Stepping Stones to Quality

A quality framework and audit tool for lay led self management programmes

“We now have a clear action plan for the whole programme”

A simple way to audit and improve your programme
The EPP has an obvious appetite for and requirement to increase the number of self management programmes in order to meet the Government’s targets. It also has a desire to allow courses to reflect service user needs. But neither of these should allow standards to be compromised or courses diluted.

Stephen Jacobs
Chair, EPP CIC

The Department of Health fully supports the quality agenda across all aspects of health care provision. Ss2Q, and now QISMET, play a key role in ensuring that this agenda is actively and demonstrably applied to self management courses run for people living with a wide range of long term health conditions.

Angela Hawley
Self Care Lead – Long Term Conditions
Department of Health
(November 2009)

I was impressed with the framework and have no doubt that it will provide a useful tool in improving the quality of life for patients through self management.

Professor Sir Liam Donaldson
Chief Medical Officer, England
(September 2007)

As the integration of self management courses into NHS care pathways accelerates, quality assurance becomes even more vital. Ss2Q provides service users, commissioners and course providers with the confidence they have a quality service for people with long term conditions.

Claire Davidson
Expert Patients Programme Coordinator
NHS Islington
(November 2009)
Who could have believed that, when Arthritis Care delivered the first lay led self management courses in the United Kingdom in the early 1990s, it would lead to the creation of the world’s first comprehensive quality assurance framework for lay led self management programmes?

Initial feedback from all involved in those pioneering courses revealed a need to know how well we were doing compared to others; and how we, as individuals, could improve to deliver the best courses possible. We wanted to discuss our experiences and share ‘light bulb moments’ – those times when people realised that the answers to managing their conditions were actually within themselves. Above all, we wanted our practice to be consistent at every course we delivered.

When other organisations became involved through the Long term Medical Conditions Alliance self management project, the coordinators expressed a need to share experiences, measure their successes and develop a deeper understanding of what was needed to improve their programmes.

The underlying motivation throughout the years has been to provide quality courses to people with long term health conditions. We have done this by supporting organisations and their self management tutors (people living with long term conditions who are trained, accredited and supported to deliver courses) to operate to the highest possible standards. What sustains that motivation is seeing individuals discover and develop a renewed sense of belief that they can make a difference, despite their health condition, and that they do have options as individuals to live as full a life as possible.

Confidence is the key to successful self management. SS2Q reflects the very process undertaken by people attending courses, by supporting organisations, and the people within them, to take small achievable steps towards identified goals.

SS2Q is the result of many hours’ collective thought and consideration. People have given their time and input freely. Together with a few key individuals who shared a vision of what could be achieved and a commitment to see it through, they have created a comprehensive quality framework and audit tool for lay led self management programmes.

On a personal note, I have gained so much by being involved in this process. I am a better self manager, a better deliverer of courses, a better enabler and – above all – a better human being. I feel proud to have worked with all those who, along the years, have helped to develop this quality framework.

Jean Thompson MBE
Self Management Consultant
Former Joint Managing Director, Expert Patients Programme Community Interest Company

Foreword
**Overview**

**Step 1**

Adhere to the core values and principles of lay led self management programmes

**Programme Management**
(What is being done?)
Programmes are managed by organisations which ensure that people living with long term conditions and those who care for them are at the ‘heart’ of the programme

- Minimum see p21
- Intermediate see p22
- Advanced see p23

**Programme Design**
(How will it be done?)
Programmes are vehicles for enabling people living with long term conditions and those who care for them to be more in control of their own health, maintain their independence and lead as fulfilling a life as possible

- Minimum see p25
- Intermediate see p26
- Advanced see p27

**Programme Delivery**
(Who is going to do it?)
Programmes are delivered by lay people living with, or with close personal experience of caring for people living with, a long term condition

- Minimum see p29
- Intermediate see p30
- Advanced see p31

**Programme Evaluation**
(Did it make a difference?)
Programmes are evaluated to ensure management, design and delivery are consistent with core values and principles

- Minimum see p33
- Intermediate see p34
- Advanced see p35

**Step 2**

Generate support for your programme within your organisation and the communities you serve

**Programme Management**
(What is being done?)
Programmes are managed by organisations which promote, establish and maintain the role of lay led self management

- Minimum see p39
- Intermediate see p40
- Advanced see p41

**Programme Design**
(How will it be done?)
Programmes are provided by organisations that have an inclusive approach to the design of lay led self management interventions

- Minimum see p43
- Intermediate see p44
- Advanced see p45

**Programme Delivery**
(Who is going to do it?)
Programmes are delivered by organisations that effectively promote the values and benefits of lay led self management

- Minimum see p47
- Intermediate see p48
- Advanced see p49

**Programme Evaluation**
(Did it make a difference?)
Evaluation evidence is used to promote the programme so that it is recognised, valued and supported

- Minimum see p51
- Intermediate see p52
- Advanced see p53
Step 3
Identify a self management coordinator

Programme Management
(What is being done?)
Programmes are managed by an identified coordinator

Programme Design
(How will it be done?)
The coordinator has the skills to develop, implement and maintain effective lay led self management programmes

Programme Delivery
(Who is going to do it?)
The programme coordinator manages and supports those involved in programme delivery

Programme Evaluation
(Did it make a difference?)
Evaluation is undertaken to ensure that the Programme management arrangements are adequate and effective

- Minimum see p56
- Intermediate see p57
- Advanced see p58

- Minimum see p60
- Intermediate see p61
- Advanced see p62

- Minimum see p64
- Intermediate see p65
- Advanced see p66

- Minimum see p68
- Intermediate see p69
- Advanced see p70

Step 4
Recruit, train and support people living with long term conditions, and those who care for them, to deliver lay led self management programmes

Programme Management
(What is being done?)
Tutors are recruited, inducted and managed

Programme Design
(How will it be done?)
Tutors are supported to be involved in the design of the programme

Programme Delivery
(Who is going to do it?)
Tutors are provided with appropriate training, support and supervision

Programme Evaluation
(Did it make a difference?)
Evaluation is undertaken to ensure the provision of a high-quality programme

- Minimum see p73
- Intermediate see p74
- Advanced see p75

- Minimum see p77
- Intermediate see p78
- Advanced see p79

- Minimum see p81
- Intermediate see p82
- Advanced see p83

- Minimum see p85
- Intermediate see p86
- Advanced see p87
It gives me great pleasure to introduce the SS2Q quality framework and self-assessment tool to you. This document is the result of ten years’ close collaboration between the NHS and the voluntary sector to create a systematic approach to developing and implementing lay led self management programmes.

The approach originated within Arthritis Care, which pioneered the use of self management interventions in the UK in the early 1990s. It built upon the basic Stanford University licensing requirements by developing a training and support framework for its volunteers delivering community courses. The aim was to ensure that all the courses Arthritis Care offered met the highest standards both for the people who put their trust in the courses and the people who delivered them. They wanted volunteers to know that they would be properly trained and supported to deliver trustworthy courses of value, and which would provide the best outcomes for people with arthritis. Further good practice developed through the late 1990s, when the Long term Medical Conditions Alliance (LMCA) received funding for an action research project into the possible benefits of self management. More recently, the NHS Expert Patients Programme (EPP) has worked with voluntary agencies to take this work forward.

Many organisations, their staff and volunteers have given their time and expertise to help create a tangible set of expectations that will support agencies across all sectors to develop high-quality lay led self management programmes. This means that people living with long term conditions who attend local self management courses – and the people who deliver these courses – can be assured that they are involved in programmes built upon the collective good practice and experience gleaned from others like them.

This is what makes SS2Q unique. The content and expectations contained within this document have been developed from the direct experiences of those who manage and deliver community courses.

In 2005 we published ‘Stepping Stones to Success’. This document was endorsed by 18 organisations involved in supporting or delivering Stanford University programmes. It contained guidelines on developing and implementing programmes, together with a catalogue of supporting information. The aim was to ensure that all local lay led self management courses were delivered to a consistently high standard across the country, irrespective of the provider agency.

