



Improving access to training, knowledge and skills to support carers in their caring role.

A report on training for carers across the West Midlands prepared for the West Midlands Association of Directors of Adult Social Services by Christine Rowley Training and Consultancy.

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Introduction

I am delighted to introduce this report and, most importantly, the regional commitment to support the training needs of carers across the West Midlands.

As chair of the ADASS regional Carers Leads Network, I consider that training for carers is an area of work ideally suited to demonstrate an overall commitment to working together to develop a collaborative approach to meeting the needs of carers across the region.

This timely initiative will also provide a useful tool for the 14 individual Local Authorities who are drawing up their plans to implement the Care Act. The Act's provisions relating to carers come into force in April 2014.

The commitment to working collaboratively does not mean that training must be uniform across the region: there will always be a need to respond to local opportunities, needs and conditions.

It means looking at how we can ensure that carers can easily see what is available. It means reducing duplication when developing new training and it means making better use of resources.

Most importantly it incorporates a commitment to listen to what carers say, to valuing their expertise and experience and to involving them fully when initiating and developing future work.

The report focuses on training provided or funded by Local Authorities. But it also incorporates an awareness of, and willingness to, work with third sector agencies who provide training.

I would like to extend my personal thanks to all of the carers and their supporters who have contributed to this work.

A handwritten signature in purple ink, appearing to read 'Suzanne Joyner'.

Suzanne Joyner, Chair of the ADASS West Midlands Regional Carers' Leads Network.

Commitment to support the training needs of family carers across the West Midlands

Co-production

We recognise that training is a two way process and that carers have their own knowledge and skills to contribute.

We agree that carers should be involved wherever possible with the development of training programmes and in assessing whether existing courses for paid staff meet the needs of carers.

We understand that 'training' encompasses a variety of activities, delivered in different ways and will work with carers to provide training in a way which works for them.

We recognise the value of training in offering peer support and social opportunities and will endeavour to ensure that these outcomes are also met.

Assessing carers needs

In assessing carers' needs, we will consider fully and endeavour to meet their training needs by actively researching what is available and if necessary assisting carers to access opportunities.

We will provide training for those carers who wish it, on any topic where we would consider it essential to train paid staff.

We will work to remove the barriers that may prevent carers from taking up training- including the need for alternative care.

We will develop a regional agreement on the use of carers' personal budgets to allow eligible carers to access training that cannot otherwise be funded.

Collaboration

We recognise that training may be provided by a variety of organisations and teams across the region and is not solely the responsibility of health and social care services.

We will develop practical guidance to ensure a consistent and clear approach to the promotion of training across the region.

We will work together to develop or use an existing portal to promote training across the region.

We will work with partners to ensure that information about training is available in a variety of formats.

We understand carers who live in a different authority to the person they care for may find it easier to attend training in their home authority and we will support this wherever possible.

We will work together when developing new training wherever possible.

We will work with children's services to ensure that training needs are included in memoranda of understanding in respect of young carers and in transition arrangements for carers of disabled children.

We will work with health partners to develop and integrate the promotion and delivery of training.

We will develop funding protocols to allow carers to access training from other authorities if it is more convenient for them or meets a specialist need.¹

Sharing resources

We will work towards sharing online training through learning management systems.

We will ensure that carers are informed of training options that may be already funded – such as courses available at low or no cost from other parts of the council or from external providers.

We will promote national resources and directories such as Massive Open Online Courses (MOOCs)² which include training from many different providers.

¹ As well as use of personal budgets this may include joint funding applications and quid pro quo arrangements

² See www.mooc-list.com/

Executive Summary

The West Midlands Carers Leads Network is one of several regional networks supported by West Midlands Association of Directors of Adult Social Services (WMADASS). As part of its work plan the Network considered options where collaborative working across the region would lead to a better use of resources and better outcomes for carers.

It was considered such an approach would be particularly useful when considering training. The region had already worked collaboratively to commission and roll out the online Carer Aware course, developed by Dudley MBC and its sister course, Young Carer Aware, developed by Surrey County Council. The Network proposed to West Midlands ADASS that a project be undertaken to examine the current situation and look at possibilities for future joint work.

The Network felt that this work would be timely as its findings could also support individual Local Authorities across the region to develop their action plans to implement the Care Act. The Act's provisions relating to carers will come into force in April 2015.

A coherent and integrated approach to training and information (the distinction between the two is often slight) will go some considerable way to helping authorities meet their new statutory responsibilities towards carers.

This is especially true if training is considered as a means of producing multiple positive outcomes – including that of giving the carer a break from their caring responsibilities.

1. Carers and Training Project

West Midlands Association of Directors of Adult Social Services commissioned a project to:

- Survey the opinions of carers across the region in respect of training that they have undertaken and what training they would like to see in the future.
- Evaluate the current provision of training across the region and identify nationally available resources.
- Highlight good practice in the region and elsewhere in respect of the provision and the promotion of training.
- Produce guidance to ensure consistent marketing of training.
- Develop a commitment in principle in respect of possible future collaborative working across the region.

2. Who is a Carer?

A carer is someone of any age who provides support for a relative or friend with an illness or disability or who is older and frail. This does not include paid care workers or people who volunteer through agencies, groups or organisations. The commitment focuses specifically on carers of adults. This includes young carers (aged up to 18) of adults. However it does also touch on the need to support carers of children and young people with disabilities – especially as the young people approach the transition to adult services.

3. Care Act 2014 – provisions in respect of carers

- a) The Care Act will consolidate and amplify the rights of carers of adults to a carer's assessment. Its provisions mean that Local Authorities will have a duty to assess any carer, or anyone who intends to provide care, whatever the level of the support they provide.
- b) It firms up the duty to inform carers of these rights.
- c) It emphasises that all its provisions apply equally to carers and to the people they support whether or not this is explicitly stated.
- d) In this respect there are important duties to promote wellbeing, provide relevant and accessible information, improve preventative support and have robust safeguarding procedures.
- e) A public consultation on the Care Act, regulations and guidance was, launched at the end of May.³ The provisions for carers featured prominently in the headlines announcing the consultation. This will undoubtedly be the case when the final guidance is published in October and as the first part of the Act becomes law in April 2015
- f) The Children and Families Act which came into force in April 2014 gave equivalent rights in respect of assessment to young carers and to parent carers of children with long term illnesses, disabilities or additional needs.

4. Implications of the Act for Local Authorities and other stakeholders

- a) The provisions on assessing carers of adults are not intrinsically different to those rights and duties accumulated in legislation enacted in 1995, 2000 and 2004 – the Care Act brings these together.
- b) The provision on assessment of young carers has implications for adult services as most young carers are providing support to adults.

³ <http://careandsupportregs.dh.gov.uk/>

- c) The provision in respect of parent carers is important in considering transition arrangements.
- d) National eligibility criteria have been introduced for carers as well as for adults with care and support needs. These set out a minimum threshold of needs which a local authority must meet if they are not met elsewhere.
- e) Authorities may choose whether to meet non eligible needs as well – however the overarching principle that decisions taken must promote wellbeing is likely to have greater weight than this choice.
- f) The expectation is that a high proportion of carers' eligible needs will continue to be met by the provision of support to the people they care for. This includes 'respite' services provided to the cared for person with the intention of giving the carer a break.
- g) The expectation is that where a carer is eligible for direct support that this will be met by the provision of a direct payment.
- h) Most local authorities already provide or commission some direct (carers specific) services such as breaks services/vouchers or direct payments.
- i) All local authorities already provide a range of support to contribute to the wellbeing and preventative agenda including funding carers groups, peace of mind schemes, information services – and training.
- j) All local authorities also recognise that most carer specific needs are not 'social care needs' but can be met by access to 'universal' community based activities.
- k) It follows that carers who receive a personal budget are not likely to be spending it with social care agencies and organisations.
- l) There is likely to be tension between the duty to allocate funding for personal budgets for carers who have eligible needs and the need to fund the level of support required to fulfil obligations in respect of the wellbeing and prevention agenda.
- m) There are a number of references in the guidance to the Act to the need to provide training to support carers in their caring role and also to help them to maintain their own health and well-being.

5. The role of health in supporting Carers

The Care Act and the Better Care Fund Guidance⁴ both emphasize the need for local authorities and health partners to work together to provide integrated social care support. Local authorities and health partners will be required to develop integrated plans through local Health and Wellbeing Boards. The Better Care Fund

4

www.local.gov.uk/documents/10180/12193/Developing+plans+for+better+care+fund+guidance.pdf/734c155e-7820-4761-976a-6c56053c0e78

sets out which monies should be allocated to this agenda including money to support carers. This is not, on the whole, new money.

In May 2014, NHS England published its 'Commitment to Carers'.⁵ The commitment sets out priorities to support carers including in the areas of education, training and information. It also too recognises that carers already have many skills that need to be acknowledged.

The commitment includes a proposal to "investigate approaches to measure the skills, confidence and knowledge of carers and potential benefits on care and carers".

It also refers to its widening digital participation programme to reduce inequalities with a target of '100,000 citizens trained in basic online skills to boost health literacy'. This will apply to carers as well as patients.

