evaluation framework was also successfully utilised, and provides an excellent example of practitioner-researcher collaboration. The lessons learned from the evidence-based practice will enhance the delivery of integrated practice in care management.

7. APPENDICES

7.1 Appendix 1

Assessment & Care Management Training Evaluation 2008

Pre-Course Questionnaire

Name:(optional) _____   CHCP/ Location: _____
Job Title: _____   Date of training _____

1   What are you expecting to gain from the assessment and care management training?

(please tick all that apply)

how to apply standards/ legislation to care management
to learn about assessment and care management tools
to gain a better understanding of terminology used
explanation of outline of roles and responsibilities
don't think I will gain anything
other
Please specify other _____

2   What specific areas within assessment and care management are you hoping the training will cover?

(please tick all that apply)

legislation
joint working protocol (standardisation)
roles & responsibilities (structures & processes)
clarification of jargonistic language used/ definitions
tools used
not sure
other
Please specify other _____

3   What are your general feelings regarding roll out of this training across social work and health in the City?

(tick only one)

Positive
Negative
Not sure
Other
Please specify other _____

4   How do you think you will benefit from the training?

(please tick all that apply)

improve joint working
improve networking
improve practice
improve skills
improve knowledge
don't think I will benefit
other
Please specify other _____

5   How do you think you will be able to put the training into work practice regarding your professional development?

(please tick all that apply)

better understanding in application of legislation
will standardise assessment & care management process
improvement in joint working
able to explain to service users better
able to explain to carers better
will increase confidence
will increase competence
not sure
other
Please specify other _____

6   What previous guidance have you had in relation to assessment and care management?

(please tick all that apply)

internal courses
external courses
National Framework for Assessment & Care Management
team briefing sessions
previous employment
no guidance received at all
other

7   In relation to standards or procedures around assessment & care management:

<table>
<tr><td></td><td>yes</td><td>no</td></tr>
<tr><td>do you know if any exist</td><td></td><td></td></tr>
<tr><td>do you have any knowledge of their content</td><td></td><td></td></tr>
<tr><td>have you used any</td><td></td><td></td></tr>
<tr><td>have you been able to put them into work practice</td><td></td><td></td></tr>
</table>

8   What issues/ challenges regarding assessment and care management work practice do you foresee?

(please tick all that apply)

lack of resources (time, money staff)	
how unmet need is recorded	
how unmet need is measured	
pace of change too fast	
pace of change too slow	
lack of information	
mixed range of skills i.e. should train people to level with same basic skills	
don't foresee any issues/ challenges	
other	
please specify other	

Please use this space to provide additional information on assessment and care management not covered
9   in questions above.

_____

_____

_____

_____

_____

Thank you for your time and co-operation in completing this questionnaire.

7.2 Appendix 2

Assessment & Care Management Training Evaluation 2008

Post Training Questionnaire

Name:(optional) _____   CHCP/ Location: _____
Job Title: _____   Training Date _____

1   I got a lot of value from the assessment and care management training course:

(please circle the most appropriate option)

strongly agree	agree	neither agree or disagree	disagree	strongly disagree
1	2	3	4	5

2   What did you think about each of the modules on the course?
(Please tick one option for each module listed)

	very good	good	average	poor	very poor
Assessing need module					
Care management module					
Planning, Monitoring & Reviewing module					
E. Learning					

3   Did the training live up to your expectation ?   yes ☐   no ☐

4   If not, which aspects of the course did not live up to your expectation?
(please tick all that apply)

application of standards/ legislation to care management	☐
information on assessment and care management tools	☐
explanation of terminology used	☐
explanation/ outline of roles and responsibilities	☐
other	☐
Please specify other	_____

5   Was everything covered in the training you had hoped for   yes ☐   no ☐

6   If not, which of the following were missing?
(please tick all that apply)

legislation	☐
joint working protocol (standardisation)	☐
roles & responsibilities (structures & processes)	☐
clarification of jargonistic language used/ definitions	☐
tools used	☐
other	☐
Please specify other	_____

