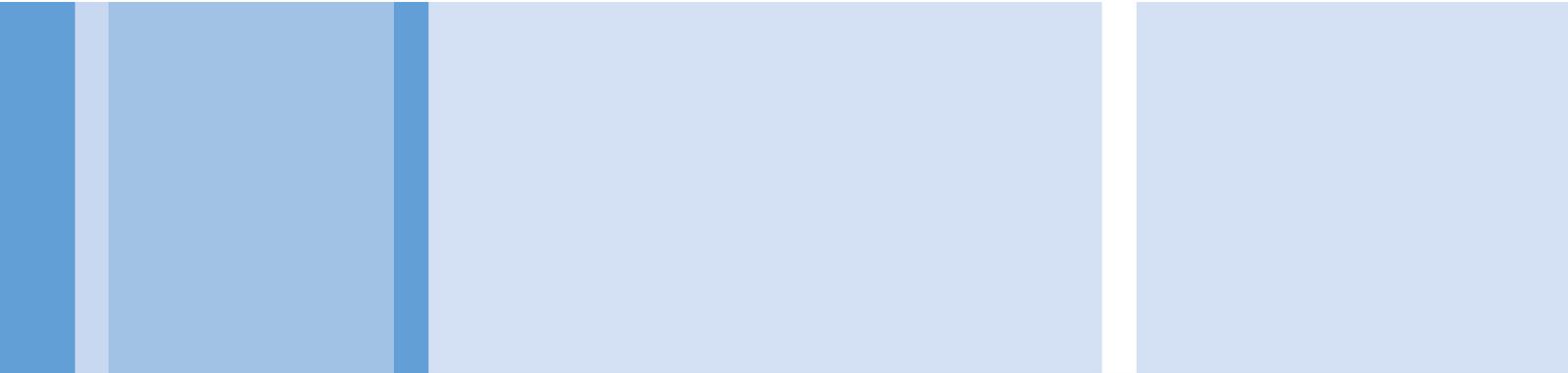
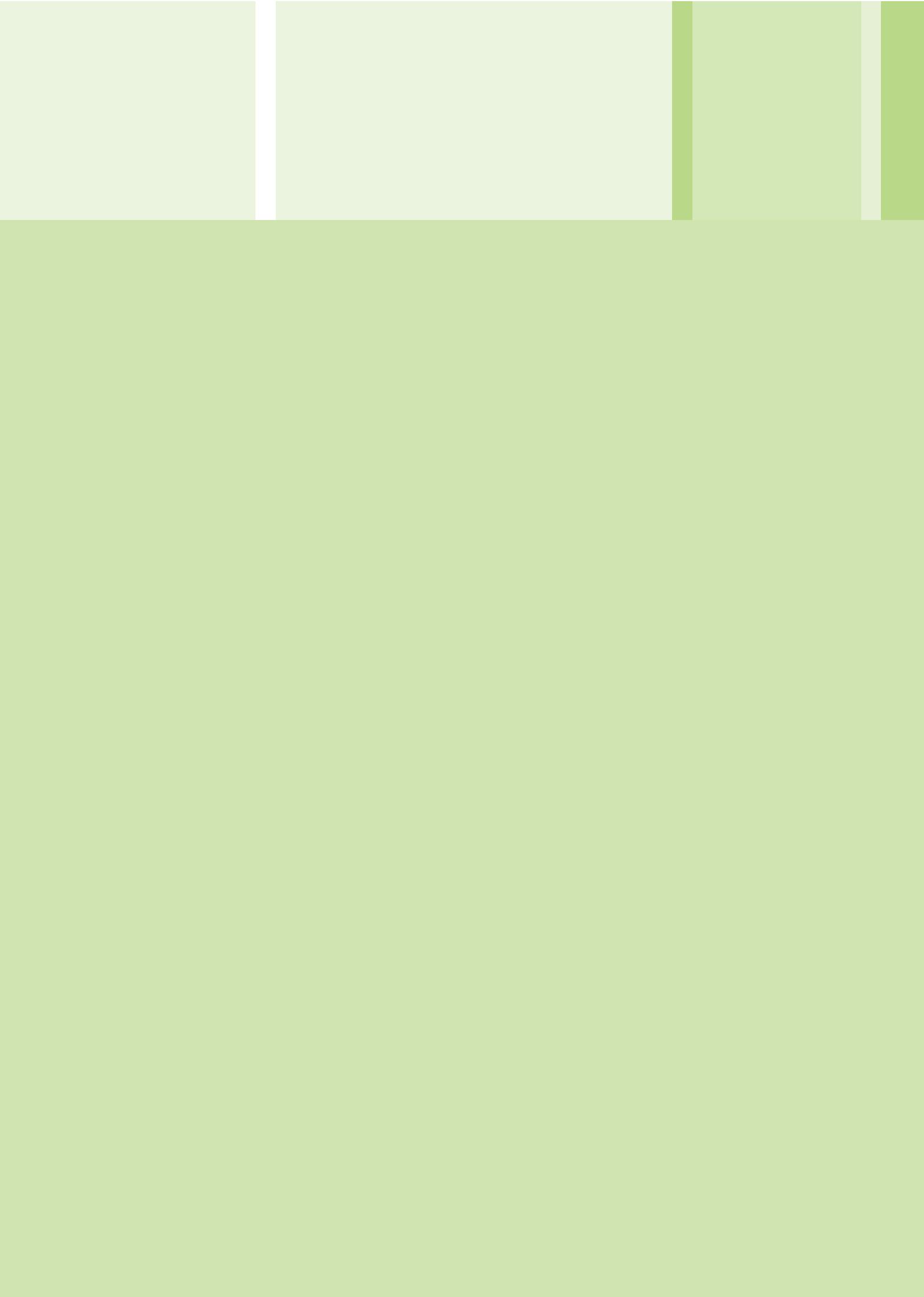


# common core principles to support self care

a guide to support implementation







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## Foreword

People want control over their lives enabling them, their families and carers to maintain and improve their well-being and independence, including proportionally managing the risks they take. They want dignity and respect to be at the heart of any interaction with professionals, so that they can access high quality services and support closer to home at the right time.

Across Government, our shared ambition is to put people first through a radical reform of public services. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, safe and promote their own individual requirements for independence, well-being and dignity. Supporting self care is consistent with this.

Individual involvement and empowerment are key to health and social care services. In the future we want people to have maximum choice and control over the support services they receive, working in partnership with professionals. The state and statutory agencies will have a different role – more active and enabling, less controlling.

Skills for Health and Skills for Care have worked with key stakeholders, including people who use services and carers, to develop a set of 'Common Core Principles to Support Self Care'. The principles capture best practice in order to support service reform and promote choice, control, independence and participation of people who use services.



The 'Common Core Principles to Support Self Care' are intended to be a resource for reflection, challenge and practice change. Their purpose is to enable organisations and all those who work in health and social care, whether as commissioners, service providers or educators, to make personalised services, enablement and early intervention to promote independence a reality.