6. What is training?

Training is a very broad concept and may encompass activities ranging from a structured programme of learning to a half day workshop on reducing stress. There is considerable overlap between training and information provision. However training may be broadly be divided into the following areas:

Activities which help the carer to understand an illness or disability such as:

- Autism awareness
- Dementia awareness
- Mental health awareness

Activities which help the carer to provide good care for the person they support such as:

- Infection control
- Medication management
- Moving and Handling
- Nutrition and diet
- Safeguarding
- Managing difficult behaviour

⁵ www.england.nhs.uk/wp-content/uploads/2014/05/commitment-to-carers-may14.pdf

Activities which focus on helping the carer to maintain their own health and wellbeing such as:

- Looking after me
- Coping with caring
- Relaxation
- Moving and handling

Activities which help carers to understand systems and processes such as:

- Understanding social care
- Understanding the benefits system
- Money and financial issues
- Planning for the future

Activities which help carers work towards a goal such as:

- Gaining a qualification or accreditation
- Help with returning to work
- Updating skills
- ICT literacy

Activities which are purely for pleasure and give the carer a break from caring:

- this category encompasses anything a carer wants it to

It goes without saying that many of the courses on offer can help to achieve positive outcomes in more than one category.

7. Current Training Provision

- There are a number of national online courses and resources available to everyone, all of which may be used as part of any blended learning programme for people who prefer face to face training sessions. The Online Links section details some of these.

- Most West Midlands authorities offer the online *Carer Aware* course and many offer *Young Carer Aware*. These courses combine generic information with links to local information customised by each local authority.
- Several local authorities do make workforce development courses available to carers as well as to paid staff.
- Several local authorities commission voluntary sector organisations to provide a wide range of training.
- Some voluntary organisations have developed their own disability specific training which is available in more than one authority across the region. There is considerable variation in how this is funded.
- Local Authority adult and community learning teams offer a huge of range of vocational and non-vocational training, courses, sessions and workshops which can be accessed by carers.

The Current Provision section of this report discusses in more detail what is available across the region. It highlights some good practice in provision of training. It shows however that there are a lot of courses with similar names and similar aims and that carers in different authorities have access to very different levels of training. There needs to be more partnership working between partners and within local authorities to develop a consistent training offer across the region.

8. Delivery Methods

Due to pressures on time and the difficulties in getting staff together paid staff are increasingly being offered online training. It may have been assumed that this would be an attractive option for carers who already have many commitments. It is also a more attractive option for authorities as it is cost effective and it removes the need to consider alternative care.

However the regional carers' survey carried out as part of this commission shows that:

- Many people still do prefer to learn with others, to benefit from tutor and peer support – and of course to get a real break from caring.
- Group training also provides the opportunity for the creation of subsequent informal support networks or buddying between carers.
- Most of the carers who completed the carers' survey did so online and using home PCs. Nevertheless most of them said that they preferred face to face learning.

- A range of methods are needed- authorities should aim to put as much material as possible on line in an open access format. It can then be used where appropriate to provide face to face learning.

The survey shows that there are different barriers to accessing training for different carers. These can range from lack of alternative care to lack of self-confidence. Once the carer and the training need have been identified, a tailored approach needs to be taken to ensure that the right barriers have been identified and the right solutions proposed.

9. Promotion of Training opportunities

The Current Provision evaluation shows that it would take some detective work for carers to find out what training is available in their authority and how to access it. Although carers in some areas would find it much easier than others, there is no one authority that publicises enough information in one place for carers to get a full picture of what is available. The regional Carers Leads were aware of this and this is partly why this work was commissioned.

Disappointingly 63% of carers who completed the carers' survey said that they didn't know that there was any training in their area. A very large proportion, if not all, of the carers who completed the survey were in contact with their local authority and/ or a carers group. In many cases they received regular bulletins and newsletters in which training is regularly advertised.

There are reasons why carers, as others, don't always take in information. There is a need for people who work with carers to be more proactive in helping them to identify their needs. The carer's assessment provides the most obvious mechanism for this as it provides the context for identifying the needs and the barriers –as well as for supporting carers to find the solutions.

However not all carers want or need a carer's assessment but may ask a range of people and agencies for advice. There is therefore a requirement to ensure that there are reliable, well publicised and up to date resources available. This means that whoever is being asked can access all the information they need to provide good sound advice that will empower the carer to find what they need.

The Providing Good Information section discusses options for improving the regional information offer. These range from improving and standardising information on individual websites to developing an information portal. It also offers recommendations for producing information about training opportunities so that carers can easily see the *Who, What, Why, Where When* and *How* of what is on offer.

10. Conclusion

There are many positive conclusions to be drawn from this report and a firm basis for, as well as a strong commitment to, moving forward. The consideration of a regional commitment to carers based on this report is one tangible outcome already achieved:

- There is a wide range of training across the region.
- It would seem to be, in most cases, the right kind of training.
- Most, if not all, of the training carers want is already being provided by somebody somewhere in the region.
- The feedback from carers shows that most carers who have accessed training have found it useful and enjoyable.
- For many it has led to ongoing peer support and friendships as well links to additional information and support.
- Some providers are able to demonstrate positive outcomes from the training they provide.
- There is a strong regional local authority commitment to working together.
- There is evidence to show providers outside health and social care how their training can support carers.
- The potential of training to deliver a respite from caring is recognised.
- Many Local Authorities are already thinking of how they can make their workforce training more accessible to carers.

The next step is an agreed Commitment to Carers across the region and an action plan to implement it. There are more recommendations within the report of useful actions which could be taken. These need to be integrated with Better Care Fund planning and action plans to support the implementation of the Care Act.

The Carers' Views - The Carers Survey and other information

1. Method

A carers' survey (see Appendix 1) was devised with the aid of carers and the regional Carers Leads Group and set up in Survey Monkey. The link was well publicised through the Carers Leads Network and in bulletins and newsletters put out by Local Authority teams and carers groups and organisations. A postal version was made available with an introductory page which could be customised by each Local Authority. A total of 360 responses were received. 315 were completed online, The 45 hard copy responses have been inputted and results are included in the analysis.

The anonymised data from the 360 responses is attached to the report at Appendix 2.

2. Which Local Authority area

Birmingham	11	Coventry	38
Dudley	68	Herefordshire	3
Sandwell	37	Shropshire	6
Solihull	9	Staffordshire	12
Stoke on Trent	3	Telford and Wrekin	8
Walsall	23	Warwickshire	3
Wolverhampton	8	Worcestershire	131

There is obviously a huge discrepancy between the numbers responding from each authority. There are a number of reasons for this which include:

- Capacity within local authorities to carry out such surveys;
- Varying job role of members of carers leads groups;
- Other consultations / evaluations in progress or just having taken place;
- Carers feeling 'over consulted with'.

However hopefully the results of the survey will be useful to the whole region as, in essence, there was no real difference in the comments made in the different

authorities. In any event, wherever the carers live they have between them provided a vivid and often insightful picture of the caring role as it affects many across the region.

3. What Training have carers undertaken?

This section was co-produced with Julia Stanfield who is a carer herself. There are general observations to be made but as many possible conclusions as there are carers. The full text of all of the responses is included in Appendix 2- please take a look and get an idea of just how many possibilities there are -and let the carers' voices speak for themselves.

These are a few of the things which struck us:

- Carers had accessed a wide range of training to help them cope with caring and look after their own health.
- Relatively few had attended training to help them provide good care
- Relative to other conditions a surprising number of carers had attended autism awareness courses.
- No one mentioned any courses to do with strokes.
- Many people had attended safeguarding training (but there was a correlation between that and the fact that many of the carers who responded combine caring with paid employment – often in health and social care : and many of them had completed much of the training as part of their professional role.

One person summarised the problem for many carers in accessing training.....

Julia says:

Only one person mentioned Dying Matters/ Advanced Care Planning. Do carers only find out about this, or realise that they need it, when it's almost too late?

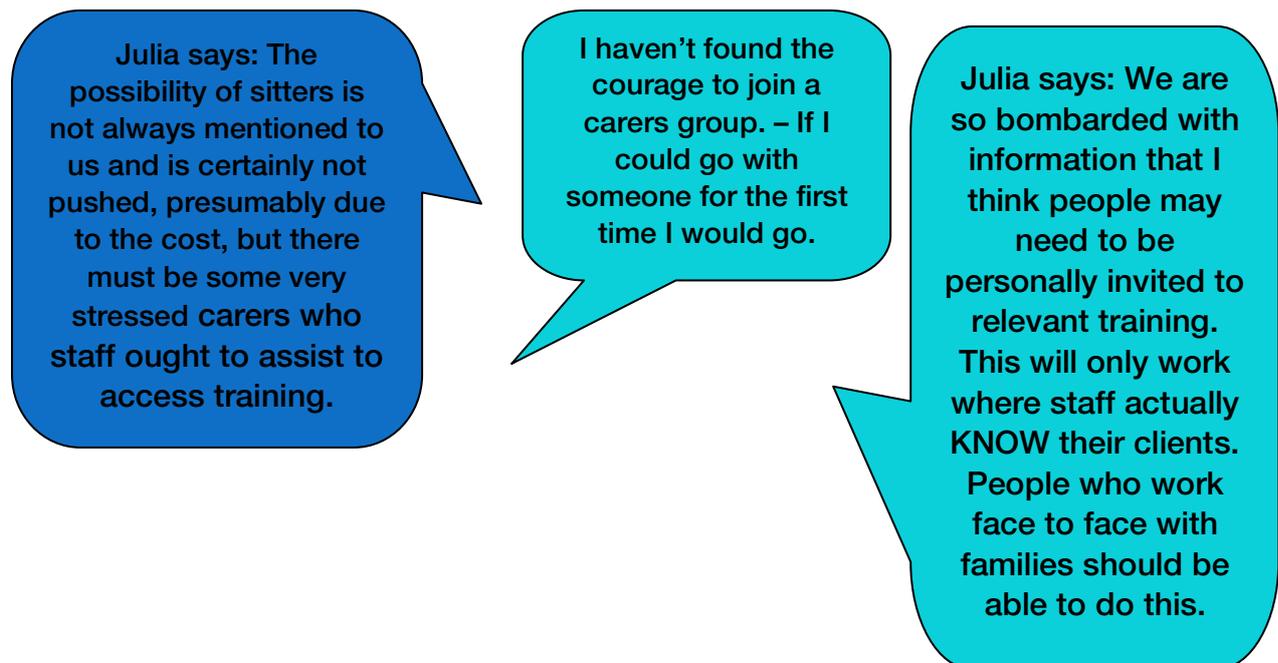
I realise that I will need more of these modules in the not-too-distant future, and that I will only be able to attend those geographically easy to access. The more testing the situation gets, the more difficult it is to step out of it [...] Catch 22!