7   Now that you have been on the training, do you foresee benefits in any of the following?
(please tick all that apply)

improvement in joint working	☐
improved networking	☐
improvement in practice	☐
improvement in skills used	☐
improvement in knowledge held	☐
don't see any benefits	☐
other	☐
Please specify other	_____

8   What are your general feelings, post training, regarding assessment & care management?

(tick only one)

Positive ☐
Negative ☐
Not sure ☐
Other ☐
Please specify other _____

9   Have you been able to put any part of the training into work practice?

yes ☐   no ☐

10   Can you briefly give a statement supporting your answer in question 9 i.e. whether answered yes or no

_____
_____
_____
_____
_____

11   After the training, have you been able to disuss with your line manager your ongoing learning & development needs as part of your Personal Development Plan?

yes ☐   no ☐

12   Were further training needs identified?   yes ☐   no ☐

13   If yes, what were they

_____
_____
_____
_____
_____
_____
_____

14   Please use this space to provide additional information on assessment care management not covered in questions above.

_____
_____
_____
_____
_____

Thank you for your time and co-operation in completing this questionnaire.

7.3 Appendix 3

Assessment & Care Management Training Evaluation 2008

On the Day Questionnaire

Name: _____   CHCP/ Location: _____   Job Title: _____

Please complete the questionnaire by selecting the appropriate number on the scale, adding any comments at the end if you wish. Thank you for your assistance.

		strongly agree	agree	neither agree or disagree	disagree	strongly disagree
1	I found the course very valuable	1	2	3	4	5
2	I found the joining instructions helpful	1	2	3	4	5
3	I thought the venue for the training was good	1	2	3	4	5
4	The materials/ equipment for the course were useful	1	2	3	4	5
5	The course was well presented	1	2	3	4	5
6	I liked the pace of the course	1	2	3	4	5
7	My professional values were adhered to throughout the course	1	2	3	4	5
8	I got a lot of value from the *assessing need module*	1	2	3	4	5
9	I got a lot of value from the *care management module*	1	2	3	4	5
10	I got a lot of value from the *Planning, Monitoring & Reviewing module*	1	2	3	4	5
11	I got a lot of value from *E. Learning*	1	2	3	4	5
12	This training will encourage me to discuss development needs further in my PDP	1	2	3	4	5
13	I will be able to transfer learning skill/ knowledge gained from the course into work practice	1	2	3	4	5
14	Please use this space to provide additional information on assessment and care management not covered in questions above.					

_____

_____

_____

_____

_____

Thank you for your time and co-operation in completing this questionnaire.

7.4 Appendix 4

Pre Questionnaire data

Staff designation by location

Designation (n = 73)	centre	East CHCP	info not provided	SW CHCP	Total
Care Manager		4		2	**6**
CPN		4			**4**
Dietitian		2			**2**
District Nurse		2		1	**3**
info not provided			1		**1**
O.T		5		7	**12**
Physiotherapist/Care Manager		1			**1**
Practice Team Leader		2			**2**
Project Coordinator		2			**2**
Resource worker	1				**1**
scw		8		12	**20**
Senior officer	1				**1**
Senior Physiotherapist				1	**1**
social worker		5		10	**15**
Staff nurse		1			**1**
Student Social Worker		1			**1**
Total	**2**	**37**	**1**	**33**	**73**
	3%	51%	1%	45%	100%

Q1. What are you expecting to gain from a & c training?		
apply standards/ legislation	49	72%
to learn about a & c management tools	46	68%
better understanding of terminology used	32	47%
outline of roles & responsibilities	52	76%
don't think I will gain anything	1	1%
other	5	7%

68 answered this question and 15 skipped it

Q2. What specific areas within assessment and care management are you hoping the training will cover		
legislation	43	63%
standardise joint working protocol	55	81%
roles & responsibilites (structures & processes)	53	78%
clarify jargonistic language used/ definitions	25	37%
tools used	35	51%
not sure	4	6%
other	2	3%

68 answered this question and 15 skipped it

Q3. What are your general feelings regarding roll out of this training across social work and health in the city?		
negative	2	3%
not sure	25	37%
other	1	1%
positive	39	58%
Total	67	100%

