



Delivering Training to Carers

**A practical guide based on findings from
the National Evaluation of the *Caring with
Confidence* programme**

CIRCLE

Centre for International Research on Care,
Labour and Equalities

University of Leeds

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Introduction

This practical guide for organisations seeking to deliver training programmes to carers has been developed using learning from the National Evaluation of the *Caring with Confidence* (CwC) programme¹. The CwC programme ran from 2008 to 2010 and involved a large number of organisations in the UK delivering a seven-module training course to carers in their localities. CwC was designed to help carers develop a range of skills relevant to their caring roles, including: practical matters (such as safe lifting techniques and administering medicines); everyday life tasks (such as managing money and domestic responsibilities); and being able to have ‘a life of their own’. The programme also aimed to help carers become more confident in their caring roles, particularly in relation to seeking formal support and exploring recreational / employment opportunities.

While delivering the programme, providers experienced a number of challenges, which were often met with creative solutions. This guide provides other organisations seeking to offer carer training with ideas about how to deliver it successfully, based on what providers found particularly effective. It covers the following issues: planning the training; sources of funding and financial planning; monitoring access; recruiting carers; course materials; delivery methods; practical considerations; and future planning.

Planning the training

It is recommended that organisations delivering a carer training programme should fully assess the achievability of milestones, targets and costs prior to implementation. Targets should be ambitious and wide-reaching but also cost-effective and achievable, with intelligence relating to the challenges of delivering to different groups of carers fully explored. In the CwC programme, a national-level scoping exercise was carried out that was designed to assess carers’ needs and map existing forms of support in the field of carer training. A similar exercise might be adopted while developing local carer training programmes, ideally using Census of Population data (to establish carer prevalence in the area), supplemented with intelligence from other data sources or available from groups involved in supporting carers in the locality. The training programme should be tailored to meet the needs of carers living in the locality, which may differ from area to area.

Sources of funding and financial planning

The government made sufficient funds available for CwC providers to run the programme for a fixed term period. Most organisations wishing to provide training for carers will not be in this position. However, when the funding for CwC ended, some providers were able to identify alternative sources of funding to keep the programme running. It may be possible for organisations starting up similar training courses to do the same. For example, funding from health organisations may be an option, especially if it can be demonstrated that supporting carers can have a long-term positive impact on their health and well-being and can mean that care at home is sustainable.

Before fully developing plans for a carer training service, the following financial aspects should also be considered:

- Be clear about staffing requirements. CwC providers operated with a project manager, a project co-ordinator (responsible for booking venues and liaising with carers etc), and a number of module facilitators. If a similar model is adopted, be clear about how such posts will be funded, bearing in mind their training and accreditation costs, as well as the costs of delivering sessions.
- Be clear about how initial set-up costs are to be handled; it is important to factor in financial resources to pay for administrative and promotional activities.

¹ The national evaluation was conducted by CIRCLE, University of Leeds, and was funded by the Policy Research Programme in the Department of Health. The views expressed are not necessarily those of the Department.

- Decide whether the course is free to carers or subject to a charge, and consider what implications each approach might have for carers as well as your organisation.
- Ensure the ongoing delivery costs are financially viable and that these can be met for the duration of the programme.
- Try to 'package up' the training to appeal to agencies that might want to buy a number of training places for carers – for example, employers, health and social care agencies.

Monitoring access

Monitoring the number of carers coming through a new service, and collecting information about their circumstances, is a good way of acquiring knowledge about local carers' needs. It can also allow organisations to gauge which kinds of carers are not accessing the service, so that a more focused attempt can be made to target these groups of carers. To do this, organisations should ensure that effective management information systems are put in place from the outset, which record all relevant details about the carers accessing the service. A flexible, user-friendly system is recommended which allows collection of a range of data, including: age, gender, ethnicity, employment status, and who the carer is caring for / their condition. It is often best to collect this data right at the start, ideally in a face-to-face meeting when the carer's needs are being assessed. If monitoring data is being collected during the delivery sessions, however, it is important to keep this brief (e.g. a questionnaire or feedback sheet) which a member of staff (e.g. a receptionist at a GP surgery) can help the carer to fill out.