4. Why had carers not taken part in training?

Carers who had not accessed any training were asked to say why- multiple options could be ticked.

- 141 carers said that they had not taken part in any training
- 33% didn't have the time
- 31% needed support for the person they care for
- 27% said that it was at the wrong time
- 63% said that they were unaware of any training
- Only 4% said that they weren't interested in any training

The high proportion of carers who said that they were unaware of any training is all the more disappointing given that so many of the carers who completed the survey do receive regular information from carers centres, groups and networks. We have included a comment from later on in the survey which is also relevant.



5. How helpful to your caring role was the training?

- Most training was rated as being quite helpful, very helpful or essential.
- Carers' wellbeing and the different awareness courses scored well.
- Moving and Handling Training was rated as essential.
- Some carers emphasized the social aspects of training and the fact that it could lead to ongoing support.

For me, it was other people who are carers and being able to talk to them about issues that arise.

I had always wanted and intended to join a carers coffee morning but never had the time. The training course obliged me to join. The social benefit of joining a carers group is enormous.

Julia says; Contenance care got very poor scores. Why? It is a fairly taboo subject but people had turned up to talk about it, so I would have predicted that they would learn a lot from the trainers and be relieved to be able to talk openly.

Any form of training, however simple, is essential not only to keep carers well informed but to help avoid isolation and frustration. A problem shared is a problem halved!

6. How do you like to learn?

Carers were asked to rank in order of preference how they liked to learn.

49% of carers said that their first preference would be as part of a group, with 18 making it their second preference. However, as we know, what suits one doesn't always suit another.

Group learning is invaluable in sharing experiences, learning from each other and supporting each other.

The major drawback with learning as part of a group is that individuals get wrapped up in their own problems and this leads to wasted time.

Some people may only be able to learn in their own homes on a one to one basis as they cannot face going to something formal.

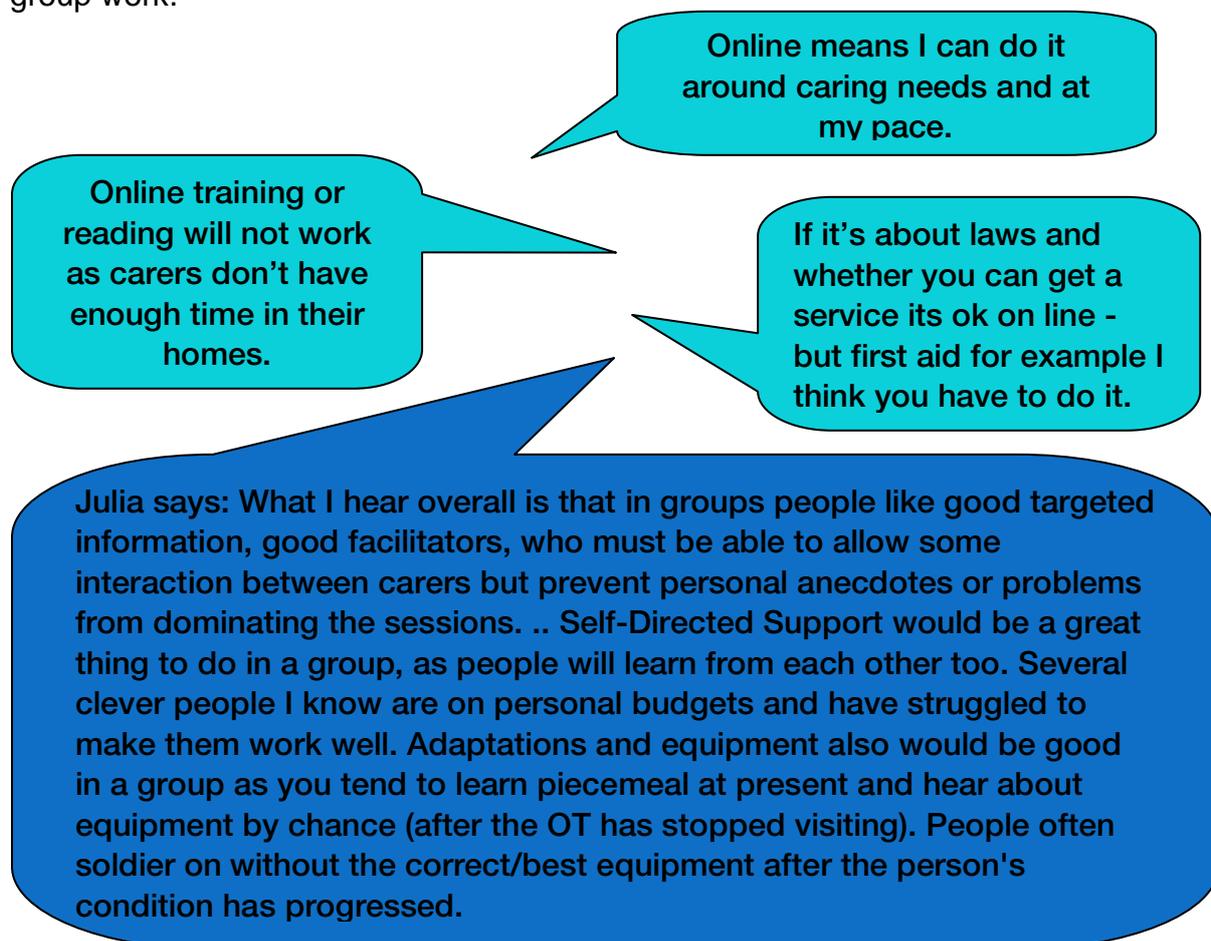
I would like my wife to be involved with the training, so it would need to be in my home.

Second most popular method was- on a 1-1 basis, with 19% giving it as their first choice, 34% as their second.

Online learning came in third place overall with 22% giving it as a 1st preference and the same percentage as a second choice.

As always a combination of methods is probably best.

And of course all online training can be used as the basis for, or combined with, group work.



7. Do you have internet access?

90% of respondents had internet access at home

4% had access to internet elsewhere

6% had no internet access

This statistic tells us nothing about how many carers have access to the internet as it was largely promoted as an online survey. However it gave us one useful piece of

information. Given that even though the overwhelming majority of respondents have internet access and were clearly happy to fill in the survey online- it wasn't the most popular method of accessing training.

Of the people who didn't have internet access

- 5 weren't interested
- 12 said they couldn't afford it
- 8 didn't know where to start
- 2 cited a poor or non-existent signal

I am 72 years old and really do not understand.

8. How far would you be prepared to travel to access training?

Carers were asked to say how far they would be prepared to travel for training they particularly wanted to do.

- Around 7% would travel up to a mile
- 31% would travel between 1-3 miles
- Almost 40% would travel 4-10 miles
- 21% would travel for more than 10 miles

Several mentioned the need for replacement care- to cover traveling as well as course time. Several people mentioned that they themselves had mobility issues. It was noticeable that many respondents were entirely dependent on public transport.

I have put less than a mile because I have to use public transport and the person I care for is always with me.

I would travel if someone stayed with my wife.

It isn't about distance, it's about ease/time of travelling. Two miles is no good if there's no public transport, ten miles is fine if it's very close to public transport.

I would be concerned as to how much it's going to cost in parking, etc.

Can't go too far as I need to be able to get back to my husband quickly if I was needed.

Courses are usually run at times that make it difficult for me to travel by public transport as I have to get my son on and off his school transport.

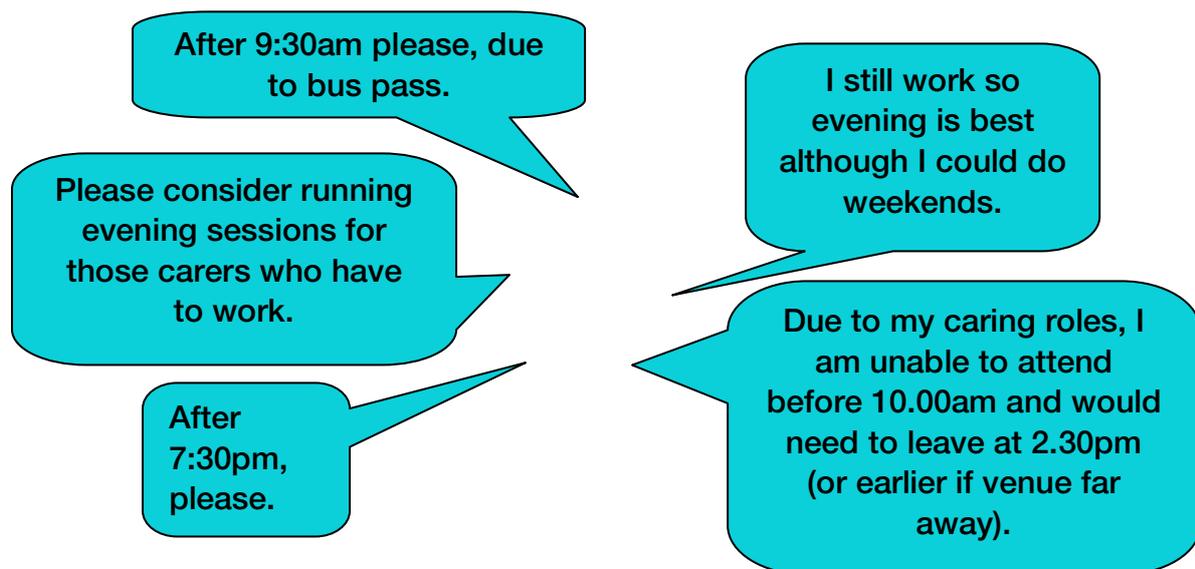
Julia says: Public transport is used by a lot of these carers and that can be a barrier, as it lengthens the time away from home. And of course in rural areas there may not be much public transport. People are reassured when they know they could get home quickly if necessary.

