

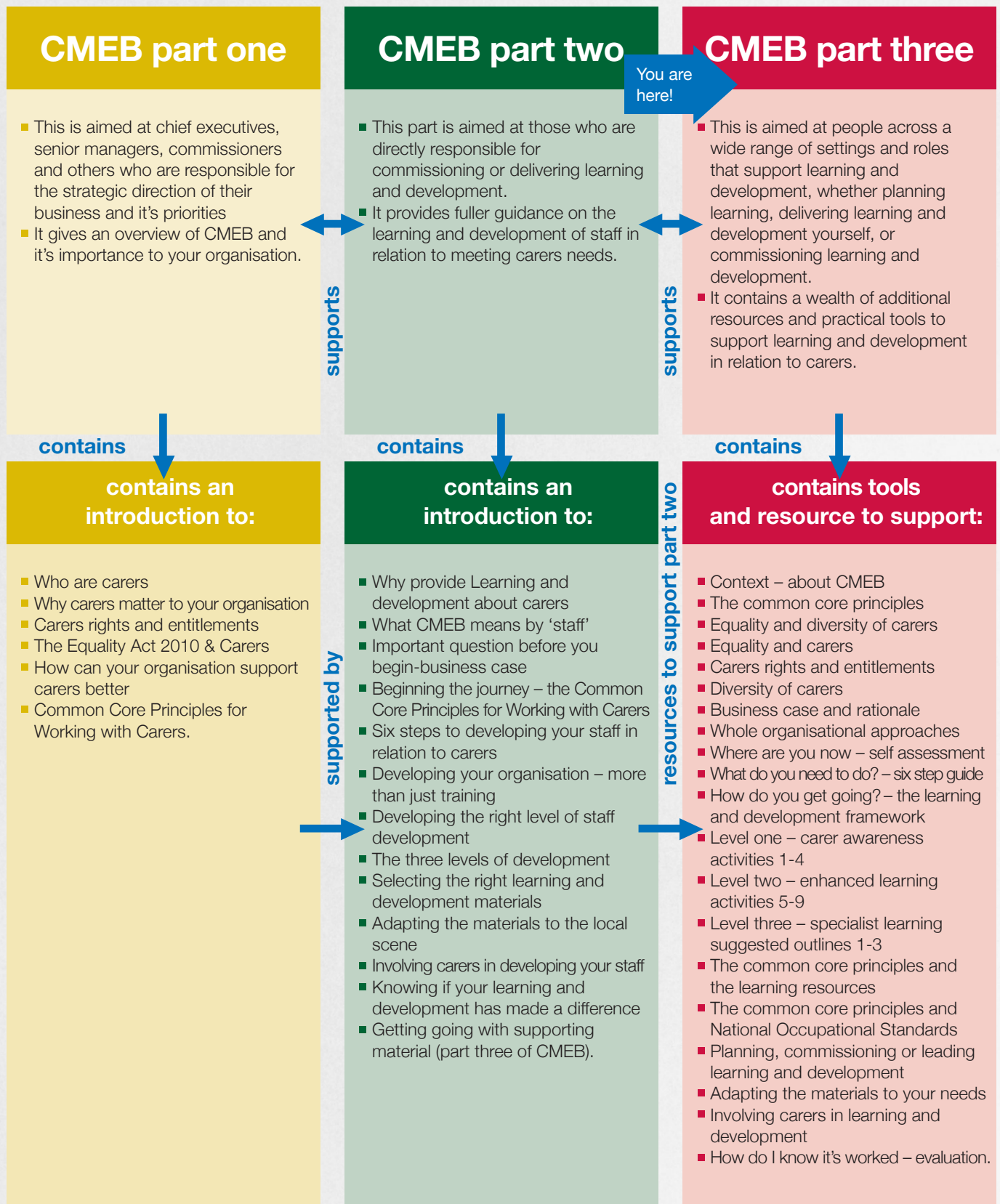
Carers Matter – Everybody's Business

supporting resources to enable learning
and development of staff that support carers



Carers Matter – Everybody’s Business (CMEB)

is also explained by the following diagram:



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context

- About Carers Matter – Everybody's Business part three
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- The Common Core Principles for Working with Carers



context – about carers matter – everybody’s business supporting resources to enable learning and development of staff that support carers

This is part three of Carers Matter – Everybody’s Business and has been developed to complement and underpin Carers Matter – Everybody’s Business: Parts one and two. The resources contained in this part range from standalone guidance or tools through to supplementary information, facts and figures. It also contains sample exercises or activities for providers of education, learning and training to consider, apply and adapt as part of a training programme or learning activity. Whilst some of these resources do standalone, the majority build on part two of Carers Matter – Everybody’s Business; a guide to support carers through learning and development of staff, available at www.skillsforcare.org.uk/carers . All the resources here are designed be relevant across a wide range of settings, staff groups and scenarios to enable organisations to reflect local situations and needs. They are intended to help commission or develop learning and development but **not** presented as an ‘off the shelf’ training package.

Link to part one.

Link to part two.

strategic context of carers matter – everybody’s business

In 2008, the government published a national strategy for improving support for carers not just as a ‘one-off’ but as a progressive process of change over the next 10 years.

‘Carers at the Heart of 21st Century Families and Communities’ (2008)¹

recognises the increasingly important role that carers play in our society alongside the wide variety of caring roles and the diversity of those within these roles, and acknowledges that carers need more help and support than has been available in the past:

“If carers are to have the same opportunities as everyone else in society, and to be able to have a life outside caring, we need to improve support and recognition for what they do. That means improving health and social care support, ensuring that carers are able to access education and leisure opportunities, and making sure that people with caring responsibilities have the chance to work flexibly so as to combine work with their caring roles. For the many children and young people who support parents or other family members it means making sure that they are not providing unreasonable levels of care, and that they have the support they need to learn, to develop and to thrive.” (HM Government 2008)

This strategy has now been ‘refreshed’ with the publication of ‘Recognised, Valued and Supported; Next Steps for the Carers Strategy’ (HM Government 2010).² This once more states the importance of carers and the support they require and deserve from a variety of organizations with whom they come into contact.

Staff in all organisations will have contact with carers, whether they know it or not. Some organisations, particularly those which provide health, social care and related services, such as housing, have specific responsibilities for providing services and support to carers. Staff working in other sectors, such as banking or retail, may not know that a customer has caring responsibilities until they ask for information or assistance. It is therefore vital that employers make sure that all within their organisations are aware of carers needs and behave in a way that assists carers to be well supported. Therefore to guide and assist employers in doing this, Skills for Care and Skills for Health have produced ‘Carers Matter – Everybody’s Business’.

¹ HM Govt 2008 ‘Carers at the heart of 21st century families and communities;

A caring system on your side. A life of your own.

² HM Govt 2010 ‘Recognised, Valued and Supported – Next Steps for The Carers Strategy’.

the common core principles for working with carers

Skills for Care and Skills for Health have worked with key stakeholders, including carers, to develop a national (England) set of Common Core Principles for Working with Carers. These principles are intended to be the foundation upon which good practice is built. They are intended to reinforce, challenge and help to change practice when working with carers. Their purpose is to challenge organisations and individuals who work with carers to reflect on their behaviours, attitudes and actions towards carers, encouraging organisations to enable carers to be the heart of the health and social care system and be recognised and supported by wider sectors of society also. The Common Core Principles for Working with Carers are embedded in every part of 'Carers Matter – Everybody's Business'.

1. Carers are equal partners in care. Recognise that over time, carers become experts with skills that are to be valued and appreciated.

In practice this means:

- Workers should have relationships with carers that acknowledge their expertise and skills, building mutual respect and a valued partnership.
- Carers may have skills that can be shared but also have skills that they need to acquire.

2. Make no assumptions, regarding a carer's capacity or carers' capacities and willingness to take responsibility for, or to continue to care.

In practice this means:

- Workers should take into account the history and context of the caring role and how this might play a part in how a carer sees their ability or willingness to carry on caring.
- No assumptions that someone will take on a caring role should be made on the basis of family relationships or cultural stereotypes.
- As circumstances change, there will need to be an on-going dialogue between carer and worker to ascertain their views on the continuation and on-going needs of the caring role.

3. Support carers to be as physically and mentally well as possible and prevent ill health.

In practice this means:

- Workers will have awareness and understanding that carers can often have poorer physical and mental health than that of the general population and miss out on opportunities to keep well due to their caring role.
- Workers will promote and offer opportunities to enable carers to 'stay at their best' by identifying support needs that enable a life outside caring.
- Workers will recognise and value that carers have roles outside of caring and enable carers to maintain valued relationships and interests.

4. Work together to involve all carers in decision making, and choices at all levels and at all stages in the caring role in a positive, timely and proactive way, following best practice in sharing information.

In practice this means:

- Workers will support and encourage the unique viewpoint of carers, supporting the carer to be involved and enabling them to feel of equal status.
- Workers will involve carers in all aspects of decision making, both on a one to one basis in respect of everyday care or a strategic level, planning services for the future.
- Workers will acknowledge that the carer may have different views from that of the cared for person and the views of all interested parties should be considered and balanced where possible.
- Issues around confidentiality will not be used to avoid listening to carers, nor for failing to discuss fully with service users the need for carers to receive information so that they can continue to care.

5. Provide care and support with flexibility and understanding in a personalised way that reflects the circumstances, cultural background and lifestyle of the carer and the person cared for.

In practice this means:

- Carers come from diverse backgrounds and each will have built up a pattern or routine of caring that reflects this individual lifestyle.
- The carer's lifestyle and culture may not be shared by the person cared for.
- Workers should strive to acknowledge, understand and maintain this when engaging other services to support the person being cared for.
- Workers will encourage support that recognises established care patterns and cultural background.

6. Respect and recognise that carers will have their own support needs, rights and aspirations, which may be different from that of the cared for person.

In practice this means:

- Workers will recognise that carers are also individuals who have needs themselves and workers should always strive to understand these needs and respond in a way that reflects individual needs and/or choices.
- Workers should recognise that this may at times involve an assessment of risk and the need to respond appropriately and manage this proportionately.
- Workers will recognise that carers have legal rights, including a right to an assessment of need in their own right.

7. Identify, support and enable children and young people who are carers to be children and young people as well as carers. Provide a safe environment and protection from harm ensuring they have the support they need to learn, develop and thrive and enjoy positive childhoods.

In practice this means:

- Young carers generally care for a member of their own family. They have a right to a family life with well-supported parents.
- Workers should always be vigilant to their existence and offer support and encouragement to prevent social isolation.
- Young carers will be listened to and supported by the people who support their parents, siblings and relatives.

8. Recognise the experience of carers as the caring role ends and after it has ended and offer support to carers accordingly.

In practice this means:

- Carers needs' will change as the person they care for either no longer needs their care, the carer no longer provides the care or the cared for person dies.
- Workers will recognise these changing needs, the support required and the potential on-going nature of this support.



the equality and diversity of carers

- Equality and carers
- Carers rights and entitlements
- Diversity of carers
 - hidden carers
 - young carers
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 - caring in older age
- Signposting to further resources.

the equality and diversity of carers

equality and carers

The Home Office identified these six strands of diversity to categorise or group together common human differences. The law currently makes discrimination in relation to these six 'protected characteristics' (age, gender, race, religious belief, disability and sexual orientation) unlawful.³

Carers should be recognised explicitly as existing within each of these strands and deserving particular attention in the planning and delivery of services.

Ensuring that carers are not directly or indirectly discriminated against while promoting and enabling their participation in society and local communities requires careful planning and well thought out action.



³ HM Govt 2010 Government 'The Equality Act' 2010

carers' rights and entitlements

Carers were first mentioned in legislation in 1986. In the first 15 years the legislation focused on how carers should be supported to carry out their caring role; more recently, and particularly with the introduction of the Carer's Equal Opportunities Act 2004 and the Work and Families Act 2006, there is an increasing requirement to view carers as individuals with a right to a life beyond caring and a right to their own support.

Most significantly **The Equality Act 2010** creates a seventh strand to the equality framework described above, by requiring public authorities to undertake impact assessments⁴ to ensure their policies do not have a detrimental effect on carers. These Equality Impact Assessments are likely to provide an important mechanism for increasing awareness of carers' needs and rights through large parts of the public sector. They may prove to be valuable tools for carers' organisations challenging circumstances where they feel that carers' needs have been overlooked (Carers UK 2009).

The Equality Act 2010 also means that carers cannot be directly discriminated against or harassed by their employer because they are caring for someone who is disabled. The new rights protect carers in situations where they are provided with a poorer service than someone who is not caring for a disabled person, as well as protecting carers where they are discouraged or prevented from using a service because they are caring for a disabled person.

Earlier carers' legislation and guidance places more specific obligations and good practice expectations upon health and social care organisations.⁵

For example:

- Social services departments must inform carers of their rights to an assessment of their own needs and the services that are available to support them.
- Social services departments must consider carefully how they address a carer's needs where a 'critical' level of risk has been identified through a carer's assessment.
- It is good practice for primary health care providers (GPs) to identify carers, keep a register of all carers in their practice, and provide support to maintain their health.
- Hospitals must ensure patients are 'safe for discharge' in order to return home and cannot ignore the risks to the carer.
- The regulations for providers of adult health and social care services encourage them to understand, value and respect the important work that carers do, and urge them to work cooperatively with carers when meeting the needs of the people who use their services (CQC 2009).

⁴ An equality impact assessment is a tool for identifying the potential impact of a public body's policies, services and functions on its residents and staff. It can help staff provide and deliver excellent services to residents by making sure that these reflect the needs of the community, including carers.

⁵ The main legislation that sets out local authorities' responsibilities for supporting carers is the Carers and Disabled Children Act 2000 and the accompanying 'Carers and people with parental responsibility for disabled children practice guidance' (Department of Health 1st March 2001).

diversity of carers

hidden carers

Many carers do not recognise themselves as carers. They simply see themselves as husband, wife, parent, son, daughter or friend. The majority of carers do not access formal services and therefore could be missing out on valuable support. Many carers report concerns about the difficulties they experience in accessing services but they do not experience caring or the effects of caring equally. Some groups of carers experience additional barriers to accessing support or services for themselves or the people they care for. These are described in the sections that follow .

young carers

Whilst many staff might spend the majority of their time working with adults they may still come into contact with families. Children and young people within these families may be carers, providing direct care or taking on additional responsibility for household chores in order to support others in a caring role. There are additional relevant resources available to those who work, or occasionally come into contact with families and children or young people, which may be particularly relevant when working with young carers. The Common Core of skills and knowledge for those working with children and young people will help to identify the skills and knowledge all staff need when working with children and young people. The six areas of expertise in the Common Core offer a single framework to underpin multi agency and integrated working, professional standards, training and qualifications across the children and young people's workforce.