Since then the EPP has led a collective approach to working with members of primary care trusts, voluntary and not-for-profit organisations, volunteers and the EPP to take forward a strategy for developing a
bespoke quality framework for providers of lay led self management courses. SS2Q is the outcome of this hard work.

SS2Q is intended for use, in the first instance, by organisations providing Stanford University lay led self management programmes. In the longer term, it is hoped that the values, principles and processes contained in SS2Q will be transferable to all lay led self management programmes, and that they will be used to support the development of other self management and self care interventions.

SS2Q is also the next stage in the development of a peer-reviewed accreditation process for lay led self management. This will further increase the confidence of commissioners, providers and people living with long term conditions in the quality of local courses.

I would like to thank everyone who has contributed to the development of SS2Q over the past ten years and in particular those who have been directly involved with this document over the past two years; Phil Baker, Mark Bitel, Jane Church, Kerstin Goulding, Keith Hawley, Marilyn Horton, Kiron Kurien and Jean Thompson. This has been a true piece of partnership work by staff across the voluntary sector and the NHS and by individuals living with long term conditions, all working with the support of the Department of Health. This joint venture has been conceived for the benefit of all organisations that want their courses to reach and demonstrate an appropriate quality threshold. And more than that, it will support all those who aim for further improvement and true excellence in long term conditions self management training.

Long may our partnerships continue.

Jane Cooper, Hon Research Fellow, Coventry University
Former National Lead for Quality and Partnerships
Expert Patients Programme Community Interest Company

Quality into Action Advisory Group members (2005-2007)

Kerstin Goulding Volunteer Tutor (Chair)
Jahera Ali Island House Community Centre
Phil Baker Arthritis Care
Elizabeth Bayliss Social Action for Health
Mark Bitel Partners in Evaluation
Jane Church EPP CIC Trainer of Lead Trainers
Jane Cooper EPP CIC National Lead for Quality and Partnership

Babs Evans Macmillan Cancer Support
Keith Hawley Independent Consultant
Marilyn Horton Kirklees PCT
Bev Newman EPP CIC Trainer
Professor Ellie Scrivens Keele University
Jean Thompson EPP CIC Joint Managing Director
‘Stepping Stones to Quality’ – SS2Q for short – is a straightforward and practical self-assessed quality assurance framework. Its purpose is to ensure that all lay led self management programmes covered by Stanford licences are implemented consistently and effectively to benefit people living with long term conditions.

It is designed:
• to ensure all lay led self management programmes developed within the framework meet the minimum requirements of good practice
  and
• to be used as a quality improvement tool for those who want their programmes to develop beyond the minimum requirements of good practice.

The model
SS2Q has been modelled on PQASSO (Practical Quality Assurance System for Small Organisations), developed by Charities Evaluation Services. This is a user-friendly self-assessment quality improvement manual for the voluntary and community sectors. It is both widely used and highly regarded.

We have developed SS2Q based on good practice in the UK lay led self management field, as developed by voluntary sector agencies and the Expert Patients Programme (EPP) since the early 1990s. These criteria are set out in ‘Stepping Stones to Success: An Implementation, Training and Support Framework for Lay Led Self Management’ (NHS, 2005, www.qismet.org.uk).

SS2Q is a structured self-assessment tool and is a first step towards gaining accreditation using peer review. The SS2Q peer-reviewed accreditation system is in the process of development.

Who is it for?
SS2Q can be used by any organisation covered by a Stanford University licence to deliver its self management programme.

The development of SS2Q
Work on developing SS2Q began over summer 2005 using ‘Stepping Stones to Success’ as the starting point.

A sub-group of multi-sector representatives met regularly to provide advice and comment on the development of the content and structure of SS2Q. It included representatives from primary care trusts (PCTs), the voluntary sector, EPP central staff, EPP trainers, and Professor Ellie Scrivens from the Healthcare Standards Unit at Keele University. The EPP also commissioned an independent evaluation agency, Partners in Evaluation, to support the development of SS2Q and lead an evaluation of the pilot.
A consultation exercise on the draft SS2Q framework was conducted with 30 organisations in February and March 2006. The feedback provided useful information to develop the framework further.

The SS2Q Pilot: June – October 2006

Provider organisations piloted SS2Q over a 20-week period. A total of 58 organisations agreed to take part in the pilot – 16 voluntary/community sector organisations, 25 PCTs and 17 EPP teams. At the end of the pilot period, representatives from the 58 organisations were sent a questionnaire and 84 per cent responded.

Findings from the pilot
The pilot demonstrated the potential of SS2Q.
• Over two-thirds (68 per cent) reported that it helped them to spot gaps that they needed to address
• Half (50 per cent) reported that undertaking SS2Q was a good process
• Just under half (48 per cent) reported that it helped to clarify things
• One-third (32 per cent) reported that it was a good team-building exercise.

The benefits of holding regular meetings to progress SS2Q, and involving a range of people (especially tutors) in the process, were highlighted.

Time taken
There was a very large range in the number of hours organisations spent on implementing the SS2Q pilot. Over all sectors, the range was 2 to 74 hours. Within each sector, the ranges were: 4 to 65 hours in the voluntary sector; 3 to 74 hours in PCTs; 2 to 60 hours in the EPP.

The full evaluation report of the SS2Q pilot is at www.qismet.org.uk

At the end of the pilot, it was agreed that the feedback would be used to develop the prototype SS2Q for wider dissemination among provider organisations.

Developing the SS2Q quality mark

In 2006 EPP also started to explore possible mechanisms for assessing and rewarding good practice through a peer review accreditation process leading to the award of an SS2Q quality mark. This work has been led by members of a cross-sector Quality Advisory Group. EPP is also seeking advice from key agencies in the field, such as the Healthcare Commission, the Commission for Social Care Inspection and UKAS (UK Accreditation Service) and Charities Evaluation Services about what mechanisms will need to be put in place to promote and gain recognition of SS2Q within the NHS and beyond. Those participating in the pilot considered the development of a peer review accreditation system, or quality mark to be a key incentive to work within SS2Q.
The benefits of using SS2Q

SS2Q can help lay led self management provider organisations to:

- ensure that their programmes are managed and delivered using recognised best practice for maximum effectiveness
- identify and correct any gaps or weaknesses in the management or delivery of their programme
- demonstrate to external stakeholders, such as referrers and commissioners, that their programmes have been through a rigorous quality assurance process
- draw in local people who deliver the courses to work as a team with those who manage the programmes.

Support along the way

This SS2Q self-assessment tool is a prototype and the peer review accreditation process is still being developed. This means that everyone involved, including those undertaking the self-assessment, will be continuously learning and supporting the further development of the SS2Q quality system.

Support along the way can be gained informally from others using SS2Q. Or you could approach organisations that are further ahead in the development of quality approaches for more formal capacity-building support. For example, the QIMET offers a range of support services for provider agencies working within SS2Q.

Information about the development of SS2Q is available from the QISMET website (www.qismet.org.uk). This site will also list all the organisations that are working within the SS2Q self-assessment system, and the support services available.
SS2Q is built on the **four steps** set out in *Stepping Stones to Success: An Implementation, Training and Support Framework for Lay Led Self Management*.

- **Step 1**  
  Adhere to the core values and principles of lay led self management programmes

- **Step 2**  
  Generate support for your programme within your organisation and the communities you serve

- **Step 3**  
  Identify a self management coordinator

- **Step 4**  
  Recruit, train and support people living with long term conditions, and those who care for them, to deliver lay led self management programmes

Within each step there are **four sections** that relate to different aspects of managing and delivering a programme:

- **Programme management** – Who is going to do it?
- **Programme design** – What are you going to do?
- **Programme delivery** – How is it being done?
- **Programme evaluation** – Did it make a difference?

These result in **16 quality areas** that focus on the things that you need to attend to in order to run a programme well and to achieve good results for participants.

Each quality area begins with an expectation and an explanatory statement of what the expectation means.

There are a series of questions to ask yourself about whether you are meeting that expectation.

