

Care Confidence in Action

Submission date 08/06/2026	Recruitment status Recruiting	☐ Prospectively registered ☒ Protocol
Registration date 03/07/2026	Overall study status Ongoing	☐ Statistical analysis plan ☐ Results
Last Edited 03/07/2026	Condition category Other	☐ Individual participant data ☒ Record updated in last year

Plain English summary of protocol

Background and study aims

In England, navigating the social care system is difficult, but for older people trying to find and fund their own care, it can be particularly challenging. Care Confidence is an online decision aid that contains information for self-funders on home care, equipment and adaptations, residential care, finances and capital depletion. It is currently available to use online by anyone who knows the site exists or finds it through searching. However, we know that not everyone has equal access to the internet or has the skills or confidence to find and use online tools without support. We want to ensure everyone who could benefit from Care Confidence has the opportunity to do so. We have been working with local organisations to co-produce interventions using Care Confidence to support self-funders. In this research we will evaluate the implementation of these interventions using an 'action research' approach, meaning we will feed in learning throughout to help optimise approaches.

Who can participate?

Staff involved in any capacity in delivering, or managing the delivery of, a Care Confidence related intervention, may be invited to complete the NoMAD survey or participate in an interview or focus group. Any adult offered, signposted to, or using a Care Confidence related intervention offered by one of the study sites may be invited to participate in an interview.

What does the study involve?

A combination of quantitative analytics, survey and qualitative data collected from local authority and voluntary sector staff and people offered the interventions will be used to examine the process and effectiveness of implementation. Data will be collected at multiple timepoints over 24 months. We will communicate learning with study sites as it emerges and facilitate collaborative working to address implementation challenges.

What are the possible benefits and risks of participating?

The research will not benefit participants directly, other than the satisfaction of taking part in a research project and the knowledge that participation could benefit older self-funders and those who support them in the future. A £20 gift voucher will be offered as a thank you to each service user/carer and staff interviewee. There are no known risks to taking part in this study.

Where is the study run from?

The Care Confidence in Action study is being run from the University of York (UK). Care

Confidence related interventions are being implemented in three local authorities and a voluntary sector organisation in England: Hull City Council, City of York Council, North Yorkshire Council, and Dementia Forward.

When is the study starting and how long is it expected to run for?
April 2026 to September 2027

Who is funding the study?
NIHR School for Social Care Research (SSCR)

Who is the main contact?
Kate Gridley, Kate.gridley@york.ac.uk

Contact information

Type(s)

Scientific, Principal investigator

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Public

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Additional identifiers

Integrated Research Application System (IRAS)
356117

Study information

Scientific Title

Supporting self-funders to make confident care decisions: 'Care Confidence in Action'

Study objectives

1. To support social care providers in four sites to implement a dedicated version of the Care Confidence care planning tool for older-self funders (tailored implementation)
2. To find ways of tailoring the use of the tool to improve its reach and inclusivity, meeting the needs of a more diverse population of older self-funders (diversity and inclusion)
3. To evaluate the implementation of Care Confidence against NPT principles (mixed methods, with staff) and qualitatively with older self-funders and their carers (robust evaluation)
4. To feed learning from the initial stages of evaluation into later stages of service improvement (continual improvement)
5. Share learning from the study, about implementing Care Confidence and the use of implementation thinking in social care settings, with a wider range of stakeholders to maximise impact (knowledge mobilisation)

Ethics approval required

Ethics approval required

Ethics approval(s)

Approved 09/02/2026, West Midlands - Coventry and Warwickshire Research Ethics Committee (REC) (Health Research Authority, 2 Redman Place, Stratford, London, E20 1JQ, United Kingdom; +44 (0)2071048211; coventryandwarwick.rec@hra.nhs.uk), ref: 26/WM/0003

Primary study design

Interventional

Study design

Implementation science informed process evaluation

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Care decisions

Interventions

This is an implementation science-informed process evaluation. The focus of the evaluation is the process through which Care Confidence related interventions are implemented by local authorities and voluntary sector organisations.

Care Confidence is an online decision support tool for older social care self-funders and their supporters, designed and tested in previous research (Baxter et al., 'Development of a decision support tool for older people who pay for social care and their families' <https://www.sscr.nihr.ac.uk/projects/p173/> IRAS project ID 303286). It is currently available to use online for free here: <https://www.careconfidence.org.uk/> by anyone who knows the site exists or finds it through searching. However, we know that not everyone has equal access to the internet or has the skills or confidence to find and use online tools without support. This project, therefore, centres on the development and implementation of Care Confidence related interventions to improve access to and use of Care Confidence by older social care self-funders and their supporters. The focus of the evaluation will be the processes through which delivery partners develop and implement their chosen interventions.