See <http://www.cwdcouncil.org.uk/common-core>

When considering the Common Core Principles for Working with Carers in relation to young carers it is important to consider the following:

- Workers should recognise that young people can care for a member of their own family and that they have a right to a family life with well-supported parents .
- Workers should be able to identify young carers and offer support and information to prevent social isolation and vulnerability.
- Workers who support the parents, siblings and relatives of young carers should also listen to and support the young carers themselves.

Three other points to consider:

- Workers should prevent young carers from falling into appropriate caring roles by putting in place adequate support for the parent or relative with care needs (including out of hours/emergency support).
- Workers should make links with other services in order for the whole families' needs to be addressed (including health and education).
- Workers should recognise that young carers can also be experts in the illness/condition of the person with care needs and consider their views when putting support into place for the person needing care.

carers from black, asian and minority ethnic communities (BAME)

Carers from BAME communities have broadly the same needs as other carers but can experience additional barriers when trying to access support for the person they care for or for themselves.

In a Carers UK 2007 survey of around 2,000 carers in England, Scotland and Wales, nearly 10% were from minority ethnic backgrounds. This research found that compared with other carers, carers from BAME communities are:

- More likely to report that they struggle to make ends meet
- More likely to be caring for their children, particularly children aged 20-25
- Less likely to be caring for someone over the age of 85
- More likely to be caring for someone with a mental health problem
- More likely to say they are using direct payment arrangements to pay for services
- More likely to combine working life with caring responsibilities.

BAME carers are also more likely than other carers to say that they were unaware of local services, that services were not sensitive to their needs and that their use of services was limited due to cost or a lack of flexibility. A number of people made comments about a lack of cultural appropriate support and services, although when present, it was much appreciated, even if things did not always run smoothly.

Lack of information about available support services is reported as an issue affecting BAME carers. There are a number of reasons why this may be the case: people may not seek information about support because care-giving is perceived as a 'duty' and the family's responsibility; information is not given in a culturally appropriate way; there are language barriers between service providers and caregivers; issues of social isolation, and concealment of illness due to stigma. In addition, the term 'carer' itself is a relatively new term in social policy which may not have resonance in some minority languages. There is in fact no translation of the word for carer in some languages and it is therefore a difficult concept to convey.



⁶ Carers UK 2007 'Diversity in Caring, Towards Equality in Caring', Carers UK 2007, see www.carersuk.org under professionals>research.

⁷ The Afiya Trust 2008 'Beyond We Care. Putting Black Carers in the Picture'.
National Black Carers and Carers Workers Network.

caring and gender

The gap in care provision between men and women is closing but women remain more likely to provide personal and 'heavy duty' care.

Of the 4.27m carers in Great Britain, 1.8m are men and 2.4m are women, with women providing around 70% of caring hours.⁸ The changing employment patterns of women is one of the key factors affecting the future supply of carers and demonstrates the need to support people to combine paid work and care. Women working in the public sector are more likely than other full-time workers to be carers, as are women with a history of working in a caring profession.

carers from lesbian, gay, bisexual and transgender (LGBT) communities

In the past and often still today, LGBT people have not been acknowledged as valuable members of their local communities, and have often felt discouraged from taking part in local community decision-making for fear that their voices are not wanted and will not be heard.

LGBT people may also be carers. In addition to the usual barriers experienced by carers, there are LGBT-specific barriers to them accessing local services and support.

The Equality Network has developed a how to guide on Involving LGBT people in community planning. This guide aims to provide a brief introduction to some of the challenges planners face in involving LGBT people, and some suggestions for overcoming these barriers. This guide has been developed in consultation with local planning departments and LGBT organisations. Whilst the guide's focus is on involving LGBT people in community planning, the barriers people experience to getting involved may also apply to LGBT carers who need access to local information and services to support them in their caring roles. The guide aims to provide an LGBT slant on the National Standards for Community Engagement, focusing in particular on practical, concrete suggestions for better engagement that will equally apply to engaging LGBT people in a caring situation.

You can download the guide from www.lgbtcommunity.org.uk

⁸ Carers UK 2010.

mutual caring

More people are living longer than ever before, including people with learning disabilities. As a result, an increasing number of people with learning disabilities are still living at home with family carers who are now 70 or older. Those carers may be parents, siblings, grandparents, or other close relatives or friends. They have often spent a lifetime caring.

Over the years, as family carers start needing more support themselves, the families have often developed routines and ways of coping that mean that both the older person and the person with learning disabilities are looking after each other. This is known as mutual caring.

An increasing number of people with learning disabilities are providing regular and substantial care for their ageing relatives. This care ranges from help with personal care, medication, cooking and cleaning to help with shopping and keeping them company as they go out and about less. In many cases, without each other's support, neither person would be able to remain living independently within their local community.

Mutual caring amongst older families is increasing but often remains hidden.

Some of the main issues for people with learning disabilities who are carers include:

- feeling proud of helping out and returning the care and support that has been provided to them by their parents for so many years
- generally not being recognised for their role as carers
- not always offered many choices about continuing to care or the way that other support is being provided
- fear from both the person with learning disabilities and the older family carer of being judged and separated if workers discover the extent of the mutual caring that is happening
- lack of information that is accessible and easy to understand about peoples' rights as a carer, support that might be available and the different health conditions that their elderly relative may be suffering with
- lack of practical support that could make a big difference, such as with shopping, changing light bulbs, getting to appointments, getting the right benefits
- feeling isolated and having reduced opportunities for friendship and breaks.

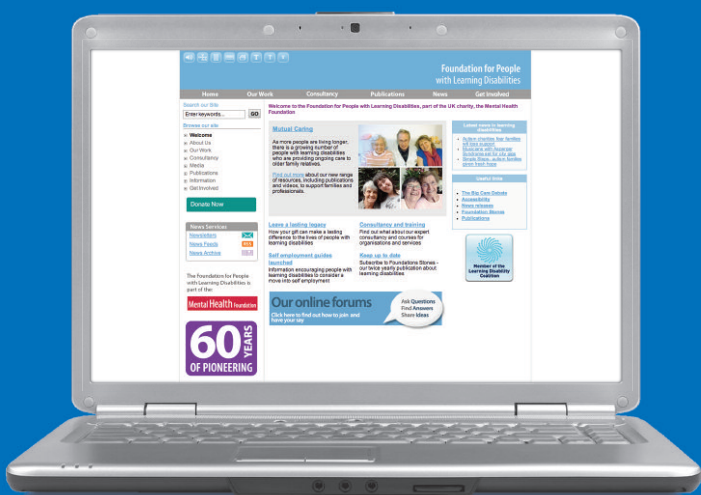
All of the points above are issues that all carers often struggle with anyway. The struggle is even more difficult if a person has learning disabilities.

audio – visual resources

The Foundation for People with Learning Disabilities is part of the Mental Health Foundation, a registered charity that provides information, carries out research, campaigns and works to improve services for anyone affected by mental health problems.

They have developed a range of resources called ‘Mutual Caring’ which focus on the growing number of people with learning disabilities living with an elderly relative. Often, as their relative needs more support, the person with learning disabilities takes on a growing caring role, known as mutual caring. The resources include a DVD which highlights families’ stories, information and planning booklets and a policy briefing.

Molly Mattingly, Assistant Director, states ‘Mutual caring is often unrecognised by services, which means that families do not receive the support and services they need. We developed the resources as a way of raising awareness of this issue’.



Further information is available on the website:

www.learningdisabilities.org.uk

or via Molly Mattingly, Assistant Director (mmattingly@fpld.org.uk).

carers of those with mental health issues

For carers caring for someone with a mental health condition there can be additional difficulties arising as a result of the caring role.

Often carers in this role are providing intense amounts of care whilst the person is unwell but far less care when the person is well again. The nature of this care at these different times can vary greatly from intensive amounts of physical and emotional care to occasional guidance with daily life. This cycle can persist for many years and can impact on the carer's ability to cope with being a carer. It can also impact upon professionals' perceptions of whether the carer should be involved in the discussions about the person.

Due to common prejudices and misunderstandings about mental health, carers are less likely to discuss caring with friends and family or go to professionals for help meaning that they can end up isolated and trying to cope alone. A survey by the Princess Royal Trust for Carers in 2007⁹ found that 86% of these carers had not been offered any services in their own right before contacting their local Carers' Centre. In addition, conventional respite services may not be appropriate to the needs of people with mental health conditions so families can find it difficult to get a break.

Mental illness is often hidden and unpredictable and carers may be dealing with changes in the personality of the person they care for. Carers suffer higher than normal levels of stress and poor health and this is particularly the case for this group of carers. Professionals respecting the confidentiality of the patient can be reluctant to share important information with a family member. This can leave carers feeling unsupported and, in some cases, vulnerable. It may be difficult for them to provide the care needed without enough information about the condition, treatment, medication and care plan. Professionals working with people in these situations need to involve the cared for person and carer in conversations to agree information sharing at an early stage.

You can find out more about carers of those with mental health problems at: www.nsun.org.uk (National Survivor User Network).

Click this link to find an example exercise and a good practice checklist designed to help staff think about 'Carers and Confidentiality' in level two of the learning and development framework, activity 9.



⁹ Princess Royal Trust for Carers 2007.

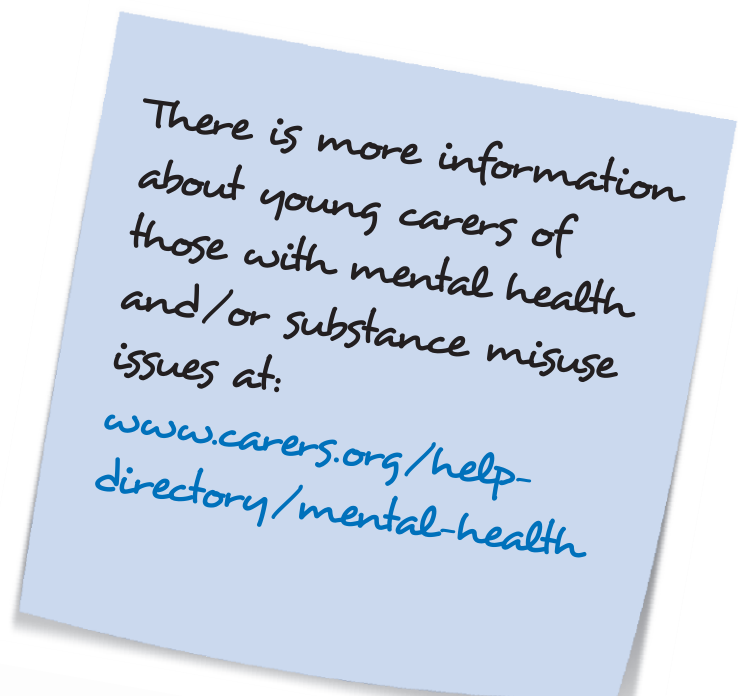
carers of people who misuse substances

Carers of people who misuse substances experience many of the prejudices and difficulties described for carers of those with mental health problems and, in some cases, also face involvement with the criminal justice system.

Figures from the UK Drug Policy Commission (UKDPC)¹⁰ show that nearly 1.5 million adults in the UK are significantly affected by a relative's drug use. About 575,000 of those affected are spouses, 610,000 are parents and 250,000 are other family members, such as grandparents or siblings. There are over 140,000 family members living with someone who is receiving treatment for illicit drug use.

With substance misuse often comes stigma and this may prevent many carers coming forward to gain support and help. Many cite feeling 'alone' and isolated and are often taking on other caring responsibilities (such as looking after grandchildren) whilst also caring for the substance misuser.

It is also important to note that there are also estimated to be 'between 250,000 and 350,000 dependent children living with parental drug misuse and 920,000 living with parental alcohol misuse'.¹¹ Many of these parents will not be known to any services, which conceals young carers in this situation.



¹⁰ UK Drug Policy Commission 2010 'Supporting the Supporters; Families of drug misusers'.

¹¹ The Joseph Rowntree Foundation 2004. *The effect of parental substance abuse on young people* – Ref 064. Taken from the full report. Parental drug and alcohol misuse. Resilience and transition among young people.

carers in rural communities

Carers in rural settings experience similar barriers to accessing services, although rural carers are more likely to be unaware of local provision and to be held back in their use of services because of their expense. However, rural carers are slightly less likely to say that services are not sensitive to their needs, perhaps reflecting less diversity in their characteristics and those of the people they care for. One particular issue often raised by rural carers is the difficulty in travelling to and from services, with travel often time consuming and costly.

caring in older age

The proportion of carers providing more intensive levels of care rises sharply from age 65, and the number of hours spent caring rises with age. Among the oldest carers, around 44,000 people aged 85 and over provide care, with around half of these (51 per cent) caring for 50 or more hours a week.¹² The situation of older carers is compounded by the increased risk of financial hardship as well as isolation and social exclusion among older people generally. Issues that arise for older carers in particular are:

- Co-caring and reciprocal caring
- Carers neglecting their own health because of their caring commitments
- Lack of information about benefits and services
- Isolation and difficulty in accessing services.



¹²Carers UK 2010.

signposting to further resources relating to diversity of carers

The Equality Bill and Carers

Carers UK at: www.carersuk.org

BAME carers; Afiya Trust

27-29 Vauxhall Grove, London SW8 1SY, United Kingdom

Tel +44 (0) 20 7582 0400

www.afiyatrust.org.uk

LGBT carers

Equality Network, 30 Bernard Street, Edinburgh EH6 6PR, Scotland, UK

Tel +44 (0) 7020 933 952

Fax +44 (0) 7020 933 954

Email en@equality-network.org

www.equality-network.org

Mutual Caring from the Foundation for People with Learning Disabilities at:
www.learningdisabilities.org.uk

Mental health

<http://www.rcpsych.ac.uk/campaigns/partnersincare/carersandconfidentiality.aspx>

<http://www.carers.org/professionals/health/mental-health,809,PP.html>

Carers of those who misuse substances

[http://www.carers.org/professionals/young-carers/articles/substance – misuse,3269,PR.html](http://www.carers.org/professionals/young-carers/articles/substance-misuse,3269,PR.html)



business case and rationale

- Why is it important to support carers?
- Recognising carers can improve your performance
- Two examples of carers as customers and consumers
- Case example of support offered to carers in a non health and social care setting.



why is it important to support carers?

Providing effective support for carers is a requirement for organisations that deliver health and social care services. Carers save the economy £87 billion per year and so providing them with the right support is crucial to the health and social care economy and makes good business sense for organisations in other sectors too.

Recent legislation in the form of the **The Equality Act 2010** introduces four important new opportunities for carers and places new obligations on public bodies:

'socio-economic disadvantage'

Public authorities are required to have due regard to socio-economic disadvantage when exercising strategic planning functions. This means that whenever a government department, local authority, health body etc, is 'making a decision of a strategic nature' it will be required to assess the impact of all such initiatives on carers as a recognised economically disadvantaged group.