67 answered this question and 16 skipped it

Q4. How do you think you will benefit from the training?

improve joint working	48	71%
improve networking	40	59%
improve practice	46	68%
improve skills	39	57%
improve knowledge	53	78%
don't think I will benefit	1	1%
other	2	3%

68 answered this question and 15 skipped it

Q5. How do you think you will be able to put the training into work practice regarding your professional development?

in the application of legislation	37	54%
standardising processes	46	68%
improvement in joint working	44	65%
explain to service users better	30	44%
explain to carers better	30	44%
will increase confidence	32	47%
will increase competence	39	57%
not sure	6	9%
other	2	3%

68 answered this question and 15 skipped it

Q6. What previous guidance have you had in relation to assessment and care management?

internal courses	23	34%
external courses	10	15%
National Framework for A & C	9	13%
team briefing sessions	32	47%
previous employment	7	10%
no guidance received at all	13	19%
other	7	10%

68 answered this question

Q7. Knowledge of standards & procedures

Designation	Do you know if any standards or procedures exist?			Do you have knowledge of their content?			Have you used any?			Have you been able to put them into work practice?		
	no	yes	Total	no	yes	Total	no	yes	Total	no	yes	Total
Care Manager	1	5	6	1	4	5	1	4	5	1	4	5
CPN	1	1	2	1	1	2	2	1	3	2		2
Dietician		1	1		1	1		1	1		1	1
District Nurse		3	3	1	2	3	1	2	3	1	2	3
O.T	2	10	12	8	4	12	7	4	11	8	4	12
Physiotherapist/Care Manager		1	1		1	1		1	1		1	1
Practice Team Leader		2	2		2	2	1	1	2	1	1	2
Project Coordinator	1	1	2	2		2	2		2	2		2
Resource worker		1	1	1		1	1		1	1		1
Scw	3	15	18	6	13	19	5	12	17	4	14	18
Senior officer	1		1	1		1	1		1	1		1
Senior Physiotherapist	1		1	1		1	1		1	1		1
social worker		13	13		13	13	1	11	12	1	12	13
Student Social Worker		1	1	1		1	1		1	1		1
info not provided		1	1		1	1		1	1		1	1
Total	**10**	**55**	**65**	**23**	**42**	**65**	**24**	**38**	**62**	**24**	**40**	**64**

67 answered this question and 16 skipped it

Q8. What issues/ challenges regarding assessment and care management work practice do you foresee?

Designation	lack of resources (time, money, staff etc.,)	how unmet need is recorded	how unmet need is measured	pace of change is too fast	pace of change is too slow	lack of information	mixed range of skills ie should all be same basic level	other
Care Manager	5	5	2	2		2	2	
CPN	3					1	2	
Dietician	1	1	1				1	
District Nurse	3	3	1	1		2	2	
O.T	12	7	7	4		5	5	
Physiotherapist/Care Manager	1					1	1	
Practice Team Leader	2	2	2			1	2	
Project Coordinator	2	1	1				2	
Resource worker								
Scw	18	11	12	7	1	12	10	
Senior officer	1	1	1			1		1
Senior Physiotherapist	1							
social worker	9	9	10	3		6	2	1
Staff Nurse								1
Student Social Worker		1	1			1	1	
info not provided	1	1	1			1		
Total	**59**	**42**	**39**	**17**	**1**	**33**	**30**	**3**

67 answered this question and 16   88%   63%   58%   25%   1%   49%   45%   4%

7.5 Appendix 5

Post Questionnaire Data

Q1. I got a lot of value from the assessment & care management training course?

strongly agree	5	13%
agree	18	45%
neither agree or disagree	11	28%
disagree	6	15%
strongly disagree	0	0%
Total	**40**	**100%**

Q2. What did you think about each of the modules on the course?

	very good	good	average	poor	very poor	Total
assessing need module	4	17	18	1		40
care management module	4	18	16	2		40
planning, monitoring & reviewing module	3	19	17	1		40
e.learning	1	12	14	5	5	37

Q3 Did the training live up to your expectation?