You then check if you have the evidence to support your answers. Potential sources of evidence are provided to point the way, but you may use others.
According to your answers, you will find that your programme is at one of three levels. This will enable you to see where improvements are needed.

You then make an action plan. As you get your improvements underway you may find that you move up a level.

All this is done by self-assessment and at a pace you choose. Do not try to do too much too quickly.

A glossary of terms is provided for easy reference to classify any ambiguous or difficult terminology.

Getting started on SS2Q

Decide who will be involved
SS2Q will work best when several people are involved in the self-assessment. These stakeholders will be coordinators, staff, tutors and trainers.

Decide what level you want to achieve for your programme
It is critical that you decide what level you want your programme to operate at, so that you set yourself a realistic and appropriate target level:

- **Minimum requirements**
  Minimum requirements of good practice

- **Intermediate level**
  Over and above the minimum requirements of good practice
  (For organisations that have a clear strategy for their self management programme and can make plans for more than one year ahead)

- **Advanced level**
  Over and above the minimum requirements and intermediate level expectations of good practice
  (For organisations that have a clear strategy for their self management programme and can make plans for more than two years ahead)

Not every organisation will aspire for their programme to reach the advanced level. For some programmes, it will be sufficient and appropriate to reach and remain at the minimum requirements. The crucial thing is that you decide what is a realistic and achievable level for your organisation.

If you want to achieve the intermediate level, you need to meet all the minimum requirements as well as the intermediate level. If you want to achieve the advanced level, you need to meet all the minimum requirements and the intermediate level, as well as the advanced level.
Beginning and sustaining the self-assessment process

Arrange a meeting with the people in your organisation who are going to complete SS2Q and focus on Step 1 in the initial meeting. Do not try to cover more than one step at any one time.

Review the statements at the appropriate levels and complete the self-assessment form. You also need to complete the action plan if you need to take any action to bring your programme up to the minimum requirements (or a higher level if you have chosen to reach the intermediate and advanced levels).

Arrange another meeting to do Step 2, and another to do Step 3, and another to do Step 4.

You should build in some time to review your action plans to make sure that the things that needed to be done to reach the minimum requirements (or higher if appropriate) have been done, or that the improvements are still on track.

Self-assessment at the minimum requirements

The minimum requirements simply ask if you have achieved the criteria as set out in the statements.

There are two choices:

- Not achieved
- Achieved

You are then asked what evidence you have to support your answer. Some suggested sources are offered as a guide to help you think where the evidence might be located. If you have used the suggested source of evidence, there is a box on the self-assessment form for you to tick to show that you have used this as your source of evidence. If you have used another source of evidence, you are asked to describe what evidence you have used. You then place copies of your evidence used in the evidence portfolio (described in the next section), or provide information about where that evidence can be found (e.g. the file path if it is stored electronically).

If there are any areas that you have not achieved, you need to complete the action plan and set out how you intend to put in place what is set out in the statements.

Once you have achieved all the minimum requirements, you may declare that you have achieved the minimum requirements of SS2Q.
If you have planned to achieve only the minimum requirements, you have completed the process. If you want to aim higher, you continue onto the intermediate level.

**Self-assessment at the intermediate and advanced levels**

At the intermediate and advanced levels, you are asked to what degree you have achieved the criteria as set out in the statements.

There are four choices:  

<table>
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<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
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You are then asked what evidence you have to support your choice. Some suggestions are offered. If you have used the suggested evidence, there is a box on the self-assessment form for you to tick. If you have used other evidence, you are asked to describe what evidence you have used. You place copies of your evidence used in the evidence portfolio (described in the next section), or provide information about where that evidence can be found (e.g., the file path if it is stored electronically).

If there are any areas that you have not achieved, you need to complete the action plan and set out how you intend to put in place what is set out in the statements.

Once you have achieved all the requirements at the intermediate or advanced level (as appropriate), you may declare that you have achieved SS2Q at the intermediate level or advanced level.

**The evidence portfolio**

You need to put your supporting evidence, or information about where the evidence can be found, into a ring binder together with a ‘neat’ version of the self-assessment form and action plan, available on the QISMET website – www.qismet.org.uk. This is your evidence portfolio and is the document that will demonstrate to others that you have undertaken the SS2Q process and that you have met the necessary expectations.

The evidence portfolio is also the document that will be reviewed in the peer review accreditation, or quality mark process.

For the moment the evidence portfolio will be for internal use only. However, when the SS2Q quality mark system is introduced, organisations that have
already completed the self-assessment and developed and maintained their portfolios will be able to move quickly to gain accreditation and be awarded the quality mark.

Data protection and freedom of information

The Data Protection Act 1998 regulates how your personal information is used and protects you from misuse of your personal details. It provides a common sense set of rules which prohibit the misuse of your personal information without stopping its use for legitimate or beneficial purposes. The Act is enforced by an independent authority called the Information Commissioner, who has powers to take action against organisations that misuse information about you.

It is clear from the 1998 Act that much of the onus for ensuring effective enforcement of their rights will lie with the data subject. To that end, the Act requires organisations to be transparent about the data they hold. They must provide data subjects with a basic minimum amount of information about the collection, use and distribution of their personal data. Data subjects thus need to know the purpose of the processing, and the measures that the organisation has taken to ensure that the processing is fair.

The Freedom of Information Act 2000 gives everyone the right to access information held by the public sector. This right includes parliament, government departments, local assemblies, local authorities, health trusts, doctors’ surgeries, publicly funded museums and other organisations. Powers of enforcement are through an independent Information Commissioner and an Information Tribunal.

For more information visit: www.direct.gov.uk/en/Rightsandresponsibilities

What are the implications for organisations working within SS2Q?

It is the responsibility of each organisation working within SS2Q to satisfy itself that it is complying with the relevant legislation.
### Step 4 | Delivery | Minimum Requirements

**Self-assessment**

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<td>Tutors receive concrete and specific feedback to help develop their skills and gain and maintain their Passport to Practice</td>
<td>✔️</td>
</tr>
<tr>
<td>b)</td>
<td>Tutors receive a minimum of quarterly supervision</td>
<td>✔️</td>
</tr>
<tr>
<td>c)</td>
<td>Processes and steps are in place to support tutors to achieve and maintain high standards of delivery</td>
<td>✔️</td>
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**Evidence used to assess Step 4: programme delivery minimum requirements (kept in evidence portfolio)**

- ✔️ Record of skills feedback forms
- ✔️ Supervision notes
- ❌ Written policy and procedures to support high standards of delivery

**Other evidence used (please list):**

- Accreditation and monitoring feedback forms
- Pathfile or audit trail to supervision notes
- Schedule of skills development days
- Schedule of supervision meetings

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Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Action Plan Draft

Use a photocopy of this action plan to rough out your ideas. Then download the Word template from the www.qismet.org.uk, fill in neatly and add to your evidence portfolio.

Tick to remind yourself to what this draft refers:

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### Action to be taken

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<td>Volunteering manager</td>
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</table>
Accredited tutors – people who have been trained, successfully gained and maintain their Passport to Practice (see training framework)

Action learning approach – an active process of learning from what has been done through reflection, which can lead to changes and improvement

Advanced level – over and above the minimum requirements of good practice and intermediate level. For organisations that have a clear strategy for their self management programme and can make plans for more than two years ahead

Assessors – accredited tutors trained and accredited to monitor the quality of course delivery by other tutors, and to accredit them when found to be satisfactory (see training framework)

Audit – a systematic review to determine whether agreed requirements are being met

Best practice – the generally agreed best possible way of doing something

BME – black and minority ethnic

Business plan – a plan that explains the ‘what’, ‘why’, ‘when’, ‘who’ and ‘how’ of the programme. It should be a comprehensive explanation of the opportunity, the people involved, the money needed and where it will come from

Champions – people who are enthusiastically supportive of the programme

Communications and funding strategy – a longer-term plan setting out the communications and funding needs of the programme, together with plans for addressing those needs

Community development activities – activities that seek to empower individuals and groups of people with the skills to act on their own behalf to improve their lives