'associative discrimination'

The Act recognises the concept of 'associative' discrimination in relation to disabled people. In relation to carers, it is probably best understood where a disadvantage can be expressed in the following simple statement – 'but for my relationship with the disabled person, this would not have happened.'¹³

Here is an example:

'I would have got the bank loan'; John, a carer who runs a small business, was denied a bank loan because he has a disabled son who lives with him. This change would mean that he could challenge the bank's decision and make an application to a County Court to seek damages for his distress and any loss – because of disability (albeit not his own) he has been denied a loan.

'Carers Matter – Everybody's Business' part two talks about the business advantages of supporting carers and what the benefits can be if you invest in this area.



¹³ Carers UK 2009 The Equality Bill 2009.

‘indirect discrimination’

The Act contains an explicit provision relating to indirect discrimination and disabled people. The extent to which this provision will benefit carers is unclear at present. However, an example might relate to a GP practice that has inflexible appointments arrangements. This would affect all people but have a disproportionately adverse impact on carers, whose caring responsibilities make it particularly difficult to fit into such rigid arrangements. If as a result a carer was unable to see her GP and her health was compromised, such that the disabled person’s care or wellbeing was jeopardized, then a claim of indirect discrimination could arise.

‘impact assessments’

The Act extends the current duty on public bodies – such as local authorities and the NHS – to ensure that their policies and practices do not have an adverse impact on disabled (and other) persons. They are also obliged to ensure that policies and practices are designed to eliminate discrimination, harassment and victimisation and to advance equality of opportunity and foster good relations. Equality Impact Assessments are likely to provide an important mechanism for increasing awareness of carers’ needs and carers’ rights through large parts of the public sector. They may prove to be valuable tools for carers organisations to challenge in circumstances where carers feel that their needs have been overlooked. (Carers UK 2009)

From a health and social care perspective, providing support for carers is a vital aspect of service delivery. This is because organisations providing health and social care services have legal responsibilities for supporting carers.

These include the following:

- social services departments must inform carers of their rights to an assessment of their own needs and the services that are available to support them.
- social services departments will wish to consider carefully how they address a carer's needs where a 'critical' level of risk has been identified through a carer's assessment.
- it is good practice for primary health care providers (GPs) to identify carers, keep a register of all carers in their practice, and provide support to maintain their health.
- hospitals must ensure patients are 'safe for discharge' in order to return home and cannot ignore the risks to the carer.
- the regulations for providers of adult health and social care services encourage them to understand, value and respect the important work that carers do, and urge them to work cooperatively with carers when meeting the needs of the people who use their services (CQC 2009).

Carers have legal rights and entitlements

These include the right to an assessment of their own needs and the right to be supported to stay in work, or to return to work, if this is what they want to do.

Carers provide vital care and support to individuals who are frail, ill or disabled

The care and support provided by carers enables many people to remain in their own homes and helps prevent admissions to hospital and care homes.

Carers are expert partners in care

National policy for health and social care recognises carers' expertise and challenges service providers to involve them as expert partners in care.

Carers have specific and different needs

Each carer's situation and experience is unique and staff need to understand their needs and wishes and respond appropriately

Carers are more likely to neglect their own health and well-being

This can be detrimental to them and to the person they are caring for.

For employers in sectors outside of health and social care services recognising, valuing and supporting carers is important because;

Carers are customers and consumers who have the right to expect and receive a courteous and responsive service in their dealings with organisations and their staff.

Many carers are actual or potential employees*

One in five carers gives up work to care full time meaning that employers are losing valuable staff. By recognising the needs of carers and adopting a flexible approach to working arrangements, employers can create a supportive working environment that can attract and retain staff who also have caring responsibilities.

***Note.** This guide does not include information and advice for employers about the policies and practices they can put in place to support their own staff who are also carers. There are already resources available that provide information and guidance in this area. An example of a national resource is a booklet called 'Supporting carers in your workforce, an employer's guide' produced by Carers UK and available via the website at www.carersuk.org. Employers for Carers promote the business benefits of supporting employees who are also carers and provide advice and support on carer friendly policy and practice.

You will find more information at www.employersforcarers.org

local resource

The Carers Centre in Hull produced a 'Caring at Work Employer Support Pack', which incorporates a booklet and CD-ROM. The booklet is designed to help employers access guidance and information about employment and caring, and includes case studies and a resources section signposting to information and organisations and agencies who can help. The CD-ROM contains additional information and supporting documents and publications

www.carerscentrehull.org.uk

recognising carers can improve your performance

The direct experiences of service users and carers receiving health or social care services are important indicators of performance for care providers. Feedback from users and carers directly informs formal assessments and service ratings by the Care Quality Commission (CQC).

Providing a designated Carers' Champion can be a cost effective means of supporting carers that will make a real difference by improving direct services to carers and helping to promote and increase their involvement. For example, a receptionist in a GP surgery could be supported to take on this role. Over time this could lead to the surgery gaining a local reputation for providing good support to carers.

For example, a residential care home or domiciliary care agency that provides good support to carers could promote this as a unique selling point to service commissioners, prospective clients and their carers. Similarly, a retailer offering customers flexible delivery times to fit around their caring responsibilities could market this service to attract and retain new customers.

two examples of carers as customers and consumers

British Gas offers a social tariff, Essentials, to help its most vulnerable customers cope with the high costs of gas and electricity. Their Customer Services includes a team of advisers who are responsible for dealing with calls from customers who are having problems paying their bills. These advisers are trained to identify people with particular needs, for example, are on particular benefits, are disabled or have caring responsibilities. In the case of carers and disabled people, British Gas, in addition to informing them of their Essentials tariff, has an arrangement with Carers UK whereby it refers customers to Carers UK's Advice Line for information on:

- Disability and carer benefits
- Community care assessments and carers assessments
- Council tax benefit
- Local services and support.

The Open University (OU) offers support for learners who are carers to fit their studies in around the demands of their caring role. It has advisers who can offer special advice and support to carers, and provides information and signposting to external support for carers on its website, including a link to Carers UK.

It produces a booklet, 'Studying while you care', which outlines the ways in which the OU can support carers through their studies. This includes information on:

- The flexibility it can offer through the types of courses available
- The way its study timetables work to support carers
- One-to-one relationships with course tutors
- The range of support, advice and guidance available from OU staff.

The OU also offers financial support for carers on low incomes or benefits.

case example of support offered to carers in a non health and social care setting

Below is a case example of a non health and care sector employer improving the learning and development of their staff in the needs of carers.

Jobcentre Plus is a government agency supporting people of working age from welfare into work, and helping employers to fill their vacancies. As part of the Department for Work and Pensions (DWP) Jobcentre Plus plays a major role in supporting the Department's aim to promote opportunity and independence for all through modern, customer-focused services.

Jobcentre Plus is taking steps to improve the support offered to carers, including introducing specialist training for advisers who work with carers. The 'Personal Adviser Carer Awareness Pack' supports a training event for staff aiming to describe the main elements of the national carers strategy and how this impacts on Jobcentre plus. The training provides considerable detail on specific work related issues and benefits, whilst explaining how staff can support carers through the services provided by Jobcentre Plus and by referral to other statutory bodies and voluntary and community organisations. The aim is for Jobcentre Plus staff to recognise carers, understand their needs and provide relevant information and appropriate support.

All services will have contact with carers whether they realise it or not. Organisations outside of health and social care can also make a real difference to the lives of carers by enabling their staff to work with understanding and knowledge of carers issues. [Click this link to part one](#) for a list of key benefits to your business in improving customer care in this area and you may want to read *Carers Matter – Everybody's Business*.



[Click this link to part two](#) for a list of key benefits to your business in improving customer care in this area.



whole organisational approaches to supporting carers

- Case study of a whole organisational approach to supporting carers
- Carers as employees

Organisations need to create policies, procedures, aims and objectives that enable and encourage staff to learn and develop. Individual behaviour and attitudinal change is supported and encouraged by organisations that take a 'whole organisational' approach to development.



case study

a 'whole organisation' approach to supporting carers

Along with all local authorities, Dudley Metropolitan Borough Council (Dudley MBC) faces the challenge of transforming adult social care services and implementing the personalisation agenda within the context of an increasingly tough economic environment.

As eligibility criteria tighten further and resources shrink, Dudley MBC has taken a radical approach to the way in which the organisation provides support to carers. Their starting point was to recognise that the majority of the estimated 35,000 carers in the borough may not always need direct contact with someone in their adult social care services. However they are major customers and consumers of other services provided by the council and local agencies. As one of the largest employers in the borough, Dudley also recognised that their workforce is likely to include many people who have caring responsibilities. Supporting carers is seen as core to the whole council's business rather than being the remit of the adult social care and housing directorate. This has led to the development and implementation of a multi-agency carers' strategy aimed at raising awareness of and supporting carers throughout the whole organisation and its partners.

Dudley's carers' strategy recognises the crucial role of the council's services in providing good support to carers to enable them to continue to care, (where they wish to do so), and to prevent the breakdown of caring arrangements. The strategy and accompanying carers' charter set out the organisation's commitment both to staff who have caring responsibilities as well as to carers in the community.

The council's Leader, Chief Executive and Director of Adult Community and Housing led the way in championing this approach, resulting in the recognition that supporting carers is 'everyone's business'. This approach is now beginning to be reflected in the service delivery plans of all departments, and is reinforced by HR and business support services. The council's corporate management team agreed that this approach responds to carers' legal rights, Government guidance and is cost effective in offering added value to existing services. It also seeks to incorporate the extension of carers' rights under The Equality Act (2010).

A key strand of Dudley's carers' strategy is to improve information and channels of communication. This is in direct response to carers asking for access to more and better information without having to contact adult social care services i.e. 'social services'. The council has reviewed and improved its Community Information Database that is available to everyone who wishes to post relevant information about services. Dudley also recognised the potential of its thirteen community libraries to play a crucial role in directing carers to sources of information and support.

All the libraries now provide a Carers Information Service and staff have completed Dudley's internally accredited 'Carer Aware' e-learning course. The vision is to equip staff to signpost carers to sources of information and support as part of their day to day job rather than to create new and separate job roles. In addition to providing access to a computer, the libraries provide practical help in the form of 'information buddies' for individuals who want to use them to search the information database.

Dudley has recognised the key role of the local community in providing effective channels of communication for carers. Whilst the council can provide and direct carers to sources of information and support, they recognise that it is often local community groups, voluntary services and relatives and neighbours who encourage and enable carers to make use of them. This is particularly important for carers whose first language is not English. It is anticipated that the combination of maximising the use of community resources and improving access to technology will help to combat the isolation often experienced by carers, in addition to ensuring they have access to sources of good information and support.

Although it is early days, there is encouraging evidence that the strategic planning Dudley has implemented to provide better support for carers and to involve them as citizens and equal partners in care are having an impact on the ground. Services outside of social care are now looking at carers' needs and issues far more than previously. For example, the council's housing policy includes specific provision for carers that reinforces the need for any plans for downsizing an individuals' housing to be handled with care and sensitivity where the downsizing is due to the death of a cared for person.

Extra care housing provision now enables couples to stay together wherever possible where each individual has very different levels of need, to enable caring relationships to continue.

'carer aware' e-learning

A key building block to the success of this approach has been the development and roll out of a 'Carer Aware' e-learning programme. This is an interactive e-learning course written for carers, staff, employers and advisers as well as the general public. Participants build up a general picture of carers, legislation and guidance, and how to access services and support in Dudley. Participants may access the course as many times as they wish and are encouraged to follow external links to in-depth local and national information.

Thirteen local libraries offer a Carers Information Service. Teams and organisations whose staff members complete the course receive 'Carer Aware' accreditation, which raises the profile of carers in the Borough and encourages carers to approach teams. The course was funded by the Department of Health and can be accessed at: www.dudley.gov.uk/health-social-care/carers/carers-aware.

For further information, please contact:
Christine Rowley, Carers Co-ordinator
Dudley MBC on 01384 818723
or email christine.rowley@dudley.gov.uk .

carers as employees

Carers Matter – Everybody’s Business does not include information and advice for employers about the policies and practices they can put in place to support their own staff who are also carers as this is outside the scope of this guidance.

However for further guidance, see www.employersforcarers.org

If your organisation wishes to support the carers it comes into contact with, consideration needs to be made of how carers within your own organisation are identified and supported. Are staff that are being asked to support carers in their working life, not being supported themselves if they care for others in their private lives? For example, does your organisation need to consider whether managers and leaders are modelling the kinds of attitudes and behaviours towards members of staff that are also carers that match those that are expected of their own staff? Does the culture of your organisation ‘how things are done around here’ foster and support your own staff who are carers?

There are already resources available that provide information and guidance in this area.

- An example of a national resource is a booklet called ‘Supporting carers in your workforce, an employer’s guide’ produced by Carers UK and available via the website at www.carersuk.org
- Carers Direct can also offer advice and guidance in this area www.nhs.uk/carersdirect or **Call Carers Direct on 0808 802 0202**
- ‘Employers for Carers’ promotes the business benefits of supporting employees who are also carers and provides advice and support on carer friendly policy and practice. You will find more information at www.employersforcarers.org

further resources

The Carers Centre in Hull produced a ‘Caring at Work Employer Support Pack’, which incorporates a booklet and CD-ROM. The booklet is designed to help employers access guidance and information about employment and caring, and includes case studies and a resources section signposting to information and organisations and agencies who can help. The CD-ROM contains additional information and supporting documents and publications.

www.carerscentrehull.org.uk

where are you now – self assessment

- Supporting carers self assessment tool

To begin any journey of change or improvement, it is vital to know ‘where you are at’ the current time. This will help you to identify gaps in knowledge or behaviours that will need to change.

This section of Carers Matter – Everybody’s Business, is designed to enable managers and leaders to identify issues they may need to address in their teams. You may find this a helpful means of starting to look more widely at how your team and organisation support carers.

Below you will find a version of the Supporting Carers Self-Assessment Tool that you can download and complete yourself or use as a learning and development tool.

supporting carers self assessment tool

Establishing the baseline or starting point for how your staff are operating now in their dealings with carers, will enable you to identify any shortfalls in their behaviours, skills and knowledge. When you know where the gaps are, you will then be in a position to decide what kind and level of development will help them to achieve the standard you require.

The self-assessment tool below is intended to help you achieve this. The tool invites you to consider how you think your staff are operating now in relation to The eight Common Core Principles for Working with Carers (CCP's) and what evidence you have to support your conclusion.

Click this link to sample outline one at level three of the learning resources which gives an outline of learning and development for social care managers. You may wish to combine this with the self assessment tool. You may also want to combine other learning materials with the self assessment tool.



Click this link to view the full common core principles (CCP).



You can then use the traffic lights below to rate your performance.

