



# A Study of Training for Carers in Scotland

*It's like being handed a set of car keys and told  
'That's the brake, that's the clutch  
and accelerator, away you go'*

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We are pleased that the Scottish Executive has been able to support the Coalition in this research.



SCOTTISH EXECUTIVE



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# Section One Introduction



The Coalition of Carers in Scotland formed in 1996 as an information and support network of local carer groups and organisations in Scotland with a focus on collective advocacy of carer needs and a role to monitor and evaluate local impact of national carer policy and service developments.

The Coalition grew in strength with the development of the carers' movement in Scotland and new opportunities to influence devolved government. The Coalition was formally recognised in 1999 by the Scottish Executive and today comprises 66 local member organisations

In October 2005 the Coalition consulted with its members to select its priority areas for monitoring. Training for Carers, along with Carer Awareness Training for Professionals and The impact of Carers Assessments were the key priority areas identified. Funding for the monitoring exercise was provided by the Scottish Executive.

The Coalition's aims in carrying out research on these themes were to show, from evidence from carers and local carer organisations,

- where there were gaps between policy and implementation
- where there are examples of best practice
- how carers would like to see services developed in the future.

Section One includes the current picture of training for carers in Scotland with conclusions and recommendations and Section Two provides a more detailed analysis of the findings.

## Methodology

The investigation of current training available to carers throughout Scotland was carried out by questionnaires distributed to

carers through the Princess Royal Trust network of carers centres, to members of The Coalition of Carers and to each of the national carer organisations (Carers Scotland, Crossroads Scotland, Scottish Carers Alliance and Shared Care Scotland.) This ensured that carer organisations from every local authority in Scotland had the opportunity to respond. (The questionnaire is reproduced as Appendix 1).

The availability and demand for training for young carers across Scotland was investigated by the Young Carers Development Worker at The Princess Royal Trust for Carers. This is incorporated in the third section reporting on findings and the full text of the young carer training report is attached as Appendix 4.

The evidence from questionnaires was expanded by exploring the views of carers through a series of focus groups carried out over the winter of 2005–2006. Four groups of adult carers discussed training for carers, as did a group of young carers.

## Purpose and Policy Context

In recent years the perception of unpaid carers has changed from passive recipients of services to the recognition that carers are partners in the provision of care. Furthermore there is an understanding that carers require support and training to equip them for their caring role.

Research has shown that training results in a better quality of life for the carer and the person they care for. Benefits for carers include increased knowledge and confidence, improved health and wellbeing, and fewer injuries relating to their caring role. Furthermore, there are tangible economic savings from reduced NHS and social care interventions, fewer hospital

admissions and a lower incidence of the caring role breaking down.

The importance of providing training opportunities for carers and the need for an 'expert carer' training programme in Scotland is reflected in recent policy such as Care 21 – 'The Future of Unpaid Care in Scotland', The Kerr Report – 'Building a Health Service Fit for the Future' and the requirements placed on NHS Boards relating to the development of NHS Carer Information Strategies

### **Care 21 – 'The Future of Unpaid Care in Scotland'**

The Scottish Executive commissioned a report into the future of unpaid care in Scotland which was launched in September 2005. The report uses an impressive body of evidence to project a bold new vision for carers in Scotland and sets out 22 recommendations for the future of unpaid care. The report outlines the following recommendations in relation to training for carers:

*RECOMMENDATION 4: We recommend the development of a national 'expert carer' programme. This should include training for people to develop their own caring skills, knowledge and expertise This should be developed by partner agencies and should:*

- *Be delivered locally.*
- *Contain generic and condition-specific training.*
- *Focus specifically on carers of people with chronic conditions, and carers likely to provide intensive and long-term care.*
- *Be accessible to all carers, and particularly tailored to the cultural needs of carers from BME communities and the needs of carers with communications issues.*
- *Draw on established and best practice.*
- *Be free to carers, with additional funding for alternative caring arrangements.*

The Scottish Executive's response to this report was published in April 2006. The response sets out their early priorities which include carer training. The Executive has committed to the following:

- *The Executive recognises the value of training to help carers develop the knowledge and skills they need in order to manage their vital role in supporting people with care needs, while minimising the impact of caring on their own health. That is why we have made carer training an important element of our guidance on NHS Carer Information Strategies (recommendation 6) and funded Carers Scotland to pilot a new carer training programme.*
- *Local NHS Carer Information Strategies will need to set out the approach to identifying carers and providing them with information, including through training.*
- *Early results from the Coalition of Carers in Scotland's study of carer training provision show excellent practice in some areas. However, the overall picture is varied and patchy. We will look carefully at the final study and will discuss with stakeholders the development of a national 'expert carer' training framework to help improve consistency and share best practice. We will consider the recommendation for an expansion of carer training in next year's spending review.*

### **The Kerr Report – 'Building a Health Service Fit for the Future'**

This report sets out a national framework for service change in the NHS in Scotland. It recognises the effect caring can have on the carer's own health and recommends steps the NHS needs to take in order to support carers. The following is an extract from the report:

The NHS should take the following steps to help support the agenda outlined above:

- *Develop and provide carer training. The previous section outlined the types of training required so that carers can maintain their own health and wellbeing and maximise their contribution to the health and wellbeing of the person they care for. The NHS should develop a national framework for the development*

and implementation of the training programmes required.

In '**Delivering for Health**', the Executive's response to '*Building a Health Service Fit for the Future*', carers are recognised as playing a vital role as partners in care in the move towards a more preventative proactive model of care.

### **HLD22/2006 NHS Carer Information Strategies: minimum requirements and guidance on implementation**

This requires NHS Board under section 12 of the 2002 Community Care and Health Act to prepare and submit an NHS Carer Information Strategy to Scottish Ministers by 31st October 2006. In relation to training for carers, as a minimum, an NHS Carer information Strategy must:

- *Identify in partnership with local authorities and local carer support agencies what training already exists for carers and how this will be developed and extended over the lifetime of the Strategy*
- *Identify proposals for the development of a strategic approach to 'expert carer' training, aimed directly at supporting carers in their caring role and targeted specifically at carers with intensive, or potentially growing, caring responsibilities.*
- *Set priorities for carer training in agreement with local partners, including carers, local carer support agencies and local authority partners. In doing so local training partners should explore the role of further education establishments and existing carer training packages, as well as the delivery of training using IT systems and technology.*
- *Demonstrate delivery of person-centred training for carers, covering advice on physical and emotional well-being including demonstrations on moving and handling techniques (if appropriate) and stress management, and advice on specific conditions such as caring for someone with dementia, physical disabilities, mental health problems, special needs, etc*

The challenge will now be to translate this policy into practice and to develop and implement a successful 'expert carer' training programme for carers across Scotland. This report aims to examine the current picture of training for carers in Scotland, to outline the views of carers in relation to the development of training opportunities and finally make recommendations for the way forward.

### **Current Picture of Training for Carers in Scotland**

Questionnaire responses covering most local authority areas showed that a variety of courses are available to carers. Training courses cover training to enhance and support the caring role, training to address carers' own health needs, training for employment, training for partnership in service planning and training for social and personal development

Training is provided mainly by local and national carer organisations. Local carer organisations frequently provide training in partnership with other organisations, and in many areas carers have access to training by other local and national providers.