9. What would be the best time for you to attend training?

Carers were asked to state for each day which time periods they could attend training. Most carers selected Monday to Friday options – with slightly more carers saying that they would be available in the mornings than in the afternoons. However a significant number of carers said that they would be available in the evenings and at weekends.

However many carers commented on the difficulties of making any plans as they had no idea from day to day what their caring role would be

It was noticeable that many of the people who made additional comments felt that one point needed to be emphasized: that carers who were also in paid employment were not being catered for.



10. Are there circumstances when you would be prepared to make a financial contribution to training?

- 22% said no
- 36% said yes
- 42% said maybe

Carers were asked to give the reason for their response and this section provoked the strongest of responses. Most carers felt that courses relating to care should be funded although there was a willingness to contribute to courses of general interest. The most forceful response came from those carers who felt that they already contribute enough...

Yes, if it meant I could access training that I needed 'now', to lessen the stress involved in waiting for a relevant course.

It would depend on the cost, and the relevance of the training.

A 'reluctant' maybe! Carers relieve the authorities of much responsibility; so this should be funded. However, the scarcity of funding suggests that those who can contribute could do so that others are not prevented from receiving the benefits of training.

£61 per week for a minimum of 35 hours caring is significantly below the minimum wage. The government/local authorities should recognise this awesome saving to the economy by funding courses.

Living on the breadline with debt does not allow me to afford courses/training.

I feel I have given enough financially by giving up my job to become a full time carer - I am saving the government money and fail to see why I should pay for any training.

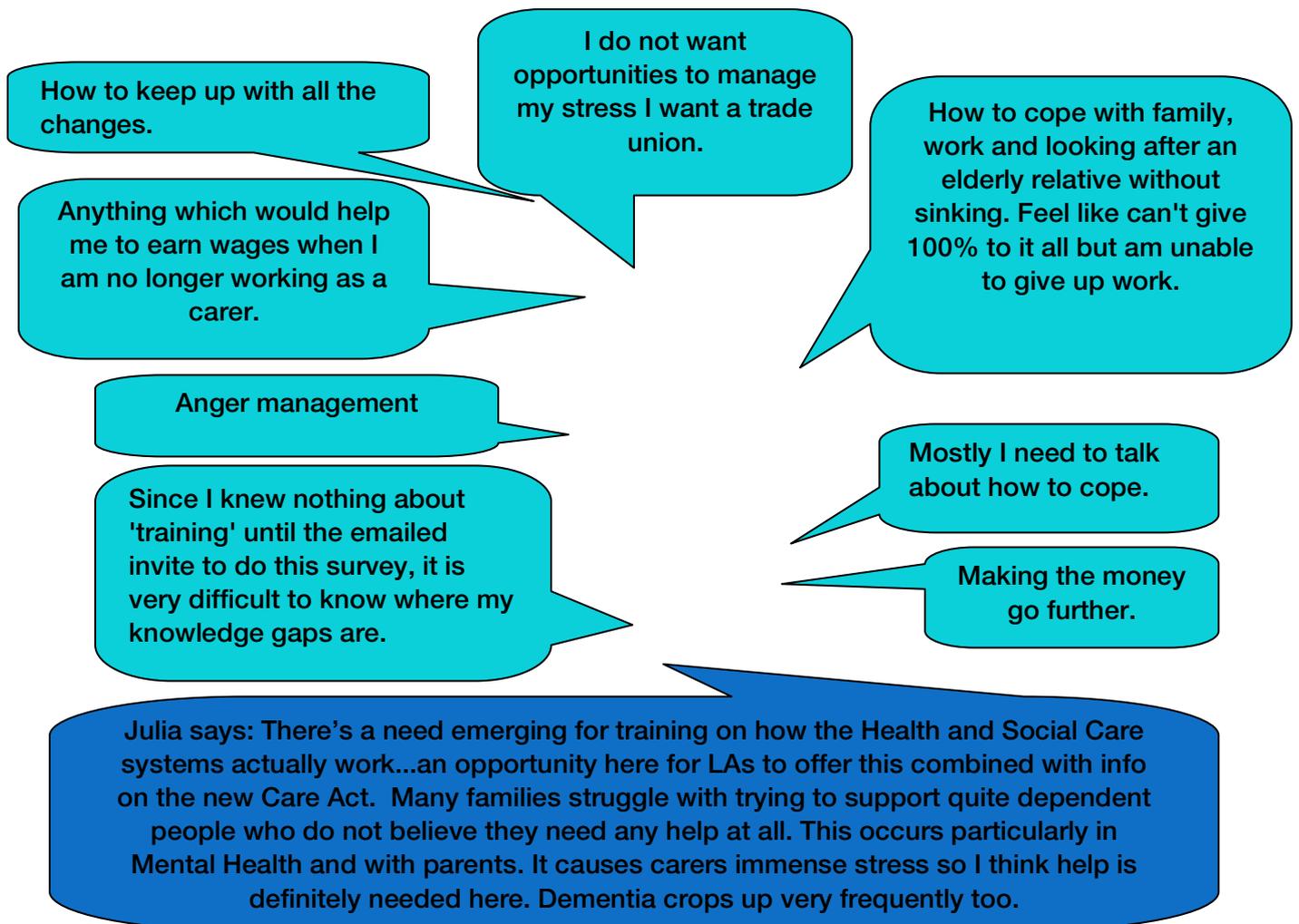
Not if it was directly about my caring role as I think that should be provided but if it were a general interest...

Julia says: Responses show a shockingly clear picture of many families trying to manage on very tight budgets. I suspect that the general public has no idea that so many carers are on such low incomes. I am really concerned about this, especially as carers have described how helpful their training has been. I think that any idea of carers being expected to pay for training should be completely rejected. I predict that there would be a huge drop in attendance, however much it was needed, even from those who say they may be willing to pay.

11. What kind of training might be helpful to you in your caring role in the future?

As might be expected responses covered a whole of range of subjects. There were many requests for dementia and other awareness related training. Other themes were diet, nutrition, dealing with difficult behaviour, carers' rights, welfare benefits – and understanding the care system. Reflecting an early comment that few people had mentioned advance planning, there were many requests for training on coping with future emergencies, palliative care, coping with bereavement and moving on after caring.

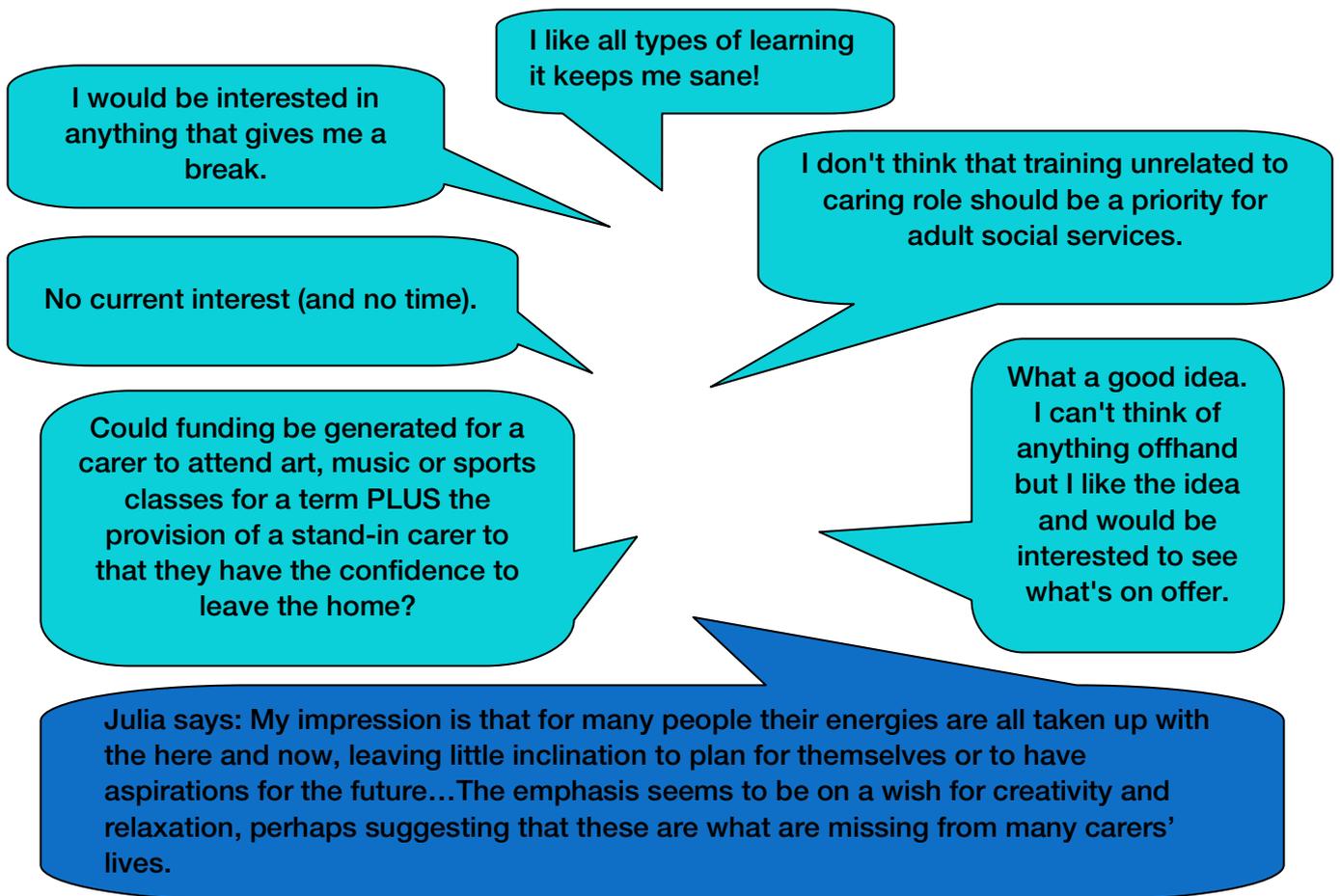
Many of the comments showed the overlap between training and the need for good information. Several carers provided, in a few words, pen portraits of their circumstances which cried out for an individual response.⁶