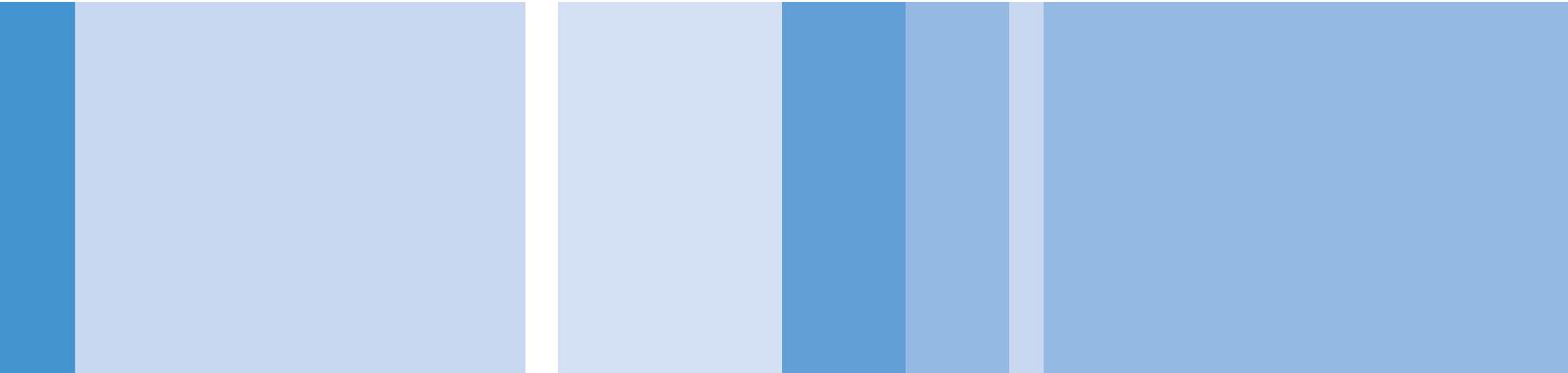


We encourage commissioners, employers, including people who employ their own staff, and workers to embed the principles in their policies, their agreements with other agencies, and their own culture and practices. In this way, we can help people to realise their aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.

Health and social care services in the future will focus on people having choice and control over their own health and care. The vision is of people who use services, empowered with advice, support and information, having choice about the services they want, being able to take more responsibility for their health and their lives and a more active role in managing their own care if this is what they want. This will only be achieved by significant cultural change and changing the attitudes, behaviours and skill base of all people working in health and social care. The 'Common Core Principles to Support Self Care' provide a vital building block in realising the vision.

**Ann Keen**  
Parliamentary Under Secretary  
of State for Health Services

**Ivan Lewis**  
Parliamentary Under Secretary  
of State for Care Services



## Executive summary

Self care includes both self care and self management. Self care is about individuals\* taking responsibility for their own health and well-being. Self-management is about individuals making the most of their lives by coping with difficulties and making the most of what they have. It includes managing or minimising the way conditions limit individuals' lives as well as what they can do to feel happy and fulfilled to make the most of their lives despite the condition.

Supporting self care is about working in partnership in a process of two-way communication, negotiation and decision making in which both the individual and the care professional contribute to the care planning process to achieve the best possible outcomes for the individual; it is not about care professionals handing over responsibility to individuals.

The 'Common Core Principles to Support Self Care' aim to help health and social care services give people control over, and responsibility for, their own health and well-being, working in partnership with health and social care professionals. Consistent with the personalisation agenda they put people at the centre of the planning process, and recognise that they are best placed to understand their own needs and how to meet them.

The Common Core Principles are intended to support self care in its broadest sense and will include but not be limited to those individuals living with a long-term condition or complex needs.

The principles are consistent with the policy directives of the White Paper 'Our health, our care, our say', the seven outcomes set out in 'Putting People First' and a wide range of other policies and initiatives. The seven outcomes will be used to structure goal-setting for health, social care and related activity in Local Authority Agreements.

\* By individuals we mean patients, people who use services and carers.



**There are seven principles which are underpinned by an explicit value base:**

- Principle 1 Ensure individuals are able to make informed choices to manage their self care needs
- Principle 2 Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care
- Principle 3 Support and enable individuals to access appropriate information to manage their self care needs
- Principle 4 Support and enable individuals to develop skills in self care
- Principle 5 Support and enable individuals to use technology to support self care
- Principle 6 Advise individuals how to access support networks and participate in the planning, development and evaluation of services
- Principle 7 Support and enable risk management and risk taking to maximise independence and choice.

The principles are described in terms of competence, the context in which it lies, the expected behaviours and underpinning knowledge.

The principles support the radical reform of health and social care services that is needed to meet the government's aspiration to put people first and achieve world class service across all public services.

They are of importance to commissioners, employers (including those who employ their own care staff), leaders and managers, people working in health and social care, and education and training:

- Commissioning is at the heart of developing services that are fair, personalised, effective and safe, and focused on improving the quality of care.
- Employers, including people who employ their own staff, can use the principles to ensure care is person-focused and promotes health and well-being.
- Leaders and managers are responsible to their organisation, their staff and, most importantly, the people who use their services and the wider community, for ensuring the highest standards of care are achieved. This includes meeting expectations for personalised services which respect dignity, promote independence and offer maximum choice and control for people who use services.
- Supporting individual empowerment and self care may require workers at every level to work in different ways. The Common Core Principles provide a framework to support practice development.
- The 'Common Core Principles to Support Self Care' should be an integral part of all education and training for staff working in or aspiring to work in health or social care, including vocational qualifications, professional education, induction and continuing professional development.



## Purpose and structure of this document

This document presents a set of 'Common Core Principles to Support Self Care' and provides information to support adoption of these principles across health and social care. This is the first in a series of related publications, including a publication for people who use services.

### The document is structured in six sections:

- Section 1 Introduction  
Describes the rationale for developing the principles, what is meant by self care and background information about development of the principles.
- Section 2 Principles  
Sets out the Common Core Principles and their underpinning values.
- Section 3 'What does this mean for me?'  
Provides key messages for commissioners, employers (including those who employ their own care staff), leaders and managers, people working in health and social care, and education and training.
- Section 4 The challenge  
Explores key policy drivers and considerations for implementing the Common Core Principles.
- Section 5 Policy context  
Describes a range of policy initiatives that the common core principles will support thus 'adding value' to the implementation process.
- Section 6 National action to support local implementation  
Outlines the plans for further support for implementing the Common Core Principles.

### Finally there are three Annexes:

- Annex 1 Acknowledgments
- Annex 2 Bibliography
- Annex 3 Common Core Principles to Support Self Care (including indicative behaviours and underpinning knowledge)

Although written primarily for the health and social care sectors, the principles and supporting information will also be of interest to those working in housing, leisure, employment, benefits advice and education and training who share responsibility for supporting individuals' choice, control and independence. A list of useful resources and websites is provided as a separate document.

This document, the resources document and future publications to support the 'Common Core Principles to Support Self Care' are or will be available on the following websites:

#### DH Long Term Conditions

[www.dh.gov.uk/en/Healthcare/Longtermconditions](http://www.dh.gov.uk/en/Healthcare/Longtermconditions)

#### DH Self Care

[www.dh.gov.uk/en/Healthcare/Selfcare](http://www.dh.gov.uk/en/Healthcare/Selfcare)

#### Skills for Health

[www.skillsforhealth.org.uk](http://www.skillsforhealth.org.uk)

#### Skills for Care

[www.skillsforcare.org.uk](http://www.skillsforcare.org.uk)



## Guide to support implementation



# 1 Introduction

## Rationale

Consultation responses to the White Paper ‘Our health, our care, our say’ (Department of Health 2006a) confirmed that people want control over their lives enabling them, their families and carers to maintain and improve their well-being and independence.

The DH/MORI baseline survey of public attitudes to self care (Department of Health 2005d) showed that the majority of the public agree that self care is a positive thing; there is room for them to be more active in this area; and guidance from care professionals would increase their confidence in taking care of their own health. The research evidence on the effectiveness of self care support (Department of Health 2007e) suggests that there is a major potential for professionals to support self care and that supporting self care can help professionals to use their skills to best effect.

Self care was highlighted in the NHS Plan (Department of Health 2000) as one of the key building blocks for a person-centred health service. Research shows that supporting self care can improve health outcomes and increase the satisfaction of people who use services. Supporting people to self care represents an exciting opportunity and challenge for health and social care to empower people to take more control over their lives.