no	11	28%
yes	28	72%
Total	**39**	**100%**

Q4. If not, which aspects of the course did not live up to your experience?

application of standards/ legislation to care management?	5
information on assessment and care management tools	2
explaination of terminolgy used	2
explaination/ outline of roles and responsibilities	4
other	5

GOOD REVIEW BUT TRAINING MORE APPROPRIATE FOR NEWLY QUALIFIED STAFF OR NEW TO COUNCIL
how unmet need is recorded
not enough guidance from coordinators,and not enough input from coordinators when we went into groups ,
Very similar to previous Care Management Training
was very basic

Q5. Was everything covered in the training you had hoped for?

no	12	30%
yes	28	70%
Total	**40**	**100%**

Q6. If not, which of the following were missing?

legislation	6
joint working protocol (standardisation)	4
roles & responsibilites (structures & processes)	4
clarification of jargonistic language used/ definitions	3
tools used	2
other	2

I thought we would be learning something new
wanted it to be more detailed

Q7. Now that you have been on the training, do you foresee benefits in any of the following?

improvement in joint working	20	50%
improved networking	26	65%
improvement in practice	9	23%
improvement in skills used	8	20%
improvement in knowledge held	15	38%
don't see any benefits	6	15%
other	2	5%

I recently completed the Certificate in Community Care and so I had covered the content in the course.
insight in how not to care mamange, should improve my practice

Q8. What are your general feelings, post training, regarding assessment & care management?

positive	18	47%
negative	6	16%
not sure	13	34%
other	1	3%
Total	38	100%

attended with positive attitude,left dissapointed
emphasised lack of resources
I believe that I already had good knowledge with regard to assessment and care management.
* other comment includes 'other' & 'negative'

Q9. Have you been able to put any part of the training into work practice?

no	17	44%
yes	22	56%
Total	39	100%

Q10. If yes:	Total
Assessment and care management is a significant part of my work and my ongoing work is very much related to the training.	1
ASSISTED WITH NETWORKING WITH SW CHCP	1
Better communication with health practitioners	1
Care Management training gave reminder into how you should manage your practice. 7 key points highlighted were valuable helping in terms of satisfactory service delivered to client when refering to the 7 key points.	1
greater understanding of the role of other professions within the chip teams at community	1
Has made me more reflective of current practice	1
Have always care managed my cases as an OT, although there may have been different terminology used.	1
Have built up relationships with other colleagues and have inplemented areas of the training into my practice.	1
I use this practice all the time.	1
I am more aware of the role of social workers and when it's appropriate to refer on to them. I do find it saddening however that we are taught on the course to offer choice and we have no choice when it comes to ordering homecare and no budget for other	1
I am working with a service user whose address in in Edinburgh and I have liaised with his care manager (who is an O.T.) re. his care plan when he is disccharged from hospital.	1
i have always used the proniples in my role	1
I have been using aspects of training in my role for some time now, however it was a good reminder of how the care management process fits into my daily routine and how I can embrace it in my RSP(Role Specific Purpose) within the team	1
I have since found joint working with NHS colleague easier	1
improve skill and gain more knowledge	1
It has made be more aware of recording the care plan electrobically as well as in written form	1
It is useful to reflect on the requirements of assessement and care mangement and take time out of the day to day business to do this.	1
MINIMAL PRACTICE RE ORGANISING RESPITE & DAY CARE FOR CLIENTS. ALTHOUGH I REALISE THAT THIS IS ONLY PART OF CARE MANAGEMENT. I PROBABLY HAVE BEEN CARRYING OUT CARE MANAGEMENT ACTIVITES WITHOUT REALISING.	1
networking / joint working already assessor and able to plan and evaluate care	1
networking, meeting and linking with other care managers who were not social work trained	1
the process of care mangement clear via the diagram and you are know aware that the process is something that you do within your ongoing assessment without placing stages/sections to it now you can look at diagram and can clearly state to others a	1
Use in my daily practice as have always done	1
Total	**22**