The self-assessment tool is intended to be used flexibly according to your particular circumstances. You may decide some parts are not relevant or you may want to add to it, for example by incorporating your own job competencies and principles for valuing and supporting carers. If you are a large organisation with groups of staff who have different roles and responsibilities for supporting carers, you may want to use a separate assessment for each. However if you choose to use the self-assessment tool, it's important that you don't just treat it as a quick 'tick box' exercise. For every judgement you make about how you are performing, (red, amber or green), consider the evidence you have to support it. This will help you to answer the question 'how do I know how well we are doing?'

You will need to differentiate between **the source of evidence** and **what the evidence shows**. For example, there may be file records that provide evidence of dialogues between staff and carers (the source). However, it will be the content of the records that will tell you about the nature and quality of those interactions (what the evidence shows).

To help you in your thinking, we have provided some examples of the kinds of evidence that could indicate staff are working well in each area.




Staff are not consistently achieving standard expected.

There is evidence of good practice but it is patchy and there is room for improvement.


Staff are consistently achieving this standard/outcome.

CCP 1. Carers are equal partners in care. Recognise that over time, carers become experts with skills that are to be valued and appreciated.

in practice	evidence	how are we doing? 
<p>Workers have relationships with carers that acknowledge their expertise and skills, building mutual respect and a valued partnership.</p>		


Evidence example: Ward staff consult the wife of a gentleman with dementia about his communication needs and how she most effectively communicates with him on a daily basis at home.

CCP 2. Make no assumptions, regarding a carer’s capacity or carers’ capacities and willingness to take responsibility for, or to continue to care.

in practice	evidence	how are we doing? 
<p>Workers take into account the history and context of the caring role and how this might play a part in how a carer sees their ability or willingness to carry on caring.</p> <p>Workers don’t make assumptions that someone will take on a caring role on the basis of family relationships or cultural stereotypes.</p> <p>Workers have an on-going dialogue with carers to ascertain their views on the continuation and on-going needs of the caring role as circumstances change.</p>		

Evidence example: The care manager has become aware of an earlier breakdown in the relationship of a husband and wife which will make it very difficult for the husband to undertake personal care for his now disabled wife.

CCP 3. Support carers to be as physically and mentally well as possible and prevent ill health.


in practice	evidence	how are we doing? 
<p>Workers are aware and understand that carers can often have poorer physical and mental health than that of the general population and miss out on opportunities to keep well due to their caring role.</p> <p>Workers promote and offer opportunities to enable carers to ‘stay at their best’ by identifying support needs that enable a life outside caring.</p> <p>Workers recognise and value that carers have roles outside of caring and enable carers to maintain valued relationships and interests.</p>		

Evidence examples: A practice nurse is aware that a man caring for his wife who has severe depression has not attended for a blood pressure check and asks the receptionist to ring him to ask when it would suit him to come along to the surgery.

A social worker identifies that a mother caring for her son with schizophrenia would like to take up a college course so that in time she could consider returning to work. A carer’s direct payment is provided to cover the cost of the college course and additional support is built into her son’s care package.

A community transport driver realises that Mrs Smith, who cares for her son who has autism, has not been going to her monthly gardening club and takes the initiative to ask her why and whether she needs support to enable her to attend.

CCP 4. Work together to involve all carers in decision making, and choices at all levels and at all stages in the caring role in a positive, timely and proactive way, following best practice in sharing information.

in practice	evidence	how are we doing? 
<p>Workers support and encourage the unique viewpoint of carers, supporting the carer to be involved and enabling them to feel of equal status.</p> <p>Workers involve carers in all aspects of decision making, both on a one to one basis in respect of everyday care or a strategic level, planning services for the future.</p> <p>Workers acknowledge that the carer may have different views from that of the cared for person and the views of all interested parties should be considered and balanced where possible.</p> <p>Workers do not allow issues around confidentiality to avoid listening to carers, nor for failing to discuss fully with service users the need for carers to receive information so that they can continue to care.</p>		

Evidence examples: A sheltered housing officer gathers the views of the son when his mother becomes a tenant at a local extra care sheltered housing scheme to see how they might work together to settle his mother and for her to feel included.


A local authority accommodation officer invites a parent of a young person with learning disabilities to join the project board of a new shared supported living scheme. The hospital social worker ensures he has a separate conversation with the carer away from the patient to gain a fuller picture of the caring situation. He discusses his findings at the multi-disciplinary meeting with colleagues before making a best interest decision about the most appropriate care package for the patient upon discharge.

CCP 5. Provide care and support with flexibility and understanding in a personalised way that reflects the circumstances, cultural background and lifestyle of the carer and the person cared for.

in practice	evidence	how are we doing? 
<p>Workers recognise that carers come from diverse backgrounds and each will have built up a pattern or routine of caring that reflects this individual lifestyle.</p> <p>Workers recognise that the carer's lifestyle and culture may not be shared by the person cared for.</p> <p>Workers strive to acknowledge, understand and maintain this when engaging other services to support the person being cared for.</p> <p>Workers encourage support that recognises established care patterns and cultural background.</p>		

Evidence example: With the support of the local mosque and Muslim community a carer support worker sets up a specific all women's carers group to enable Muslim women carers to come together to provide each other with mutual support.

CCP 6. Respect and recognise that carers will have their own support needs, rights and aspirations, which may be different from that of the cared for person.

in practice	evidence	how are we doing? 
<p>Workers recognise that carers are also individuals who have needs themselves and strive to understand these needs and respond in a way that reflects individual needs and/or choices.</p> <p>Workers recognise that this may at times involve an assessment of risk and the need to respond appropriately and manage this proportionately.</p> <p>Workers recognise that carers have legal rights, including a right to an assessment of need in their own right.</p>		

Evidence examples: The occupational therapist at the hospital provides the carer with training on moving and handling to address the problems of back pain the carer had been experiencing prior to admission.

Whilst visiting a patient with a long term condition in their own home, the district nurse notices that the carer is looking exhausted and depressed and with their consent makes a referral to the local social services team for a carer's assessment.

CCP 7. Identify, support and enable children and young people who are carers to be children and young people as well as carers. Provide a safe environment and protection from harm ensuring they have the support they need to learn, develop and thrive and enjoy positive childhoods.

in practice	evidence	how are we doing? 
<p>Workers recognise that young carers generally care for a member of their own family and that they have a right to a family life with well-supported parents.</p> <p>Workers are able to identify young carers and offer support and encouragement to prevent social isolation.</p> <p>Workers who support the parents, siblings and relatives of young carers also listen to and support the young carers themselves.</p>		

Evidence examples: A care manager increases the level of support at tea time so that the disabled parent can have more time to help their child with homework when they return from school.

CCP 8. Recognise the experience of carers as the caring role ends and after it has ended and offer support to carers accordingly

in practice	evidence	how are we doing? ● ● ●
<p>Workers recognise that carers' needs will change as the person they care for either no longer needs their care, the carer no longer provides the care or the cared for person dies.</p> <p>Workers recognise these changing needs, the support required and the potential on-going nature of this support.</p>		

Evidence example: A local authority advisory officer writes to a carer explaining that their benefits will change, whilst at the same time acknowledging their loss and signposting them to sources of support.



what do we need to do?

- An introduction to establishing the nature and level of your organisation's role with carers
- A six step guide to determining the level and type of learning and development you need

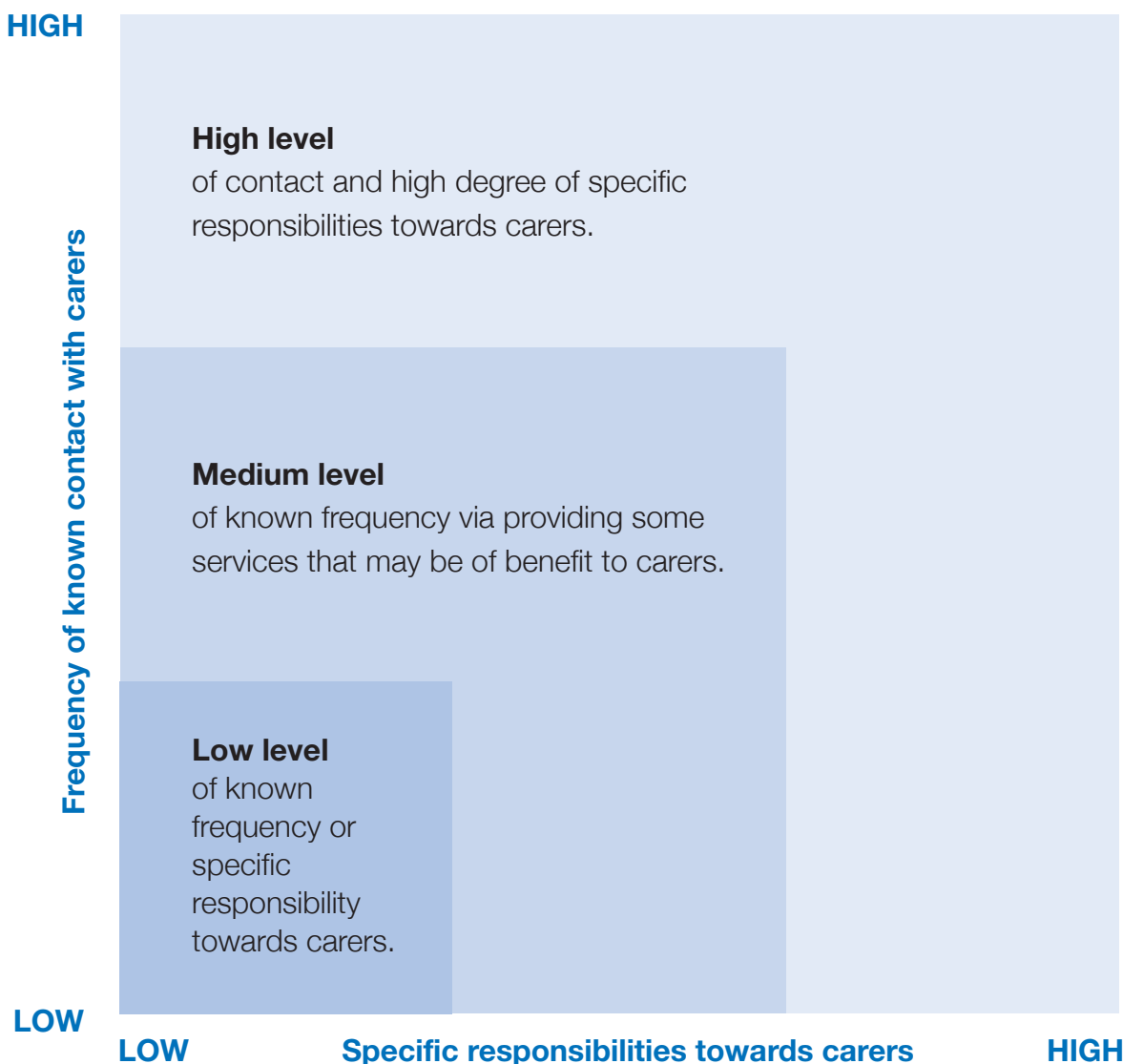


an introduction to establishing the nature and level of your organisation role with carers

Before you begin to design your learning and development, you will need to establish the level and kind of training you may need. The diagram below shows how the nature of your organisation’s core business will affect the amount of known contact your staff have with carers and whether they have specific roles and responsibilities for supporting them. This information will help you to determine what level and kind of development or training would be most useful to enable them to be effective.

It is important to note that working out where your organisation and its staff ‘fit’ onto this chart will be determined by the level of knowledge on both the extent of known contact with carers and knowledge of specific responsibilities that you have towards them.

For example, a supermarket has many thousands of carers passing through its doors but it may never be aware that it’s services and staff have this degree of contact with carers. Thus it would score itself ‘low’ on the vertical axis. When the supermarket realises that it has many customers who are carers, it may feel that it wishes to think about it’s specific responsibilities towards them, thus increasing it’s score on each axis.



If your organisation's core business is to provide health, social care, housing and/or related services, then your employees are more likely to:

- Have regular contact with carers in the course of their work and know about their caring responsibilities
- Have specific responsibilities for providing support to carers within their job roles. For example, staff working in social services departments have to inform carers of their rights to an assessment and hospital discharge staff must have regard to carers' well-being and wishes when planning to discharge patients.
- Undertake specific activities with and for carers e.g. helping a carer to complete a carer's assessment.

The next six steps will help you to work out both the frequency of contact with carers and your specific responsibilities towards them more clearly, in order that you can start planning the level and kind of training your staff may need.



a six step guide to selecting the right type and level of development for your staff

Over the next few pages is a six step guide to determining the level and kind of learning and development differing groups of staff may need.

You should work your way through each stage, pausing to reflect on the questions posed, which will help you think about the particular roles, knowledge and behaviours that your staff now have that will help determine the correct level and content of your planned learning event.

As part of these stages, it is important to identify the kinds of attitudes, behaviours and skills, (technical and interpersonal), that your staff should demonstrate in their interactions with carers. You should also examine local policies and practices for valuing and supporting carers in relation to specific service strategies and your organisation's business plan. This will help you to understand what your organisation's aims are in the context of supporting carers. If you are developing the skills in your staff to support carers then this might also need to be reflected back into your policies, procedures, strategies and plans.

If you are an organisation or individual that has been asked to help or been commissioned by another organisation examine the learning and development needs of it's staff in this area, you could use the steps described here to establish with them exactly what it is that they want you to provide or help with. It will help you and them to establish the areas that need particular attention.

Each of the steps is explained in more detail below and space is provided for you to add your thoughts.



the six step guide (cont'd)

Step 1.

Think about the roles and responsibilities your staff have for supporting carers.

Ask yourself the following questions:

Q. Do my staff know who carers are and whether they have contact with them?

Q. What kind of contact do my staff have with carers? Do my staff have frequent contact with known carers or are they unlikely to know if an individual has caring responsibilities?

Q. Are my staff in contact with or providing support to carers from black, asian and minority ethnic communities?

Q. Does the nature of this contact vary according to their job roles and the environment they work in? e.g. hospital reception, GP surgery, domiciliary care service, residential care etc?

Q. Do their job descriptions include specific responsibilities for supporting carers?

Q. Are there National Occupational Standards (NOS) that describe the behaviours and skills my staff should demonstrate in their dealings with carers?

¹⁴ National Occupational Standards (NOS) are nationally agreed benchmarks of performance. They provide the means for assessing performance in a job; they are work-related statements of the ability, knowledge, understanding and experience that an individual should have to carry out key tasks effectively.

the six step guide (cont'd)

As part of this step, it may be useful to use the self assessment tool which is used for assessing and measuring your current practice.



Step 2.

Consider how they are operating now.

Ask yourself the following questions:

Q. How well do my staff support carers now? For example, if you are a GP surgery, do the receptionists know how to handle a request from a carer for medical information about the person they care for?

Q. To what extent do my staff display the behaviours and attitudes described in the eight Common Core Principles for Working with Carers?