The ‘Common Core Principles to Support Self Care’ (from now on referred to as ‘the principles’) aim to help health and social care services give people control over, and responsibility for, their own health and well-being, working in partnership with health and social care professionals. Consistent with the personalisation agenda the principles put people at the centre of the planning process, and recognise that they are best placed to understand their own needs and how to meet them.

The principles reflect what people who use services told us about their hopes and expectations during consultation on the draft principles, e.g:

“The group felt these principles would be more useful than many previous attempts to embed similar attitudes within the workforce. For a change they felt positive and enthusiastic about the drive to improve services because of the emphasis on behaviours in the common core principles.”

Feedback from Carers’ Workshop organised by ISC Consultancy

The principles are consistent with the seven outcomes expected from adult care services set out in ‘Putting People First’ (HM Government 2007) that people, irrespective of illness or disability, are supported to:

- live independently
- stay healthy and recover quickly from illness
- exercise maximum control over their own life and where appropriate the lives of their family members
- sustain a family unit which avoids children being required to take on inappropriate caring roles
- participate as active and equal citizens, both economically and socially
- have the best possible quality of life, irrespective of illness or disability
- retain maximum dignity and respect.

These outcomes will be used to structure goal-setting for health, social care and related activity in Local Area Agreements.

“Risk assessments need to focus on making the task safe rather than using it as an excuse to stop the task being done which is the case at the moment.”

Service user feedback from the UKDPC workshop

## Definition

Self care refers to the practices undertaken by individuals\* towards maintaining health and well-being and managing their own care needs. It has been defined as:

“the actions people take for themselves, their children and their families to stay fit and maintain good physical and mental health; meet social and psychological needs; prevent illness or accidents; care for minor ailments and long-term conditions; and maintain health and well-being after an acute illness or discharge from hospital.”

(Department of Health 2005a)

Self care includes both self care and self management. Self care is about individuals taking responsibility for their own health and well-being. Self-management is about individuals making the most of their lives by coping with difficulties and making the most of what they have. It includes managing or minimising the way conditions limit individuals' lives as well as what they can do to feel happy and fulfilled to make the most of their lives despite the condition.

Supporting self care is about working in partnership in a process of two-way communication, negotiation and decision making in which both the individual and the care professional contribute to the care planning process to achieve the best possible outcomes for the individual; it is not about care professionals handing over responsibility to individuals.

In social care, self-directed support has person centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her preferred outcomes. With self-directed support, people are able to design the support or care arrangements that best suit their specific needs. They will be able to control or direct the flexible use of resources (where they wish to), building on the support of technology (e.g. telecare), family, friends and the wider community to enable them to enjoy their position as citizens within their communities.

Figure 1 overleaf shows the elements of supporting self care across the whole health and social care system.

## Scope

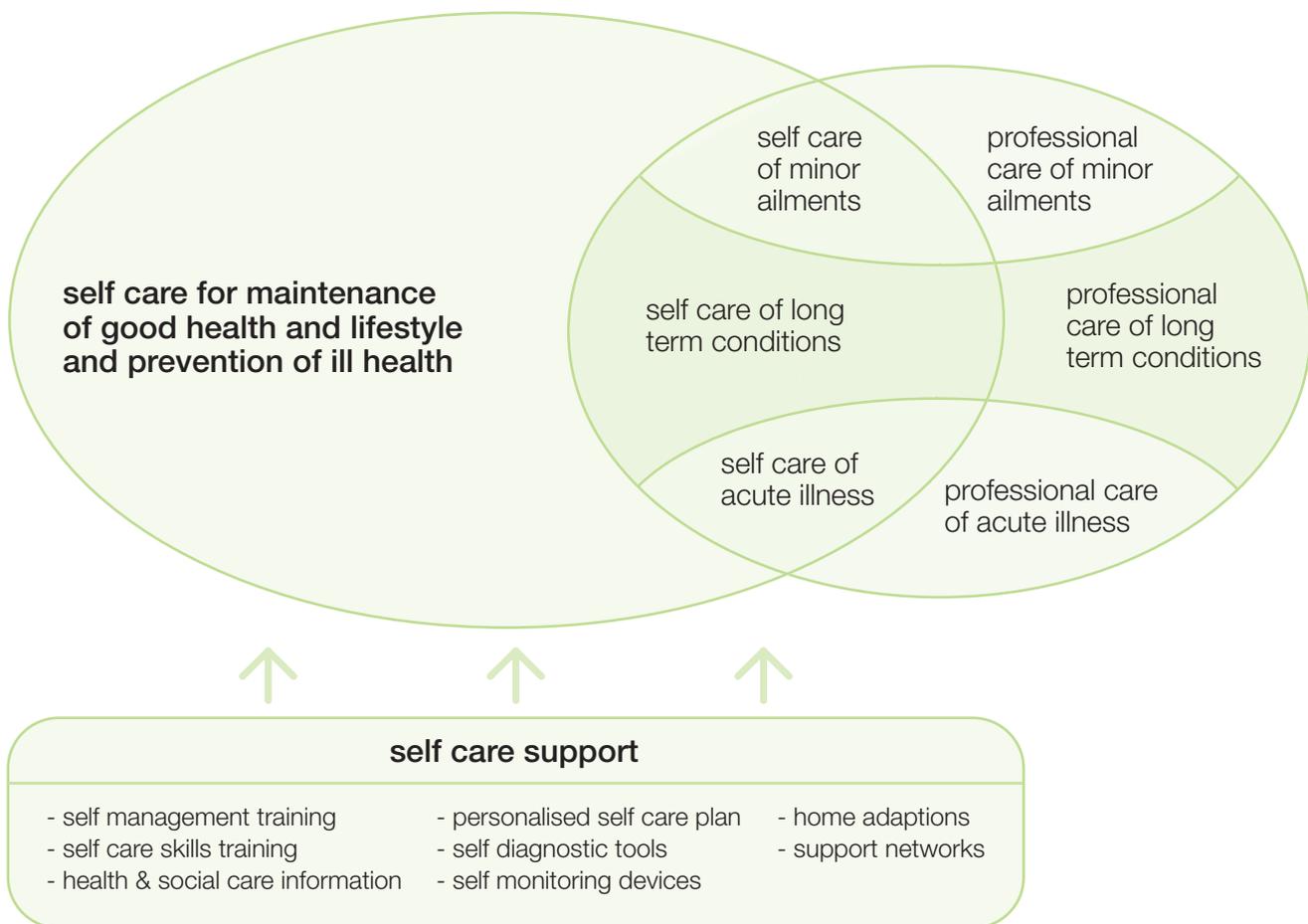
The Common Core Principles are intended to support self care in its broadest sense and will include but not be limited to those individuals living with a long-term condition or complex health and social care needs.

\* By individuals we mean patients, people who use services and carers.



**Figure 1**

Supporting self care across the whole system



Source: adapted from 'Supporting People with Long Term Conditions to Self Care' (Department of Health 2006b)



## Why and how were the principles developed?

The White Paper 'Our health, our care, our say' (Department of Health 2006a) sets out a new direction for the whole health and social care system. The emphasis is on supporting self care, promoting well-being and community engagement, prevention, early intervention and, most importantly, developing and delivering services around the needs of the individual and in partnership with them.

Changes will be matched by much better links between health and social care. The White Paper confirms the vision in the Green Paper Independence, Well-being and Choice (Department of Health 2005c) of high-quality support meeting people's aspirations for independence and greater control over their lives, making services flexible and responsive to individual needs.

The White Paper included a commitment that the Department of Health would work in partnership with the Sector Skills Councils (SSCs), Skills for Health and Skills for Care, to develop a competence framework which would describe the skills and knowledge required to support self care. 'Supporting People with Long Term Conditions to Self Care' (Department of Health 2006b) restated this commitment and stressed the need to change the underlying culture of health and social care to promote individuals' empowerment and self care.