Coordinator – the person(s) or their equivalents who have day-to-day management responsibility for the programme

Demography – the systematic analysis of populations

Empowering – being informed, equipped and enabled to play an equal part in decision-making within the programme

Evaluation – a process of collecting information and feedback to determine the effectiveness of the intervention

Evidence base – the body of evidence relating to the effectiveness of an intervention

Experiential learning – the process of acquiring skills, knowledge and understanding through participation rather than formal education

Fit for purpose – meeting adequate standards for the defined purpose

Governance – constitutional, legal and strategic management of an organisation
Graduates – people who have completed the programme

Intermediate level – over and above the minimum requirements (for

Interventions – the different modes of lay led self management delivered in the
community, for example community courses, one-to-one support etc

Lay led – the programme is delivered by lay people

Lay led self management stakeholders – people who have an interest or
involvement in lay led self management

Lay people – non-professionals and who deliver the programme in their capacity
as someone living with, or caring for people living with, long term conditions

LBGT – lesbian, bisexual, gay and transgender

Lead trainers – accredited assessors who are trained and accredited to have
responsibility for training and assessing tutors (see training framework)

Local health providers – organisations that are involved in the provision of
healthcare in a local area

Long term condition – an illness that continues for a long time, which needs to
be managed on a long term basis

Manual – a guide on how to deliver the intervention

Marketing materials – the way in which the programme is promoted to a
target audience

Mentor – person who shares experience, knowledge and wisdom

Minimum requirements – minimum expectations of good practice

Monitoring – collecting information on the delivery of the intervention

Monitoring and evaluation framework – an agreed plan or protocol for
monitoring and evaluation

Monitoring and evaluation tools – instruments for measuring the delivery and
effectiveness of the programme

Participatory evaluation – evaluative processes that ensure a high degree of
participation from stakeholders

Passport to Practice – certification given to accredited tutors that enables them
to deliver and carry their accreditation across organisational boundaries

Programme – the interventions and infrastructure used to support the
development of self-confidence and skills among people living with
long term conditions, or those who care for them, to help them to live life
to the full

Programme design – the content and structure of the intervention

Provider organisations – organisations delivering lay led self management to
people living with long term conditions and those who care for them

Quality Mark – a symbol denoting that a programme meets specific
quality requirements
Role models – a person who acts as a model in a particular behavioural or social role for another person to emulate

Self management – the tasks that individuals living with one or more long term conditions, or those who care for them, must undertake to live well

Social model of health – recognition that the wellbeing of individuals and communities is determined by a wide range of economic, social and environmental influences, as well as by heredity and healthcare

Stakeholders – people who have an interest or involvement in lay led self management

Stanford University – the University in California, USA, where the concept of lay led self management was first developed

Stepping Stones to Success – the collective name for the agreed best practice among UK providers of Stanford University lay led self management programmes

Strategic priorities – the identified priorities of an organisation within its longer-term plan

Supervision – management by overseeing the performance or operation of a person or group

The wider community – formal and informal networks of people and organisations

Those who care – people who have had to make significant personal life changes as a result of supporting someone living with a long term condition

Toolkit of self management skills – the skills people gain from lay led self management, such as goal setting, action planning and problem solving, which help them to make informed choices about their wellbeing

Trainers – see lead trainers

Trainers of lead trainers – trained and accredited lead trainers who are responsible for training tutors, assessors and lead trainers (see training framework)

Training framework – the framework that sets out the required competencies for tutors, assessors, lead trainers and trainers of lead trainers, available on www.qismet.org.uk

Tutors – people living with long term conditions, or those who care for them, who are recruited and trained to deliver the programme (see training framework)

Values of lay led self management – identified beliefs about the ways in which lay led self management programmes should be developed and implemented

Volunteers – people who deliver the programme without payment, except for reimbursement of out-of-pocket expenses
Adhere to the core values and principles of lay led self management programmes

Programme management
What is being done?
Programmes are managed by organisations which ensure that people living with long term conditions and those who care for them are at the ‘heart’ of the programme

Programme design
How will it be done?
Programmes are vehicles for enabling people living with long term conditions and those who care for them to be more in control of their own health, maintain their independence and lead as fulfilling a life as possible

Programme delivery
Who is going to do it?
Programmes are delivered by lay people living with, or with close personal experience of caring for people living with, long term conditions

Programme evaluation
Did it make a difference?
Programmes are evaluated to ensure management, design and delivery are consistent with core values and principles
Step 1 – management

The expectation

Programmes are managed by organisations which ensure that people living with long term conditions, and those who care for them, are at the ‘heart’ of the programme.

What this means...
The people who know most about the day-to-day problems of living with long term conditions are people living with – or who have experience of living with – long term conditions. Their voices should therefore be integral to the creation, development and governance of lay led self management programmes within provider organisations.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) People living with long term conditions, or those who care for them, make up one-third of the representatives on any groups involved in the planning and operational management of the programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The programme is managed by a coordinator with specific responsibility for supporting the people delivering the programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The organisation has policies and procedures for supporting volunteers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Training of tutors is provided by people who have themselves been through the process of delivering the programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) People representing the programme participate in networks with other organisations providing lay led self management</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 1: programme management minimum requirements (kept in evidence portfolio)**

- Review of the composition of any groups involved in operational management of the programme
- Named coordinator with a written role description
- Volunteer policies and procedures that have been reviewed within the last five years
- Audit of trainers’ Passport to Practice
- Notes of network meetings

**Other evidence used (please list):**

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> People living with long term conditions, and those who care for them, make up a majority of the representatives on any groups involved in the planning and operational management of the programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>b)</strong> The coordinator is supported by operational management to deliver a well-structured programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>c)</strong> The policies and procedures for supporting volunteers have been developed with reference to relevant and current best practice</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 1: programme management intermediate level (kept in evidence portfolio)

- [ ] Review of the composition of any groups involved in strategic and operational management of the programme
- [ ] Organisation’s operational plan, or annual work-plan, and coordinator supervision notes
- [ ] Audit of volunteer policies and procedures against relevant and current best practice (for example, ‘Volunteers Across the NHS’ published by Volunteering England, 2006)

**Other evidence used (please list):**

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Self-assessment

a) The programme is managed in a way that empowers those who deliver it (for example, there are regular meetings and formal opportunities to meet other tutors to discuss the programme)

b) The programme is managed by a coordinator who is themself living with, or caring for, someone with a long term condition(s)

c) People living with long term conditions and those who care for them are represented at the strategic level of the organisation

Evidence used to assess Step 1: programme management advanced level (kept in evidence portfolio)

- Tutor supervision notes and written records from tutor group meetings
- Notes from the recruitment process for the position of coordinator
- Audit of the membership of any group involved in the strategic management of the organisation

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
Step 1 – design

The expectation

Programmes are vehicles for enabling people living with long term conditions, and those who care for them, to be more in control of their own health, develop confidence, maintain their independence and lead as fulfilling a life as possible.

What this means...
The design of the programme should support people living with long term conditions, and those who care for them, to gain the confidence and develop the skills they need to deal with the three main tasks of living with or caring for someone living with long term conditions. These are:

- medical management of the condition
- thinking more positively about the things that can be done rather than the things that cannot be done
- dealing with the emotions that arise as part of their situation.