Q. How effectively are staff carrying out their specific responsibilities for identifying and supporting carers? For example, what proportion of carers has received a Carer's Assessment? What's the quality of these assessments and what action has been taken in response to assessed needs?

Q. How well are staff identifying and responding to the needs of carers from black, asian and minority ethnic communities?

Q. Do we collect feedback from carers and is there information we can glean from complaints and commendations about how well we are supporting them?

the six step guide (cont'd)

Step 3.

Think about what you want your staff to do differently or better.

It is important to identify the kinds of attitudes, behaviours and skills, (technical and interpersonal), that your staff should demonstrate in their interactions with carers.

You should also examine local policies and practices for valuing and supporting carers in relation to specific service strategies and your organisation's business plan.

Here are some prompts to help you tease out what you are looking for:

Q. Do staff need to be more aware of what it means to be a carer and the impact of having caring responsibilities?

Q. Can staff inform and signpost carers to services and sources of support, including carers from black, asian and minority ethnic (BAME) and lesbian, gay, bisexual and transgender communities?

Q. Do they need to respond more sensitively to requests made by carers? For example a carer may ask for an appointment at a particular time to fit with their caring responsibilities.

Q. Do some staff need to provide better information to carers? For example, do staff in a Benefit Agency know about the full range of benefits carers may be entitled to and how they can apply for them?

the six step guide (cont'd)

- Q.** Do staff need to move more towards working with carers as equal partners in providing care? For example, do your domiciliary care workers appreciate the knowledge and expertise carers have in relation to the cared for person? Do they involve them in day to day decisions about their care?

- Q.** Do staff need to improve the way in which they undertake key activities and processes? For example perhaps the quality of Carers' Assessments should be better and carers need to be more consistently involved in completing them.

- Q.** Does your organisation have performance targets and policies for improving support to carers? How are these being implemented at a local level and are they incorporated into team performance improvement plans?

- Q.** Do you have contact with your local Carers' Centre and carer led groups? Do you know about the services they provide?

the six step guide (cont'd)

Step 4.

Identify the gap between how staff are operating now and the standard they need to achieve.

Ask yourself the following questions:

Q. What's the nature of the gap? Is it a gap in knowledge, skills, behaviours or attitudes or a combination of these? Does the gap vary for different groups of staff?

For example, hospital receptionists may need a better understanding of what it means to be a carer so that they can respond sensitively to requests made by carers to avoid extensive delays in being seen. Ward staff may need to feel more confident about how they can involve carers in the care and treatment of patients.

Attitudes and behaviours are often harder and take longer to help people to change than gaps in their knowledge. For example, it may be fairly easy and quick for a care worker to gain knowledge about carers' legal rights. It may be more difficult and take longer for them to develop the interpersonal skills they need to deal effectively with a complaint from a carer.

Q. How big is the gap? Do you think that some staff have a long way to go before they are able to work to the standard you require or are they almost there? Do all staff in a specific role need to develop their knowledge, skills and behaviours or just one or two individuals?

As part of this step, it may be useful to use the self assessment tool.



the six step guide (cont'd)

Step 5.

Determine priorities for each group of staff

Ask yourself the following questions:

Q. In what timescale do I want my staff to close these gaps?

Q. What resources do I have to invest in their development? This will include money, staff time and skills in facilitating and delivering training if you are thinking of providing it in-house.

Q. Are there simple and straightforward learning solutions I could implement quickly that would make an immediate difference to the service carers receive from my staff? Sometimes identifying some 'quick wins' can get you and your staff off to a flying start.

the six step guide (cont'd)

Step 6.

Consider the practicalities of providing learning and development for your staff

Ask yourself the following questions:

Q. What are their working patterns?

Q. When are the best times of the day for my staff to undertake training?

Q. I provide a 24 hour service: how can I ensure that staff who work in the evenings, at night and over weekends get the training they need?

Q. Are members of the staff group known to one another?
Can I incorporate the learning into an existing meeting e.g. regular team meeting?

By working through the six steps described in this section you will be at a point where you are well placed to decide the level and type of development that will be right for the staff in your organisation. The section 'How Do You Get Going – The Learning and Development Framework' in the next section should help you achieve this. Before you move on, it's worth taking time to step back for a moment to consider what else you might need to check out and address within your organisation to provide good services and support to carers.

how do you get going – the learning and development framework?

- The three levels of learning and development
- An introduction to the learning resources in CMEB
- Level one of the learning and development framework – carer awareness
 - guidance to activities and options at level one
 - Activities 1-4
- Level two of the learning and development framework – enhanced learning
 - guidance to activities and options at level two
 - Activities 5-9
- Level three of the learning and development framework – specialist learning
 - guidance to activities and options at level three
 - suggested outlines 1-3
- Links between the CCPs and resources
- Links between the National Occupational Standards (NOS)

the learning and development framework – three levels

The learning and development framework below sets out three main levels of development for staff to help them communicate with and support carers effectively. The framework provides a way of thinking about and organising potential learning opportunities using specific learning objectives at each level. These levels are then supported by the supporting resources at differing levels contained with Carers Matter – Everybody's Business. The levels are not intended to be rigid, but flexible and interchangeable to meet the development needs of differing types of staff.

level 1: carer awareness

This level of development aims to provide staff from a range of different work settings, who have direct or indirect contact with carers, with an insight into who a carer is, common assumptions made about caring, and how to support carers effectively.

core learning outcomes at this level

Upon completing this level of the framework your staff will be able to:

- Explain who is a carer
- Recognise the impact of the caring role on carers of all ages and the wider family
- Recognise the diverse needs of carers, depending on their own background, perspective and differing experiences of caring
- Challenge common assumptions made about carers and their caring role
- Identify what they and your organisation can do to support carers
- Identify barriers which carers might experience in accessing services.

level 2: enhanced carer awareness

This level of development aims to provide staff, who have regular contact with carers, with an enhanced level of knowledge and understanding about the rights of carers and how those rights can be supported through best practice.

Core learning outcomes at this level

Upon completing this level of the framework your staff will be able to:

- Explain carers' legal rights
- Recognise their own legal duties and responsibilities to carers and implications for service eligibility and assessment
- Apply flexible personalised approaches to carers assessment and carer support planning, to encourage choice and control
- Recognise the importance of supporting the whole family unit
- Commit to best practice in relation to sharing of information
- Identify local services, information and support available to carers.

level 3: specialist learning

This level of development provides specific groups of staff with the opportunity to examine in depth particular topic areas or aspects of their work with carers

Core learning outcomes at this level

These will vary depending on the required focus of the specialist training. Specialist training is likely to fall into one or more of the following categories:

1. A particular aspect of a practitioner's role in relation to carers e.g. developing outcome-based care plans with carers.
2. Carer or staff group specific, e.g. carers and mental health, parent carers.
3. A particular point in a carer's journey e.g. life beyond caring, carers and hospital discharge.

The three levels of the framework are **not** intended to be rigid, but flexible, enabling you to 'pick and mix' learning activities set out in the supporting materials from more than one level as appropriate. Use the framework to help you identify the level of development required to meet your employees' learning needs.

Ask yourself the following questions:

- can staff learning needs be addressed by one level of training?
- do I need to develop a programme of development which cuts across
- all levels?

an Introduction to the learning materials in carers matter – everybody’s business

The resources included here in part three of ‘Carers Matter – Everybody’s Business,’ are aligned to the three levels of learning and development and are illustrative of the types of approach and content which, once tailored for local use, could be built into your carer awareness learning and development programme.

Alternatively the activities can be used to supplement materials that you have already developed at a local level or that are being provided by an external training company. **It is important to check that your materials are up to date, come from a reliable source and are underpinned by The Common Core Principles for Working with Carers.**

Click this link to view the common core principles.



The supporting materials within the files below have been put together with the aim of helping you develop or commission your own learning and development programmes for staff members who work either directly or indirectly with carers. The activities illustrate the sort of content and approaches that you might wish to see incorporated at each level within the framework. **They have not been designed with a view to being lifted and used as an ‘off the shelf’ package, but rather to stimulate thinking and help you understand what you should be commissioning.**

The materials consist of a sample of different learning activities across a range of methods and presentation styles. They aim to be flexible enough to be delivered in a variety of ways to meet differing working and learning needs.

Facilitator notes are provided with the resources as well as prompts for accompanying slides. However, it is expected the facilitator will build on these through the development of their own underpinning knowledge of local carer issues.

Each of the activities can be ‘made your own’ by adapting them to meet local needs. Knowing what services and support are available for carers within your local area and then incorporating this information into your training will be crucial. Whilst guidance and suggestions for activities are ultimately for you to decide which materials and combination of methods best suits your particular audience.

All the materials within Carers Matter – Everybody’s Business were developed, tested and refined by 15 sites across England in 2010. Please see the list of acknowledgments within part three of Carers Matter – Everybody’s Business at the end of this document.



Below is a list of what the supporting resources contain. Click on each link to view the resources at each level:

Level one of the learning and development framework – carer awareness



- guidance to activities and options at level one

Activities 1 who is the carer?

- facilitator guide ■ introduction handout ■ PowerPoint ■ handout/exercise ■ 10 point check list

Activities 2 the four stages of caring

- facilitator guide ■ handout/exercise

Activities 3 challenging our assumptions about carers

- facilitator guide ■ PowerPoint ■ 10 point check list

Activities 4 case studies

- facilitator guide ■ case study A ■ case study B ■ case study B facilitator prompts
- case study C ■ case study D ■ case study E

Level two of the learning and development framework – enhanced learning



- guidance to activities and options at level two

Activities 5 what is it like to be a carer?

- facilitator guide ■ handout

Activities 6 carers rights

- facilitator guide ■ PowerPoint ■ handout/quiz

Activities 7 the benefits of a carers assessment

- facilitator guide ■ handout/exercise

Activities 8 case studies

- facilitator guide ■ PowerPoint ■ case study F ■ case study F sample answers ■ case study G
- case study G facilitator prompts ■ case study H ■ case study I ■ case study I facilitator prompts

Activities 9 carers and confidentiality

- facilitator guide ■ workbook example ■ groupwork example
- handout/exercise good practice checklist

Level three of the learning and development framework – specialist learning



- guidance to activities and options at level three

Specialist modules

- Outline 1 ■ Outline 2 ■ Outline 3

links between the materials in carers matter – everybody’s business and the common core principles for Working with carers

The eight Common Core Principles for Working with Carers underpin the whole of Carers Matter – Everybody’s Business and it’s supporting resources and set the national standards for England that your workforce and your organisation should be aiming to achieve.

The materials in Carers Matter – Everybody’s Business are underpinned by a set of common core principles for carers. These have been developed by Skills for Care and Skills for Health with key stakeholders, including carers, and provide the foundation upon which to build best practice. The principles are intended to reinforce, challenge and help to change practice when working with carers, as well as to encourage organisations and individuals who work with carers to reflect on their behaviours, attitudes and actions.

The aim is to ensure that staff demonstrate the behaviours described in the Common Core Principles for Working with Carers.



materials mapped to learning outcomes and the common core principles

The framework and supporting materials from Carers Matter – Everybody’s Business. have been mapped to enable employers and stakeholders to identify how each activity meets the common core principles.

document name	learning outcomes	common core principles
Self assessment tool	Upon completing this level of the framework your staff will be able to:	1, 2, 3, 4, 5, 6, 7, 8
Core principles handout		1, 2, 3, 4, 5, 6, 7, 8
Level 1 materials	<ol style="list-style-type: none"> 1. Explain who is a carer 2. Recognise the impact of the caring role on carers of all ages and the wider family 3. Recognise the diverse needs of carers, depending on their own perspective and differing experiences of caring 4. Challenge common assumptions made about carers and their caring role 5. Identify what they and your organisation can do to support carers. 	
Activity one: Who is the carer? Activity one PowerPoint Activity one handout	Your staff will be able to explain who is a carer and identify key differences between a carer and a care worker.	1, 2, 6,7,8
Activity two: Four stages of caring Activity two handout	Your staff will be able to recognise how a carer might be feeling at different stages of their caring journey and identify ways in which to support carers during that journey.	1, 2, 3, 4, 5, 6, 7, 8

document name	learning outcomes	common core principles
<p>Activity three: Carers assumptions. Activity three handout</p> <p>Activity three PowerPoint</p> <p>Activity four: Carer scenarios Activity four handout consisting of: Tim's story, case study A Mirah's story, case study B John's story, case study C Raj's story, case study D Carol's story, case study E</p>	<p>Your staff will be able to challenge common assumptions made about carers and identify simple steps that they or their organisation could take to help support carers.</p> <p>Your staff will be able to recognise the impact the caring role may have on a carer and consider and consider ways in which they and your organisation might be able to support a carer more effectively.</p>	<p>1, 2, 3, 4, 5, 6, 7</p> <p>1, 2, 3, 4, 5, 6, 7, 8</p> <p>1, 2, 3, 4, 5, 6, 7</p>
<p>Level 2 materials</p>	<p>Upon completing this level of the framework your staff will be able to:</p> <ol style="list-style-type: none"> 1. Explain carers' legal rights 2. Recognise their own legal duties and responsibilities to carers and implications for service eligibility and assessment 3. Apply flexible personalised approaches to carers assessment and carer support planning which encourages choice and control 4. Recognise the importance of the whole family 5. Commit to best practice in relation to sharing of information 6. Identify local services, information and support available to carers 	

document name	learning outcomes	common core principles
<p>Activity five: What is it like to be a carer?</p>	<p>Your staff will gain a greater insight into the impact of the caring role on the whole family including young carers.</p>	<p>1, 2, 3, 4, 5, 6, 7</p>
<p>Activity six: The legal rights of carers – Dispelling the myths Activity six handout Activity six PowerPoint</p>	<p>Your staff will be able to explain carers’ legal rights and their own roles and responsibilities in supporting those rights.</p>	<p>1, 2, 3, 4, 5, 6, 7, 8</p>
<p>Activity seven: Benefits of carers Assessment Activity seven handout</p>	<p>Your staff will be able to promote actively the benefits of a carer’s assessment to a carer, the cared for person and their colleagues.</p>	<p>1, 3, 4, 5, 6, 7, 8</p>
<p>Activity eight: Carer choice and control Activity eight PowerPoint Activity eight handout consisting of: Jim and Barack, case study A Madelena, case study B Nandi, case study C Derek, case study D</p>	<p>Your staff will recognise the importance of choice and control in carers’ lives and will be able to identify flexible solutions with carers which meet their own identified needs and aspirations.</p>	<p>1, 2, 3, 4, 5, 6, 7</p>
<p>Activity nine: Carers and confidentiality</p>	<p>Your staff will be able to consider and analyse confidentiality issues which arise between professionals and carers.</p>	<p>1, 2, 3, 4, 5, 6, 7, 8</p>
<p>Workbook handout</p>	<p>An illustration of how you might put together a more comprehensive workbook on working with carers for staff in your organisation.</p>	<p>1, 2, 3, 4, 7, 8</p>

links between the materials in carers matter – everybody’s business and national occupational standards (NOS)

National Occupational Standards (NOS) define the competences which apply to job roles or occupations in the form of statements of performance, knowledge and the evidence required to confirm competence. The resources within ‘Carers Matter – Everybody’s Business’ support the National Occupational Standards (NOS) for many different roles.