The SSCs and the Department of Health worked in partnership to develop and consult on The 'Common Core Principles to Support Self Care' for the health and social care workforce. A wide range of people who use services, carers, workers at all levels, employers and representative bodies were actively involved in developing and testing the principles.

The development and consultation process took place between February and June 2007. Consultation processes included six workshops for people who use services and carers, field testing in six different sites across England, and an online questionnaire,

Development of the principles was guided by a Steering Group representing key stakeholder interests in supporting self care. Membership of the Development Steering Group, together with details of field test sites and workshop providers is given in Annex 1.

The principles are underpinned by a value base which focuses on person-centredness, partnership working, and shared decision making. They are described in terms of competence, the context in which it lies, the expected behaviours and underpinning knowledge.

## 2 Principles

The principles have been written to reflect the approach to self care outlined in 'Supporting People with Long Term Conditions to Self Care' (Department of Health 2006b) and are consistent with the seven outcomes set out in 'Putting People First' (HM Government 2007). They should be used alongside existing tools such as National Workforce Competences, National Occupational Standards and the Knowledge and Skills Framework in order to provide 'added value' and embed the concept of supporting self care across the health and social care workforce. They are not intended to replace any of these.

### Underpinning value base

Effective support for self care requires a shift of values towards a supportive and empowering environment which enables individuals to take control of their needs. The benefits in relation to greater ownership of decisions by individuals and therefore greater participation in the care process are clear.

There needs to be an explicit understanding that this signals a shift in the power relationship between workers and individuals – a sharing of responsibility and of rights over decision making; and these values will underpin competent practice. Underpinning the principles is an approach to health and social care practice which is based on partnerships, is non-judgmental and supportive. It is recognised that supported self care is closely related to issues around choice, informed and shared decision making and the management of risk.

Implementing the principles is a challenge for workers at all levels. It is important, therefore, that the principles are used and embedded in service delivery, appraisal, supervision and development planning. All of the principles apply to everyone working in health and social care; they should be taken and implemented as a whole.



## The principles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

The full specification of the principles, including indicative behaviours and underpinning knowledge, can be found in Annex 3.



### 3 What does this mean for me?

#### Key messages for commissioners

Commissioning is at the heart of developing services that are fair, personalised, effective and safe, and focused on improving the quality of care.

#### The Common Core Principles to Support Self Care will:

- support world class commissioning
- support the commissioning and delivery of personalised services
- maximise the benefits of promoting health and improving care
- help realise the benefits of preventative investment in health and social care
- help meet the challenges of changing populations
- capitalise on advances in healthcare
- encourage innovation and improvement in service design
- ensure that the services commissioned are delivered in the most personalised, practical and effective way possible
- promote a genuine menu of options that are attractive to individuals and provide real alternatives.

#### You can use the principles in:

- developing your vision for improving health and social care services
- making your business case for commissioning services
- specifying required quality and outcomes for service provision
- working with providers to ensure services are focused on quality and health and well-being outcomes, not just on processes and inputs
- ensuring those delivering services have the skills and knowledge needed to deliver personalised care and achieve improved health and well-being outcomes

- fulfilling your duty to inform local populations what you have done to make personalisation a reality, and how you plan to go further
- developing shared priorities across the Local Strategic Partnership for the Sustainable Community Strategy.

#### Key messages for employers

The 'Common Core Principles to Support Self Care' are key to delivering personalised health and social care services. Employers, including people who employ their own care staff, can use the principles to ensure care is person-focused and promotes health and well-being.

#### The principles will:

- support better quality care
- contribute to meeting national targets e.g. for supporting people with long-term conditions to be independent and in control of their condition; for promoting greater independence and well-being in later life
- contribute to meeting the Healthcare Commission's assessment criteria and the Commission for Social Care Inspection's (CSCI) performance indicators
- promote individual choice and control through individual budgets and direct payments
- ensure people employing their own staff receive personalised and practical support to promote their health and well-being in ways which respect and promote their independence
- support the opportunities that payment by results provide for re-shaping services
- minimise the costs of preventable illnesses, inappropriate admissions, and prescribed medication
- ensure you become a provider of choice.



### To maximise these benefits, people employing their own staff need to:

- use the principles to design the support or care arrangements that best suit their specific needs
- embed the principles in their specifications for services
- use the principles to recruit staff with the necessary knowledge, skills and attitudes
- audit service delivery against the principles
- embed self care skills in supervision and appraisal of staff.

### Service provider employers need to:

- promote the vision and values underpinning the principles throughout the organisation and its community
- embed the principles in corporate policies and governance frameworks
- embed the principles in your business objectives
- include the principles in your business case when bidding for services
- set clear and specific targets, timescales and designated delivery responsibilities for implementing the principles
- actively manage change
- ensure you have the human and physical resources to meet the principles
- develop appropriate information systems to support delivery of the principles
- disseminate evidence and inform staff on the benefits of supporting self care and how it can help to achieve targets
- work with independent and voluntary sector partners, as well as people who use services and carers, to co-produce, co-develop, co-provide and co-evaluate a local workforce development strategy with a focus on raising knowledge and skill levels and providing career development opportunities

- develop capacity and capability within local communities to support self care
- audit service delivery against the principles
- monitor service improvements as experienced by people who use services and carers.

### Key messages for leaders and managers

Leaders and managers are responsible to their organisation, their staff and, most importantly, people who use their services and the wider community, for ensuring the highest standards of care are achieved. This includes meeting expectations for personalised services which respect dignity, promote independence and offer maximum choice and control for people who use services.

### The common core principles will:

- ensure services are consistent with what individuals and carers say they want
- address the personalisation agenda for health and social care services
- provide benchmarks of best practice
- provide a framework for staff development and service improvement
- support new ways of working
- support the development of truly people focused services
- help in meeting organisational objectives and national targets
- help to meet National Service Framework expectations – all of which emphasise prevention and the role of individuals in their own care.



### To maximise the benefits, you need to:

- ensure staff have the skills and support they need to work to the principles
- design job roles, tasks and job descriptions based on the principles
- include the principles in induction programmes for new staff
- provide or commission in-service programmes for existing staff to develop skills and knowledge and boost confidence in 'letting go'
- work collaboratively with people who use services, carers and education providers to ensure training and education is fully consistent with the principles and their underpinning value base
- make sure staff have the resources for supporting self care
- embed the principles in performance management
- identify staff training and development needs
- provide support for staff to work to the principles e.g. buddies, mentors, supervision
- train staff to support colleagues to meet the principles
- use the principles to foster a common approach to supporting self care across your team/organisation
- ensure person centred care and self directed support become mainstream and define individually tailored care plans
- highlight good and emerging practice both within and beyond the team, service and organisation.

### Key messages for people working in health and social care

Supporting individual empowerment and self care may require you to work in very different ways. Changing practice is never easy but meeting the challenge of change can be both motivating and empowering.

### Using the Common Core Principles will:

- increase job satisfaction by helping you meet individuals' and carers' needs and expectations
- support development of truly personalised care plans which individuals own and control, in partnership with you as the professional who is facilitating it
- demonstrate your commitment to evidence based practice
- give you a common language for sharing plans and information about practice outcomes with colleagues
- provide you with a framework to support self evaluation
- support your professional development.

### To make the most of the principles, you should:

- ensure support for self care is built into your personal and team objectives
- discuss the principles with your supervisor and/or line manager to ensure shared understanding of the implications for your job role and working practice
- set yourself SMART (specific, measurable, attainable, realistic and timebound) development targets based on the principles and agree these with your supervisor and/or line manager
- be ready to plan and undertake training on the principles
- promote the principles to colleagues and provide peer support and/or supervision to others according to your role
- challenge practice which is not consistent with the principles.