12. What kind of general training might be of interest?

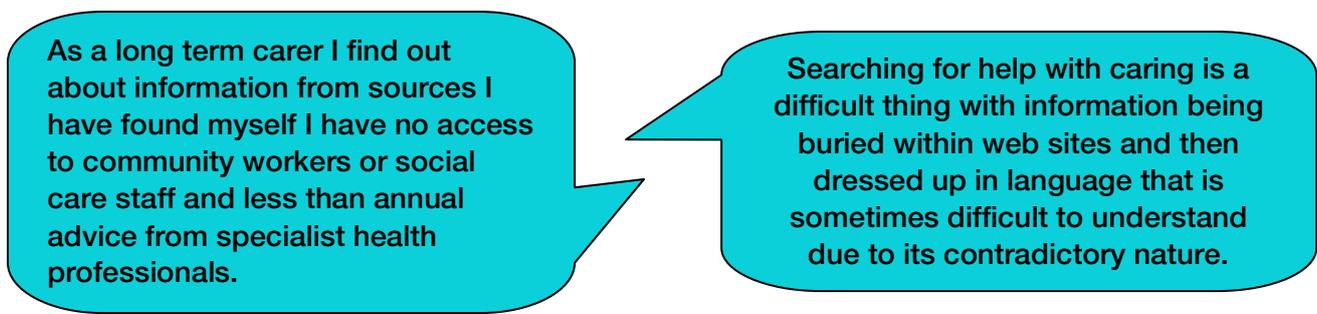
Carers were asked to think of training they might like which was not related to their caring role. Clearly this possibility had not occurred to many carers, and for many there was just not the time. Many carers welcomed the thought of doing something new but one or two weren't quite sure why we were asking.

⁶ Carers responding to the survey were told that Local Authorities would not receive their personal information and therefore would be unable to respond to any individual issues raised. A list of contacts for advice will be included with the final report when it is sent out to carers.



13. How do you usually find out information related to your caring role?

Carers were asked to rank the methods they used – and to note any methods they never used. Unsurprisingly carers used a variety of methods with e-bulletins, personal information from health and social care staff and postal information from carers groups all scoring well. Very few people used their local libraries.



What was equally interesting was the methods that were not used –with a quarter of respondents stating that they did not get information from health and social care staff or more surprisingly from e bulletins/internet ...and this was predominantly an e-survey...

Julia says: Good advisors who can help carers to navigate and evaluate the mass of information –and at the right time are beyond price.

14. Profile of Carers who responded to survey

- 70% were female and 30% male
- Around 64% were aged between 45-64
- Around 22% were over 64
- Around 14% were aged between 18-44
- 3 carers were under 18
- 21% regarded themselves as being disabled
- 88% were white British/ white European
- 7% Asian/British Asian
- 2% Black British
- 3% Other ethnic backgrounds

According to Carers UK 45-64 is the peak age for caring. The small number of older carers may be because this was primarily an internet survey. Although not all of the postal surveys were from older people, and many older people do use the internet, it is still true that many older carers prefer other methods of communication. The number of men completing the survey is below the 42% that Carers UK estimates to be the number of male carers nationally. Local Authorities are already aware of the need for more knowledge of the needs of young and young adult carers. The ethnic background of carers varied between Local Authorities but these figures clearly do not reflect the ethnic diversity of the West Midlands

And finally..... This is what one carer said when asked if they had any further comments

Thank you for asking it's so nice to be acknowledged!

15. Carers Focus Group

As well as the individual carers who contributed to the survey, 15 Asian carers from the Blakenhall Meeting Point Support Group, Wolverhampton took part in a focus

group supported by carers support organisation, Omega, Caring for Life. They submitted 2 group responses to the survey.

These responses showed that they had accessed a range of training through the group- which was how they wanted training to be provided generally. First aid and manual handling was considered a priority. They mostly did not have internet access and said that they didn't know where to start. They had accessed training in coping with bereavement –which was not surprising as that is a core Omega activity. This group was female and needed information in Gujarati and Punjabi. The main difference in the responses from this group compared to the individual responses seemed to be in the way they got information – which was mainly from friends and families and community workers.

16. Other information

Some surveys or consultations on training and other issues had already been carried out across the region. The comments resulting from these activities have helped to build up a picture of attitudes towards caring and have therefore helped in the drawing up of the Commitment and other recommendations in this report. Carers had not been asked the same questions so no direct comparison is possible.

Alzheimer's Society Black Country

This organisation had carried out an evaluation of their Carer Information and Support Programme (CrISP1) which aims to improve the understanding, knowledge and skills of carers of people with dementia. The evaluation included forms which had been completed by 8 carers before and after the course. This enabled the Society to demonstrate that carers felt more informed and more able to cope after the course. Several carers also commented on the value of the programme in helping them to share experiences, reduce isolation and develop lasting friendships.

Guideposts Carers Support Service, Warwickshire

Guideposts is commissioned by Warwickshire County Council to provide a range of training on carers' wellbeing/coping with caring, moving and handling, mental health awareness, managing difficult behaviour and financial matters. Their evaluation of the reasons people didn't attend training replicated the responses in the regional survey. They are currently evaluating the impact of their programme on supporting carers in their caring role. The importance of well-informed facilitators was mentioned in their feedback as was the opportunity to discuss things in a safe environment. One carer commented that a 'self-help group' had evolved out of one session.

Carers Educate Community Interest Company (CIC)

They sent in an evaluation of a pilot Understanding Dementia for Families and Friends workshop which is led by carers. 13 carers in Shropshire had attended a weekend session. These were people who worked and couldn't attend sessions in the week. They were mostly secondary carers with a parent with dementia cared for by the other parent. Their evaluation showed that these carers had found information on tools and techniques to manage difficult times and on legal matters to be the most useful. There were no direct comments from carers.

Carerwise Worcestershire County Council

The Carerwise co-ordinator sent in an evaluation from 34 carers who had attending training such as: Dementia Awareness, Moving with Confidence, Emergency First Aid or Everyday First Aid, Caring with Confidence, Coping with Stress or Stress Therapies, Mental Health First Aid and Legal and Financial matters. These carers' opinions mirrored those of the regional survey – and in fact may possibly be from some of the same carers. Most of this survey's responses said that carers had heard about the training through the Worcestershire Association of Carers and its newsletter, *Caring News*.

Almost all of the online carers' survey responses were recorded within a day or two of that newsletter and e bulletin going out! A useful question had been asked that wasn't in the regional survey – which was -would they attend training sessions which were also attended by care workers. 2 said no, 11 weren't sure but 19 said yes, they would.

Ebonita Housing Carers Group, Dudley

Ebonita Housing Association supports people from the African Caribbean community. It submitted a summary of a consultation at a Carers Fair. Carers had identified a need for ICT training and also for training to help with providing good care including first aid, providing personal care, cooking and food hygiene. Carers had made the point that this was the kind of training paid care workers had and carers should have it too.

Healthwatch consultation with carers, Staffordshire County Council

Staffordshire county council submitted an interim report of this consultation which looked at all of the issues affecting carers. There were a number of comments from the carers about the role of the support group they attended in providing information and learning. A specific piece of training on dementia had been valued. Carers also made the point that they felt that some professionals didn't realise that they too had skills and knowledge which should be valued.

Positive Caring Programme, Gloucestershire County Council

Gloucestershire is not a West Midlands Authority – but an immediate neighbour also looking at the way they provide training for carers. They submitted an evaluation of their Positive Caring programme which they have developed from the former Department of Health, Caring in Confidence course and have delivered to over 400 carers. They have a young carer version too. Their carers' responses once again mirrored those in the west midland survey. Their evaluation included responses from carers gathered 6 weeks after the course –designed to enable them to gauge possible longer term benefits of the course.

17. What happens as a result of the survey?

Most of the comments from the carers' survey could apply equally to any authority in the region. However so that Local Authorities can see what is particularly relevant to them, they have each been sent all the anonymous responses from their own area only.

The Survey Prize Draw was won by Glenis Smith of New Invention, Walsall who has received her voucher (and is happy for her name to be included in this report).

A large number of carers have contributed, one way or another to this work. The evidence provided from other evaluations offers a useful corroboration of the survey responses. All the responses, positive, negative and neutral have contributed to the drafting of the commitment to carers which features at the beginning of this report.