The focus groups reflected the wide range of caring situations and individual character which create the diversity of needs to be served by carers' training. The groups established that carers value the different courses already provided and confirmed the need for a wide range of topics to assist both practical and psychological aspects of caring and to sustain themselves within and outwith their role as carers. Training attended was acknowledged to have had "huge benefits"

They also confirmed the importance of easy access and flexibility, so that training can be fitted around their caring responsibilities and can be accessed when needed, often in anticipation of changes in their caring situation.

The mixed provision of carers training, between carers organisations, health, social

work and other organisations, was approved by focus groups. There was a strong emphasis on the responsibility of health and other professionals to share their expertise with unpaid carers, whose own expertise should be recognised and used, the need for carer specified training programmes and the mutual benefits of shared learning.

One group of parent carers expressed a desire to access the same training as health and social care professionals. They felt that this would allow for greater consistency in the care of their children, particularly in relation to dealing with challenging behaviour and the use of restraint techniques.

Funding for local carers training was reported as varied and piecemeal, with 19% of respondents saying they had no dedicated funding for training, while a further 30% received partial funding from a dedicated source. The most common funding source was cited as core funding with 41% of respondents saying they used part of their core funding to deliver training for carers and 22% said it was funded by partner agencies, such as Community Learning. Only 19% of local carer organisations receiving dedicated funding which covered their full costs

National carer organisations each had single funding sources, including the Scottish Executive and The Big Lottery.

Three areas had no, or very limited, training resources: the Western Isles, Shetland and part of Argyll and Bute. None of these areas had a Carers Centre or organisation which provided information and support specifically to carers.

19 local organisations out of 29 and 2 national organisations out of 6 identified demand for courses which they were unable to meet. Demand was mainly for Moving and Handling and other practical training relating to caring tasks.

The needs of young carers were reported as those relating to their caring roles, and personal and social development. At present

there is no national training programme, only what is provided by Young Carers Projects in areas where those exist. A focus group of members of a Young Carers Project said that their needs for support with the challenges of fitting caring into their lives at school and the community were well served by the project, but had not been before they joined.

## **Conclusions and Recommendations**

Over the next few years the implementation of new policy and in particular the development of local NHS Carer Information Strategies should provide huge opportunities for the development of training opportunities for carers.

The role of carers in supporting the move towards the self care model of supporting people with long term conditions as outlined in *'Building a Health Service Fit for the Future'* A National Framework for Service Change in the NHS in Scotland, cannot be underestimated. Supporting and training carers benefits not only the carer, but also the people they care for and the NHS. Carers are more able work alongside health professionals to deliver quality care resulting in better outcomes for the person they look after, fewer hospital admissions and a decreased risk of the caring role breaking down.

The benefits providing training to assist carers in their caring role has been highlighted by research undertaken at a Stroke Rehabilitation Unit. The study involved 300 stroke patients and their carers and examined the outcomes of training unpaid carers in basic nursing and facilitation of personal care techniques. It concluded that training unpaid carers during the patient's rehabilitation reduced costs and caregiver burden while improving psychosocial outcomes for both carers and patients. (*'Training carers of stoke patients: randomized controlled data'*, Kalra, Evans and Perez. Published in the *British Medical Journal* May 2004)



Strategic investment in training for carers is recommended to ensure availability across Scotland of key training subjects related to caring tasks, to redress the unevenness of funding between areas and thereby the uncertainty of what is recognised as a vital element in health-care strategy.

This investment is essential if the 'Expert Carer' programme is to be successfully developed across Scotland and to ensure that carers have access to high quality 'tailored' training opportunities which allow them to develop their own skills, knowledge and expertise in areas which have been traditionally viewed as the domain of 'professionals'

In conclusion, to ensure carers in Scotland have equal access to flexible, accessible and quality training opportunities and to assist in the development and delivery of an 'Expert Carer' training programme, the following recommendations should be considered:

**Recommendation 1: Investment is required to ensure all carers have access to training to assist them in their caring role through a national 'expert carer' programme.**

There are still rural areas where carers have no training opportunities or only very limited training opportunities. This is largely caused by traditional centralised training courses being unusable by carers who would have to travel long distances to attend. These areas include The Western Isles, Shetland and parts of Argyll and Bute. More details can be found in the section Gaps and Unmet Need on page 21

Many areas are unable to meet demand for courses which carers regard as essential. The availability of these and other popular courses is often uncertain because of disparities and brevity of funding, across local authority areas and between national training providers. Some areas are able to offer consistent, demand-led training programmes whilst others can only manage a very limited training service. Funding of

carers training is felt to be a major issue by both national and local carer organisations.

This view was further reflected by carers in Focus Group 3 who had previously benefited from training provided by local voluntary sector organisation. However, this service was withdrawn once the funding came to an end.

**Recommendation 2: Training should focus strongly on the health needs of carers and should enable carers to develop their caring skills, knowledge and experience.**

Both parts of the study identified priority training needs as key skills relating to the caring role, however in many areas there is not adequate provision. Moving and handling and first aid were the most common areas of unmet needs specified by carer organisations, as outlined in the section Demand which has not been met on Page 22. Focus groups were unanimous on these as training needs, along with information on specific illnesses and their development and information on medication and its effects. These were also cited as the priority needs of carers who had not had previous access to any training. These courses are particularly valued by carers as they are essential for the health and wellbeing of both the carer and the person they care for

Carers in three Focus Groups were asked if they had injured themselves as a result of their caring role and 33% said that they had. In some cases the carer required hospitalisation and in many cases the injury resulted in long term damage. None of the carers who had injured themselves had received any training in moving and handling or in the use of equipment within the home. To prevent injury, training on moving and handling needs to be easily accessed, tailored to the individual carer's needs and delivered before the carer undertakes physical tasks relating to their caring role.

With the implementation of NHS Carer Information Strategies the NHS will have to

demonstrate delivery of person-centred training for carers, including moving and handling techniques where appropriate. They may want to consider working jointly with voluntary sector partners in the delivery of this training. Crossroads Scotland have developed a course entitled 'Safer People Handling'. It is similar to traditional Moving and Handling training but is delivered to carers in their own home by an accredited trainer. This has the advantage of enabling them to tailor the course to the specific needs of each individual carer. This is currently available in some areas of Scotland, it would be beneficial to extend it to areas which have identified this priority need. In addition, The Princess Royal Trust Lanarkshire Carers Centre receive funding through Carers Strategy Monies which enables them to facilitate courses on manual handling three times a year. It may be possible to replicate this model in other Carers Centres in Scotland.

**Recommendation 3: Training for Carers must be tailored to meet the needs of carers. It should be flexible, accessible to carers from all caring communities and free at the point of access**

Carers who contributed to the Focus Groups emphasised the need for training to fit around their caring responsibilities and to be available at times of greatest need. This is further explored in the section When training would be most beneficial to carers on page 30. There are many examples of courses which are designed flexibly, in order to be as accessible to carers as possible. This includes training delivered within the home, distance learning courses using electronic delivery and training delivered on an outreach basis within local communities.