The materials relate to a wide range of National Occupational Standards (NOS). The following standards are particularly relevant as they focus on supporting carers:

HSC387 – Work in collaboration with carers in the caring role.

HSC227 – Contribute to working in collaboration with carers in the caring role.

HSC427 – Assess the needs of carers and families.

CHS58 – Provide information and support to carers of individuals with long term conditions.

GEN20 – Enable carers to support individuals.

There are a significant number of relevant National Occupational Standards (NOS) that are applicable in specific settings such as housing, childcare, specialist health care settings and youth justice.

links between the materials in carers matter – everybody’s business and national occupational standards (NOS)

The following are examples of National Occupational Standards (NOS) with applicability to the common core principles in **Carers Matter – Everybody’s Business**. It is not intended to be an exhaustive list, rather a demonstration of potential linkage.

The table details where the NOS are taken from and their reference number, the title and the applicable common core principle.

Advice and Guidance

NOS	title	links to Common Core Principles for Working with Carers
LLUK Unit AG1	Establish communication with clients for advice and guidance	3,5
LLUK Unit AG2	Support clients to make use of the advice and guidance service	3,5,6
LLUK Unit AG3	Develop interactions with advice and guidance clients	3,5
LLUK Unit AG4	Interact with clients using a range of media	3,5
LLUK Unit AG5	Assist advice and guidance clients to decide on a course of action	3,5,6
LLUK Unit AG6	Prepare clients through advice and guidance for the implementation of a course of action	3,5,6

Children’s Care, Learning and Development

NOS	title	links to Common Core Principles for Working with Carers
CCDLD201	Contribute to positive relationships	1,2,7
CCDLD321	Support children with additional support needs and their families	1,2,3,4,5,6,7,8
CS19	Develop relationships with children and young people	1,7

Community Learning and Development

NOS	title	links to Common Core Principles for Working with Carers
LLUK 1.1.3	Encourage individuals through community learning and development processes to broaden their horizons and to be active citizens	3,6
LLUK 1.2.3	Assist people to express and realise their goals through community learning and development processes	3,5,6
LLUK 1.3.1	Provide information and support to individuals and communities within the processes of community	3,5,6
LLUK 3.1.1	Communicate effectively and develop rapport with people through community learning and development processes	3,6
LLUK 3.1.2	Assist people to express and realise their goals through community learning and development processes	3,5,6
Management & Leadership B11	Promote equality of opportunity and diversity in your area of responsibility	3,5,6

Health and Social Care

NOS	title	links to Common Core Principles for Working with Carers
HSC227	Contribute to working in collaboration with carers in the caring role	1,2,3,4,5,6,7
HSC387	Work in collaboration with carers in the caring role	1,2,3,4,5,6,7
HSC410	Advocate with, and on behalf of, individuals, families, carers, groups and communities	1,2,3,4,5,6,7
HSC0426	Empower families, carers and others to support individuals	1,2,4,7
HSC427	Assess the needs of carers and families	1,2,3,4,5,6
HSC3116	Contribute to promoting a culture that values and respects the diversity of individuals	1,2,4,5,6
HSC0311	Support children and young people to develop and maintain supportive relationships	4,5,6,7
HSC0388	Relate to families, parents and carers	1,2,3,4,5,6,7,8
HSC0389	Work with carers, families and key people to maintain contact with individuals	1,2,3,4,5,6,7,8
MH7	Develop, implement and review programmes of support for carers and families	5,6,7,8

Healthcare

NOS	title	links to Common Core Principles for Working with Carers
CM C5	Build a partnership between the team, patients and carers	1,4,5
MH6	Assess the needs of carers and families of individuals with mental health needs	3,5,6
CHDHN3	Enable carers to access and assess support networks and respite services	1,2,3,4,5,6,7
CHS58	Provide information and support to carers of individuals with long term conditions	1,2,3,4,5,6,7
CHS87	Agree rehabilitation plans with individuals, families, carers and other professionals	1,2,4
CMA4	Plan, implement, monitor and review therapeutic interventions with individuals who have a long term condition and their carers	1,2,4,5,6,7,8
GEN20	Enable carers to support individuals	1,2,3,4,5,6
GEN43	Monitor and review the rehabilitation process with the individual, their family, carers and other professionals	1,2,4,8
PE2	Manage information and materials for access by patients and carers	1,2,3,4,5,6
PE6	Identify the learning needs of patients and carers to enable management of a defined condition	1,2,3,4,5,6,8

Hospitality, Housekeeping and Front House Reception

NOS	title	links to Common Core Principles for Working with Carers
Unit 2	Build working relationships with people from different countries or diverse cultures	5
2F0H1/10	Deal with communications as part of the reception function	5
2F0H2/10	Deal with the arrival of customers	3,5,6
2F0H11/10	Provide tourism information services to customers	3,5,6
2GEN7/10	Deal with customers across a language divide	5

Housing

NOS	title	links to Common Core Principles for Working with Carers
H3 01	Promote safe, ethical and sustainable practice in your area of responsibility	4
H3 11	Provide housing advice and guidance to customers	4
H315	Deal with customers by telephone	4
H3 16	Help customers to identify and access development opportunities	3,4,7
13 17	Arrange and conduct meetings with customers and others	1,2,3,4,5
H3 18	Work with customers and groups to develop the community	1,3,4,5,6
H3 19	Develop and sustain partnership working arrangements	1,2,3,4,5,6

Housing (cont'd)

NOS	title	links to Common Core Principles for Working with Carers
H3 21	Develop, implement and review support plans with individuals	1,2,3,4,5,6
H3 23	Help customers to move and settle into new living environments	1,2,3,4,5,6
H3 24	Contribute to assessing and act upon risk of danger, harm and abuse	6,7
Asset Skills H3 25	Work within appropriate boundaries with customers	1,2,3,4,5,6,7
Asset Skills H3 26	Enable individuals to maintain contacts in potentially isolating situations	3,4,5,6,7
H3 27	Provide support to customers to reduce the risk of homelessness	4,5
H4 01	Ensure compliance with legal, regulatory, ethical and social requirements	3,4,5
H4 16	Develop practices which promote choice, well-being and protection of all individuals	7,6
H4 17	Assess individual needs and preferences	1,4,6
H4 18	Produce, evaluate and amend service delivery plans to meet individual needs and preferences	1,4,5,6
H4 20	Develop joint working agreements and practices and review their effectiveness	1,4
HSC349	Enable individuals to access housing and accommodation	1,3,4,5
Mental Health 33	Support individuals to identify and access housing and accommodation services	1,3,4,5

Justice System

NOS	title	links to Common Core Principles for Working with Carers
Skills for Justice GB11	Assist individuals to establish effective support networks	3,5,6,7,8
AB1 (CS2)	Communicate effectively with people	3,5
GA7	Communicate and engage with children, young people, and their families and carers	1,3,4,5,6,7
AG2	Promote the well being and protection of children and young people	5,7
BH203	Promote understanding amongst children and young people regarding domestic and/or sexual abuse/violence	7
F8	Work with others to improve customer service	1,4,5
AG3	Promote choice, well being and the protection of all individuals	3,4,5,7

Play Groups and Schools

NOS	title	links to Common Core Principles for Working with Carers
Skills Active SA44NPW14	Engage with parents and carers in the play environment	1,4
Skills Active SA44NPW29	Interact with parents and carers in the play setting	1,2

Working with Parents

NOS	title	links to Common Core Principles for Working with Carers
LLUK WWP301	Build and maintain relationships in work with parents	1, 2, 4
LLUK WWP302	Communicate effectively with Parents	1,2
LLUK WWP307	Work with parents to meet their children's needs	2, 4, 5
LLUK WWP202	Provide access to knowledge and information	1, 4, 5, 6, 7, 8
LLUK WWP309	Work with parents to understand and meet their own needs	2, 5, 6 ,7
LLUK WWP312	Deliver services that value and respect parents	1,4
LLUK WWP313	Provide services that meet parent's needs	3, 4, 5, 6, 7, 8
LLUK WWP314	Work with parents with complex needs who find services hard to reach	3, 4, 5, 6, 7, 8
HSC 0047	Help parents and carers to acquire and use skills to protect and take care of children and young people	1, 4, 5, 6, 7

Youth Work

NOS	title	links to Common Core Principles for Working with Carers
LLUK 1.3.1	Facilitate young people's exploration of their values and beliefs	1, 2, 7
LLUK 1.4.1	Provide information and support to young people	5, 6, 8
LLUK 1.4.2	Enable young people to access information and make decisions	4, 5, 6, 7, 8
LLUK 2.1.1	Ensure that the rights of young people are promoted and upheld	2, 4, 5, 6, 7, 8
LLUK 2.2.2	Work with young people in safeguarding their own welfare	1, 3, 5, 6, 7, 8
LLUK 3.1.1	Communicate effectively and develop rapport with young people	1, 7

tips on planning, commissioning or leading learning and development

- planning
- presentation
- learning methods and styles
- selecting the right facilitator or trainer
- Adapting the materials to your local needs
- signposting to further sources of development and learning guidance

planning

For any type of learning and development activity, it is important to consider getting the basics right in order that staff get the best out of their learning. Below are some issues to consider to ensure the best possible learning opportunity for staff.

There are a number of questions which you, or your training provider, will need to address when developing your own tailored learning and development session, whether it is a briefing, induction, workshop or seminar:

- What venue shall I use? The venue can have ramifications for the design of your session and the size of the group, therefore it is important to get this sorted out early on. Consider the room layout when thinking about your requirements. Are there any special access needs e.g. loop system?
- Do I want to use a pre-course profile which can be given to each participant prior to the session and then is revisited at the end of the training? Are any different language or formats needed e.g. large print?
- How shall I 'warm up' the audience? How am I going to grab the audience's attention right from the start? Do I need to use an icebreaker exercise? Do we need to establish a group agreement on the behaviours we want or don't want during the session?
- How can I turn 'dry' information into something interesting which captures the 'hearts and minds' of the audience? How will carers themselves be involved in the design, delivery and evaluation of the session?
- How can I design materials that will stimulate the audience and appeal to different learning styles rather than simply falling back on PowerPoint?
- What sort of pace will suit the audience? How can I structure the programme in a way which gives the audience time to assimilate information? What extra time might be needed for interpreters?
- How can I create plenty of energy in the room and interest, avoiding 'graveyard shifts.'?
- What sort of handouts do I need to support learning and which are effective and **will be used** afterwards?
- How am I going to evaluate the session in an effective way? How am I going to extend the learning beyond the actual session?

Whatever the level and type of training you are considering, you will need to build the Common Core Principles for Working with Carers into your training evaluation frameworks and methodologies so that you can assess the impact of the training. It is recommended that you make explicit reference to the common core principles diagram during your learning session.

Click this link to learning and development level one handout of the Common Core Principles for Working with Carers.



presentation

Carers Matter – Everybody’s Business does not include detailed information and advice on giving presentations or training delivery. However, below are a few ‘tips’ to consider.

Much can be said about giving an effective presentation and there is a wealth of information that you can ‘Google’ on this subject area. However here are five key tips that are worth bearing in mind when speaking in front of others:

1. Adequately prepare

Get to know the materials you are using, know how you are going to open your presentation and make a clear statement at the beginning about what your presentation is about and any key messages. Practice before your present.

2. Know your audience

Determine the level of the audience and tailor the materials accordingly. Supplement your presentation with live examples which are relevant to the particular audience.

3. Be aware of your body language

You cannot underestimate the subliminal messages that you give off through body language, and eye contact is the perhaps the most powerful aspect of body language. Connect with individuals in the audience by making eye contact but avoid scanning – ‘one thought per pair of eyes’ is a good approach. Avoid turning your back to the audience.

4. Stick to time

Be realistic about what you can fit into the time available and avoid drifting into long drawn out presentations. Use visual aids to help with longer presentations to help stimulate the audience and give more impact to what you are saying. Remember many presentations are ruined by being too long.

5. Wrap up with a good review

This is the best way to leave the audience with a sense of a ‘conclusion’ – a summary of what you have covered. It also helps the audience to remember those key messages which you introduced at the beginning.

learning methods and styles

Making sure that you select the right level of development for your staff will help them to engage with and learn from the experience. It is also important that you think about what kinds of activities and methods of learning will best suit your staff. Individuals learn differently from each other and prefer different learning styles and techniques. They may also be comfortable learning in different environments or situations.

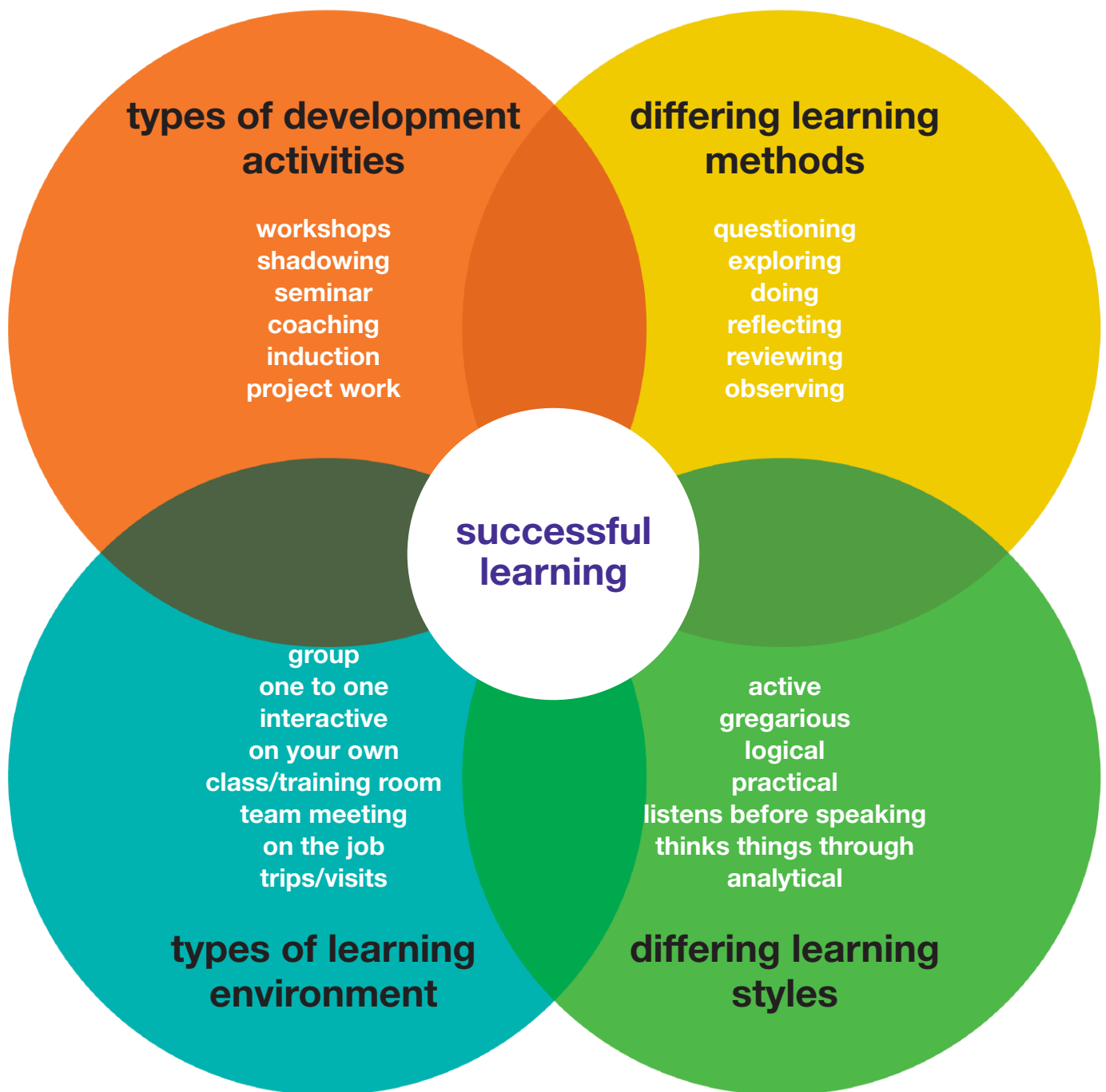
By attending to these four important elements when you are planning and designing training for your staff, you will help them to achieve the changes in knowledge, attitudes and behaviours you are looking for and to provide better support to carers.