Recruiting carers

Training programmes for carers need to use innovative marketing and recruitment techniques, especially with those not in touch with formal care and support services who are often described as 'hidden carers'. CwC organisations adopted a range of marketing / recruitment strategies, some of which proved more successful than others, including:

- Promotional literature: this can include information sheets, maps to the training venue, and leaflets bearing contact telephone numbers for carers to seek advice on attending the course.
- 'Word of mouth': promotional material distributed by carers' centres and other voluntary organisations involved in supporting carers can lead carers to start talking about the programme with others who might also be interested.
- Working with other local organisations: CwC providers built up good networking / partnership arrangements to help with identification and recruitment of carers. Partner organisations included voluntary groups, local authority departments, and some employers.
- Vigorous outreach work: this may require the employment of specialist outreach workers, at least in the short term; it is a good way of accessing carers from 'harder to reach' communities.
- Use of GP and NHS referrals: through locally agreed but standardised arrangements, carers can be identified by health care professionals at GP practices or hospitals. Requesting an existing member of staff to become a 'carers' champion' (e.g. a receptionist at a GP practice) can be an effective way of achieving referrals.

Effective ways of engaging carers in the programme can include highlighting in promotional material the benefits for those being cared for, as well as for carers themselves. Bear in mind that carers may feel that by joining the course they will get a break from their busy and often stressful lives. Carers are more likely to attend training sessions if travel and alternative care costs are covered.

Carers are often 'juggling' lots of responsibilities and have difficulties in managing busy or unpredictable schedules. Many CwC providers developed a sensitive reminder system, involving a telephone call the day before to make sure the carer had everything they needed in advance of the training session and could ask any last-minute questions.

Course materials

The CwC programme provided a wide range of course materials carefully developed by experts in the field. These materials were printed as booklets and included engaging exercises, *aide memoires*, discussion prompts and other useful methods to encourage carers to explore their own situations. Carers responded extremely positively to these materials, finding them informative and highly engaging, prompting much useful discussion. These materials are still available for use². Organisations may also wish to respond to local needs by tailoring course materials to issues which carers living locally say they need help with (e.g. employment opportunities).

CwC revealed that flexible training materials that prompted carers to explore their concerns together were particularly effective. These kept carers focused on important issues without dictating module content. Printed booklets with space to take relevant notes were an effective means of helping carers recall important advice and information emerging from group discussion.

Where the training course involves a modular design, with different sessions dealing with a range of caring issues, a 'pick n choose' approach may be suitable. CwC providers found this popular, with carers tailoring the programme to their individual needs. Some carers attended all seven of the 'generic' CwC modules in the order in which they were designed to be delivered, while others selected only those they were most interested in. In all cases, carers appreciated flexible options around module attendance.

Delivery methods

In the CwC programme, the modules were delivered by facilitators formally trained and accredited through a scheme which included a two-day development programme. Staff who received this training spoke highly of its quality and rigour, subsequently feeling confident about dealing with the often emotive issues that can arise when working with carers. The facilitator training programme developed for CwC can still be accessed on-line³.

It may not be possible for all organisations to provide this kind of formal facilitator training. In this case, the following findings from the national evaluation of the CwC programme should be borne in mind, which include that effective facilitators often had:

- Previous experience of delivering training: some facilitators had previous experience of delivering training in a variety of settings, giving them the confidence to deal with unpredictable developments and challenging group dynamics.
- A sympathetic approach: many facilitators had personal experience of caring, offering them insights into carers' experiences and lives; this was by no means an essential characteristic, but a sympathetic, understanding attitude is crucial and was valued by most carers who attended CwC modules.
- Sensitivity to different groups: carers come from diverse backgrounds and some are more vocal than others. CwC facilitators were trained to be sensitive to the diversity of carers, and made efforts to obtain contributions from all carers in the group, including those who might have an atypical or specific issue to discuss.

² <http://www.caringwithconfidenceonline.co.uk>

³ <http://www.nhs.uk/CarersDirect/carers-learning-online/Pages/resources-for-training-providers.aspx>

- **Flexibility:** although CwC was a structured course, with printed workbooks and set exercises, many carers valued the way it allowed them to explore their own concerns without feeling they were diverging from the course material. Facilitators played an important role here, inviting carers to share their personal stories in a sensitive way that overcame nervousness, particularly during a first session when members of a group were getting to know each other.
- **Respect:** carers valued the fact that facilitators did not make any judgements or offer any immediate solutions to their problems. Carers were often encouraged to discuss these issues among themselves, with some more experienced carers providing helpful tips and advice to others newer to caring. In short, facilitators facilitated, delivering the course material and leading the group only when carers wished them to do so.