A small number of carer organisations with dedicated funding are able to offer assistance with transport and respite care costs. This means that carers at the sharp end of caring, who are most likely to benefit from participating in training courses, are more likely to attend. This was identified as

a particular need by carers from a rural area who contributed to Focus Group 1.

We recommend that this should be extended to all areas in Scotland to ensure that no carer is prevented from accessing training as a result of their caring responsibilities or financial considerations. Assistance with transport was felt to be of particular importance in rural areas where there is a poor public transport network.

Carers who are balancing their caring responsibilities with employment also need to be considered in the development of an 'expert carer' training programme. Training opportunities need to be sufficiently flexible to allow them to attend. Training should also address the challenges of juggling the dual responsibilities of working and caring which often result in carers leaving employment to care full time.

Consideration also needs to be given to the specific needs of carers from ethnic minority communities, including cultural and language needs. This is an area which was not covered in this report and therefore requires more research.

**Recommendation 4: A national training programme should be developed for young carers**

There is currently no national training programme in place for young carers. In some areas young carers are able to access training and support through their local young carers project. This research confirmed that such support is found to be highly beneficial, but this service remains limited across Scotland.

A further report on training for young carers is available in Appendix 4

This recommendation could be further explored by the Young Carers Task Group

**Recommendation 5: The NHS, local authorities, the voluntary sector, national and local carer organisations and carers should work jointly to ensure the requirements relating to carers training outlined in recent**

## **legislation and policy are successfully implemented**

It is clear from this research that the largest providers of training opportunities for carers are local and national carer organisations, yet the NHS now has key responsibilities for ensuring carers have access to essential training courses.

Carer organisations have a great deal of experience in delivering training opportunities for carers, of identifying and supporting carers at an early stage and of building relationships of trust with carers. It is essential that the NHS and local authorities draw on this expertise when developing training for carers and that a joint working approach is taken in the delivery of this service. Carers in one Focus Group thought that health and social services should be responsible for providing training 'although money should be made available to the voluntary sector to facilitate training'

Carers who contributed to the Focus Groups felt strongly that training should be delivered in partnership. Their views are further outlined in the section *Who carers think should provide training courses* on page ???. Most groups favoured a mixed approach where some training would be delivered by statutory agencies, while other training opportunities would be delivered through the voluntary sector, and in particular carer organisations. Carers in several focus groups indicated that they would like the

opportunity to access the same training as nurses and other professionals. One carer put it 'True partnership is required – carers should attend the same training that is delivered to staff'

One Focus Group emphasised the need for carers to determine the content of training and be involved in its delivery as experts, that expertise should be developed in Carers Centres and training courses should be run by both the voluntary and statutory sector

Recommendation 6: A training officer should be based in each local authority to oversee the development of a national 'expert carer' training programme

Local authorities and NHS Boards should commit additional funds to support the strategic development of carers training. As well as this additional investment a co-ordinated approach is required to ensure the investment results in the successful delivery of the training opportunities which carers need and desire.

Training officers who have specific responsibility for carers training should be appointed within each local authority and NHS Board. These staff should oversee the development, commissioning, delivery and monitor the outcome benefits for those carers participating in local training services. This approach would promote joint working between agencies, encourage greater involvement of carers as partners in care and help to inform the ongoing development of future training opportunities.

## Section Two Findings



### Analysis of respondents

Questionnaires had a return rate of 92%, with responses from 6 national carer organisations and from local carer organisations providing services in 29 local authorities.

No responses were received from

- East Renfrewshire
- Inverclyde
- Dundee City.

In four areas the responding carer organisation provided information on two local authority areas. These were:

- Aberdeen and Aberdeenshire
- Edinburgh and Midlothian
- Falkirk and Clackmannanshire
- North and South Lanarkshire.

In other areas, where there were several carer organisations each covering part of the local authority, more than one organisation was approached. This was the case in four areas from which responses were received, Glasgow, the Shetland Islands, Argyll and Bute and the Western Isles.

The focus groups represented a broad spread of area and caring experience:

- Group 1 – 10 people from Argyll and Bute, included carers of children with a disability and adults with physical disability, Alzheimers and mental illness
- Group 2 – 13 older carers (aged 66 to 82), from Glasgow, covering caring experience of physical disability, dementia and mental illness
- Group 3 – 7 parent carers from Inverness and surrounding area, looking after children aged 10–16
- Group 4 – 13 participants in a Coalition of Carers meeting, 8 being carers and 5 representatives of local carer-led organisations.

Almost all carers were “full-time” and between them covered a wide range of periods of caring, from 18 months to 35 years.

### FINDINGS PART 1 What is available and where there are gaps

#### Training currently available to carers

Overall, a wide range of training opportunities were reported as available to carers, both through carer organisations and other local and national organisations. Of the 26 areas covered by questionnaire respondents (see Appendix 2), all but 4 were served by members of the Princess Royal Trust for Carers Network and reflect a core of commonly delivered topics as well as many local variations. Of the 4 respondent areas which did not have a PRTC Centre only one said that training for carers was available in their area through a carers organisation. Many of the training courses provided by local carer organisations were provided in partnership with other organisations. 16 of the 26 areas reported training provided by other organisations.

Most training opportunities were offered as short courses on a single subject such as first aid, welfare benefits or stress management. However some organisations delivered longer programmes of training for carers which aimed to cover a variety of issues relating to their caring role and in some cases resulted in a certificate or qualification. Examples include the ‘Learning for Living’ course run by Carers Scotland and the ‘Caring for Someone’ course which is part of the Expert Carer Programme run by The Princess Royal Trust VOCAL Carers Centre in Edinburgh

Information on take-up of training courses by carers was not available from many respondents, but where it was it indicates that varied and established training programmes are well attended (see Appendix 2, column 3 of table).

### **Training provided through local and national carer organisations**

Courses available to carers through carers organisations are listed below under four broad headlines:

1. Occupational Training – Training to Enhance the Caring Role
2. Carers Health (Addressing the Emotional and Physical Impacts of Caring)
3. Employment Skills
4. Carers as Partners in Planning
5. Social and Personal Development.