## Key messages for education and training

The 'Common Core Principles to Support Self Care' should be an integral part of all education and training for staff working in or aspiring to work in health or social care, including vocational qualifications, professional education, induction and continuing professional development.

### The principles:

- provide shared and agreed benchmarks of best practice
- address what people who use services tell us they want from health and social care services
- reflect what employers want their staff to be able to do
- are evidence-based
- support a wide range of policy initiatives.

## The principles can be used in education and training to:

- commission education and training to address workforce development needs
- facilitate providers and employers working in partnership with people who use services and carers to develop and evaluate workforce development programmes to support self care
- structure the contributions of people who use services and carers to planning, delivery and evaluation of training and assessment so that the workforce will be exposed to the real life needs and problems that individuals and their carers experience
- develop undergraduate and post-graduate training and assessment programmes
- develop induction programmes
- design in-service training and assessment programmes for the existing workforce
- accredit training programmes
- select suitable students, lecturers and practice placements
- train and accredit lecturers and practice supervisors
- promote education and training programmes to employers and those who commission training.

All regulators should understand the importance of self care and embed the principles in their standards.



## 4 The challenge

Redesigning services to achieve personalisation for all will require a huge cultural, transformational and transactional change in all parts of the system, not just in social care and health services, but also for all public services whoever provides them.

Many staff are already working to promote independence and self care but more work is needed to ensure that this becomes embedded in routine practice. The Common Core Principles are to be welcomed as an additional, important tool in helping to achieve this across the entire health and social care workforce. However they will only be effective if their implementation is carefully managed and monitored.

### Policy drivers

'Putting People First', signed in December 2007 by central and local government, professional leaders, service providers and the regulator, recognised that "if we are to win the hearts and minds of all stakeholders, especially frontline staff, it is essential that they are participants in the change programme from the design stage onwards" (HM Government 2007). The signatories to the concordat expressed the hope that every local authority will create forums, networks and task groups which involve staff across all sectors, people who use services and carers as active participants in the change process.

The social care reform model identifies four domains that need to be addressed:

- strengthening performance management to ensure that all services are of a high standard and are self-sustaining
- increasing capability to ensure people working in social care have the skills and support they need to deliver services

- people shaping services to make sure individuals can choose the services they want
- shaping and building the market to create a strong, varied, flexible market in social care.

The NHS Operating Framework for 2008/09 (Department of Health 2007f) recognises that improving patient experience, staff engagement and public engagement are key leadership responsibilities for all NHS organisations.

Among other things, the Operating Framework requires PCTs, working with local authorities and other partners, to:

- consider how their local plans focus on ill-health prevention and on promoting good health, and on helping people to live healthier lives and take more control of their own health
- improve care for people with long term conditions and ensure more choices for these patients
- ensure that providers' workforce, finance and service plans are linked and support existing and emerging models of care while mitigating risks to service delivery caused by lack of capacity and capability in the workforce.

“If we are to win the hearts and minds of all stakeholders, it is essential that they are participants in the change programme from the design stage onwards.”

(HM Government 2007)

## Key considerations

It is essential that workers at all levels, managers, employers and commissioners in health and social care recognise the value of these changes, are actively engaged in designing and developing how it happens, and have the skills to deliver it.

The principles are about challenging the current system and can be used to construct business cases for doing things differently and as a way of structuring forms of audit and peer review.

The principles provide a framework of values, skills, behaviours and knowledge that can be used in the assessment of local capability and to help in developing future capacity. They could help those responsible for staff to undertake a comprehensive training needs analysis and develop training plans for individual and groups of staff.

The principles will support commissioning and development of education and training programmes to meet workforce development needs. The principles provide the benchmark against which performance before and after the training programme can be measured, therefore evaluation of programmes based on the principles is built in from the design stage. Improvements in performance after training programmes can be monitored through existing supervision and performance review systems.

There are an increasing number of incentives now for commissioners and care providers to work together to create outcome based commissioning. If commissioners and providers have an explicit rather than an implicit approach to supporting self care based on the Common Core Principles, together they can really empower people who use support services to have control over their daily lives. The principles and values set out in Section 2 could act as a reference point for commissioners and providers to build a common approach to supporting self care at a local level.

Where care providers experience difficulties in delivering outcome-focused care support, this guidance could play a vital role as part of any service specification where services are commissioned, by ensuring that monitoring processes are in place to measure how self care is being supported for each service, acting as a reference point to promote a common approach among all those involved. In order to do this successfully, commissioners and providers could together:

- agree the principles and values in Section 2 of this document to avoid erroneous assumptions and differences of emphasis
- build and publish local agreements around the approach to support self care and managing risk
- make the local agreements explicit for users of services.



## 5 The policy context

The 'Common Core Principles to Support Self Care' are consistent with a wide range of policies and initiatives in health and social care. This means that using the principles to support workforce development and whole system reform brings added benefits in respect of contributing to other policy initiatives.

**'Valuing People: A New Strategy for Learning Disability for the 21st Century'** (Department of Health 2001) sets out an ambitious and challenging programme of action for improving services for people with learning disabilities. The proposals in this White Paper are based on four key principles: civil rights, independence, choice and inclusion.

**'Better information, better choices, better health'** (Department of Health 2004a) is a strategy for improving access for all to the quality, general and personalised information people need and want, to exercise choices about their personal health and healthcare.

**'The Ten Essential Shared Capabilities: A Framework for the whole mental health workforce'** (Department of Health 2004b) is a nationally recognised and endorsed framework of statements specifying the capabilities required of all staff working in mental health. These statements of core values and behaviours are based on the views of people who use mental health services and carers who reported experience of not being listened to and being regarded as a bystander in the process of assessment and planning of their own care, thereby causing further exclusion and marginalisation in addition to those already caused by their mental health issues.

**Supporting People with Long Term Conditions: An NHS and Social Care Model to support local innovation and integration** (Department of Health 2005b) aims to help health and social care services to take an overall structured and systematic approach to improving the care of those with long term conditions. Supporting self care is a key component of the model.

**Improving the life chances of disabled people** (Prime Minister's Strategy Unit 2005) states that, by 2025, disabled people should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society. This includes increasing disabled people's ability to live independently at home, at work and in the community with support based on personal need, choice and empowerment through a major expansion of direct payments in the form of individual budgets.

**The Dignity in Care Campaign**, launched on 14 November 2006, aims to eliminate tolerance of indignity in health and social care services through raising awareness and inspiring people to take action. Initially focused on older people the campaign was extended in August 2007 to include people with mental health needs. Plans are in hand to extend the focus of the campaign to include all adult groups from summer 2008.

**'Our health, our care, our say'** (Department of Health 2006a) the Government's White Paper, sets out a vision to provide people with good quality social care and NHS services in the communities where they live. The White Paper supports the health reform programme and aims to achieve: better prevention services with earlier intervention; more choice and involvement; improved access to community services; reduced inequalities; and more support for people with long-term needs.



**New Deal for Carers** is a programme of work commitment in the White Paper 'Our health, our care, our say'. It includes revision of the Prime Minister's 1999 Carers' Strategy, setting up a help/advice line, provision of cover in emergencies and an expert carers programme.

**The Expert Carers Programme** will support and train carers to develop new skills to manage the condition of the person they care for and manage their own health needs better on a day-to-day basis.

**The Expert Patients Programme (EPP)** provides training for people with chronic or long-term conditions. The course is delivered by trained and accredited tutors who are also living with a long term health condition. It aims to give people the confidence to take more responsibility and self-manage their health, while encouraging them to work collaboratively with health and social care professionals.

**'Supporting People with Long Term Conditions to Self Care' – a guide to developing local strategies and best practice** (Department of Health 2006b) explains how health and social care services can support people with long term conditions to self care through an integrated package which includes information, self monitoring devices, self care skills education and training and self care support networks.