Practical considerations

Local organisations providing training to carers should very carefully assess the practicalities of its provision and ensure that the needs of target groups are considered prior to offering the programme. To maximise uptake of training, key issues to be considered include:

- **A sensible and practical schedule:** carers have busy lives and often find it difficult to attend events; it is therefore important to establish a suitable time to deliver training. Whether this will be a morning, afternoon, evening, weekend or even lunch-time session may depend on the carers attending – for example, carers of sick or disabled children may have school timetables to work around. It is therefore essential to tailor modules to specific carers' needs. CwC modules were delivered in three-hour sessions. Most carers who attended liked this, but some carers found the session length problematic as they needed to leave the person for whom they cared for a long period; shorter sessions might be more appealing, especially to carers who live with the person for whom they care, or who are very pressed for time (such as carers who are combining caring with paid employment).
- **Identifying appealing venues:** many carers described attending CwC as 'a treat' and valued visiting a nice venue in an attractive location. This should be balanced with how accessible the venue is to carers, with venues on public transport routes desirable. If possible, it is beneficial to have access to a number of different venues in the locality which can be used to cater for specific carers' needs. Many (but not all) carers have their own vehicles, so a convenient (preferably free) car park nearby is desirable. Parking costs should be refundable if carers are claiming travel expenses. If the course is delivered in the evening, a venue in a safe, well-lit location is essential.
- **Minimise costs:** carers often experience financial pressures, and travel costs may be a problem. Difficulties in making complex travel arrangements were reported by some carers as one reason why they were unable to attend some CwC modules. Organisations should aim to have a budget to cover travelling costs incurred by carers when attending a training course. Some CwC providers set up arrangements with local taxi companies which invoiced them at the end of each month; others provided travel vouchers acquired from local public transport services.
- **Alternative care support:** many carers are unable to attend events because they cannot leave the person they care for unattended. Through the CwC programme, providers offered carers help with arranging alternative care, and had a budget enabling them to refund any costs they incurred. This service was taken up by only relatively small numbers of carers, but was crucial in enabling some to attend. Many carers are reticent about leaving the person they care for, but are more likely to take up alternative care when it is provided through what they perceive to be 'trusted and experienced' voluntary sector groups⁴. Staff involved in delivering CwC reported that offering alternative care was essential, because it gave opportunities to some of the most socially excluded carers. If the budget can cover the cost of alternative care, organisations should include it in their plans for providing training for carers.

⁴ <http://www.sociology.leeds.ac.uk/circle/circle-projects/national-carers-strategy-demonstrator-sites.php>

- Comfortable and welcoming reception: carers attending CwC were offered refreshments upon arrival. If the session was held over lunchtime, CwC providers often included a meal. Carers truly appreciated these gestures, acknowledging that they contributed to their feeling that attending the course was 'a treat'.

Future planning

The CwC programme was designed as a pilot programme, with long-term sustainability to be reviewed on the basis of its success at engaging sufficient numbers of carers nationwide. Although the programme ceased operating as the DH-funding came to an end in September 2010, some providers identified ways of sustaining programme delivery beyond this date, drawing on funds from other sources.

The evaluation of CwC showed the importance of carefully managing programme delivery costs. Cost containment issues arose for CwC providers when (i) modules ran below planned capacity; (ii) outreach and / or recruitment was not organised as efficiently as it could have been from the outset; and (iii) management, marketing or facilitator costs were higher than anticipated. With experience, some providers delivering CwC achieved a 'cost per carer place' (for a single module delivered in face-to-face sessions attended by 8-11 carers) of less than £125, including management, administrative and monitoring costs. New providers of carer training who follow the guidance suggested here should find it helpful in keeping costs under control and avoiding unnecessary expenditure.

It is important for providers of carer training to consider from the outset their long-term plans for a carer training programme. A rigorous evaluation of the programme's development, including its impact on carers' lives, is recommended as a good way of demonstrating the course's value and the difference it can make not just to carers but to the wider health and social care system. A summary of the kinds of benefits carers reported, following completion of CwC modules, is listed below to assist in this type of planning and reporting.

- Carers were very complimentary about the opportunities the CwC programme provided for them to learn new skills, meet other carers in a supportive environment, improve their knowledge of how to access support and address issues affecting their own health and well-being in a positive way.
- The outcomes for carers were very good also in terms of helping them enact their caring role more effectively, with many having better access to support and services. Many carers felt considerably more confident and better informed.
- Six months after taking part, 44% of carers said that their ability to take care of the person they supported had improved, and a third felt that the standard of care they gave was better than before they took the course.
- Overall, 85% reported an improvement in at least one aspect of their caring role six months after they had completed their chosen CwC modules.
- Substantial minorities of participants reported positive outcomes for themselves as well as for those they supported; this included taking up new social, leisure or health activities and (for a few) commencing a new training course or finding paid work.

For further information about this the *Caring with Confidence* National Evaluation, contact:

CIRCLE
School of Sociology and Social Policy
University of Leeds
Leeds LS2 9JT
UK

Tel: +44 (0)113 343 5003

Email: CIRCLEadmin@leeds.ac.uk

Web: www.sociology.leeds.ac.uk/circle