Q10. If no	Total
Aim as a manager to address staff learning from the training in supervision then use this to take forward to input in team meetings/staff developement as it will affect our area of work.	1
Although I have the knowledge and skills to care manage the system at present is restrictive as budgets are still held within social work.	1
did not hoghlight anything not doing already	1
don't care manage	1
Having 6 years of care management experience, I felt that the training was quite basic and would be more appropriate for newly qualified or inexperienced workers.	1
I am not a practitioner.	1
I have not came across any scenario which is new toe me and has allowed me add anythign new to my practice.	1
Idid not think that coure was beneficial to me.	1
lack of I.T to enable joint working. Each team across the Chcp working differently. Poor working practice not being challenged. Limited budgets	1
Most of my work at present is with regards to delayed discharge, supervising staff, and Adiults With Incapacity Reports. Although the training is relevant I have not had the time to think about it as such.	1
NO INDEPTH DISCUSSION ON LEGISLATION.	1
No new skills gained to transfer to practice	1
No one was able to clarify roles and responsibilities between health and SW	1
not able to quantify at this early stage	1
Really everything covered in training has already been part of my everyday practice	1
Would not like to implement what i did not learn on course, as my practice would deteriorate.	1

Q11. After training, have you been able to discuss with your line manager your ongoing learning & development needs as part of your PDP?

no	31	78%
yes	9	23%
Total	**40**	100%

Q12. Were further training needs identified?

no	29	91%
yes	3	9%
Total	**32**	100%

Q13. If yes, what were they?

Ongoing assessment planning and implementation sessions. Knowledge around benefits,	1
RSP training	1
Shadow a social worker, attend an allocation meeting, compulsory training,	1
Total	3

Q14. Please use this space to give additional information

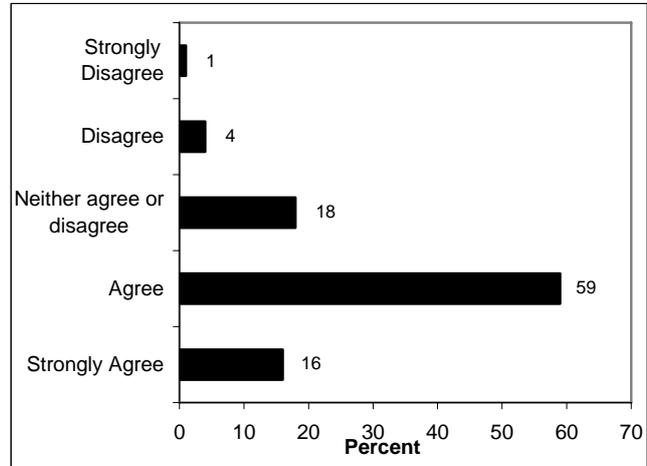|	
During a very very busy period at work this was not an effective use of my time as this training has been covered by a previous course and two days away from my practice team was too much and had a negative impact on my work when I was being asked to mee	1
Found it useful to reflect on practice and it was good to discuss issues with other colleagues	1
I felt there were too many group work sessions where people were left to make up the information themselves - and as I am not a practitioner, sometimes it was difficult to see clarity in processes where different professionals could not agree on procedura	1
I realise this was only an introduction but as such I feel it lasted too long. I'm more interested in the practicalties of integration eg roles/responsibilities.	1
I think we should have been given the questionnaire straight after the training when it was all fresh in our minds rather than this method.	1
internal courses that are more practical and focused would benefit myself and maybe other staff this should be run over the course of the year and should be reinforced by PTL after each learning stage.	1
The only benefit i gained from this training was meeting with local health colleagues	1
We need the IT in place .... NOW to support the concept of care management.	1
Total	**8**