Individual local authorities will be able to make practical changes as a result of specific comments where appropriate. Practical suggestions in respect of language and information for promoting training are also based on carers' comments as well as the mapping exercise.

Once the report is accepted by West Midlands ADASS, all of the carers who requested it- and gave their details, will be sent a link to the report or a postal copy if no email address was provided.

A list of local authority contacts will be included with the links/reports for carers who wish to be further involved in training developments in their area.

Current Provision Mapping

1. Remit of the Mapping exercise

The remit of this part of the commission was to build on an initial exercise carried out in 2013 when Carers Leads across the region were asked to compile a list of the types of training available in their area and who could access it. The idea was to expand on this overview and to look at how training was promoted by each authority.

The intention was to identify good practice in the availability and promotion of training and to look at gaps. The report was to concentrate on training provided or commissioned by local authorities. Other training examples have been included for completeness and to assist development of a regional approach.

There are clearly a lot of training activities across the region. The regional carer leads said so, course evaluations have been sent in by several providers and in the survey, carers detailed a range of training activities in which they had taken part.

It is therefore a bit of a shame that in many cases it was still not at all easy to find out on local authority web sites exactly what training was available. The information often was there, in a directory, or through following a link to a carers' organisation – it just wasn't easy to find. Moreover once the relevant web page/ site was found- and the course maybe included in a list, there was often still very little information to help carers to find the essential Who, What, Why, Where, When and How.

There is also the opposite problem where the training is well promoted and well explained but doesn't take place very often.

The West Midlands Carers Leads Network did not intend this to be a 'compare and contrast' exercise. This would serve no useful purpose as the Network is already aware that there is disparity of provision across the region.

The aim of this exercise was to facilitate collaboration and work towards a level of consistency that will enable carers across the region to be able to make informed choices about what training is available and what is right for them.

It is of course hoped that individual authorities may also use the comments and recommendations to self-evaluate their own services and information provision. This section therefore:

- gives an overview of the types of courses available across the region and what types of agencies provide them.
- examines how and where training is generally promoted
- highlights some examples of good practice
- lists some of the barriers for carers trying to access information about training
- makes some recommendations for working together

- includes a practical guide on how to promote training

2. Types of Training

a) Workforce Development courses

These are courses and individual sessions provided by local authorities for their own staff and often for independent and voluntary sector staff as well.

These courses would give carers access to much of the training they need as outlined in the sections mentioned earlier in this report:

- Understanding an illness or disability
- Providing good care
- Understanding systems and processes

And if wanted:

- working towards a goal or accreditation

Walsall Council has a dedicated page for carers in its workforce development pages which says that **‘Carers play a crucial role in social care provision and are therefore a valued part of our extended workforce’**.

A number of authorities’ websites do specifically say that carers may attend courses which are provided to paid staff.

However this information can be difficult to find as carers might not always think to go to a workforce development page. There is not always a link from the main Carers pages- which would usually be the carer’s first port of call.

Corporate websites can be difficult to navigate: a wider issue beyond the remit of this report...

There is a lot of confusion over the word carer which is often used for paid care workers- this can make it difficult for carers to know which courses are for them.

The use of the word carer for different kinds of people who provide care also means that websites which ‘harvest’ information from other sources pick up inappropriate information- including from commercial websites -which is aimed at care workers.

Even though a link from a carers’ page may say carers can attend, individual course information often does not repeat that message. Carers are usually not included in the lists of ‘people who should attend’. Much of the wording is clearly aimed at staff

(internal booking form, contact line manager, ask your HR link, cancellation charges etc.).

b) Other training provided by local authorities

As well as the social care related training local authorities also provide other training that can help carers with more general issues. For example: money management and welfare benefits or topics which can be grouped under the umbrella of 'keeping safe and secure'. This might include sessions on preventing scams, crime prevention awareness or coping with a fire in the home. Such training may be provided through housing teams, trading standards, welfare rights units, or in partnership with other services such as the police or fire service. These are not usually carer specific although there is often projects and initiatives which offer training specifically tailored to carers and disability groups.

The survey showed that carers wanted more benefits and financial training. How this is provide needs to be considered carefully. There are some carers, particularly if they are just 'starting out' who would find a benefits awareness session, or as session relating to a particular benefit useful. However, the benefits system is complex and not easily taught effectively in a group. There is an interrelationship between benefits for carers and those they care for which means that 1-1 advice, based on personal circumstances is crucial. It almost impossible to ensure that, even in a small audience, everyone has received the information that matches their own exact situation. Awareness training needs to be linked to the provision of such individual support

Now that public health responsibilities have returned to the local authority, this section also includes all of public health initiatives such as smoking cessation, losing weight and a wide range of other means of promoting good mental and physical health. Health Trainers offer individual support to families and can work with carers and the people they care for. Much of their work is carried out in partnership with, and with funding from, local Clinical Commissioning Groups. Local Authority partnerships are also promoting the Healthy City agenda. The carers' survey showed that carers do value and need this lifestyle training – and it is in many cases equally useful to the person thy care for.

c) Training provided by voluntary organisations

Most authorities commission carers and other voluntary organisations to provide some or all of their training for carers. This training can cover many of the same topics as those provided in-house. Whereas in-house courses usually focus on providing good care for the person with the illness or disability, training provided by carers organisations, as might be expected, are much more carer focused. Much of it is exclusively aimed at helping the carer to maintain their own health and wellbeing. Disability specific organisations routinely offer training sessions to raise awareness of the relevant disability / illness.

One of the feature of courses offered specifically for carers, and by carers' organisations is that they can provide other benefits. Many of the carers' survey responses spoke of the benefits of peer support, access to carers' groups, social activities and ongoing friendships.

Although some of the voluntary sector websites have good information about course content, who they are for and when they are available, others only list course titles and require carers to ring for more information. In these cases carers don't have enough information to decide if a course is suitable for them.

Several authorities provide a prominent link from their Carers Home Page to the organisation which provides their training such as this one from Coventry Council to their local Crossroads.

www.coventry.gov.uk/info/225/adult_carers/422/adult_carer

It also makes it very difficult for carers to make comparisons as there are a number of courses around with very similar names and very similar aims

A number of voluntary organisations provide training that has been developed by their national umbrella organisation. These are aimed at carers caring for someone with a particular illness or disability.

Examples includes Alzheimer's Society's Carer Information and Support Programmes (CrISP) Rethink's Caring and Coping and the Stoke Association's FAST

programme. However it is not always easy to find out which authorities the course may be available in.

Some voluntary organisations provide training in different authorities and have different catchment areas or are targeted at different groups of carers depending on the source and terms of their funding. It is not always easy to work out which carers may be eligible for the training they provide.

Although there are usually links from Local Authority sites to a range of voluntary organisations it doesn't always work the other way round. Carers who go to the voluntary organisation first may not be given information about other options open to them.

Guideposts Trust provides courses for Warwickshire County Council. Their website has times, dates and venues as well as a description of each course.

www.guidepoststrust.org.uk/warwickshire/carers-services/free-carer-skills-

Worcestershire County Council employs a Carerwise Training co-ordinator. The Council works closely with the Worcestershire Association of Carers, the Red Cross and Age UK. The Association has a printable course calendar on its website and one number to book all of the courses on offer.
www.carersworcs.org.uk/

d) Looking After Me and Caring with Confidence

These are examples of courses developed by the Department of Health and delivered by local organisations using centrally developed materials. Looking after me is the carer version of what was originally the Expert Patient Programme, a course designed to help people to manage long term health conditions. The EPP has been rebranded as the Self-Management Programme. Looking After Me is targeted at carers who have long term physical and or mental ill health. As the definition includes people suffering from stress, anxiety and tiredness that probably includes most carers. These courses may be offered through voluntary organisations or through public health teams.

Caring with Confidence was another initiative from the Department of Health. It too provided a set of resources designed to help improve the quality of life of the carer and the person they cared for. Funding ceased some time ago for face to face training and it now exists only as an online and self-study version. However some local organisations still offer a version of it – and it is mentioned often in the carers' feedback.

Near neighbour, Gloucestershire County Council, has developed its own version of Caring with Confidence, the Positive Caring Programme which is a central plank of its training programme for carers.

The React to Red skin campaign is a pressure ulcer prevention campaign by UHCW NHS Trust Tissue aimed at Patients, Families & Carers. With good advice red skin over a bony area can be prevented from becoming a serious wound.
www.uhcw.nhs.uk/for-patients-and-visitors/react-to-red-skin-campaign

e) Training provided by health

The public health aspect of health related training has been mentioned as have the wellbeing courses, providing good care, diet and nutrition courses etc. offered by statutory and voluntary sector agencies.

However many carers are carrying out tasks that are nursing related – if not actual nursing. These can include catheter and stoma care, intravenous feeding and medication, wound care, continence care, home dialysis and administration of enemas.

Health professionals will give advice and sometimes ongoing support. This can be a two way process where staff and carers can pool their knowledge to improve care for

the patient. Carers have valuable experience and knowledge gained from longer observation and support of the person they care for. However carers also benefit from group training dedicated to home nursing. Not only can they benefit from the advice of professionals but this too is an area where the shared experience and the practical tips from other carers can be vital- particularly in identifying and dealing with, signs of trouble.

Carers also benefit from training and support in caring at the end of life, /palliative care and in coping with bereavement. This is particularly relevant from the health point of view given the growing body of evidence showing that many carers' own health deteriorates when their caring role ends.

f) Activities which are purely for pleasure and give the carer a break

In the survey carers were asked what kind of training they might like that was unrelated to their caring role. A range of activities were mentioned: most, if not all are likely to be available somewhere within their local authority or close by:

- Courses offered through Adult Community and Learning Teams
- Courses offered though Leisure Services / sport and recreation teams
- Courses at Further Education colleges
- Activities offered by voluntary and community organisations
- National organisations with local Programmes
- Activities offered by social enterprises
- Activities offered by commercial providers.