Outcomes of interest:

Markers of implementation success will be:

1. Level of normalisation (embedding over time)
2. Fidelity of implementation and use (the degree to which what is happening matches what was intended)
3. 'Dose' (how much of the intervention is necessary to have benefit).

Applying NPT, normalisation can be described/quantified via NoMAD (a staff survey) and explained – with reference to mechanisms and their interactions with context – via staff interviews and focus groups. This data collection, along with interviews with service users about their experiences of receiving interventions, will further inform our understanding of fidelity, dose and implementation success.

A staged approach: The study has five stages:

Stage 1 (April to May 2025): Relationship building, launch and approvals:

Relationship building: NPT tells us that a sense of shared ownership and trust is essential to successful implementation (and evaluation). Stage 1 included dedicated time to facilitate relationship building between researchers and service staff through:

1. Site visits (e.g. to dementia hubs)
2. Face-to-face meetings (to share ideas)

All-sites launch event: Stage 1 included a face-to-face 'all sites' launch bringing together stakeholders from all sites to create a 'buzz', brainstorm, and plan for the first site-specific workshops (including planning wider stakeholder involvement and publicity).

Stage 2 (June 2025 to January 2026): Developing strategies for tailored intervention:

Initial ItFits workshops: Two face-to-face workshops in each site were held in July and August 2025 to identify strategies for implementing Care Confidence, structured using ItFits (<https://itfits-toolkit.com/>). Workshops brought together the core site teams with wider stakeholders, including public advisors, local service representatives and members of the public. They were facilitated by the research team, but co-productive in ethos and all decisions on strategies for implementation were made by the service teams.

IRAS application (October 2025): A protocol for the process evaluation was finalised and the IRAS form submitted, with associated documentation.

Action to implement strategies: This includes producing written site-level plans, raising staff awareness of new processes, purchasing equipment, and adding links to websites.

Stage 3 (February to June 2026): Process evaluation begins:

Evaluation: A combination of quantitative analytics and qualitative data, collected from service

staff and people offered the interventions, will be used to examine the process and effectiveness of implementation, as well as the expressed views and experiences of self-funders and their supporters. Data will be collected at multiple timepoints over 16 months (Stages 3 and 4, February 2026 - May 2027), and we will communicate learning as it emerges to address implementation challenges.

Specifically, we will:

Measure 'normalisation' using NoMAD: The Normalisation Assessment Development (NoMAD) instrument (doc 1), a validated staff questionnaire tapping into core concepts of NPT (Coherence, Cognitive Participation, Collective Action, Reflexive Monitoring), will be used to assess normalisation of the tailored Care Confidence interventions over time.

NoMAD data collection is planned to coincide with key points in the review and improve cycle, serving both implementation and evaluation purposes (the NoMAD tool does not simply 'take' data from participants for research purposes – there is a return on participants' investment of effort. Teams will receive, for example, data summaries/visualisations at a site level so they can discuss/identify solutions for any issues recorded. This makes engagement directly useful for staff.)

A NoMAD baseline has already been collected from all sites (this is an anonymous survey of professionals – the baseline was collected with University of York departmental ethics approval – see doc 12). At three follow-up rounds of NoMAD administration, site staff will be invited to complete a further NoMAD questionnaire.

When planning this study, we anticipated that 40 managers and front-line workers would be involved in implementation across the four sites, of which 30 (75%) were likely to respond to the NoMAD questionnaire at each timepoint. In fact, there were 53 anonymous responses to the baseline NoMAD, demonstrating the success of Stage 1 in building initial support for the research amongst delivery partners. We will nevertheless still aim for the minimum of 30 responses in total at each follow-up time point, recognising that support for research can change over time.

Undertake qualitative interviews with staff and people receiving the interventions (n = 48): Interviews with staff and people offered interventions will focus on four core aspects of implementation:

1. Mechanisms (what is happening)
2. Context (influence of setting/environment)
3. Fidelity (does delivery match the plan)
4. 'Dose' (how much is necessary)

We will also explore outcomes to inform future evaluative research.

Staff and people offered interventions will be recruited through sites, purposively sampled to cover a range of characteristics and points in the pathway. Processes will be flexible (e.g., face-to-face or remote to suit preferences, with or without a carer present). We have costed for interpretation and translation to ensure language is not a barrier. Data will be analysed abductively, starting with a Framework, guided by NPT but allowing for inductive development of additional themes using a reflexive approach. Analysis will begin early so that learning from early interviews can inform later stages.

Assess uptake and reach using routine analytics:

Each site will use a dedicated sub-domain of Care Confidence, enabling the collection of site-

specific (anonymous) analytics, including numbers of new or returning users, geographical region, popular days/times, events (e.g., viewing a video) and how users arrived at the site (i.e., browser search, via a link on social media or email).