**Personalisation** of health and social care services is a shared ambition across Government. The intention is to put people first through a radical reform of public services. This means that people are able to live their own lives as they wish: confident that services are of high quality, are safe and promote their individual needs for independence, well-being and dignity. The government approach to personalisation can be summarised as:

**"the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive".**

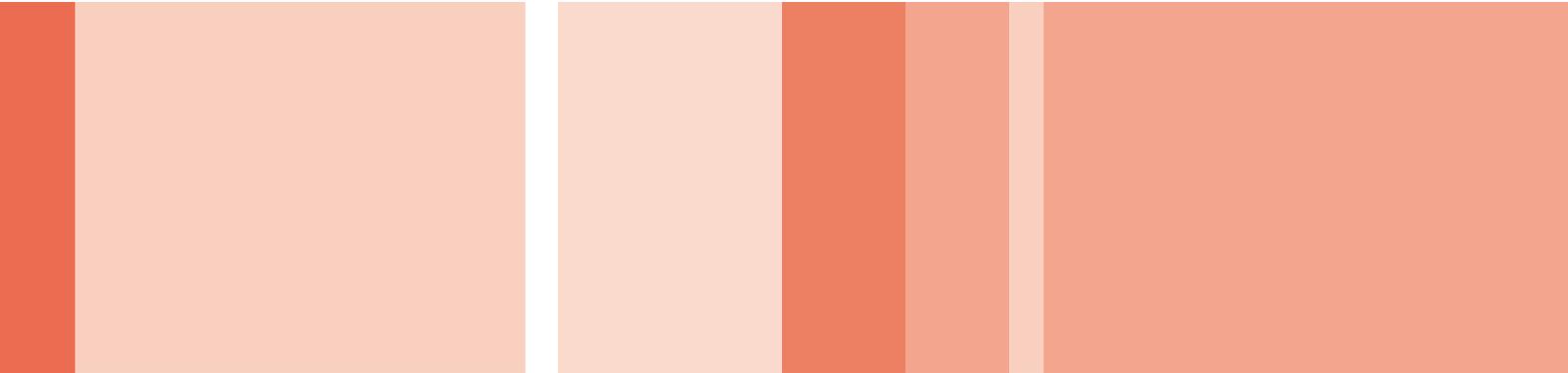
(HM Government Policy Review 2007)

**'Our NHS Our future': NHS next stage review – interim report** (Department of Health 2007d) sets out a 10 year vision for the NHS, reflecting on feedback from patients, staff and the public. It looks at how the NHS can become fairer, more personalised, effective and safe, acknowledging progress made so far and setting out immediate and longer term priorities in these areas. It recognises that the relationship between health, social care and wider community services will be integral to the creation of a truly personalised care system. Delivering the vision for long term conditions is part of the second stage of the review.

**'Capabilities for Inclusive Practice'** (Department of Health 2007a) sets out ten capabilities for promoting socially inclusive practice in mental health services based on the Ten Essential Shared Capabilities. The capabilities include, amongst others: promoting recovery; identifying people's needs and strengths; providing service user centred care; and promoting positive risk taking.

**'Independence, choice and risk: a guide to best practice in supported decision making'** (Department of Health 2007c) recognises that risk is an inevitable consequence of people taking decisions about their lives. It recommends an approach that considers the consequence of an action and the likelihood of any harm from it. By taking account of the benefits in terms of independence, well-being and choice, individuals can be supported to manage identified risks.

**'The NHS in England: the operating framework 2008/09'** (Department of Health 2007f) sets out the health and service priorities for the year ahead. Providing better long term conditions care and moving health services from acute hospitals into the community are key DH objectives.



**‘World class commissioning: Vision’** (Department of Health 2007g) is a statement of intent aimed at delivering outstanding performance in commissioning health and care services in the NHS. Commissioning services is at the heart of delivering an NHS that is fair, personalised, effective and safe, and which is focused relentlessly on improving the quality of care. World class commissioning is moving the emphasis from spending on services to investing in health and well-being outcomes. Personalised services giving people choice and control over the services they use is a key outcome of this drive to world class commissioning.

**‘Generic choice model for long term conditions’** (Department of Health 2007b) shows how the care planning process feeds into the commissioning of more personalised services for people with long term conditions. The model emphasises the importance of partnership working between the health care professional and the person with a long term condition and highlights a number of specific elements that are crucial to the care planning process including consideration of self care and self management. Shared decision making is integral to the care planning process.

**‘Improving Access to Psychological Therapies’**, launched with funding on 14 October 2007, aims to address the needs of people with anxiety and depression especially at Step 2 of the Stepped Care pathway, where individuals are expected to take on self help as part of their treatment package.

**‘Creating Strong, Safe and Prosperous Communities’** (Department for Communities and Local Government 2007) deals with the new statutory duty on the local authority to prepare a Local Authority Agreement (LAA), and the duty on partners named in the Local Government and Public Involvement in Health Act 2007 to co-operate in the setting of targets. The LAA is an agreement between Central Government and the local authority and its partners about the priorities for the local area, as expressed in the LAA targets. It is the result of a negotiation between central government, represented by the Government Office, and the local authority and partners about the delivery of the Sustainable Community Strategy on the one hand, and national priorities as expressed by the new national indicator set on the other.

**‘Putting People First’: A shared vision and commitment to the transformation of Adult Social Care**, the Concordat published on 10 December 2007 sets out the framework for cross sector reform. The aim is to create a high quality, personalised system which offers people the highest standards of professional expertise, care, dignity, maximum control and self determination. It recognises that sustainable and meaningful change depends significantly on empowering people who use services and winning the hearts and minds of all stakeholders, especially front line staff.



**‘Transforming Social Care’** (Department of Health 2008b) sets out what reform will mean for social care services:

“To do this will require a common assessment of individual social care needs, emphasising the importance of self-assessment. The role of social workers will be focused on advocacy and brokerage, rather than assessment and gate keeping. This move is from the model of care, where an individual receives the care determined by a professional, to one that has person centred planning at its heart, with the individual firmly at the centre in identifying what is personally important to deliver his or her outcomes.”

**Direct payments and individual budgets** are designed to foster this transformation in social care. Individual budgets build on what works with direct payments and, like direct payments, they give people more choice and control. Individual budgets can bring a number of income streams together to give the individual a more joined-up package of support. Critically they allow the person to plan how to achieve outcomes which meet their needs within a clear allocation of resources.

**‘Long term conditions compendium of information’** (Department of Health 2008a) updates the first compendium of information on long term conditions, published in May 2004. It will further inform all those who are involved in both commissioning and providing care and support services for people with long term conditions. It focuses on the outcomes that people with long term conditions said that they wanted from services and describes how more effective management of long term conditions in a number of local communities is delivering high-quality and personalised care. It also summarises the key systems and levers that are crucial to driving forward further improvements in care for people with long term conditions.

The introduction of **information prescriptions** is a commitment from the White Paper ‘Our health, our care, our say’. They are being developed for people with long term health or social care needs, and will become nationally available during 2008. Information prescriptions will point people to sources of information about their health and care – for example information about conditions and treatments, care services, benefits, and support groups. They will include addresses, telephone numbers and website addresses that people may find helpful and where they can go to find out more. The information prescription will be given to people and their carers by health and social care professionals (for example GPs, social workers and district nurses).



## 6 National action to support local implementation

Skills for Care and Skills for Health are piloting the common core principles in different contexts to gather feedback on processes and outcomes of embedding the principles into working practice. The lessons learnt and knowledge gained by those piloting the principles will be widely shared to support implementation of the principles in other organisations.

The two Sector Skills Councils are also working in partnership to ensure the common core principles are embedded in the National Occupational Standards and qualifications for health and social care.