Several courses fit under more than one heading. For example, the Learning for Living course covers carers health, employment and social and personal development. In such instances they have been recorded under the most relevant heading

#### **Occupational Training – Training to Enhance the Caring Role**

- Learning for Living/Certificate in Personal Development & Learning
- First Aid (Emergency and Basic First Aid courses were listed)
- Moving & Handling / Safer People Handling (also a specific moving and handling course for children with special needs)
- Illness Specific Training / Seminars (Autism, Heart and Stroke, Dementia, Children with a Disability, Mental Health, Arthritis, Frail Elderly, M.S, Parkinson’s Disease, A.B.I,)
- Medication and its effects
- Dealing with Incontinence
- Looking to the Future with an (Adult with Learning Disability, an Adult with Mental Health Problems and an Adult with Dementia)
- Positive Parenting
- Dealing with Challenging Behaviour (adult & children)

- Local Services and Support
- Aids and Adaptations
- Fire Safety
- Safety in the Home
- Stress Management
- Carer Advocacy and Self Advocacy
- Policy and Legislation Affecting Carers
- Carers Assessment
- Welfare Benefits
- Direct Payments
- Adults with Incapacity Act
- Mental Health Act
- Legal Issues
- Power of Attorney & Guardianship
- Putting Carers in the Picture
- Aspects of Caring
- Protection & Risk
- Caring for Friends
- Black and Ethnic Minority Carers
- Improving access to respite for Black and Ethnic Minority Carers
- Sign Language

#### **Carers Health (Addressing the Emotional and Physical Impacts of Caring)**

- Assertiveness
- Living with Loss / Moving on after Caring Ends
- Communication Skills
- Alternative/Complementary Therapies
- Adjusting to Change
- Sex & Relationships
- Healthy Eating & Exercise
- Health and Well-being
- Men’s Health
- Personal Effectiveness
- Introduction to Counselling
- Introduction to Psychology
- Tai Chi
- Yoga

#### **Employment Skills**

- Computer / I.T Training
- Career Advice / Education
- Effective Writing & Numeracy
- Educational Opportunities

#### **Carers as Partners in Planning**

- Community Involvement Skills
- Monitoring and Evaluation Training

## **Social and Personal Development**

- Money Management
- Food Hygiene & Meal Planning
- Creativity Workshop
- Digital Photography
- Card Making
- Creative Writing
- Art / Art Therapy
- Learning a foreign language
- Introduction to Sociology

## **Training available to carers through other local organisations**

Training courses available to carers out-with carers organisations included courses delivered through community groups, voluntary organisations, local authority and health services, as listed in Table 1 on the following page. It is likely that further opportunities for carers exist locally and nationally which respondents were not aware of.

## **Funding Sources**

Funding sources amongst local carer organisations appear to be varied and

often piecemeal with the majority of respondents citing a combination of several funding sources, each contributing small amounts to the costs of running training services.

The most common funding source was cited as core funding with 41% of respondents saying they used part of their core funding to deliver training for carers. 19% of respondents said they had no dedicated funding for training, while 22% said it was funded by partner agencies, such as Community Learning. Only 19% of local carer organisations received dedicated funding specifically for their training services which covered their full costs, while a further 30% received partial funding from a dedicated source.

Several local carer organisations rely on local fund-raising and volunteers to enable them to provide training courses to carers with 19% citing local fund-raising as a source of income.

In contrast, the national carer organisations each cited only one funding source. Three receive funding from the Scottish Executive, one receives funding from The Big Lottery and one self funds by charging participants who attend their seminars.

National and local carer organisations receive funding from the following sources:

- The Scottish Executive
- Local Authority (both dedicated funding and part of core funding)
- Adult Education
- Community Learning
- Social Work
- Joint Planning Group
- Child & Adolescent Mental Health Services
- Health Board
- Local Health Improvement Fund
- Local Health Care Co-operative
- European Social Fund
- Other voluntary organisations
- The Big Lottery
- Local Fundraising
- PRTC Grants
- Trust Funds
- Carers Strategy Monies
- Charging a fee to delegates

## **Joint Working to deliver training**

Both national and local carer organisations reported working with a variety of partners, from the statutory, voluntary and private sectors. It was also apparent from responses to the previous question that local carer organisations rely on joint working, not only as a means of assisting them in the delivery of training, but also as a means of funding it. Agencies with which carers worked are listed below.

## **Local and National Educational Resources**

- Local Colleges
- City and Guilds
- Community Development
- Community Education
- Community Learning
- Local Learning Partnerships
- Adult Education

**TABLE 1: Training for carers provided by other organisations**

<b>Course</b>	<b>Who Provides it</b>	<b>Area Covered</b>
Foot care	NHS and Podiatry	Western Isles
Caring for Carers	Alzheimers Scotland	Western Isles
Training offered on basis of assessed need	Social Care Department	Shetland
Additional Support for Learning Act	Alzheimers Scotland and Children on the Highlands Information Point	Highland
Illness Specific Training	National Autistic Society Clasp Scottish Soc for Autism Joint Dementia Initiative	Falkirk
Autistic Spectrum Disorder	Local Authority	Orkney
Coping with Dementia	Alzheimers Scotland	West Dunbarton
Management Committee Skills	North Lanarkshire Carers Together	North Lanarkshire
Looking after someone with a mental illness Training for carers	Mental Health Nurses Dementia Day Care Unit	West Lothian
Training on Dementia	Alzheimers Scotland	Angus
Training on Dementia Illness Specific Training	Alzheimers Scotland Changing Children's Services	Dumfries and Galloway
Looking after someone with mental health problems or dementia	NHS	Edinburgh and Lothian
Dementia Awareness How to cope with Disability Pain Management Benefits Falls Initiative Healthy Eating	Alzheimers Scotland  Chest Heart and Stroke Health and Wellbeing Welfare Rights and DWP NHS Local supermarkets	Perth and Kinross
Unspecified	Crossroads	Moray
Caring for someone with Cancer Dementia Awareness	The Maggie Centre Alzheimers Scotland	Glasgow
Moving and Handling Dental Hygiene	PAMIS and PRT Fife Carers Centre PAMIS	Fife

- Training agencies
- Burrell Museum

### **Other Statutory and Local Authority Services**

- NHS / Community Health Partnerships
- Social Work
- Benefits Agency
- Community Health Initiative
- Office of the Public Guardian
- Care Commission
- Department of Work and Pensions
- Local Development Agencies

### **Other Voluntary Organisations**

- Red Cross
- Heart Start
- National Autistic Society
- Age Concern
- Glasgow Association for Mental Health
- CRUISE Bereavement
- Other national and local carer organisations
- St John's Ambulance
- Healthy Living Initiative
- Alzheimers Scotland
- Enable
- NSF Scotland
- Family Advice and Information Point
- The Action Group
- Health in Mind
- Sleep Scotland
- Local solicitor (voluntary)
- GATE Alcohol Education Project
- Arthritis Care
- Local Association for Mental Health
- Maggie's Centre
- Dyslexia Scotland
- Drumchapel LIFE
- Lead Officer Network
- Charities Evaluation Services

### **Monitoring and Evaluation Methods**

All the respondents who deliver training courses to carers use evaluation or feedback forms to monitor and evaluate their courses. The majority of organisations provide carers with evaluation forms before and after they participate in training, while several organisations also follow this up with an

additional questionnaire, or interview a few weeks or months later to ascertain what lasting impact the training has had for the carer.

Other evaluation methods described by respondents were:

- evaluation forms (3 stages described – pre and post training and 3 months or 6 weeks later)
- telephone interviews with carers / one-to-one interviews / verbal feedback
- interviews and meetings with tutors
- number of places booked
- clear learning outcomes (SMART)
- word of mouth
- consultation with carers through Newsletters, Support Groups, Individual interviews to ascertain training needs
- annual carers review / annual stakeholders meeting
- carers database.