Ask yourself the following questions:

- Q. What methods of development do we normally use in our organisation?
- Q. What is the mix of learning styles amongst the group of staff who need training?
- Q. What methods of development might best match the learning styles of my staff?
- Q. What activities and methods of learning might best engage and motivate my staff?
- Q. Are there staff who have particular needs e.g. do I need to provide the information in a different format such as Braille?
- Q. Where should the training take place?
- Q. What options are available to me?
- Q. How am I going to involve carers meaningfully in the training? Where can I go to get carer input?

The diagram below brings the key elements of successful learning together and provides some practical examples of each one.

elements of successful learning



selecting the right development method

Learning and development can be presented in a number of different ways and designed to appeal to differing learning methods. Carers Matter – Everybody’s Business contains resources that can be adapted and undertaken in a wide range of styles, ensuring that you can adapt the materials to suit your audience.

It is useful to consider the types of development most commonly used in your organisation and how effective they are. Different development activities rely on different learning methods. The table below is a guide to the learning methods used in different types of development.

development activity	learning method
Coaching	Reflecting, exploring
E-learning	Using initiative
Workshop	Listening, reviewing, questioning exploring, doing
Induction	Listening, questioning, doing
Job shadowing	Observation, questioning
Mentoring	Exploring, reflecting
Networking/seminars	Listening, questioning
Open learning	Using initiative, exploring
Project work	Exploring, doing
Action learning	Exploring, reflecting, listening, questioning
Simulation	Doing

the learning environment

Learning environments are vital learning and it is therefore important to choose carefully which environment will ensure the most learning. Carers Matter – Everybody's Business contains resources that can be adapted and undertaken in a wide range of environments.

Another factor that can influence your choice of development activity is that some people learn more effectively in group situations and others prefer to learn alone. Recent research indicates that most people favour development opportunities that are active and involve contact and interaction with others. The preferred method of learning for the majority is to be shown how to do things and then to practice them. However, whilst learning from books, articles or through the internet is less appealing for many, for some these provide accessible options that fit with their individual learning styles and patterns of work. E-learning, articles, books and the internet can also provide supplementary resources that help individuals to put their learning into practice and sustain practice improvements.

e-learning programme: think recovery, think family, think carer

The 'Think Recovery, Think Family, Think Carer' e-learning programme has been developed by South Essex Partnership University NHS Foundation Trust (SEPT) in partnership with Carers UK, as well as local authority, Primary Care Trust, Acute Trust and voluntary sector partners in south Essex. This innovative programme for staff has been funded by the NHS East of England and developed in response to the National Carers Strategy.

This programme is the result of SEPT's collaboration and co-production with a group of adult and young carers as well as front-line clinicians, including social workers, consultant psychiatrists, as well as an occupational therapist, psychologist, and a psychiatric nurse. The e-learning programme supports the principles of 'whole family approach' to recovery, and includes core modules on basic family and carer awareness and involvement, carer rights, information sharing with families, and young carers. It also includes modules that cover the Carers' pathway, including carer identification and carers' assessments. In addition specialist modules have been included on carers of people with mental health needs; dementia; learning disabilities and black, asian and minority ethnic carers.

recognising learning styles

Learning and development can be presented in a number of different ways and designed to appeal to differing learning styles. Below you will find a description of different adult learning styles. The range of resources within Carers Matter – Everybody's Business are sufficient to offer something for most styles and you can add to them with your own resources and ideas to fill any gaps you may identify.

Each person prefers different learning styles and techniques. Learning styles group common ways that people learn. Everyone has a mix of learning styles. Some people may find that they have a dominant style of learning, with far less use of the other styles. Others may find that they use different styles in different circumstances. There is no right mix, nor are learning styles fixed. Individuals can develop ability in less dominant styles, as well as further develop styles that they already use well.

By recognising and understanding your employees' learning styles, you can use training techniques better suited to them. This can improve the speed and quality of their learning. Here is a summary of the characteristics of learners who have a preference for one of four distinct styles of learning.

1. Activists

People who tend to be in the 'here and now'. They are often gregarious, seek challenges and immediate experience, open-minded, and get easily bored with implementation.

2. Reflectors

People who prefer to 'stand back', gather data, ponder and analyse and delay in reaching conclusions. Reflectors tend to listen before speaking and like to think things through before acting.

3. Theorists

People who prefer to think things through in logical steps, and assimilate disparate facts into coherent theories. Theorists are rationally objective and tend to reject subjectivity and flippancy.

4. Pragmatists

People who seek and try out new ideas, who tend to be practical, down-to-earth and enjoy solving problems and making decisions quickly. Pragmatists tend to get bored with long discussions.

If you are putting together a programme of learning it is important to make sure that this includes a variety of activities that will appeal to participants' different learning styles. This will help them to engage with the activities and get the most out of their experience.

selecting the right facilitator or trainer

All good facilitators or trainers will have a sound knowledge of adult learning, including development methods, learning environments and learning styles. If you intend to deliver learning activities in-house using internal resources or to commission an external training provider, it is important to make sure that that facilitators and trainers have the right knowledge, skills and qualities to enable your staff to learn effectively.

Some of the materials that accompany this guide require a facilitator who has specific knowledge e.g. about carers' rights legislation and the ability to respond to related questions from learners. Learning interventions that aim to challenge, engage and motivate participants generally require facilitators to have good skills in leading and managing groups, strong interpersonal skills and an ability to think on their feet.

If you are planning to commission an external company or individual to deliver learning or development activities for your staff, you can set out your requirements in a formal specification .

For more information on selecting the right learning and development organisation for your staff, please see: www.skillsforcare.org.uk to view the 'care training codes'. This will give you a free guide addressing questions and issues that should be thought about when purchasing training and development.



adapting the materials to your local needs

Within most areas there are sources of specialist support and advice for carers. These can be a great source of information and help for you as you embark on your learning. They can help you get the content right for your particular area which will make the learning far more useful for staff. You could start by contacting;

Carers UK, Crossroads Care or The Princess Royal Trust for Carers for carers organisations in your area.

Within your locality there may be a carers' centre as well as carer led support groups. Through them you will be able to make contact with carers including people who may have experience and might be willing to be involved in training your staff. Your local authority will also have policies and procedures for providing assessment and support to carers and you will need to familiarise yourself with these. They will also have staff who are responsible for consulting with and involving carers in service planning and delivery. It is also worth asking about any surveys that have been carried out locally to measure how effectively carers are being involved and supported in particular settings or situations e.g. percentage of carers who have received a carers service as a result of a carers' assessment.

Have a look at the sample materials and ask yourself:

- Q.** Are there any materials at the appropriate level which might meet the learning needs of my staff?
- Q.** Can I adapt any of the materials to meet the learning needs of my staff?
- Q.** Have we got the skills and knowledge to provide training in-house or do we want to commission it?
- Q.** What areas of development are not covered by the sample materials? Where else could I go to get those materials?
- Q.** How will I incorporate information about local services and support for carers into the training?
- Q.** Could I invite representatives from local carer groups to contribute to the training? e.g. by coming along to talk about the support they offer and providing information that participants can take away.
- Q.** Does my organisation have principles, guidelines, policies or procedures about recognising and supporting carers? How can I incorporate these into the training to bring them alive?
- Q.** Are there performance targets or standards for my organisation about how well we support carers? If so, how will these be incorporated into training materials?
- Q.** Do I need to adapt the supporting materials to reflect the specific roles and responsibilities of the staff who will attend?

further sources of development and learning guidance

The range of resources within Carers Matter – Everybody’s Business is not meant to be and cannot be exhaustive. Whilst a thorough audit of existing materials was undertaken as part of the development of Carers Matter – Everybody’s Business and many partners offered their expertise to it, there are many other resources that will also meet your learning and development needs.

However, do make sure that whatever you choose endorses and supports The Common Core Principles for Working with Carers.

Click this link to the common core principles.



There are a number of organisations that produce a range of materials you may find useful in helping you to address the learning needs of your staff. It is not possible to provide an exhaustive list but here are a few suggestions.

Age UK
Carers UK
Crossroads Care
Princess Royal Trust for Carers (PRTC)
Rethink
Social Care Institute for Excellence



involving carers in learning and development

- Benefits of involving carers
- Involving carers – a case example
- Getting started with involving carers
 - signposting to further sources of information and guidance about involving carers

benefits of involving carers

Involving carers in planning, designing or delivering learning interventions for your staff can have a positive and lasting impact on learners. It is important to consider whether you can involve carers in the learning you may be planning. Many carers organisations support carers to be able to contribute to learning and development. You could start by contacting;

Carers UK, Crossroads Care or The Princess Royal Trust for Carers for carers organisations in your area that could assist you.

Apart from the growing requirement to involve carers in staff development, there is evidence that there are benefits for all concerned. Where carers participate in educating and training the people who work in health and social care, this can result in positive outcomes for them, for learners and for employers.

The reasons for this are:

- It helps staff to see people as people and not as problems – ‘makes it more real’
- It challenges assumptions and myths about carers
- Carers provide a unique and invaluable perspective of what is needed from people delivering care
- Staff get to hear carers’ stories and experiences first hand and this can have a powerful and lasting impact
- It adds value to existing training opportunities by bringing theory and concepts to life
- It models good practice because carers are central to the training or education activity.

“It has rebuilt my self esteem and confidence; I used to be a senior project manager, now I am a handyman, so getting involved in training has given me a sense of self worth again. I also like to think that what I share of my experiences might lead to a small change in attitude which could benefit another carer. I believe my experiences in training have helped me to develop as a person, particularly as I like to respond to a challenge.”

involving carers in training

a case example

Action for Carers (Surrey) is a carer led voluntary organisation. Its aim is to raise awareness of carers' needs and concerns in Surrey and to work in partnership with statutory and community partners to give carers a voice, and the services and support they need. Their Action for Carers and Employment (ACE) service has produced a comprehensive multi agency training resource called 'Because Carers Count', which has been continually refined in conjunction with carers over 10 years of delivery to those working with carers in the statutory, voluntary and independent sectors across Surrey. The materials are designed for delivery by carers in collaboration with a professional trainer, with carers co-facilitating the whole programme, not just the 'carers' slot. ACE works with carers on a continuing basis to enable them to act as facilitators in a variety of training programmes so that they can demonstrate the message that carers are people with skills and aspirations like the rest of us. Chief Executive Jane Thornton states "The experience of participants is enhanced by carers co-facilitating the whole programme, not just the 'carer's slot', which leads to improved learning outcomes and positive improvements for the carers they work with".

Local information booklets for carers are also available from their website:

www.carersnet.org.uk/actionforcarers/afc.html

For more information, contact the Action for Carers and Employment main line:

01483 565874.

getting started with involving carers

If you are planning to involve carers directly in training, there are some areas that are important to think about and address before you begin. These are addressed below.

can I ask anyone I know is a carer to get involved?

Although anyone can tell their story, it can be unfair to ask an individual to expose a lot of personal information about their situation without preparation. Many Carers' Centres and other carers' organisations have training and support structures in place to help carers to contribute positively to training and to manage their emotions in doing so.

To ensure the best results:

- Use trainers who will arrange to involve a carer or carers in the course. Many voluntary organisations offering carer awareness training will automatically do this, but you should check. The trainers concerned should ensure appropriate training and support is provided. They will usually manage the practical arrangements around travel and respite costs and an agreed payment. You should expect to see these elements costed into the training quote.
- If you are developing training in-house, you can contact the local Carers' Centre or carers' organisation to ask them to help find someone. You should expect to pay expenses and fees (as above) as well as a fee to the Centre (for the training, support and organisation). You can find a list of Carers Centres on www.carers.org You can also find carers' organisations through www.nhs.uk/carersdirect

If you are planning to involve carers directly in training, without going through the local Carer's Centre or carers' organisation, there are some areas that are important to think about and address at the outset.

These include:

- Being clear about your expectations of carers who may be involved. Be specific about what you would like the carer to do and the time commitment involved. Are you asking them to co-facilitate a session with a trainer or to come along and talk about their experiences for half an hour during a workshop? Being clear about what you are looking for will enable carers to make an informed choice about whether and how they can participate.
- Ensuring ongoing support is available for any carer who becomes involved. You can provide support directly by, for example, providing a named contact person for the carer to liaise with, having regular contact with them in person and by 'phone or email, or via a mentoring system. Carer-specific voluntary sector organisations in your local area may also be able to offer carers information and support.

- Making contingency plans. A carer's situation can sometimes change suddenly and unpredictably. This can be caused by changes in the person they are caring for e.g. they may deteriorate, or by any of the common life events that can impact upon us. It is important that carers are able to withdraw their involvement at any time, and that this is clear and agreed from the outset. This means that it is worthwhile considering alternative methods of achieving the required outcomes as part of the training planning process so that you have contingency arrangements in place. For example, another carer who has experience of being involved in training may be prepared to act as a back up or you may decide that it would be appropriate to use a DVD featuring carers as a basis for a group discussion.
- Planning how you are going to give carers feedback about their involvement. Any carer who contributes to staff training will want to know what their involvement has helped to achieve. Providing constructive feedback will enable them to recognise the effectiveness and value of their contribution. Having a 'de-briefing' meeting also provides an opportunity to raise and agree any changes that may be needed for next time.