Age UK Dudley's Leisure, Exercise and Activity for People (LEAP)over 50' scheme offers a range of activities across the Borough for people aged 50+ They produce postcode by postcode activity sheets.

These types of activities are just as appropriate for carers as they are for other residents. They may be particularly suitable for those who would like a complete break from their caring – not all carers do want to spend time with other carers.

Such services however need to be more explicit in welcoming carers and showing that they are aware of the demands of caring. These include the constraints which restrict many carers' ability to plan and take advantage of leisure opportunities. They also need to consider the financial limitations of many families where there is a long term illness or disability.

These activities are also potentially accessible to the cared for person. Although some carers wish to do things on their own, others would like to do activities with the person they support. It may just be a matter of making 'reasonable adjustments' – which could include providing just a little extra support for a person who needs it so that their carer can enjoy the activity too.

The Workers Educational Association provides a wide range of part time courses for adults of all ages. The WEA Black Country organiser is keen to emphasise that carers are welcome on courses.
www.wea.org.uk/

Many organisations and agencies outside health and social care are considering how they might attract a wider range of residents to their services.

The duties set out in the Care Act in respect of the 'wellbeing principle' should alert a whole range of providers to the role that community and universal services play in meeting the needs of carers and people with disabilities.

g) Online Training

Carer Aware training course and resource

This course was developed by Dudley Council and has now been purchased by most other authorities in the West Midlands. It provides an overview of carers' rights and how they should be supported. This is a good introductory course for carers, supporters and the general public.

The course is regularly updated and the West Midlands Carers Leads Network is involved in this process. Most of the information in the course is identical, no matter which local authority link you click on – only the sections relating to local information are different. This gives a consistency of information across the region- and elsewhere- as other authorities across England and Wales have deployed the course too.

Links:

- www.dudley.gov.uk/careraaware
- www.worcestershire.gov.uk/CarerAware/launch_nolms.html
- www.warwickshire.gov.uk/careraaware
- www.staffordshirecares.info/pages/i-care-for/caring-for/carera-aware.aspx (for Staffordshire and Stoke on Trent)
- http://cms.walsall.gov.uk/index/carera_aware_training.htm
- http://www.sandwell.gov.uk/info/200218/carers/767/are_you_a_carera
- www.shropshire.gov.uk/carera-aware-course
- http://telford.mylifeportal.co.uk/are_you_a_carera.aspx
- <http://ww2.solihull.gov.uk/CareraAware/>

Young Carer Aware training course and resource

This was developed by Surrey County Council as a companion course for Carer Aware and operates in the same way. Several West Midlands authorities have

commissioned this course and the courses will be live shortly. As an example see Dudley's Young Carer Aware course. <http://www.dudley.gov.uk/youngcareraware>

DISCOVER (Digital Inclusion Skills for Carers bringing Opportunities, Value and Excellence) an EU pilot project led in Britain by Digital Birmingham. It aims to deliver skills training for carers and to increase digital competencies and engagement of carers and those they care for. www.discover4carers.eu/

In every authority there are a number of initiatives to promote the use of the internet, improve IT skills and work towards digital inclusion.

Carers who do not have internet access may use computers, and benefit from IT training in local libraries and many other community venues. Many voluntary sector organisations also provide such courses.

Some local authorities are already looking at options for sharing their internal online training so that everyone has access to it. This may be by opening up internal learning management systems or by putting the courses on online directories such as MOOC (Massive Open Online Course). www.mooc-list.com/

3. Gaps in Training

a) Types of course

It is impossible to make any definitive statements about this given the wide range of training opportunities there are across the region. There is certainly much more available than was found by reading carers' pages of local authority websites.

From the, far from systematic, research and the views of carers, there is probably a need for more training for carers on:

- Health and social care systems including finding good care
- Personalisation/ direct payments and personal budgets
- caring at the end of life and advance planning
- Bereavement and moving on after caring
- 1-1 benefits and general financial advice
- coping with difficult relationships

It is really a matter of each local authority looking at what they do provide, and identifying where their own gaps are. It might not be a gap in provision but in co-ordination and promotion. Many carers who responded to the survey asked for dementia awareness training although the impression is that there is actually quite a lot of dementia awareness training across the region –provided through local authorities, Alzheimer's and a host of other voluntary organisations. But it wasn't

always clear how it was accessed, who could go to it (formal diagnosis or not?) and how often it was actually provided.

There is a lot of evidence, anecdotal and otherwise that some carers attend quite a lot of training- some of it overlapping – while others access none. It was not part of the remit of this report to consider the number of carers supported by training across the region. It is a question that needs to be considered in order to get a truer picture of who might be missing out and how they may be reached. The next session will deal with providing good information about and promoting training.

b) Barriers to accessing training

The most noticeable gap was information to help address the barriers carers face in accessing training. Although there are some references to the possibility of alternative care for those carers who need it, this was rarely expanded on to tell carers how they might go about finding alternative care. There were few explanations as to who might be eligible for support or links to social care teams.

Some training courses, especially dementia related ones, do state that they take place in venues where the person with dementia may be supported at the same time.

Help with travel is only occasionally mentioned. The questions in the carers' survey about travel and payment for courses indicated a reliance on public transport and the poor financial situation of many carers show that this is an important issue for future consideration.

The timing of training is also relevant. Much of it is provided between 9-5 on Monday. This is understandable given that these are the working hours of many paid staff. This may suit carers not in paid employment; but there are still considerations and constraints such as the times of day opportunities, use of off-peak bus passes and other competing priorities in the same time frames such as medical appointments. There are a number of organisations which do provide evening and weekend training but the carers' survey clearly showed that working carers do not think that they are well catered for.

c) Carers – our partners in care?

Although there is recognition that carers are partners in providing care, there is only a little evidence to show that carers play a part in the development and provision of training. This aspect needs to be promoted and developed. The knowledge and skills that carers have gained can enhance training design. Carers are also best placed to ensure that the right training is delivered in the most appropriate ways and that they are involved in its delivery.

The development of micro services, community interest companies and other new ways of providing support offers employment opportunities for carers.

Carers Educate, Shropshire is a carer led community interest company (CiC) that delivers dementia awareness training to families.

Autism Awareness. Online course developed for Dudley by Equip4change (a CiC) with No Limits, a carer and user led community group.
www.dudley.gov.uk/autismaware

4. Summary of Recommendations

Local Authorities should provide training to carers who ask for it on any topic that it would be considered essential or desirable for paid staff to be trained on. This should apply to health related activities too

Authorities which welcome carers on internal courses should ensure that course information reflects this, give a contact number for carers to discuss whether a course is appropriate and explain about alternative care options.

Other authorities should consider the benefits of promoting internal courses to carers. As numbers of staff directly employed in caring roles decrease, workforce development teams will find it beneficial to include support for carers in their business continuity plans

Authorities should take advantage of the fact that carers have skills and knowledge so can teach as well as learn

Some carers prefer to learn in a carer only environment. Internal training should also be promoted to carers groups so that carers get the same information but also other outcomes such as peer and ongoing support.

Carers need to be more involved in planning and delivering training and be encouraged to become providers themselves where they wish to do so

The region needs to work together on protocols for allowing carers from other authorities to access courses- particularly specialist courses which only a small number of carers in each area may need.

There needs to be a discussion on carers' rights to services and agreement on when carers might be given a personal budget to pay for training.

Carers' assessment training needs to explicitly include the requirement to assess carers training needs and identify the barriers to meeting these needs.

Councils need to include to consider funding options for training for carers who neither want nor need to be involved with social services.

More work is needed on mapping in detail types of training, how it is funded, what outcomes it delivers, where the gaps are and whether training that has been developed elsewhere may be adopted or commissioned.

Statutory and voluntary sector agencies need to work together to avoid duplication, make better use of funding and ensure that a wider range of carers are supported.

The role of universal services to support carers and those they care for needs to be emphasised and developed.

Providing Good Information for carers

Most, if not all Local Authorities have information strategies and general guidance on producing good information, stipulating fonts and styles, accessibility and so forth. So that is not going to be replicated here. This section is specifically about information *for carers*. It includes tips on language and provides a checklist of what should be included in training ‘ads.’

Essentially this is the **Who, What, Where, When** and **How**

Who is it for?

What is it about?

Why do I need it ?

Where is it?

When is it?

How do I book on it?

Who is it for?

Given that the word carer is used in many contexts, ensure that carers know you mean them. If the training is for both carers and care workers- say so. It would help to stop using the word carer when you do mean care worker!

Be specific about which carers – all carers, a particular age?, ethnicity?

Is it for carers in an a particular area? If the course is for people outside the Borough do say so.

Is it for people caring for someone with a particular disability. If it is, check that you are not using jargon. Jargon isn’t just about using an alphabet soup of abbreviations and acronyms, its about words which not everyone may be familiar with. For example not everyone knows what a neurological condition is... even if they have one.

You might think it obvious if the information is on a carers page or on the website of a particular organisation– but would it be if the information was being read out of context?

It helps people making internet searches too – and given that not everyone identifies as a carer its helpful if you use phrases such as ‘do you look after..’

What is it about?

Summarise the subject of the training in a short sentence at the beginning to get

people's attention. You can add further information about the course content later on once people have decided that they might have found something relevant to them.

Why do I need it?