The content of the programme should therefore facilitate these changes through goal setting, action planning and problem solving.
## Self-assessment

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme uses the most up-to-date manuals adapted from the authorised Stanford University originals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Programme design is based upon an approach that recognises that health and well-being is more than just the absence of disease (ie a social approach to health model)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The programme design helps people living with long term conditions, and those who care for them, to develop self-confidence and a ‘toolkit’ of self management skills</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Programme tutors and trainers have opportunities to influence the design of the programme</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 1: programme design minimum requirements (kept in evidence portfolio)

- The programme manual(s)
- Induction and training resources for tutors include materials about a social approach to health model
- Research and evaluation outcomes that show increased self-efficacy and feedback from people about the self management skills they use in their everyday life
- Collated feedback from programme tutors and trainers

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Step 1 | Design | Intermediate Level

**Self-assessment**

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme design is based upon an action learning approach</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The coordinator collates feedback from participants which is used to further develop the programme design</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 1: programme design intermediate level (kept in evidence portfolio)**

- [ ] Records of reflection and changes needed from the action learning approach
- [ ] Report of participants’ views
- Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
**Self-assessment**

<table>
<thead>
<tr>
<th>a) The programme design is developed from learning and collaboration with other lay led self management stakeholders</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
</table>

| b) The programme design supports collaborative working between health and social care professionals and people living with long term conditions, and those who care for them | Not met | Just started | Making progress | Fully met |

**Evidence used to assess Step 1: programme design advanced level (kept in evidence portfolio)**

- Records of reflection and changes arising out of collaboration with other lay led self management stakeholders through networks
- Follow-up feedback from participants (for example, using a questionnaire sent to graduates at three and twelve months after they attended the course)

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 1 – delivery

The expectation

Programmes are delivered by lay people living with, or who have close personal experience of caring for people living with, long term conditions.

What this means...
The people who deliver lay led self management programmes are those who have made life changes because of their own, or someone else’s, long term condition. They are highly effective role models. They run time-limited programmes that aim to support the development of self-confidence and skills, facilitate changes of behaviour among individuals and support the development of networks of effective self managers.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme is delivered by organisations covered by Stanford University licence</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>b) The programme is delivered by people living with long term conditions and/or those who care for them</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>c) The programme is delivered by lay people</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>d) The programme is generally delivered by people who are volunteers (although some organisations may offer small incentive payments)</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>e) The programme allows for both self-referral and direct referral of participants</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 1: programme delivery minimum requirements (kept in evidence portfolio)

- Copy of Stanford University licence agreement or licence number
- Audit of all people delivering the programme
- Marketing materials

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th>Step 1: Programme Delivery Intermediate Level</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme has active processes to recruit participants that reflect the composition of the community in which it is delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The programme is delivered by people who have strong connections with the communities in which it is delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Participants are recruited by both self-referral and direct referral methods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 1: programme delivery intermediate level (kept in evidence portfolio)

- [ ] Results of a comparison exercise between participant demography and community demography
- [ ] Strong connections with community demonstrated through the recruitment process
- [ ] Audit of participant referral records (e.g., record of how people found out about the programme)

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
**Self-assessment**

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Participants reflect the composition of the communities in which the programme is delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The programme is delivered by people who are representative of the communities in which it is delivered</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The programme is delivered in a variety of formats (eg in groups, web based)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 1: programme delivery advanced level (kept in evidence portfolio)**

- [ ] Results of a comparison exercise between participant demography and community demography
- [ ] Results of a comparison exercise between deliverer demography and community demography
- [ ] Documented range of formats through which the programme is delivered

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 1 – evaluation

The expectation

Programmes are evaluated to ensure management, design and delivery are consistent with core values and principles.

What this means...
Gathering feedback from participants, tutors and trainers is key to the development of high-quality lay led self management programmes. Feedback helps to verify that the delivery process has achieved its objectives in relation to the programme’s core values and principles.
## Self-assessment

<table>
<thead>
<tr>
<th>Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The delivery of the programme is monitored</td>
</tr>
<tr>
<td>b) The appropriateness and the effectiveness of the programme are evaluated</td>
</tr>
<tr>
<td>c) Tutors and trainers are informed of the results of monitoring and evaluation</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 1: programme evaluation minimum requirements (kept in evidence portfolio)

- Monitoring records (for example, records of attendance)
- Annual report of progress and effectiveness
- Notes from processes for sharing monitoring and evaluation information with tutors and trainers

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme has a monitoring and evaluation plan</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Tutors and trainers have an opportunity to be involved in administering some of the monitoring and evaluation tools</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Tutors and trainers are given opportunities to promote the outcomes of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 1: programme evaluation intermediate level (kept in evidence portfolio)**

- Monitoring and evaluation plan  
- Written protocols for monitoring and evaluation procedures show clear roles for tutors and trainers  
- Record of promotional events by tutors and trainers

**Other evidence used (please list):**

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The programme is evaluated based upon principles of participatory evaluation</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b)</td>
<td>Tutors and trainers have an opportunity to be involved in designing the monitoring and evaluation plan</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c)</td>
<td>Tutors and trainers have opportunities to be involved in analysing the monitoring and evaluation data</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d)</td>
<td>Evaluation outcomes measure effectiveness in relation to:</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>– participants developing knowledge, skills and confidence to manage their long term condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>– participants using their new knowledge, skills and confidence to deal with the medical management of the condition</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td></td>
<td>– greater participation in community life by participants and tutors</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e)</td>
<td>The organisation uses the outcomes of evaluation to learn and reflect about the programme</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 1: programme evaluation advanced level (kept in evidence portfolio)

- Monitoring and evaluation plan
- Records of processes for involving tutors and trainers in designing the monitoring and evaluation plan
- Records of processes for involving tutors and trainers in analysing the monitoring and evaluation plan
- Evaluation reports
- Records of reflection and changes made from the action learning approach

Other evidence used (please list):

Continue on page 38 if necessary

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Evidence used to assess Step 1: programme evaluation advanced level (kept in evidence portfolio)

Other evidence used (please list):
Generate support for your programme within your organisation and the communities you serve

Programme management
What is being done?
Programmes are managed by organisations which promote, establish and maintain the role of lay led self management

Programme design
How will it be done?
Programmes are provided by organisations that have an inclusive approach to the design of lay led self management courses

Programme delivery
Who is going to do it?
Programmes are delivered by organisations that effectively promote the values and benefits of lay led self management

Programme evaluation
Did it make a difference?
Evaluation evidence is used to promote the programme so that it is recognised, valued and supported
Step 2 – management

The expectation

Programmes are managed by organisations which promote, establish and maintain both the role of lay led self management and the programme itself.

What this means...
The most successful and sustainable self management programmes are those that are properly resourced and supported both inside and outside the organisation. To achieve this, those managing the programme need to undertake a process of awareness-raising and partnership-building, both within the organisation and among the wider communities.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Opportunities are available for staff in the organisation to find out about the programme and lay led self management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The coordinator, graduates, tutors and trainers promote the programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Links are made with local stakeholders and relevant networks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) The coordinator ensures that nationally produced information and guidance are available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) The coordinator monitors enquiries about the programme</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 2: programme management minimum requirements (kept in evidence portfolio)

- Monitoring information requests from staff about the programme, or a record of awareness-raising events
- Record of events attended by the coordinator, graduates, tutors and trainers
- List of local stakeholders and networks contacted
- Availability of national resources, such as the delivery manual, best practice guidelines, research evidence and other information
- Copies of the protocols and procedures that are used for recording information about enquiries

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 2 | management | intermediate level

Self-assessment

<table>
<thead>
<tr>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) At least one ‘champion’ is identified within the organisation

b) Graduates, tutors and trainers contribute ideas to marketing materials about the programme

c) A communications strategy to promote the programme (with target audiences) is developed

d) The coordinator, tutors and trainers participate in stakeholder networks

Evidence used to assess Step 2: programme management intermediate level (kept in evidence portfolio)

- Name of the identified ‘champion’ and their role within the organisation
- Records of contributions by graduates, tutors and trainers in developing marketing materials
- Communications strategy that has been updated within the last year
- Records of attendance at stakeholder networks

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
**Self-assessment**

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Two or more ‘champions’ are identified within the organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Graduates, tutors and trainers are recognised as the most powerful advocates for the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Self management is included in strategic priorities for the organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Marketing materials are produced in a variety of formats and media</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 2: programme management advanced level (kept in evidence portfolio)**

- Names of the identified ‘champions’ and their roles within the organisation
- Records of meetings and events where graduates, tutors and trainers represent the interests of the programme (for example, developing strategy, raising awareness and promotion)
- Strategic plan
- Audit of formats and media of marketing materials

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 2 – design

The expectation

Programmes are provided by organisations that have an inclusive approach to the design of lay led self management interventions.