7.6 Appendix 6

CITYWIDE CARE MANAGEMENT CONCURRENT QUESTIONNAIRES 2008
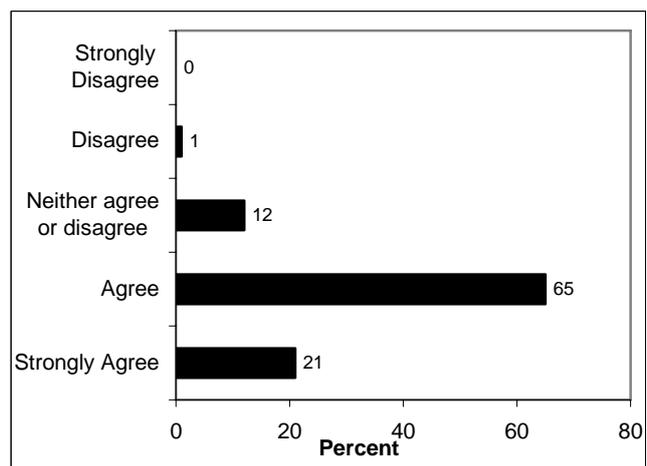
Graph 1: Percentage return of concurrent questionnaires

CHCP

	Percent
west	19
east	25
southwest	15
southeast	19
north	21
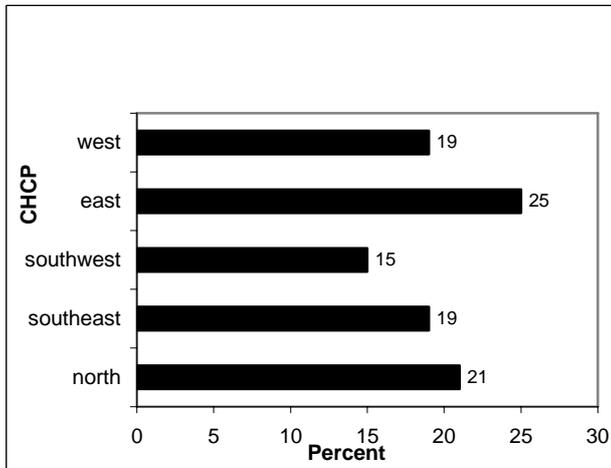
2. I found this course very valuable
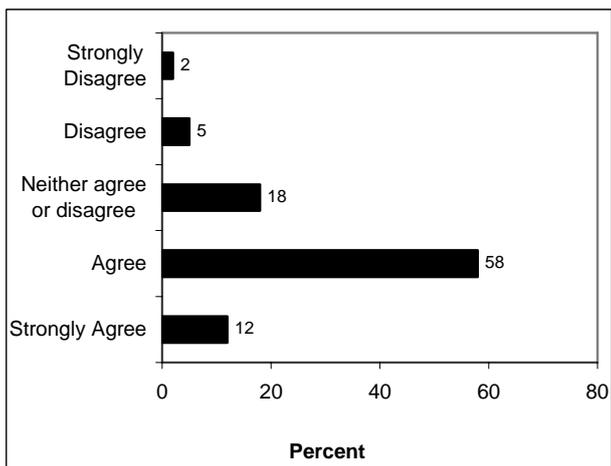
	Percent
Strongly Disagree	1
Disagree	4
Neither agree or disagree	18
Agree	59
Strongly Agree	16

3. I found the joining instructions helpful

	Percent
Strongly Disagree	2
Disagree	5
Neither agree or disagree	18
Agree	58
Strongly Agree	12

4. The materials/ equipment for the course were useful

	Percent
Strongly Disagree	0
Disagree	1
Neither agree or disagree	12
Agree	65
Strongly Agree	21

5. The course was well presented

	Percent
Strongly Disagree	0
Disagree	0
Neither agree or disagree	5
Agree	52
Strongly Agree	42