### **Gaps and Unmet Need**

Several areas were identified through questionnaire responses as having very limited or no training opportunities for carers. This was particularly noticeable in areas where there was no dedicated carers centre and services to carers were provided through the local authority and local voluntary organisations such as Crossroads and Alzheimers Scotland. In most of these areas carers have access to carers support groups or networks run by volunteers, but they do not have the same access to information services and training opportunities. Areas in this category are listed below.

The Shetland Islands – Although the Shetland Islands has a dedicated budget of £2,500 to purchase training for carers there are few local training opportunities and this budget is mainly used to fund carers' attendance at training courses on the mainland.

The Western Isles – The Carers, Users and Supporters Network could identify only one course which was available for carers. This was in foot care and was delivered by the



local podiatry service. In addition, Alzheimers Scotland has held one course on Caring for Carers in the last year, but no further courses are currently planned.

Argyll and Bute – There are four distinct communities that form Argyll and Bute. Oban, Lorn and The Isles and Helensburgh and Lomond both have a dedicated carers centre which provides training opportunities for carers. However, the other two areas, Bute and Cowal and Mid Argyll, Kintyre and Islay do not have a similar service and there are no training opportunities for carers in these areas.

Each of these areas covers a wide geographical area with poor transport links: one of the main problems cited in delivering training courses to carers is that of access. In the case of the Western Isles several training courses have been planned in the past but have been too poorly subscribed to make them viable. For carers in these areas to receive the same opportunities as carers in better resourced areas, significant investment would be required in the form of dedicated workers and funding for transport and respite.

### **Demand which has not been met**

19 local carer organisations and 2 national organisations listed specific training courses which carers have requested and which they have not been able to provide themselves, or access from other sources.

The most frequent request was for Moving and Handling training with 12 respondents citing this is an identified need. The second most popular request was for First Aid training with 5 respondents citing it as an identified need. Several respondents stated that it was particularly difficult to access Moving and Handling training for carers as it was perceived as being expensive to run and local partners had concerns about the implications regarding insurance cover.

The following areas had unmet needs identified by local carer organisations:

- Orkney – Moving and Handling, First Aid, – Illness specific training
- Highlands – Moving and Handling, Managing Stress
- Argyll and Bute (Helensburgh and Lomond) – Moving and Handling, First Aid, Car Maintenance, Dementia Training, How to get Help.
- North Ayrshire – Moving and Handling
- East Ayrshire – Illness specific training e.g Alzheimers
- South Ayrshire – Moving and Handling Training
- Renfrewshire – Moving and Handling Training
- West Dunbarton – Moving and Handling
- Glasgow – Healthy eating and fitness (Greater Pollok)
- What About Me – course run by Isobel Allan looking at caring role, funding not available (West Glasgow)
- Perth – Dealing with medication and use of aids and adaptations
- Angus – First Aid
- Stirling – Moving and Handling, First Aid
- East Lothian – First Aid, Advanced Moving and Handling. Advanced Welfare Benefits, Returning to training / employment
- West Lothian – carers requesting general training on coping with caring in more locations across West Lothian
- Edinburgh – Additional training for parent carers
- Fife – Moving and Handling, First Aid, Dealing with the System
- Dumfries and Galloway – Moving and Handling Training in carers own home
- Borders – Moving and Handling

National carer organisations identified the following areas of additional need:

- Scottish Carers Alliance – More formal training covering specific issues like financial benefits, confidence building, assertiveness, moving and handling
- Shared Care Scotland – Black and Minority Ethnic programme is over-subscribed. Members have also requested training on developing respite

services which are accessible, flexible and person centred

### Evidence from focus groups on current training provision

The evidence above was supplemented by discussions within the three locally based focus groups of their experience of training courses. Experience of training between the groups 1, 2, and 3 varied in its coverage of topics (see Table 2, below), availability, organisation, and providers.

Carers from urban areas in Group 1 had had training provided by their local Carers Centres and by another local project. All courses were likely to be withdrawn because of funding problems. Carers from rural areas in this group did not have access to any training courses. Carers in Group 2 had had a wide range of topics, chosen by carers, organised by a part-time development worker employed by the local Carers Centre

and provided in partnership with other local agencies or by the Centre. In Group 3, some carers had had training, mostly provided by the charity PAMIS, but these courses had now ended because funding from the Scottish Executive had run out. One carer had had training in autism, self funded, at a cost of approximately £90.

All carers reported extensive benefits from the courses they had participated in.

In Group 1 the inequality of service provision across Argyll and Bute was a source of discontent for many carers. Those carers who did not have access to any local training cited the following as priorities: Moving and Handling, Dealing with Medication, Dealing with Seizures, Catheter Care, Illness Specific Training, Knowing Your Rights and Communication Skills.

Overall, the evidence of focus groups confirmed the evidence from the

**TABLE 2: Carers' experience of training courses**

<b>Training type</b>	<b>Group 1</b>	<b>Group 2</b>	<b>Group 3</b>
For caring role	Moving & handling Administering medication First Aid Autism awareness Challenging behaviour	Moving & handling First aid Sign language	Challenging behaviour Dealing with epilepsy Music workshops Sensory workshops Speaking and language Feeding Dental care Autism (individual)
For carer welfare/education:	Assertiveness	Stress management Counselling (individual & group) Computer training Healthy eating Creative writing Arts and crafts Spanish Local history	
Other		Weekly group with speaker every month	Legal issues

questionnaire survey – of the wide range of courses available to carers, mainly through carers organisations but with much cooperation with other agencies, the patchiness of funding and therefore continuity of courses, and the lack of access in rural areas.

## **FINDINGS PART 2**

### **What is needed: what carers value and why**

Four focus groups of adult carers discussed carers' training needs, the value of training to carers and their views on when and by whom training should be delivered. The three locally based groups also discussed their experience of training courses, as reported in the previous paragraphs.

### **Subjects to be covered in training courses**

There was considerable unanimity across the groups on what should be covered, with some variation in how this was expressed between the differently constituted groups. The topics can most usefully be divided into

1. what carers needed for their caring role
2. what they needed to develop their own lives alongside/external to caring
3. what they needed to sustain both
4. finances

#### **Training for their caring role:**

- Knowledge about the cared-for person's condition/illness and its development, and about medication and its effects
  - ◊ Skills training in personal and medical care, referred to by one carer as "expert carer training": moving and handling, using equipment such as bath aids and hoists
  - ◊ first aid and especially dealing with seizures
  - ◊ other specific tasks – catheter care and toileting were mentioned
- Knowledge and skills in dealing with psychological aspects of caring:
  - ◊ understanding of and how to deal with mood swings and challenging

behaviour e.g. restraint techniques (carers in Group 3 asked specially to be instructed in the same techniques as professionals so that their children would experience continuity; requests to participate in local professionals' training had been refused)

- ◊ sexuality (mentioned by carers of people with dementia and learning disabilities)
- ◊ understanding and coping with changing relationships (Groups 1,3 and 4 said they would like counseling support for carer and cared for person, including couple counseling where appropriate because of the effects of caring on personal relationships. Group 3 also suggested mediation between the carer and cared for person)
- ◊ anger management (for the cared for person, preferably jointly with the carer)
  - ◊ managing the process of dying
- Non verbal communication skills, including techniques of augmentative and alternative communication
- Fostering independence skills for the cared for person.
- Knowledge and skills to deal effectively with the care system
  - ◊ knowledge of local services
  - ◊ where to go for help
  - ◊ how "the system" works
  - ◊ understanding of terminology used by professionals ,although plain speaking by them would be preferable
  - ◊ person-centred planning
  - ◊ advice on putting together a care package
  - ◊ how the cared for person can be heard
  - ◊ negotiating skills especially with service providers
  - ◊ knowledge of carers rights and legislation
  - ◊ knowledge of other legislation relevant to them and the person they care for

- ◇ knowledge of local authority policy
- ◇ direct payments
- ◇ service entitlements and record of needs
- ◇ understanding and managing the transition period from children's to adult services.