What this means...
Successful and sustainable programmes depend upon those involved in the design of the programme understanding the values and principles that support lay led self management, so that the ethos of the intervention is upheld.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The coordinator is aware of the values, principles and best practice that underpin the design of lay led self management</td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td>The coordinator is aware of national developments in the design of programmes</td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td>The coordinator promotes the programme and its ethos to target communities and professional networks</td>
<td></td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 2: programme design minimum requirements (kept in evidence portfolio)

- Documents that describe the development and values of lay led self management, such as *Stepping Stones to Success: An Implementation, Training and Support Framework for Lay Led Self Management*
- Portfolio of documents about national developments
- Record of events attended by the coordinator, graduates, tutors and trainers

**Other evidence used (please list):**

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The coordinator collects feedback from tutors and trainers about the design of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The coordinator uses collated feedback to further develop the programme, while adhering to Stanford University licence requirements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 2: programme design intermediate level (kept in evidence portfolio)

- Record of collated feedback
- Evidence of changes to the programme (for example, through an annual report about the programme)

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

<table>
<thead>
<tr>
<th>a) The coordinator uses collated feedback to influence national developments in the design of programmes</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) The coordinator is aware of international developments in the design of programmes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 2: programme design advanced level (kept in evidence portfolio)

- [ ] Record of involvement in national processes to develop the design of programmes
- [ ] Record of access to sources of information about international developments in the design of programmes

**Other evidence used (please list):**

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
Step 2 – delivery

The expectation

Programmes are delivered by organisations that effectively promote the values and benefits of lay led self management.

What this means...
Provider organisations will actively promote lay led self management and its benefits within the organisation, among professional networks and within the wider community.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The people responding to enquiries about the programme are aware of evidence relating to the benefits of lay led self management</td>
<td>☐</td>
</tr>
<tr>
<td>b)</td>
<td>Marketing materials are produced</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 2: programme delivery minimum requirements (kept in evidence portfolio)**

- Collated monitoring information to show that all points of contact have a list of relevant research evidence and findings
- Marketing materials

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> Tutors and trainers are aware of evidence relating to the benefits of lay led self management</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> Information about the benefits of the programme are shared with professional networks and the wider community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>c)</strong> Marketing materials reflect the ethos of lay led self management and are developed for a variety of audiences</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 2: programme delivery intermediate level (kept in evidence portfolio)

- [ ] Portfolio of information shared with tutors and trainers
- [ ] Portfolio of information shared with professional networks and wider community
- [ ] Marketing materials

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Step 2: Delivery | Advanced Level

#### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Relationships are developed with professional networks and the wider community to promote the benefits of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The programme is delivered in partnership with professional networks and the wider community</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 2: programme delivery advanced level (kept in evidence portfolio)

- Record of contact with professional networks and the wider community
- Record of programme delivery

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 2 – evaluation

The expectation

Evaluation evidence is used to promote the programme so that it is recognised, valued and supported.

What this means...

High-quality evaluation data will help to generate support for the programme within the organisation and local community. The evaluation data can be used to promote the management, design and delivery of the programme and demonstrate effective outcomes for people living with long term conditions.
<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organisation is aware of the evidence of the effectiveness of lay led self management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organisation monitors and evaluates its own programme</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>There is a written report demonstrating the monitoring and evaluation data</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monitoring and evaluation data are used to promote the programme</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 2: programme evaluation minimum requirements (kept in evidence portfolio)

- [ ] Research evidence, documents and reports
- [ ] Monitoring and evaluation plan and tools used
- [ ] Monitoring and evaluation report
- [ ] Record of the use of monitoring and evaluation data to promote the benefits of the programme

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The organisation contributes to the development of best practice in evaluation of programmes</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Tutors and trainers are involved in evaluating the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Tutors and trainers are involved in using the monitoring and evaluation data to promote the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 2: programme evaluation intermediate level**
(kept in evidence portfolio)

- Record of contact made with national developers of best practice
- Record of participation in evaluation processes by tutors and trainers
- Record of activities undertaken by tutors and trainers to promote the programme

**Other evidence used (please list):**

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
### Self-assessment

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The organisation has a track record of more than three years’ involvement for contributing to the development of best practice in evaluation of programmes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Tutors and trainers take a lead role in the design of the evaluation of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Tutors and trainers use the monitoring and evaluation data to promote the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 2: programme evaluation advanced level (kept in evidence portfolio)

- Records of contact made with national developers of best practice over three years
- Record of participation in evaluation processes by tutors and trainers
- Record of activities undertaken by tutors and trainers to promote the programme

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Identify a self management coordinator

**Programme management**
What is being done?
Programmes are managed by an identified coordinator

**Programme design**
How will it be done?
The coordinator has the skills to develop, implement and maintain effective lay led self management programmes

**Programme delivery**
Who is going to do it?
The programme coordinator manages the resources of the programme effectively

**Programme evaluation**
Did it make a difference?
Evaluation is undertaken to ensure that the programme management arrangements are adequate and effective
Step 3 – management

The expectation

Programmes are managed by an identified coordinator.

What this means...
It is essential to identify someone within the organisation who has day-to-day responsibility for the programme and to be the main point of contact for the tutors and trainers. It is important to be realistic about the amount of time, level of management expertise and access to key decision-makers that the job will require when deciding who will do this.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The programme has an identified coordinator</td>
<td>☐</td>
</tr>
<tr>
<td>b)</td>
<td>There is a planned schedule of interventions for the programme</td>
<td>☐</td>
</tr>
<tr>
<td>c)</td>
<td>The coordinator oversees the recruitment, training, management and supervision of the tutors and trainers</td>
<td>☐</td>
</tr>
<tr>
<td>d)</td>
<td>The coordinator is the main point of contact in the organisation for enquiries about the programme</td>
<td>☐</td>
</tr>
<tr>
<td>e)</td>
<td>The coordinator makes contact with networks and keeps up to date with national developments in self management</td>
<td>☐</td>
</tr>
<tr>
<td>f)</td>
<td>The coordinator supports partnership working with other stakeholder agencies</td>
<td>☐</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 3: programme management minimum requirements (kept in evidence portfolio)

- [ ] The coordinator’s job description
- [ ] Programme schedule (eg list of courses for the coming year)
- [ ] Record of recruitment, training and supervision
- [ ] Information produced about the programme that has the coordinator’s contact details
- [ ] Record of contacts with local networks
- [ ] Examples of involvement in partnership working

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
# Self-assessment

<table>
<thead>
<tr>
<th>Step 3</th>
<th>management</th>
<th>intermediate level</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) One-half of the coordinator’s time is dedicated to managing the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The coordinator carries out an annual review and implements an agreed action plan, ensuring diversity and equality of provision according to identified needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The coordinator has access to decision and policy makers within the organisation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 3: programme management intermediate level (kept in evidence portfolio)**

- The coordinator’s job description
- Annual review document
- Organisational structure chart and position of coordinator within it

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Three-quarters of the coordinator’s time is dedicated to managing the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The organisation has a strategic plan for the programme</td>
<td></td>
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<td></td>
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<tr>
<td>c) The coordinator role models partnership working across organisational boundaries</td>
<td></td>
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</tbody>
</table>

**Evidence used to assess Step 3: programme management advanced level (kept in evidence portfolio)**

- [ ] The coordinator’s job description
- [ ] Strategic plan for the programme
- [ ] Examples of partnership working

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 3 – design

The expectation

The coordinator has the skills to develop, implement and maintain effective lay led self management programmes.