6 .I liked the pace of the course

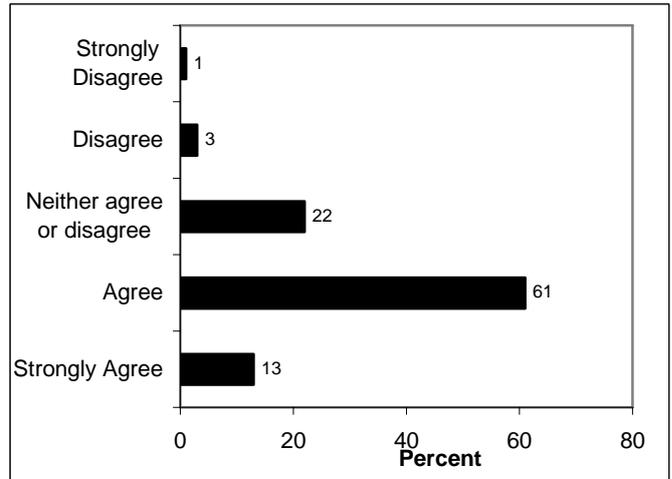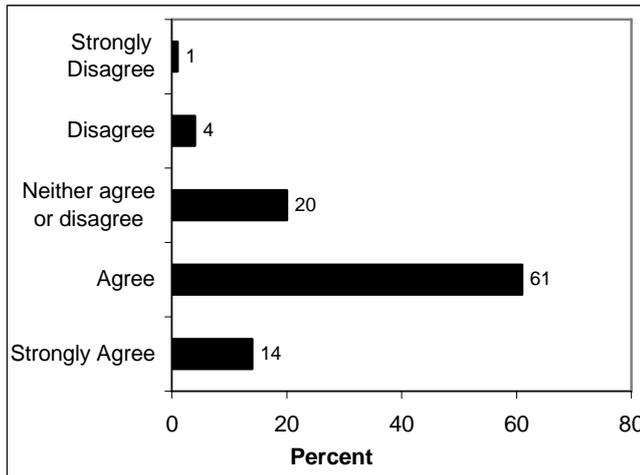|	Percent
Strongly Disagree	2
Disagree	9
Neither agree or disagree	11
Agree	49
Strongly Agree	28
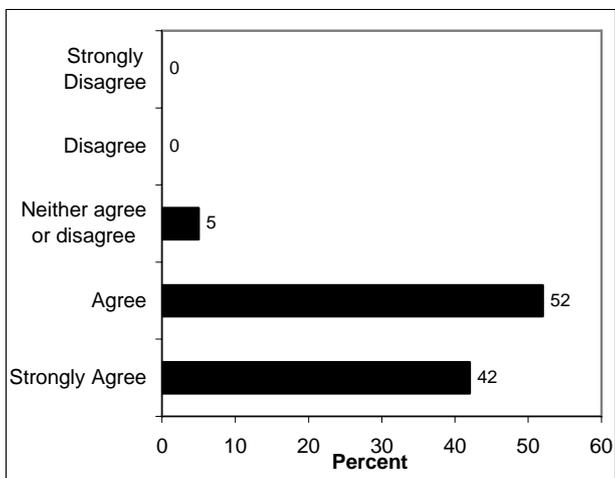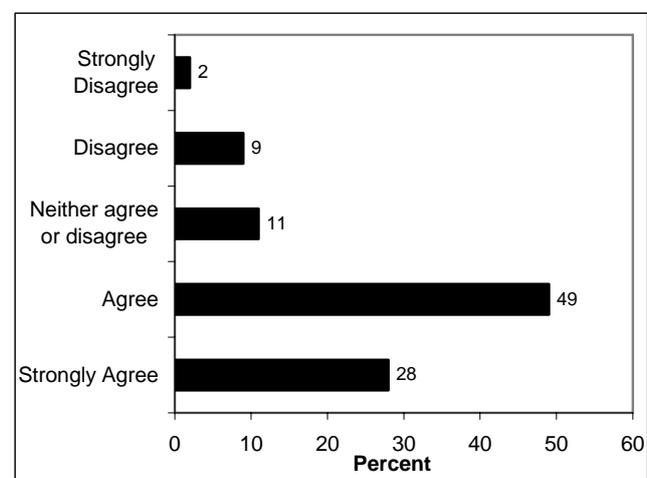
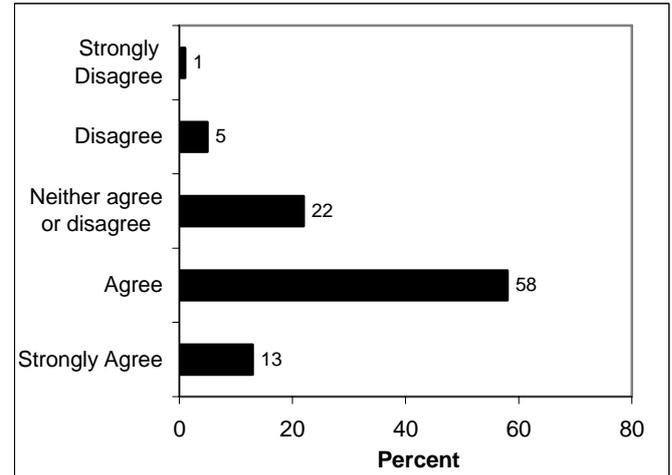## 7. My professional values were adhered to throughout the course
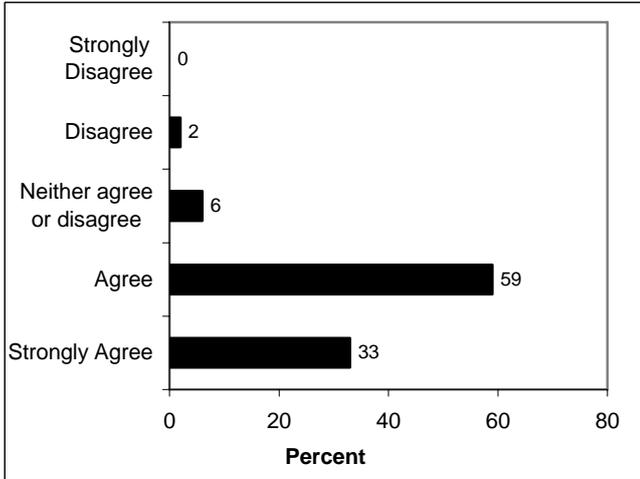
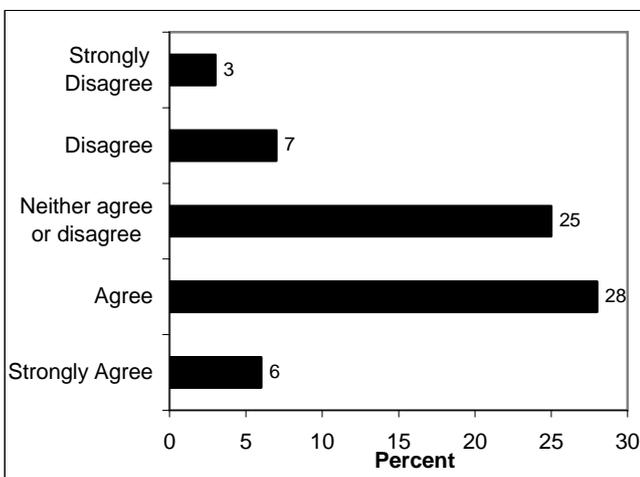## 8. I got a lot of value from the accessing need module