### **Training for outside the caring role:**

- Personal development, including
  - ◇ returning to work and education
  - ◇ college courses and education
  - ◇ employment advice, including juggling work and caring.

### **Training to sustain themselves**

- Knowledge and skills in:
  - ◇ looking after their own health
  - ◇ stress management
  - ◇ coping strategies
  - ◇ assertiveness
  - ◇ confidence building
  - ◇ relaxation, including alternative and complementary therapies
  - ◇ dealing with depression
  - ◇ managing the process of dying and coping with bereavement
- information and support about taking on the role of unpaid carer and making decisions at other key points, e.g. moving into residential care
- leisure courses
- training in campaigning for better conditions and services for carers.

Two groups specified social occasions and meeting other carers for support and exchanging experiences and information in this part of the discussion.

### **Finances**

- benefits entitlement and financial advice, including pension advice.

### **Priority topics**

There was greatest unanimity between all groups on the following topics:

- information on specific illnesses and their development
- information on medication and its effects
- training in moving and handling
- training in first aid.

Carers in Groups 1–3 were asked if they had ever injured themselves as a result of lifting or moving the person they care for and 33% responded that they had. In some cases the carer required hospitalisation and in many cases the injury resulted in long term damage. Many of the carers who participated in the focus groups had never attended training on Moving and Handling and several said they had been provided with equipment without being properly shown how to use it. One group who had requested moving and handling training had been told it was not available to carers "because of insurance problems".

The question on training had been introduced in Group 1 by a discussion about what it was like to suddenly become a carer, with no experience or training. One carer described it as: "being handed a set of car keys and told 'That's the brake, that's the clutch and accelerator, away you go'".

### **Positive effects of training**

Three of the groups (1, 3 and 5) were asked what positive effects they thought participating in training could have for carers. Carers in Group 2, who had experienced many training courses, were asked what positive effects training courses had had, or could have for them. The other 3 groups were also asked about training they had taken part in and its effects on them.

Positive effects expected or experienced from taking part in training were:

- improved health, well-being, quality of life
- enhanced skills, ability, strength to carry out caring role
- peer support and the development of individual support networks
- better use of services
- increased support
- gaining a wider perspective, greater control
- better financial situation.

### **Improved health, well-being, quality of life**

*effects carers thought training would have*

- it would lower blood pressure – the carer’s own health would improve
- it would prevent injuries
- it would encourage better mental health
- it would reduce anxiety
- relaxation
- better health both mentally and physically
- reduced anxiety, less guilty
- reduce isolation of caring role

#### *effects experienced*

- helped with stress and mental strain
- makes you feel yourself again
- relaxing and a break from caring, takes your mind off your caring situation
- reduced stress levels
- improved relationships with family
- feeling good
- helped to find employment.
- the support of other carers was a big help

#### **Enhanced skills, ability, strength to carry out caring role**

##### *effects carers thought training would have*

- it would produce a more positive view of the future
- “I would feel more confident and able to do a better job”
- “I would feel like a ‘partner in care’”
- “It would increase my confidence. Staff would listen and have more respect to your views as a carer”.
- greater understanding relating to caring role
- raising self-esteem
- valuing their contribution
- empowerment, having control
- increasing knowledge
- transferring skills
- safety

##### *effects experienced*

- first aid training had helped one carer to deal with seizures suffered by cared for person
- helped with caring role
- help you cope better
- transfer, sharing knowledge from carer to carer
- strength to carry on

- learning specific knowledge re medication
- increased confidence.

#### **Better use of services**

##### *effects carers thought training would have*

- more informed choices resulting in more flexible person centred services

#### **Increased support**

##### *effects carers thought training would have*

- “It would stop me feeling nobody cared for me. I was told by my District Nurse ‘We aren’t here for you’.
- it would help with feelings of isolation
- sharing experiences
- networking with other carers – felt to be particularly important in rural areas.

#### **Gaining a wider perspective, greater control**

##### *effects carers thought training would have*

- involvement in consultation
- seeing the bigger picture
- empowerment

##### *effects experienced*

- greater involvement in carer campaigning
- greater involvement in local service planning.

#### **Better financial situation**

##### *effects carers thought training would have*

- more money and better management of it.

#### **When training would be most beneficial to carers**

Carers in all groups felt that training was needed at all stages in their lives as carers. Training was needed at the start:

- information as soon as possible at the beginning
- when you first become a carer – it is very important.

It was needed at times of change:

- transition periods, e.g. when a child is moving from childhood to adulthood – training can mean the difference of a child remaining at home or not.

It needed to be a continual process, to help understand and deal with changes occurring:

- needs to be ongoing – your needs change as you continue to be a carer
- needs to be regularly reviewed, you have different choices at different times, e.g. when residential care is being considered for the person you care for and after this happens.

Training in moving and handling and use of equipment was seen to be needed as soon as these activities were anticipated, to prevent serious injury through carrying them out incorrectly.

All groups said that training needs to be flexible, so that it can be fitted around caring duties.

### **Who carers think should provide training courses**

All groups made suggestions for mixed provision of training between statutory services, the voluntary sector, carers organisations and carers. There were some variations of emphasis between the groups.

Group 2 summed up their discussion as: “Health professionals should run courses related to medical matters and Carers organisations should run therapeutic courses”.

Group 3 emphasised health and social services’ responsibility for providing training for carers “although money should be made available to the voluntary sector to facilitate training”. This group thought that carers should have joint training with nurses and other professionals, e.g. moving and handling and restraint techniques. They thought that joint training would lead to greater recognition of carers.

Their view was shared by Group 1 where a range of possible providers was suggested – NHS, parents and carers, voluntary organisations, education, social work – but overall: “True partnership is required – carers should attend the same training that is delivered to staff”.

Group 4 emphasised the need for carers to determine the content of training and to be involved in its delivery as experts, that expertise should be developed in Carers Centres and that training courses should be run by both the voluntary and statutory sector. This group also pointed out the need to make training easily accessible by carers through having tapes, and trainers and therapeutic therapists visiting carers’ homes.

Funding was a particular concern for Group 3 which had lost PAMIS’s successful training courses: they thought that PAMIS should be funded to continue their training, and that funding for carers’ training should be ring-fenced.