What this means...
Having an effective coordinator is pivotal to the long term sustainability and success of the programme. This role requires a range of skills. Organisations developing programmes need to ensure that appropriate skills training for the job is available.
### Self-assessment

<table>
<thead>
<tr>
<th>Step 3</th>
<th>design</th>
<th>minimum requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The induction of the coordinator includes information about:</td>
<td>Not achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>• the ethos of lay led self management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the social model of health, and the historical development of lay led self management</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• the national policy context in which lay led self management operates</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) The coordinator produces basic marketing materials for the programme</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 3: programme design minimum requirements (kept in evidence portfolio)

- [ ] Induction materials
- [ ] Marketing materials

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>a)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>b)</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>c)</td>
<td>[ ]</td>
<td>[ ]</td>
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</tr>
</tbody>
</table>

**Evidence used to assess Step 3: programme design intermediate level (kept in evidence portfolio)**

- [ ] Examples of marketing materials in different formats
- [ ] Communications strategy
- [ ] Annual training and professional development plan

**Other evidence used (please list):**

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Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>a)</strong> The coordinator develops long term plans for the programme, including attracting and managing resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>b)</strong> The coordinator undertakes community development activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 3: programme design advanced level (kept in evidence portfolio)**

- [ ] Strategic plan and a balanced budget
- [ ] Record of community development activities, including target audience, number of people involved and type of activity

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
The expectation

The programme coordinator manages the resources of the programme effectively.

What this means...
It is the role of the coordinator to ensure that all the necessary administrative and monitoring tasks are conducted in an efficient manner that supports the smooth delivery of the programme.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>The coordinator ensures that any licensing requirements are up to date</td>
<td>![ ] ![ ]</td>
</tr>
<tr>
<td>b)</td>
<td>The coordinator ensures that tutors and trainers have access to, and comply with, current delivery materials</td>
<td>![ ] ![ ]</td>
</tr>
<tr>
<td>c)</td>
<td>The coordinator has a plan for dealing with emergencies during the programme delivery</td>
<td>![ ] ![ ]</td>
</tr>
<tr>
<td>d)</td>
<td>The coordinator has systems for dealing with expenses promptly and efficiently</td>
<td>![ ] ![ ]</td>
</tr>
<tr>
<td>e)</td>
<td>The coordinator has agreed criteria for identifying suitable venues for the programmes</td>
<td>![ ] ![ ]</td>
</tr>
<tr>
<td>f)</td>
<td>The coordinator ensures that all reporting requirements to funding bodies are met</td>
<td>![ ] ![ ]</td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 3: programme delivery minimum requirements (kept in evidence portfolio)

- [ ] Copy of current licence agreement, or licence number
- [ ] Audit of tutors’ and trainers’ use of, and compliance with, current delivery materials (ie are all tutors and trainers using the most up-to-date manual?)
- [ ] Written emergency contingency plan
- [ ] Written procedures of expenses payments and audit of payment processing times
- [ ] Checklist of criteria for venues
- [ ] Reports to funding bodies, including financial and monitoring data

Other evidence used (please list):  

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
**Self-assessment**

a) The coordinator reviews the monitoring procedures used in the delivery of the programme to ensure that they are fit for purpose, (e.g. that they meet the funders’ needs and requirements)

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
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<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 3: programme delivery intermediate level**
(kept in evidence portfolio)

- Audit of funders’ requirements against the monitoring data collected
- Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
### Self-assessment

<table>
<thead>
<tr>
<th>a) The coordinator develops and maintains effective relationships with the funders of the programme</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) The sustainability of the programme is underpinned by a range of funding sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 3: programme delivery advanced level (kept in evidence portfolio)

- [ ] Evidence of an annual review meeting with funders to discuss the programme
- [ ] List of income from a range of funding sources

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 3 – evaluation

The expectation

Evaluation is undertaken to ensure that the programme management arrangements are adequate and effective.

What this means...
Evaluation of the programme management arrangements will ensure that the administrative systems in place are fit for purpose and working effectively to support a well-managed programme. A well-managed programme will support effective design and delivery, and ensure the long term sustainability of the programme.
### Self-assessment

<table>
<thead>
<tr>
<th>Not achieved</th>
<th>Achieved</th>
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</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### a) The coordinator has systems in place to review the effectiveness of the management and administrative procedures

- Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio

- Evidence used to assess Step 3: programme evaluation minimum requirements (kept in evidence portfolio)
  - A written report of the feedback from tutors and trainers about the management and administrative procedures (eg through an annual questionnaire)

- Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

| a) The coordinator uses the outcomes of the review of the management and administrative procedures to improve the effectiveness of the programme |
|---|---|---|---|
| | Not met | Just started | Making progress | Fully met |

### Evidence used to assess Step 3: programme evaluation intermediate level (kept in evidence portfolio)

- [ ] Evidence of changes made in line with the recommendations of the report

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

| a) The coordinator ensures that there are ongoing reviews of the management and administrative procedures, for example every three years |
|------------------|------------------|------------------|------------------|------------------|
|                  | Not met          | Just started     | Making progress  | Fully met        |
|                  |                  |                  |                  |                  |

### Evidence used to assess Step 3: programme evaluation advanced level (kept in evidence portfolio)

- [ ] Written review report and evidence of changes made in line with recommendations made in the report

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Recruit, train and support people living with long term conditions, and those who care for them, to deliver a lay led self management programme

Programme management
What is being done?
Tutors are recruited, inducted and managed

Programme design
How will it be done?
Tutors are supported to be involved in the design of the programme

Programme delivery
Who is going to do it?
Tutors are provided with appropriate training, peer support and supervision

Programme evaluation
Did it make a difference?
Evaluation is undertaken to ensure the provision of a high-quality programme
Step 4 – management

The expectation

Tutors are recruited, inducted and effectively managed.

What this means...
The tutors are the programme’s most valuable resource. It is essential that they feel supported at all stages of involvement. They need to be able to give a commitment of at least two years to the programme, even though they may not always be able to deliver.
<p>| | | |</p>
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<tbody>
<tr>
<td>a) There are transparent recruitment processes developed in line with good practice (for example ‘Stepping Stones to Success Supporting Information’ available on <a href="http://www.qismet.org.uk">www.qismet.org.uk</a>)</td>
<td>Not achieved</td>
<td>Achieved</td>
</tr>
<tr>
<td>b) Tutors are recruited as people living with, or caring for someone with, a long term condition, rather than for their professional status or qualifications</td>
<td></td>
<td></td>
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<tr>
<td>c) Tutors attend a standardised training event where they receive training from accredited trainers</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Tutors move through identified steps to become accredited, as outlined on the training frameworks (available on <a href="http://www.qismet.org.uk">www.qismet.org.uk</a>)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Tutors are supported to maintain their Passport to Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) There are processes in place for managing disputes and disagreements between tutors and between tutors and trainers and their coordinator</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 4: programme management minimum requirements (kept in evidence portfolio)

- Recruitment materials and interview materials
- Tutor person specification
- Training course outline
- Accreditation feedback forms and accreditation certificates
- Written record of tutor and trainer professional development
- Written process for dispute resolution

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
Step 4 | management | intermediate level

**Self-assessment**

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tutors progress through the training framework to higher levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Training for all levels of the training framework is offered in a variety of modes</td>
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</tr>
<tr>
<td>c) Tutors are offered additional training to develop their delivery skills</td>
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<td></td>
</tr>
<tr>
<td>d) Tutors have the opportunity to work with other organisations</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Evidence used to assess Step 4: programme management intermediate level (kept in evidence portfolio)**

- Evidence of tutors’ progression to become assessors, lead trainers, trainers of lead trainers and other skills development
- Portfolio of training offered
- Evidence of the uptake of other training opportunities
- Records of joint delivery of programmes

Other evidence used (please list):

> Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
<table>
<thead>
<tr>
<th>Self-assessment</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) The programme is sustained through its ability to train its own tutors</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>b) Alternative roles are available in the programme for people unable to deliver</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) The programme is developed for specific communities (for example BME and LGBT)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Tutors have individual learning plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evidence used to assess Step 4: programme management advanced level (kept in evidence portfolio)

- [ ] The programme has accredited lead trainer(s)
- [ ] Descriptions of alternative roles
- [ ] Records of interventions delivered in specific communities
- [ ] Record of individual learning plans for tutors

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
Step 4 – design

The expectation

Tutors are supported to be involved in the design of the programme.