For full guidance on how to involve carers in your learning and development activities, please see: **[‘A framework to support the involvement of people who use services, and carers, in education and training provision’](#)**

www.skillsforcare.org.uk (Please search under 'service user and carer participation guide').

This document is designed to provide guidance to education and training providers in involving people who use services, and carers, in the planning, design, delivery and assessment of training programmes.

case example

The Department of Health Carers Strategy Demonstrator site, 'Better NHS Support for Carers', South West Essex, in partnership with South Essex Partnership Trust, worked with Carers UK's Consultancy Service to develop a number of measures to involve carers directly in staff training and improve operational and strategic awareness of carers issues. The aim was to ensure that carers are recognised and their needs embedded in service planning and delivery.

The measures included:

- Training six carer volunteer trainers to deliver carer awareness training
- Developing a toolkit and training for Carer Link and Carers Recognition Workers, to facilitate carer awareness with operational staff
- Training Carers Champions to be aware of all carers issues, to develop a sustainable strategic network, and to enable them to facilitate change management processes.

signposting to further sources of information and guidance about involving carers

Carers in Hertfordshire runs a structured trainers unit. They train, support and accredit carers to be involved in training delivery. Contact Roma Mills on [01992 586969](tel:01992586969) or: roma.mills@carersinherts.org.uk

Brighton and Hove Carers Centre involves carers in training. Contact Carer engagement worker; Tess.Barneveld@thecarerscentre.org

Carer involvement in social work education. West Sussex University with the Princess Royal Trust. You can find information about this at: www.scie.org.uk
(Please search under 'carers as partners in social work education').

For full guidance on how to involve carers in your learning and development activities, please see:
'A framework to support the involvement of people who use services, and carers, in education and training provision'.

www.skillsforcare.org.uk
(Please search under 'service user and carer participation guide').

This document is designed to provide guidance to education and training providers in involving people who use services, and carers, in the planning, design, delivery and assessment of training programmes.

how do you know it's worked

– a guide to evaluation of learning and development

- Evaluation guide

evaluation of learning and development

Designing, delivering or commissioning training for your staff involves considerable investment of your time, energy and resources.

You will want to know whether the training has made a difference in the ways that you intended and carrying out a proper process of evaluation can help you to find out.

This guide has been prepared to provide an introduction to conducting a simple evaluation. It looks at what an evaluation is, how impact can be measured and then looks at the key elements of different types of evaluation.

what is evaluation?

In simple terms, an evaluation is an exercise to measure the effectiveness of an activity in order to determine success, the added value of participating in that activity and to assist decision making. Evaluation starts by setting a series of goals, perhaps linked to the organisation's business plan and/or Investors in People or similar, of what it is hoped will be achieved by participating in an activity. The next step is developing a methodology to gather the information that will indicate the success, impact and/or added value of participating in that activity. One of the important things is to ensure it is possible to measure that success and/or impact. Anecdotal success stories are not enough.

why evaluate training?

The cost of providing training can be significant for any organisation. Employers are prepared to incur these costs because they expect their organisation to benefit from employees' development and progress.

The extent to which your organisation has benefited can be assessed by evaluating training. There are also other good reasons for evaluating training.

It helps you to:

- track the development of staff knowledge, skills and behaviours
- find out if their learning is being applied in the workplace
- identify gaps in knowledge, skills and behaviour and future training needs
- establish if the investment was worthwhile
- inform future training plans and strategy
- ensure training continuously improves.

The problem for many is not so much why training should be evaluated, but how. They often overlook or struggle with evaluation, perhaps because the benefits can be hard to describe in concrete terms.

However, it is possible to pin down the benefits, enabling you to make a sound business case for training, by choosing what you wish to measure or compare before and after training. The guide below can help you through this.

how do I measure impact?

- Impact is the outcome of, for example, a course or specific activity – that is to say, what happens as a result of it, and is usually measured as a change or difference.
- Impact can be measured by a number of agreed qualitative or quantitative indicators, providing evidence of change usually set against an established baseline.
- Impact assessment draws together and interprets all impact measures and indicators.
- Direct impact looks at the benefits to individuals, providers or others that occur sooner or later as a direct consequence of their participation in the activity.
- Indirect impact is an unintended or knock-on outcome not anticipated in planning for the activity.
- Remember that measuring impact through impact measures is often about recording change over time – typically with some baseline data to show the situation pre-activity/event, and then looked at again at an appropriate time afterwards.
- Be selective, but ensure you use a mix of hard and soft impact measures and indicators (see below). There may be a temptation to focus on what is easily quantifiable but this risks leading to an unbalanced picture of impact. Equally it is easy to focus solely on soft impact measures which provide little quantified evidence. A balance of the two is called for.
- Be realistic – in some areas it will be very difficult to unpick your contribution to a measured impact from other things that are taking place. It is better to focus effort on those impact measures where attribution is likely to be more distinct.

It is not possible to be prescriptive about the 'right' form of measurement – since the indicators that organisations will be setting to measure success – and their ability to conduct measurement for these – will vary greatly.

However, there is some general guidance:

- Start – and finish – with your goals and objectives and how these relate to the wider expectations of how the proposed activity will make a difference.
- Use what is already available – this might include routine monitoring information or access to enrolment, retention and completion evidence.
- Where data is not at hand, look for existing channels which can be adjusted or adapted to capture some of the information needed – additional questions added to events feedback or evaluation forms, tapping opportunities to add some questions to surveys or reviews being conducted by others.
- **Direct impacts** – usually a direct consequence such as the effects of how participants use the knowledge they have gained at a training event or workshop. Direct impacts may not be wholly attributed to the actual activity – other influences may also have contributed to that impact, but they can be attributed (at least in part) directly to the activity.
- **In-direct impacts** – these are usually unplanned or knock-on consequences of an activity. They may fall outside the planned scope or focus but can be very important, and are still relevant to assessing added value.

what are direct and indirect impacts?

Impacts will be either:

what are hard and soft impact measures?

Both hard and soft impact is an important part of evaluation, but what is the difference between them?

- **Hard impact measures** – these are direct effects of a particular activity which can be measured numerically. This might include more people attending a training course, raised levels of engagement, raised retention levels on courses, etc.
- **Soft impact indicators** – these may include a range of cultural or behavioural issues which cannot be fully measured quantitatively – raised staff awareness of, or responsiveness to, new qualifications requirements, enhanced employability or quality of trainees, increased professional confidence among staff, etc.

what are the sorts of questions we should be asking in our evaluation?

Evaluation of participant reaction helps a trainer, facilitator or manager gain immediate feedback about participant's experiences of a course or activity. It is usually conducted immediately following the activity and the aim is to provide an insight into whether participants understood the course content. Typically this evaluation is done by asking participants to complete a short questionnaire. Often called 'happy sheets' these should focus on whether the participant learning needs have been met.

At a simple level, typical evaluation questions that should be included are:

- What about the course/activity was relevant to your job role/work?
- How would you change the course/activity to make it more useful to you in your job role/work?
- What were the strengths and areas for development of the course/activity?
- Will you be able to implement what you have learnt in your job role/work? If not, what challenges might you face and how could they be overcome?

- What resources or additional training/support will you need in order to implement what you learned?

However, where the evaluation requires some sort of measurement in terms of 'did the participants actually learn something', the questions need to focus more on immediate changes in knowledge, skills or attitude as a result of the training activity. In this case, targeted questions can be used to ask participants what they think they have learned.

Other approaches would be to ask participants to demonstrate what they have learnt (particularly effective if you have assessed them to establish 'where they are now' pre the course/activity). This might involve knowledge tests, interviews with individual participants, a survey of participants, or simple observation of them putting the new skills into action.

Questions might include:

- What have you learned from the course/activity that you didn't know before it took place?
- What have you learned that is new?
- What is the most valuable thing/three most valuable things that you have learned?
- To what extent do you think this course/activity will make a difference in the way you do your job? (With an appropriate scale, for example: To a great extent, to some extent, not at all)
- Will you use the information you learned in this course/activity to implement changes in your working practice? If yes, what changes will you implement?

Taking it further, if the evaluation requires measuring the outcome, this is about how the course or activity has affected the way participants perform in their job role/work and usually involves the participants demonstrating what they have learned in a real-life context. Whilst interviews with individual participants are important here, they can be asked to keep journals for review, and interviewing those who can speak about the participant's knowledge and behaviour/attitude pre and post training can be valuable. A survey of participants could be conducted which will enable the collection of both hard and soft impact.

Measuring the longer term outcomes or impact of the training typically requires establishing an early baseline, pre course/activity, of what the participants does now, or knows now, with an immediate post training follow-up as set out above, but then followed up longer term, the length of time depending upon the aim of the course/activity and how long it will take to become embedded in the job role/work environment.

what does an evaluation report look like?

An evaluation report typically comprises:

- The objectives of participating in the activity – Often linked to the business plan, what the organisation hoped to achieve from having staff participate in the activity. How it was intended that success and/or impact would be measured and the methodology that would be used to obtain that information, for example, course feedback forms, interviews, surveys, observation etc.
- What the activity looked like – what was involved and the methodology that was used to evaluate it.
- The outcomes of the evaluation, clearly setting out the success stories, the impact data and the added value of being involved.
- Recommendations for future activity.



sharpening up your ideas as to what you might want from specialist training

The following list of prompts has been drawn up to help you determine the focus of the learning and to develop or commission training which will meet the required learning outcomes:

- Which staff groups need specialist training in order to carry out their role with carers effectively?
- Which particular aspects of their job role involve working with carers and require specialist input?
- Which categories of specialist training (as listed above) apply? One or more?
- What are the specific learning and performance outcomes that I want to achieve through specialist training? How might specialist training help to change the culture of our organisation? i.e. how we view and behave towards carers.
- Is there specific legislation, national policy or guidance not already covered within the framework which needs to be incorporated into the specialist programme?
- Are there any additional local policies, procedures or protocols that also need to be incorporated?
- Who is best placed to deliver the specialist training? Can I provide in-house or do I need to commission to a specialist training provider?

You can find sources of specialist resources in the materials that accompany this guide in links below.

Please follow the following links to access a wide range of learning and development resources aimed to enable learning and development at level 3. Please remember that the three levels of the framework are not intended to be rigid or flexibly, enabling you to 'pick and mix' learning activities set out in the supporting materials from more than one level as appropriate.

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Note: The list overleaf includes those who have provided information about the content of relevant learning programmes and/or actual materials. It is not a definitive list of all those who responded to our request to share materials.

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Tim Anfilogoff	tim.anfilogoff@hertscc.gov.uk jill.akroyd@hertscc.gov.uk	Hertfordshire County Council
Jane Thornton	jane@actionforcarers.org.uk	Action for Carers (Surrey)
Edward Roberts	edwardroberts@warwickshire.gov.uk	Warwickshire County Council
Joy Janetta	joy.janetta@bmh.nhs.uk	Oxfordshire and Buckinghamshire MH NHS Trust
Wilf Fox	wfox@buckscc.gov.uk	Bucks CC
Molly Mattingley	mmattingly@fpld.org.uk	Mental Health Foundation
John Copping	john.copping@dsl.pipex.com	Mental Health S/U Social Firm
Karen Stevens	karen.stevens@skillsforcare.org.uk	Skills for Care (South East)
Duncan Miller	duncan.miller@northtyneside.gov.uk	North Tyneside LA
Marcia Davis	marcia.davies@oxfordshire.gov.uk	Oxfordshire CC
Anna Chan	anna.chan@oxleas.nhs.uk	Oxleas
Anne Stephens	anne.stephens@westsussex.gov.uk	West Sussex
Carla Fourie	carla.fourie@southessex-trust.nhs.uk	Carers Strategy Manager & Consultant Social Work Practitioner Carers Development Team South Essex Partnership University NHS, Foundation Trust Brentwood Town Hall
Anjuman Ghuffar	anjuman.ghuffar@bradford.gov.uk	Bradford LA
Val Mitchell	val.mitchell@bp-pct.nhs.uk	Bournemouth and Poole NHS PCT
Prof Suzy Braye		Professor of Social Work University of Sussex
Barbara MacClaren	barbara@hornworks.co.uk	Hornworks, Lancashire LA
Alison Stubbings	astubbings@rcgp.org.uk	GP Carer Awareness Training Project
Peter Taylor	peter.taylor2@jobcentreplus.gsi.gov.uk	Policy Manager, JobCentre Plus
Christine Rowley	christine.rowley@dudley.gov.uk	Carers Co-ordinator, Dudley LA
Sue Killen	sue.killen@nhg.sja.org.uk	St Johns Ambulance
Janet Fevrier	janet.fevrier@sabp.nhs.uk	Surrey & Borders Partnership Trust

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Safety Nett Ltd	Mathew Chiweda	safetynett@btconnect.com
The Meriden Programme	Dr Grainne Fadden	grainne.fadden@bsmhft.nhs.uk or www.meridenfamilyprogramme.com
Warrington Carers Centre	Jenny Readman, Executive Officer	Tel 01925 644212 warrington_carers@garvenplace. freeserve.co.uk
North East Lincolnshire Care Trust Plus	Nicola Pullman, Carers Development Manager	nicola.pullman@nelctp.nhs.uk
St Josephs' Hospice	Contact 1; Carlyne Barber Contact 2; Ann Wilson	c.barber@stjh.org.uk a.wilson@st.h.org.uk
Care Companions Limited	Sushila Patel	sushila@carecompanionsltd.com
Adult care services Bury Council Workforce Development	Mr Michael Short Workforce Development Manager	d&t.enquiries@bury.gov.uk
Share Friends	Shirley Corbett	Tel: 0121 303 0564 shirley.corbett@birmingham.gov.uk
Royal Devon and Exeter Foundation Trust	Alison Copp	Tel: 01392 (40)3001 alison.copp@rdeft.nhs.uk
City and Hackney Carers Centre	Maggie Bromage	maggie@hackneycarers.org.uk
Carers Bucks	Jo-Ann Woolf Support and Development Manager	Tel: 01296 392711 jo.woolf@carersbucks.org
Solihull Carers Centre	Maggie Leaver, Chief Officer	Tel: 0121 788 1143 maggieleaver@solihullcarers.org
Hartlepool Borough Council	Gwenda Pout, Workforce planning and development manager	Tel: 01429 284293 gwenda.pout@hartlepool.gov.uk
Joseph Priestley College	Anthony Waring, Director of Corporate Services	Tel: 0113 307 6195 awaring@joseph-priestley.ac.uk www.joseph-priestley.ac.uk

Websites

www.skillsforcare.org.uk

www.skillsforhealth.org.uk/carers-matter

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