## **FINDINGS PART 3**

### **Training for young carers: what is available and what is needed**

#### **Key points**

Key points about training for young carers are set out in the PRTC Young Carers Development Co-ordinator’s paper to assist the Scottish Executive’s scoping exercise for the Care 21 Report (Appendix 4). In summary these are:

- there is no national training programme for young carers: training is most often provided by local young carer support projects, sometimes in partnership with other providers. This is not available for all young carers
- young carers in Highland identified training and information as priority needs in a 2002 survey
- training needs include:
  - ◇ illness specific information
  - ◇ training in how to use health and other local services
  - ◇ first aid
  - ◇ training in lifting and handling (This is widely thought to be inappropriate. Any training offered to young carers would need to be tailored to their needs, by identifying

what tasks are safe and appropriate and what are not)

- ◇ support to develop good mental and physical health
- ◇ social skills development
- ◇ support to decide about taking on caring role.

### **Focus group with Young Carers**

The focus group discussing young carers' training comprised 6 young carers from a northern city and surrounding rural area. Their ages ranged from 12 to 16. They were asked:

- what information or training helps them as young carers
- whether there was any other type of information or training they would like that they did not get at present
- when they would have liked this in the past
- what they would like in the future.

The group expressed needs for emotional and practical support arising from the demands of being a young carer, both at home and at school. They valued different ways in which this support was given.

Practical help was needed with homework, talking through and getting advice helped with bullying and other problems at school, and with problems at home and the difficult emotional aspects of their situation. They found this support from the young carers

support workers and also from their fellow carers; from having "time out" from caring and trips away to new places with the group.

They thought that all these forms of help were adequately provided for by the Young Carers Project (young carers are involved in designing its programme of activities). They had felt the lack of this kind of help before they had found out about the project.

Future needs were anticipated as guidance on how to plan generally for life after school, and specifically on getting a job, and combining work and caring.

The group thought information and training courses should be provided by the Young Carers Project.

The group confirmed the value of Young Carers' Projects in helping them to cope with the demands and perceived stigma of being a carer alongside the other demands and challenges of being a young person. Although they did not specify needs for help with caring and dealing with care professionals in this part of their discussion, it was clear from comments during a following discussion on training for professionals that there was a need to improve liaison between themselves and people with professional responsibility for their cared-for family members (see separate report Training for Professionals in Carer Awareness).

## Section Three Summary of Recommendations



### **Recommendation 1**

Investment is required to ensure all carers have access to training to assist them in their caring role through a national 'expert carer' programme.

### **Recommendation 2**

Training should focus strongly on the health needs of carers and should enable carers to develop their caring skills, knowledge and experience.

### **Recommendation 3**

Training for Carers must be tailored to meet the needs of carers. It should be flexible, accessible to carers from all caring communities and free at the point of access

### **Recommendation 4**

A national training programme should be developed for young carers

### **Recommendation 5**

The NHS, local authorities, the voluntary sector, national and local carer organisations and carers should work jointly to ensure the requirements relating to carers training outlined in recent legislation and policy are successfully implemented

### **Recommendation 6**

A training officer should be based in each local authority to oversee the development of a national 'expert carer' training programme





## Appendix 1

### **The Coalition of Carers in Scotland Survey – Training Courses for Carers**

#### **Introduction**

The Coalition has been awarded funding from the Scottish Executive to monitor and evaluate the impact of national policy and legislation on the lives of carers locally.

Over the last few years carers have gained new rights through legislation such as The Community Care and Health Scotland Act 2002 and their needs have been recognised in recent government policy such as *Delivering for Health*, (the Scottish Executive’s response to Professor Kerr’s report *Building a Health Service Fit for the Future*) and most recently Care 21’s report on *The Future of Unpaid Care in Scotland*.

The development of training for carers has been identified as a key issue and the Scottish Executive is seeking to gather evidence of what training opportunities are currently available throughout Scotland. This survey will help to inform the Scottish Executive’s scoping of the implications of the Care 21 report’s recommendations and will form part of a report on training which the Coalition will produce in May 2006.

**1. Does your organisation deliver training courses to support carers in their caring role?** YES  NO

**2. If YES Please list the courses and training modules available to carers through your organisation**

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**3. How are the training courses you deliver to carers funded?**

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**4. Do you work in partnership with any other agencies in delivering training for carers?** YES  NO

**If YES Please provide details below**

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**5. How many carers have participated in your training courses in the last year?**

**6. Are you aware of any other agencies or organisations offering carer training in your local area?** YES  NO

**If YES Please provide details below**

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**7. Are you aware of any additional demand for training that you are unable to meet at present?** YES  NO

**If YES What training courses has there been an additional demand for?**

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**How many carers have requested the training described?**

**8. How do you monitor and evaluate your training courses for carers? Please describe below**

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**If you have any evaluation reports or leaflets relating to training courses for carers in your local area we would be grateful if you could provide examples.**

Thank you for taking part in this Impact Study. All answers will be examined in strict confidence and you are not obliged to provide any personal details.

## Appendix 2

### Training for Carers Information by Local Authority Area

Local Authority and Carer organisations Consulted	Training courses provided by local Carer Organisation	Number of Carers participating in past year	Other training courses for carers provided locally	Funding	Joint Working
Aberdeen and Aberdeenshire VSA Aberdeen Carers Centre	Policy and Legislation Affecting Carers First Aid Illness Specific Information Carers Health and Wellbeing Alternative Therapies Counselling and Life Coaching Expert Carers Programme	Info not available	Voluntary Services Aberdeen	No dedicated funding received	NHS, Local Authority, Independent practitioners, Other Voluntary agencies
Angus PRTC Angus Carers Centre	Stress Management Moving & Handling First Aid Putting Carers in the Picture Who Cares?	129	Alzheimers Scotland – Training on Dementia	Part of core funding + part of ESF in partnership with local College	Angus College of Further Education
Argyll & Bute (Helensburgh and Lomond) PRTC Helensburgh & Lomond Carers Project	Basic Computing Assertiveness Basic First Aid Learning for Living – City & Guilds Course	17	Not aware of any	Funded by partner agencies	Community Education, Age Concern, Tell Training Dumbarton
Argyll and Bute (Bute and Cowal) (Mid Argyll, Kintyre and Islay) Argyll and Bute Carers Network	Not aware of any	Info not available	Not aware of any	No dedicated funding received	Info not available
Dumfries & Galloway PRTC Dumfries & Galloway Carers Centre	Moving & Handling First Aid Assertiveness Yoga Relaxation Computer Courses Self Advocacy Healthy Eating & Cooking	50	Alzheimers Scotland – courses on Dementia Changing Childrens Services Illness Specific Courses	Carers Strategy Fund	Local Training Providers East Ayrshire