What this means...
Lay led self management programmes are designed to support the development of knowledge, skills and behaviour change among people living with long term conditions, and the people who care for them.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a)</td>
<td>Tutors contribute to the design of the programme</td>
<td></td>
</tr>
</tbody>
</table>

#### Evidence used to assess Step 4: programme design minimum requirements (kept in evidence portfolio)

- [ ] Record of feedback from tutors and trainers in relation to the content of the manual

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 4 | design | intermediate level

### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tutors are involved in the design of the programme</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
<tr>
<td>b) Tutors are involved in adapting the programme for specific communities, (for example BME and LGBT)</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
<td>☐️</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 4: programme design intermediate level (kept in evidence portfolio)

- Audit of tutor involvement in the design of the programme
- Audit of tutor involvement in the adaptation process

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th>a) Tutors have continued involvement in the design of the programme</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
</table>

#### Evidence used to assess Step 4: programme design advanced level (kept in evidence portfolio)

- Audit of tutor involvement in the design of the programme and their ongoing responsibilities

Other evidence used (please list):

---

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 4 – delivery

The expectation

Tutors are provided with appropriate training, peer support and supervision.

What this means...
Tutors are equipped with the training and support they need to be effective in their role. This is gained through experiential learning and feedback from their peers.
## Self-assessment

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Tutors received concrete and specific feedback to help develop their skills and gain and maintain their Passport to Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Tutors receive a minimum of one supervision annually</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Processes and steps are in place to support tutors to achieve and maintain high standards of delivery</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 4: programme delivery minimum requirements (kept in evidence portfolio)

- [ ] Record of skills feedback forms
- [ ] Schedule of supervision session(s)
- [ ] Written policy and procedures to support high standards of delivery

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
## Self-assessment

| A) Tutors reflect the cultural and ethnic diversity of the community in which the programme is delivered |
|---|---|---|---|
| Not met | Just started | Making progress | Fully met |
|   |   |   |   |

| B) Tutors are mentors for the new recruits |
|---|---|---|---|
| Not met | Just started | Making progress | Fully met |
|   |   |   |   |

### Evidence used to assess Step 4: programme delivery intermediate level (kept in evidence portfolio)

- [ ] Map of the fit between the local community profile and tutors (eg using Ward or Borough statistics)
- [ ] List of matches between mentors and new recruits

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio
### Self-assessment

<table>
<thead>
<tr>
<th>a) Tutors are encouraged to use their Passport to Practice to work across organisational boundaries and sectors</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) Tutors are supported to gain a national qualification</td>
<td>Not met</td>
<td>Just started</td>
<td>Making progress</td>
<td>Fully met</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 4: programme delivery advanced level (kept in evidence portfolio)

- [ ] Evidence of joint working
- [ ] Award from nationally recognised body (for example Open College Network, National Vocational Qualification, City & Guilds)

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
Step 4 – evaluation

The expectation

Evaluation is undertaken to ensure the provision of a high-quality programme.

What this means...
Evaluation is undertaken to ensure that participants benefit from the full potential of the programme because the tutors perform to a high standard.
## Self assessment

<table>
<thead>
<tr>
<th></th>
<th>Not achieved</th>
<th>Achieved</th>
</tr>
</thead>
</table>
a) Feedback is obtained from participants about their experience of the programme, including the performance of the tutors |   |   |
b) Feedback is analysed, reported and used to improve the quality of the programme |   |   |

### Evidence used to assess Step 4: programme evaluation minimum requirements (kept in evidence portfolio)

- [ ] Participant evaluation tools
- [ ] Evaluation report, including recommendations for change

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th>Recommendations from evaluations are implemented</th>
<th>Not met</th>
<th>Just started</th>
<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feedback is obtained from participants about their experience of the programme, including their ability to put into practice the skills they learnt</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>In-depth feedback is analysed, reported and used to improve the quality of the programme</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Evidence used to assess Step 4: programme evaluation intermediate level (kept in evidence portfolio)

- Evidence of changes made
- Data gathered in follow-up feedback processes (eg follow-up telephone interviews or focus groups)
- Evaluation report, including recommendations for change

Other evidence used (please list):

Use the action plan draft (see page 89) to rough out your ideas and then download the Word template from www.qismet.org.uk – fill in neatly and add to your evidence portfolio.
### Self-assessment

<table>
<thead>
<tr>
<th></th>
<th>Not met</th>
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<th>Making progress</th>
<th>Fully met</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Recommendations from evaluations continue to be implemented</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b) Evidence of the effectiveness of the programme is included in the strategic plan</td>
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</tr>
<tr>
<td>c) Feedback is used to inform the greater use of lay led self management programmes among local health providers</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
</tr>
</tbody>
</table>

### Evidence used to assess Step 4: programme evaluation advanced level (kept in evidence portfolio)

- Evidence of changes made
- Strategic plan
- Increase in the number of lay led self management programmes available and the number of people attending

**Other evidence used (please list):**

Use the action draft (see page 89) pad to rough out your ideas and then download the Word template from [www.qismet.org.uk](http://www.qismet.org.uk) – fill in neatly and add to your evidence portfolio.
I have seen the proven benefits of quality assurance systems for people who offer their services on a voluntary basis. As a volunteer self management tutor, I know that – if the organisation I choose to deliver for is working within SS2Q – I will be well supported, and that people living with long term conditions will be at the centre of the organisation’s programme.

Kerstin Goulding
Chair, Quality Advisory Group

We decided to include our tutors in the process – we held a meeting and did a free-think of one of the steps. This was great as it gave us a different perspective and they felt involved in the process. I found it very easy to say that we met the steps but without asking them, I wouldn’t have known if they thought we were doing OK.

Pilot participant

In creating the methodology to assess the quality of Stanford based self management programmes, Ss2Q has provided a firm foundation for the development of QISMET, the new independent quality institute. This world-leading initiative to formalise the auditing of all self management providers, and award a quality mark to those that achieve the required standards, will be a boon to healthcare providers, commissioners and service users.

Phil Baker
Operations Director, Arthritis Care and Interim Chair, QISMET
(November 2009)
# Action Plan Draft

Use a photocopy of this action plan to rough out your ideas. Then download the Word template from [www.qismet.org.uk](http://www.qismet.org.uk) – fill in neatly and add to your evidence portfolio.

Tick to remind yourself to what this draft refers:

- Step
  - Step 1
  - Step 2
  - Step 3
  - Step 4
- Area
  - Management
  - Design
  - Delivery
  - Evaluation
- Level
  - Minimum
  - Intermediate
  - Advanced

<table>
<thead>
<tr>
<th>Step</th>
<th>Area</th>
<th>Level</th>
<th>Action to be taken</th>
<th>By whom?</th>
<th>By when?</th>
<th>Action review date</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
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</tbody>
</table>
Stepping Stones to Quality (Ss2Q) was first published in 2007 by the Expert Patients Programme Community Interested Company (EPP CIC). This reprint of Ss2Q (autumn 2009) has been funded by QISMET – the Quality Institute for Self Management Education and Training – whose development is supported by the EPP CIC and other self management providers in the statutory, voluntary and not-for-profit sectors. QISMET is an independent and values driven organisation set up to ensure that people living with long term conditions have access to high quality self management education and training services, delivered by a plurality of accredited organisations, working within agreed quality standards.

The aims of QISMET are to:

- Develop and manage standards and accreditation processes for a range of self management education and training services;
- Support self management education and training providers to build capacity and expertise for continuous improvement
- Provide membership based information and support services
- Promote the involvement of people living with long term conditions, professionals and organisations, in the development and implementation of self management education and training.

Since the launch of Ss2Q, self management course providers have consistently asked for the development of an Ss2Q Quality Mark to demonstrate they meet requisite standards of good practice in delivering, managing, designing and evaluating the lay led self management programme they run. Such a mark will assure people living with long term conditions who attend local self management courses – and the people who deliver these courses that they are involved in programmes built upon the collective good practice and experience gleaned from others like them. QISMET is now working to develop and pilot a Quality Mark Certification Scheme for self management education and training provider agencies.

If you would like to be kept informed about QISMET’s work, please email info@qismet.org.uk to be placed on the newsletter mailing list.