The Implementation Steering Group will be taking forward further work to support and promote the principles over the next few months, including guidance for people who use services. Membership of the Steering Group is shown in Annex 1.



# Annexes



## Annex 1 Acknowledgments

### Development Steering Group

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Lynda Finn	Multiple Sclerosis Society
Melanie Newman	Department of Health
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Angela Hawley	Department of Health
Judith Whittam	Care Services Improvement Partnership
Keren Down	Foundation for Assistive Technology
Mary Simpson	Department of Health

### Workshop providers

United Kingdom Disabled People's Council  
 National Association of Adult Placement Services  
 ISC Consultancy  
 Skills for Care North East Region  
 Age Concern Waltham Forest  
 Expert Voices, Skills for Care Eastern Region

### Field test sites

Essex County Council  
 Individual Budget leads from Gateshead Council  
 Greater Peterborough Primary Care Partnership  
 Diabetes Network

Carers Link Network  
 Woodlands Respite Centre  
 Community Matron's Network

**... and thanks also to all those who contributed to the consultation.**

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Ian Winter	CSIP
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- Department of Health (2004a) *Better information, better choices, better health*
- Department of Health (2004b) *The Ten Essential Shared Capabilities: A Framework for the whole mental health workforce*
- Department of Health (2005a) *Self Care – A Real Choice*
- Department of Health (2005b) *Supporting People with Long Term Conditions: An NHS and Social Care Model to support local innovation and integration*
- Department of Health (2005c) *Independence, Well-being and Choice: Our vision for the future of social care for adults in England*
- Department of Health (2005d) *Public Attitudes to Self Care: Baseline Survey*
- Department of Health (2006a) *Our health, our care, our say: a new direction for community services*
- Department of Health (2006b) *Supporting people with long term conditions to Self Care: A guide to developing local strategies and good practice*
- Department of Health (2007a) *Capabilities for Inclusive Practice*
- Department of Health (2007b) *Generic choice model for long term conditions*
- Department of Health (2007c) *Independence, choice and risk: a guide to best practice in supported decision making*
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- Department of Health (2007e) *Research evidence on the effectiveness of self care support (Work in progress 2005-07)*
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## Annex 3 Common Core Principals to Support Self Care

To maximise self care the following principles need to form a common core to be embraced by all those who work with individuals across health and social care services.

### Principle 1

Ensure individuals are able to make informed choices to manage their self care needs.

#### Context:

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

#### Indicative behaviours expected of the workforce:

- 01 Ensure that practice is person centred and empowers individuals to make informed choices
- 02 Know and understand that an empowering approach to practice has the following elements:
  - dignity and control for individuals
  - information and education
  - mutually respectful relationships
  - choice
  - motivation
  - development of self esteem
  - development of individuals' confidence and skills
- 03 Develop skills in supporting self care and self management and a practice style that is non-judgmental and respects the rights, privacy and dignity of individuals, promoting choice and independence
- 04 Understand that by becoming central to the discussion and decision making about their needs, individuals feel more confident, independent and empowered
- 05 Demonstrate the ability to find out the history, preferences, wishes and needs of individuals
- 06 Recognise the importance of being sensitive to personal, religious and cultural beliefs, and understand their impact on individuals' choices
- 07 Understand and reflect upon the impact that own beliefs have on practice and ability to support individuals' wishes and choices
- 08 Enable and support individuals to assert their views, control their own lives and make informed choices about the services they receive
- 09 Understand the potential impact that loss and change have on individuals and carers, and on their ability to engage in active participation and collaborative relationships with a range of professionals, and support them to cope with change where appropriate
- 10 Ensure that individual preferences about who takes decisions about different aspects of their needs are respected
- 11 Support individuals to manage change and make informed decisions about the support they require, and how to meet the outcomes they have identified
- 12 Support individuals to find motivation to participate in self care
- 13 Work in partnership, fully involve and consult with individuals to plan their care and sustain care plans to manage their needs. This should include where appropriate the agreement of specific goals
- 14 Support individuals to involve family members, carers and others in self care, where appropriate
- 15 Work in partnership with other relevant services to maximise self care opportunities.



## Principle 2

Communicate effectively to enable individuals to assess their needs, and develop and gain confidence to self care.

### Context:

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

For successful practice to take place, the communication style must be:

- non judgmental
- empathetic
- genuine
- collaborative
- supportive

The style must be based on:

- active listening
- reflection
- legitimisation of individuals' views, they have valuable knowledge and experience of their needs which they can share
- support
- partnership
- respect.

### Indicative behaviours expected of the workforce:

- 01 Demonstrate enhanced understanding, skills and confidence to communicate with individuals to address their needs
- 02 Ensure that individuals' questions and concerns are listened and responded to in a way that respects their dignity, enhances their ability to make choices and supports their independence
- 03 Ensure that the boundaries of confidentiality are clearly explained to individuals
- 04 Communicate effectively on difficult, complex and sensitive issues
- 05 Support individuals to communicate their needs and choices
- 06 Identify and develop ways to communicate effectively with individuals with different communication needs and work with them to identify the best forms of communication, seeking advice and support when needed
- 07 Develop skills which elicit an individual's strengths, areas for development, their own understanding of their self care needs and their capacity and willingness to self-manage
- 08 Individuals explore their beliefs about their needs using approaches that promote choice, independence and management of change
- 09 Evaluate communication methods and systems to ensure they respect individuals' right to choice, dignity and independence
- 10 Communicate effectively with families and carers, where appropriate, about the individuals' needs for self care, and respond to any conflict of interest in a way that aims to support the rights of all involved
- 11 Update and maintain accurate records and reports.



### Principle 3

Support and enable individuals to access appropriate information to manage their self care needs.

#### Context:

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

#### Indicative behaviours expected of the workforce:

- 01 Understand that more informed individuals are more empowered people
- 02 Understand that individuals need access to good quality and comprehensive information they can understand, as and when they want it
- 03 Understand the importance of giving guidance and advice on the status and evidence based quality of information available
- 04 Support individuals by promoting self care, helping them feel more in control of their lives through appropriate information, enabling problem solving and self confidence
- 05 Find out what information and support individuals want, in what formats and languages they need it and enable access to the right type of information to meet needs
- 06 Review the information already provided and consider what will be needed in the future to meet needs
- 07 Provide information about specific needs, and support on how to access it so that individuals feel confident enough to use it
- 08 Make good use of local/area resources to help with the sharing and distribution of information, and find ways to make it available to individuals
- 09 Involve individuals, user organisations, lay experts and appropriate local professionals in identifying best practice in approaches to information.



## Principle 4

Support and enable individuals to develop skills in self care.

### Context:

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

### Indicative behaviours expected of the workforce:

- 01 Be aware of the range of education and training opportunities available to support self care skills development
- 02 Ensure that education and training programmes are included in the range of self care options
- 03 Work with individuals to identify their learning needs/preferred styles of learning and identify the most relevant training to meet need
- 04 Support the development of self care skills and offer individuals self care support and opportunities for training
- 05 Support individuals to participate in informal and formal skills training programmes e.g. Expert Patients Programmes; mainstream training (e.g. in the context of the skills needed for managing direct payments, individual budgets), and where appropriate disease specific self management programmes
- 06 Develop learning tools and methods for individuals and groups to support and enable the development of self care skills
- 07 Work collaboratively with other professionals/agencies to maximise training opportunities
- 08 Liaise with local training providers, including user organisations, to ensure that the appropriate type of training is developed and provided
- 09 Enable and support carers to access training relevant to their caring needs
- 10 Enable individuals and carers to access and evaluate relevant education/training opportunities.



## Principle 5

Support and enable individuals to use technology to support self care.