Provide some information that lets carers know what's in it for them such as:

This is a basic awareness course....

This course will give a practical demonstration of....

This course is suitable for people who have already done....

This is an essential course if you

This course will teach you how to...

By the end of the course you will be able to.....

Where is it?

Sometimes providers don't want to give the full address so that people can't just turn up but it is helpful for carers if you can. Carers may be more likely to attend at a venue they know. Include other information such as bus routes, parking, any accessibility issues, other facilities on site or nearby.

When is it?

Sometimes providers want to hedge their bets on this to find out if there is interest and what will be the best time. But this isn't really helpful for carers who may need to make arrangements well in advance. Include the date, time, number of sessions, whether this is a course or standalone sessions that the carers can 'pick and mix'. Say if you plan to repeat it- give the full programme if you have it. Some carers have the opposite difficulty ..they can't plan or often have to cancel at last minute: show that you understand this.

How do I book on it?

If you have an online booking system or people can email a booking please provide a telephone option to contact for more information. Do acknowledge their booking. Reminders are helpful for busy carers.

Other information

- What refreshments are provided and if not if there are options to buy on site or near by.
- A question about any additional dietary or access needs.
- Whether support is provided for a cared for person and if not a contact number or an option to discuss alternative care.
- Is it free for residents / non residents?

- If there is a charge, is there any help with this?
- Whether you have a mailing list for future training (can be helpful if the carer is not able to commit to this one)...might be willing to fill a last minute cancellation.
- Who is providing the training – and who is funding it.
- Other training carers might find useful/ might be more applicable.

A Sample Course Information Sheet

“Dementia Awareness session for family carers in Anycouncil

This FREE session is for people looking after a relative with short term memory loss who may just have received a diagnosis of dementia or is waiting to see the consultant. Anyone who lives in Anycouncil may attend.

Venue: Friendly Community Centre, Accessible Lane, Anycouncil, Postcode

Time: Wednesday 13 August 2014 10.30 am-12.30

The session will cover:

- The different types of dementia and memory loss and their symptoms
- What services are available to support people with dementia and their carers in Anycouncil?

There will be plenty of time for questions.

The person you support is welcome to attend if you both wish it.

This session is for people with little or no previous knowledge of dementia and is a very general overview. It is not as suitable for people who are having difficulties coping with caring for a person with dementia. If you are in that situation please contact the Dementia Service on the number below. You can still attend the session but they may be other support also available.

The Friendly Community Centre is on the 666 Bus route and has good car parking facilities. Level access to the building throughout.

Tea and coffee will be provided. The Community Centre has a nice café serving snacks and a light lunch. After the session staff will remain to chat and answer any individual questions.

To book or for further information please contact xxxxxxxxx or use the booking form attached. Please ensure you let us know if you have any additional needs. Further dates are planned including evening sessions – if you cannot make this section please contact us and we will let you know as future sessions are set up

The session is provided and funded by Anycouncil Integrated Dementia Service.

If you have attended an awareness session before or feel that you need more detailed information now on coping with Dementia you might also find the Alzheimer's Society CrISP course useful. For more information contact them on xxxxxxxxxxxx".

Circulating your information... a few tips

Once your training is set up do promote it as widely- and as quickly -as you can. Although the internet is available 24/7, organisations which send out postal newsletters have tighter deadlines and may need information up to 2 months in advance to ensure it can be included.

Although the carers survey showed that online methods of gaining information are the most popular, even internet users said that they valued postal communications.

There are so many ways of spreading information and many of them free. Do ensure that information goes to relevant groups and organisations and is included in local information directories.

Most if not all councils now have an information database which they encourage staff and partners to use. Most have a 'shopping basket' or shortlist function which allows people to save all of the information which is relevant, compare its value, send and print.

This enables carers and anyone assessing or advising them to find all of the information they need to enable informed choices to be made. GPs in particular are increasingly being encouraged to use such directories to signpost carers to service

The people you probably most want to provide training for are the people you haven't met yet- so circulating to your own mailing lists, while useful, should not be the only way.

Make it easy for other people – while a bit of design is nice ,if you use too many fancy fonts and styles it makes it difficult to cut and paste easily and more expensive for people to print if they need to.

When you put information on the internet , by all means add links to further information but do put enough information in the text for it to make sense if it is printed off (or the link changes!).

A Regional Information Resource

There are a number of options available to improve the quality and accessibility of information across the region:

1. Improve existing information

Each local authority commits to developing its own carers' webpages to include dedicated pages on all available training for carers. The pages should provide a clear explanation as to who the training is for, if its open to carers from other local authorities, how funding may be accessed if needed, how alternative care may be accessed etc.

Each authority ensures that information relating to training for carers conforms to the guidelines set out in this report. This will help carers to find what they need and ensure that relevant information can be harvested by other web applications.

Each authority could include links on its training pages to all other authorities' training pages with an explanation that it may be possible to access training from neighbours.

2. Create a Standalone Database

A search on 'training for carers' produced a link to a good website developed by partner carer organisations in Edinburgh and Lothian. This website provides information about a range of training available from three different carers' organisations. Carers can contact the providers directly to book a course. A carer described it "as neat, clear, works well on the menus, bright, efficient". The region would need something a little more complex if it is to cater for carers from 14 local authorities but this is a good example of how to set about it. See www.carerstraining.co.uk/home.html

3. Develop a carers training hub within an existing website

There would be a West Midlands region home page and each local authority would have a landing page to give more detail about its local offer. Search facets would allow carers to search for training by, for example, postcode, topic, and times available within their local authority and across the region. An example of this is a Hub developed by Open Objects for Hertfordshire parents to search for training www.hertsdirect.org/services/edlearn/css/17856920/

4. Link with the DISCOVER training portal

This is a three year (to March 2015) European Commission funded project led by Digital Birmingham that aims to deliver skills training for carers.

Four hundred informal and formal carers will receive digital skills training and supported to become mentors for their peers and for the people they care for.

The DISCOVER learning zone portal will, in the future, offer an online signposting facility which identifies information on a range of key topics and services relevant to carers. Its scope ranges from tutorials on IT and social media to practical advice on providing care. It will collate information and training materials on health conditions, treatments, financial and legal issues for carers and suggest pathways for carers who wish to broaden their learning during and after caring.

At this stage it is not clear what funding will be available to continue the work of developing the portal. As the project is in a pilot stage, it is not currently an option to use this portal for the proposed database but it may well be in an option for future joint working. See www.discover4carers.eu/

Conclusion

A separate briefing has been prepared for the West Midlands Carers Leads Network which includes some draft costs for potential options for developing a regional information resource. These need to be discussed by the region and decisions made will be likely to depend on available capacity and funding

National online Training Links

Introduction

There are a huge number of internet resources to help meet carers training needs. Some of these are largely information focused others are much more interactive with a range of materials and activities in which carers can engage.

All of the resources cited are open access – although may require a log in. They may be used for individuals and by groups and organisations as part of a blended learning approach which may include groups sessions and /one 1-1 support.

This is not an exhaustive list but a good indicator of where to start as these websites also have links to other good sources of information and training

Carers UK e-learning resources

This is a suite of e-learning courses designed to support carers and people working with carers – from commissioners and policy makers to front line practitioners in health and social care. Current courses include:

- Carer Awareness: supporting front line practice in working with carers
- Supporting carers at work: a line manager's guide
- Building carer resilience
- The Care Act unpacked: front line support for practice
-

www.carersuk.org/for-professionals/training-consultancy/e-learning

Caring with Confidence

Developed by the Department of Health, this course was initially supported by funding for groups to deliver face to face sessions across the country. These courses remain online as an interactive learning and downloadable free self-study workbooks. Caring with Confidence gives carers a better understanding of the problems they may face and helps them find new ways of tackling them. There are seven different courses to work through

(NB: these materials may not have been updated but are likely to provide good general information).

www.nhs.uk/CarersDirect/carers-learning-online/Pages/carers-online-learning.aspx

Social Care Institute for Excellence (SCIE)

This website has a vast array of information and resources about all aspects of social care. It has a section for carers. Its e-learning resources come in a mixture of formats and with different activities. Social Care TV has films on all care related topics. www.scie.org.uk/

Skills for Care

Skills for care focuses on workforce training and development and provides a large range of resources to support people working in social care. They have produced a number of courses to help people to support carers. Although aimed at the paid workforce, many carers will find these resources extremely useful. Sections include

- Core principles for working with carers
- Carers Matter- Everybody's business
- Carers in the workforce matter
- Dementia – workers and carers together

www.skillsforcare.org.uk/Skills/Carers/Carers.aspx

Improve Dementia Education and Awareness (IDEA)

IDEA is an online learning centre designed to improve the care and quality of life of people with dementia. Within the IDEA website people with dementia and their carers can find information and resources and a range of audio-visual materials about dementia, its causes, treatment and the care of people affected.

www.idea.nottingham.ac.uk

Open University (OU) Open Learn

The OU offers a range of free learning courses on a wide range of subjects. These are either extracts from full OU courses or self-contained courses designed specifically for Open Learn

www.open.edu/openlearn/

Massive Open Online Courses (MOOCs)

The MOOC List is a directory of Massive Open Online Courses (MOOCs) from different providers across the world. See on the topic of your choice to see what's

available for free. (Avoid the shaded Ads at the top of the list though as those take you out of the MOOC list). www.mooc-list.com/

These links just give a flavour of what is available. Carers will also find a lot of information and awareness courses on disability /illness or age focussed websites. As a general rule its best to start with one of the big well known UK websites which focus on the relevant illness or disability or go to NHS Choices (www.nhs.uk/) as the information and links will be the most relevant.

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