9. I got a lot of value from the care management module
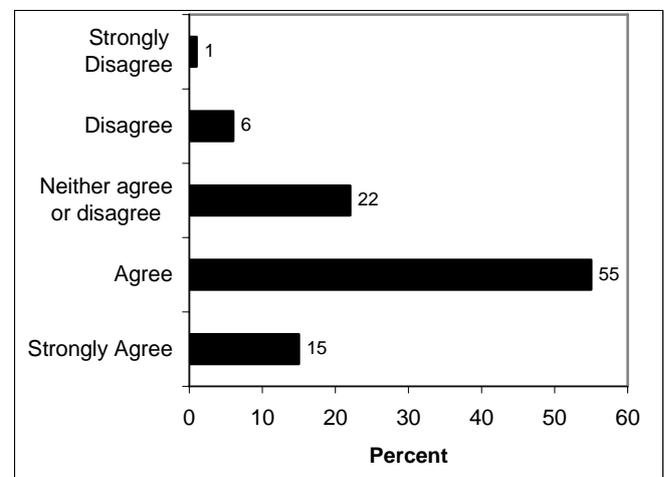

10. I got a lot of value from the Planning, Monitoring & Reviewing Module

11. I got a lot of value from E. Learning

12. This training will encourage me to discuss development needs further in my PDP

13. I will be able to transfer learning skills/ knowledge gained from the course into work practice