### Context:

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

### Indicative behaviours expected of the workforce:

- 01 Be aware of the equipment and devices – both technological and non technological – that can make a significant impact on individuals' ability to live independently
- 02 Find out from individuals what equipment/ devices/technologies have been or would be useful and support them to access them
- 03 Explore ways of making available self care tools, self monitoring equipment and assistive technologies – plus information, access and support for their use
- 04 Develop close links with all relevant professionals, organisations and networks to understand what services are provided in respect of equipment/ devices and technologies to support self care and how people can access them
- 05 Offer appropriate guidance to enable individuals to gain access to information relating to equipment/ devices/technologies as and when they want it
- 06 Support and enable the use of equipment/ devices/technologies
- 07 Support and enable individuals to obtain and maintain equipment/devices/technologies, and understand the importance of this in sustaining capacity to self care
- 08 Work with other professionals and agencies to ensure individuals have access to the equipment/devices and technology they have identified they need
- 09 Support family members, carers and others in the use of equipment/devices/technology, where appropriate.



## Principle 6

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

### Context:

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

### Indicative behaviours expected of the workforce:

- 01 Assess the support networks which already exist in the locality of practice and identify any gaps in knowledge, availability and quality
- 02 Advise and support individuals to join local user support groups/networks to receive and give support as necessary
- 03 Advise and support carers to join local carers support groups/networks to receive and give support as necessary
- 04 Promote the social inclusion of individuals and carers by enabling them to participate in social, economic and cultural activities and networks
- 05 Enable individuals and carers to evaluate support networks
- 06 Understand that the best ways to build person-centred services, and improve service design, delivery, outcomes and satisfaction is to get individuals involved in shaping them
- 07 Listen to and support individuals in sharing valuable knowledge and experience of their needs by involving and consulting with them during the process of reviewing, planning and developing services and practices
- 08 Listen to and support carers in sharing their views and expectations of services to support their caring tasks
- 09 Involve individuals and carers in the evaluation of services and practice
- 10 Contribute to the best ways of commissioning self care support approaches to meet needs
- 11 Ensure there are no artificial boundaries between agencies and organisations, so that individuals experience a seamless care pathway
- 12 Contribute to providing access to services in a co-ordinated and consistent way, including health care, social care, benefits, housing, leisure, transport and voluntary and community services
- 13 Ensure that individuals are at the centre of the package of care, and that they contribute as much as possible to their own needs assessment and care planning, taking account of their needs, wishes and ambitions
- 14 Support individuals to represent their views and organise their own support, assistance or action for self care
- 15 Support individuals who are actively managing and determining their own care package, e.g. managing individual budgets, direct payments, contracts, staff employment.



## Principle 7

Support and enable risk management and risk taking to maximise independence and choice.

### Context:

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

### Indicative behaviours expected of the workforce:

- 01 Carry out risk assessments in a way which:
  - uses a 'why not' approach to ensure that the 'perceived risk' is actually the risk which needs to be managed. Individuals are asked how they think the risks should be managed and what solutions they have
  - perceived risks are tested and assessed against the likely benefits of individuals taking an active part in the community, learning new skills and gaining confidence
  - understands that risk should not be seen as a reason not to do something – risks can be broken down into manageable pieces
  - understands that some risks cannot be completely removed or managed, however much support the individual may have
- 02 Ensure that the right balance is struck between enabling individuals to lead independent and dignified lives with the need to avoid and prevent unnecessary harm to themselves or others, and that procedures for safeguarding are implemented if there is a need for protection
- 03 Ensure that the potential impact of any risks is fully assessed, and accurate information is recorded which includes the type of risk, its specific nature and context and any actions to be taken to manage the risk
- 04 Support individuals who want to make the choice to manage the risk
- 05 Help individuals understand that with rights come responsibilities and the implications of their choices, including any risks
- 06 Ensure that a clear distinction is drawn between putting an individual at risk and enabling them to manage risks appropriately
- 07 Work with other workers and across disciplines to develop a common approach to risk taking
- 08 Work within policies and procedures to support age appropriate decision making and risk taking
- 09 Work with more complex situations where there are different views about risk held between the individual, the family, carers (including young carers) or other professionals to seek agreed solutions. Any conflict of wishes should aim to support the rights of all involved
- 10 Work to achieve a balance between managing risks posed to the carers own well-being against the impact of their caring role and the needs and rights of individuals
- 11 Know and understand the legal implications of individuals' choices and risk taking, and seek advice when needed.

“Workers need to have communication approaches and techniques which are person focused, empathetic, non judgmental and supportive.”

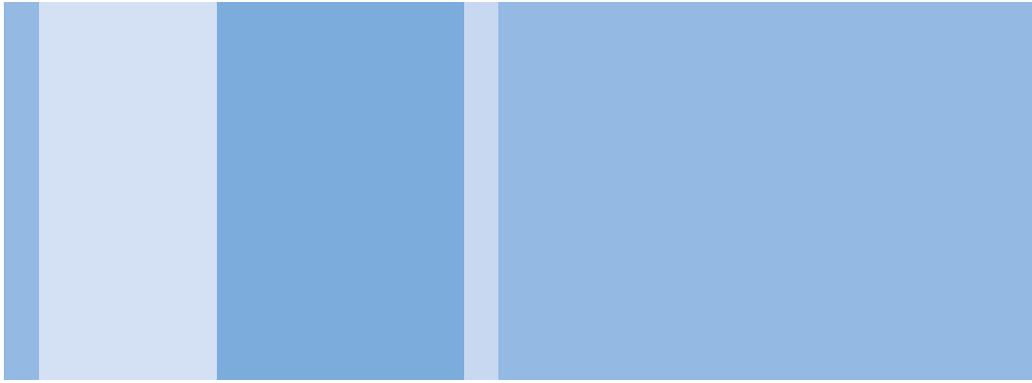
## Knowledge and Understanding for all Principles

Workers need to have working knowledge and understanding, appropriate to their roles and responsibilities, of the following:

- 01 Relevant legislation, policy and guidance
- 02 The social model, concepts of empowerment, and person centred approaches to assessment, care planning, delivery, monitoring and review of practice and services
- 03 How to apply the principles of respect, dignity, choice, control and independence to practice
- 04 The impact that individuals' level of knowledge and understanding of their needs, cultural, religious and personal beliefs and preferences, experiences and use of services, and life context may have on their choices and wishes
- 05 The impact that the worker's own belief system may have on their ability to develop person centred practice
- 06 Approaches to loss and change
- 07 Approaches to adult protection and child protection
- 08 How to balance the needs of individuals, families, carers and relevant others, and how to use conflict resolution approaches where needed
- 09 The nature, extent and boundaries of own role and its relationship to others within and outside the organisation
- 10 Communication approaches and techniques which are person focused, empathetic, non judgmental and supportive
- 11 How to communicate effectively with individuals in ways which meet their individual needs, and how to identify and use other resources, if needed, to achieve effective communication
- 12 The range of information, including different types and formats of information required to meet diverse needs
- 13 Methods for effective dissemination of information
- 14 The range of self care and self management tools, their strengths and limitations, how to support individuals to choose those that best meet their needs and know how to use them



- 15 Approaches to learning, development and education which enable individuals to improve their well being and self care skills
- 16 How to contribute to changes in existing structures, systems and services to improve education, learning and training opportunities
- 17 Methods for evaluating learning, development, education and training opportunities
- 18 The range of equipment, devices and technologies available and their likely effectiveness to support self care, and how to support individuals to choose those that best meet their needs and know how to use them
- 19 How to support individuals to access, use and maintain equipment
- 20 The range of support networks available, how to enable access to them, and where needed, how to identify and use resources for their development
- 21 Approaches to consultation and participation which ensure individuals' involvement in the design, development and evaluation of services
- 22 Approaches to risk assessment, risk management and risk taking which are based on the promotion of choice, control, dignity and independence.



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