Capture costs to services:

Whilst it is beyond the scope of this study to measure cost-effectiveness, sites have emphasised the importance of understanding the costs of implementing and running the tailored interventions. We have adapted a cost-recording tool (doc 25) developed for the ImpleMentAll study, which captures costs as follows:

1. Personnel costs, using the Unit Costs of Health and Social Care Manual
2. Other direct costs (consumables, equipment, travel, etc.)
3. Indirect costs (capital costs and overheads, calculated as 20% of direct costs)

Stage 4 (July 2026-May 2027): Improve and consolidate

Learning from initial implementation will be applied to improve ongoing delivery (which will continue to be evaluated).

This stage will begin with a workshop in each site:

Review and improve workshops using tools recommended in ItFits to reflect on progress and build consensus on next steps. Consensus techniques will include brainstorming and structured group discussion involving the core team and wider stakeholders, including a public advisor for the study and local members of the public. No research data will be collected at this workshop - it is part of the improvement cycle (i.e., not a focus group). Written notes may be taken (by any/all participants) as a record of their plans, but we will not audio-record or transcribe proceedings. Implementation of improvements and continuing evaluation. A period of continued delivery (with improvements) and evaluation will follow. Final qualitative interviews will be undertaken with staff and service users (as described above).

The NoMAD survey will be completed at two timepoints (3 months apart), and an additional staff focus group will be held in each site:

Focus groups are for research purposes and will supplement qualitatively the data collected through NoMAD on the implementation process. Whilst NoMAD can tell us how normal, integrated, well-supported, and sustainable staff think the intervention is at different timepoints, we need qualitative data to explain why that is and what made the difference.

Stage 5 (June to August 2027): Reflect and share

A final workshop in each site will ensure learning is fully incorporated locally, and a national launch and visits to share findings with diverse groups will ensure wider reach, accompanied by a range of publicity and resources (including practical steps for implementation with costs, logic models and expected outcomes). No research data will be collected at this workshop or the launch events that follow, their purpose is knowledge exchange and impact.

Intervention Type

Other

Primary outcome(s)

The following three outcomes of interest will be measured using the NoMAD survey [<https://normalization-process-theory.northumbria.ac.uk/nomad-study/>] at baseline, 1 year, 21 months and 25 months:

1. Level of normalisation (embedding over time)

2. Fidelity of implementation and use (the degree to which what is happening matches what was intended)
3. Dose (how much of the intervention is necessary to have benefit)

Staff interviews and focus groups, along with interviews with service users about their experiences of receiving interventions, will qualitatively inform our understanding of fidelity, dose and implementation success.

Key secondary outcome(s)

There are no secondary outcomes

Completion date

30/09/2027

Eligibility

Key inclusion criteria

The following inclusion criteria apply for staff participating in surveys, interviews and focus groups:

1. Staff (including volunteers) involved in any capacity in delivering a Care Confidence related intervention
2. Staff involved in managing the implementation or delivery of a Care Confidence related intervention

The following inclusion criteria apply for self-funders and carers participating in interviews:

1. Any adult offered, signposted to, or using any Care Confidence related intervention designed and/or delivered as part of Care Confidence in Action

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 Years

Upper age limit

100 Years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Staff not involved in the delivery, management or implementation of Care Confidence related interventions for the Care Confidence in Action research or research sites
2. People without capacity to give informed consent
3. People under 18 years of age

Date of first enrolment

01/04/2026

Date of final enrolment

31/07/2027

Locations

Countries of recruitment

United Kingdom

England

Study participating centre**City of York Council**

West Offices

Station Rise

York

England

YO1 6GA

Study participating centre**Hull City Council**

The Guildhall

Alfred Gelder Street

Hull

England

HU1 2AA

Study participating centre**North Yorkshire Council**

Racecourse Lane

Northallerton

England

DL7 8AD

Study participating centre

Dementia Forward (registered charity)
George Armitage House, Church Ln, Burton Leonard
Harrogate
England
HG3 3SD

Sponsor information

Organisation
University of York

ROR
<https://ror.org/04m01e293>

Funder(s)

Funder type
Government

Funder Name
National Institute for Health and Care Research

Alternative Name(s)
National Institute for Health Research, NIHR Research, NIHRresearch, NIHR - National Institute for Health Research, NIHR (The National Institute for Health and Care Research), NIHR

Funding Body Type
Government organisation

Funding Body Subtype
National government

Location
United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Data sharing statement to be made available at a later date

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Participant information sheet		04/02/2026	25/06/2026	No	Yes
Participant information sheet	version 1	28/10/2025	25/06/2026	No	Yes
Protocol file	version 1	30/10/2025	25/06/2026	No	No
Study website			25/06/2026	No	No