PRTC East Ayrshire Carers Centre	First Aid Alternative/Compl plementary Therapies Money Management Career Advice/Education Effective Writing & Numeracy	Info not available	Not aware of any	Taken from part of our Core funding, Health Board, Adult Education, Other voluntary organisations	Carers Scotland, East Ayrshire Adult Education, St John Ambulance
East Dunbartonshire CarersLink	Stress Management Emergency First Aid Computer Training Community Involvement Skills	Info not available	Not aware of any	The Big Lottery Local Authority Funding (part of core funding)	Annie'sland College, Community Development
East Lothian PRTC East Lothian Carers Centre	Aspects of Caring Welfare Benefits Moving & Handling Medicines and their Effects Legal Issues Parent Carers Caring for Mental Health Problems	40	Not aware of any	Lothian Health Board and small proportion from Local Authority plus local fundraising	Local Social Work and Health partners, Crossroads
Edinburgh City and Midlothian PRTC VOCAL Carers Centre	Looking to the Future with an Adult with Learning Disability. Looking to the Future with an Adult with Mental Health Problems. Looking to the Future with an Adult with Dementia. Caring for M.S. Caring for Stroke Caring for Parkinson's Disease. Caring for A.B.I. The Adults with Incapacity Act. Direct Payments. Carers Information Days. Caring for a Special Needs Child. Moving and Handling a Special Needs Child.	370	A variety of local carer organisations offer a smaller programme of training. NHS provide a programme of training for carers of people with mental health problems including dementia	Specific Service funded by The Big Lottery Plus small amount from NHS, local authority and trust funds	NHS Lothian, Local authority, Officer of the Public Guardian, Age Concern, Enable, NSF Scotland, Family Advice and Information Resource, Special Needs Information Point, Care Commission, The Action Group, Health in Mind, DWP, Sleep Scotland, Carers Counselling and Advocacy Service, Other partner agencies
Falkirk & Clackmannan- shire PRTC Falkirk & Clackmannan- shire Carers Centre	Caring for Mental Health Problems Positive Parenting	20	National Autistic Soc. Clasp Scottish Soc for Autism Joint Dementia Initiative	Local Health Improvement Fund Child & Adolescent Mental Health Services Local Fundraising	Local Mental Health Team, Locality Workers in GP Practice, CAMH

Fife PRTC Fife Carers Centre	Coping with Stress Developing Assertiveness First Aid Welfare Benefits Safety in the Home Moving and Handling	48	PAMIS – organisation supporting people with profound and multiple disabilities and their carers – provide courses on moving and handling and dental hygiene	One off grants from former L.H.C.C.	Enable, Social Work, Community Psychiatric Team, Local Voluntary Organisations
Glasgow City PRTC Glasgow Pollok Carers Centre	Dementia Care Creative Writing Personal Effectiveness Sign Language Moving and Handling Computer Training Stress Management Arts First Aid Spanish Illness Specific Information Welfare Benefits Aids and Adaptations Local Services and Support	1,188	Alzheimers Scotland Maggies Centre Glasgow	Part of core funding from local authority plus training funded through Community Learning	Cardonald College, Greater Pollok Development Company, GATE Alcohol Education Project, Culture and Leisure, Care Commission, Arthritis Care, Burrell Museum, Alzheimers Scotland, Community Learning, Age Concern, Glasgow Assoc Mental Health, Healthy Living Initiative, Maggies Centre, Dyslexia Scotwest, Strathclyde Autistic Society
Glasgow City PRTC West Glasgow Carers Centre	Looking after Yourself Stress Management Coping with Challenging Behaviour Coping with Dementia Coping with Autism Art Therapy Committee Skills Computer Skills Healthy Eating Direct Payments	Info not available	Other agencies link with training we are delivering	Small amount of core funding from local authority plus local fundraising	NHS, Education Services, Social Work, Alzheimers Scotland, Drumchapel LIFE, National Autistic Society, Complimentary Therapists

Highland PRTC Highland Carers Project	Awareness Raising & Support offered via network of local carer forums across Highland	Info not available	Alzheimers Scotland and the Community Health Information Point deliver training for parents on ADSL Act	Short training sessions funded from our core funding	Info not available
Moray PRTC Moray Carers Centre	Moving and Handling First Aid Complementary Therapies Carers & Employment Carers Assessments Incapacity (Scot) Act Mental Health Act	200	Local Crossroads Scotland	Part of local authority core funding	NHS, Local authority, Local solicitor
North Ayrshire PRTC North Ayrshire Carers Centre	Aromatherapy Tai Chi Confidence Building and Assertiveness Sign Language Introduction to Counselling Languages Computing Introduction to Psychology Introduction to Sociology Creative Writing Digital Photography	38	Not aware of any	No dedicated funding received	Community Learning and Development
North and South Lanarkshire PRTC Lanarkshire Carers Centre	20 different topics on Coping with the Caring Role 6 topics on Educational Opportunities 10 topics covering Health and Wellbeing	279	North Lanarkshire Carers Together offer training for carers on Management Committee Skills	Dedicated Carer Training post funded as part of core funding from North and South Lanarkshire Council	NHS, Local Authority, Wide range of training agencies and independent practitioners
Orkney PRTC Orkney Carers Centre	Moving & Handling	4	Local Authority has provided training for carers on autistic spectrum disorder. Also NHS Orkney is actively looking at carer training – especially in moving & handling.	Taken from staff training element of our core funding	NHS Orkney

Perth and Kinross PRTC Perth and Kinross Carers Centre	First Aid Food Hygiene Fire Safety Moving and Handling Alternative Therapies Dementia Awareness	50	NHS Alzheimers Scotland C.H.A.S.	Small amounts received from local authority	NHS, Local authority, Independent trainers
Renfrewshire PRTC Renfrewshire Carers Centre	Looking after yourself Power of Attorney & Guardianship Men's Health Welfare Benefits Incontinence First Aid Healthy Eating Carers' Rights Dementia Awareness	90	Not aware of any	No dedicated funding received	Alzheimers Scotland, Renfrewshire Community Health Initiative, Local nursing staff
Scottish Borders PRTC Borders Carers Centre	Stress Management Complementary Therapies Illness Related Courses Moving & Handling Sex & Relationships Carers Assessments Assertiveness Financial Issues Self Advocacy Protection & Risk Direct Payments Creativity Workshop Healthy Eating & Exercise Moving on after Caring Ends Caring for Friends	60	Courses are carried out jointly with local social work, health and vol sector partners	Health, Social Work and Voluntary Sector through Joint Planning Group	Health, Social Work and Voluntary Sector Partners
Shetland Islands Crossroads Shetland Carers Group	Not aware of any	Info not available	Shetland Social Care Department on basis of assessed need	£2,500 for purchasing services	NHS Orkney
South Ayrshire PRTC South Ayrshire Carers Centre	Autism Heart Start First Aid Basic IT	26	Not aware of Any	Funded by agencies providing training	Red Cross, Community Learning, Heart Start, Nat. Autistic Soc.
Stirling PRTC Stirling Carers Centre	Assertiveness Stress Management Living with Loss Communication Skills	70	Not aware of any	Local fundraising	Cruise Bereavement Care, Stirling Local Area Learning Partnership

West Dunbartonshire PRTC West Dunbartonshire Carers Centre	Carers Assessment Welfare Benefits Food Hygiene & Meal Planning Dealing with Challenging Behaviour (adult & children) Adults with Incapacity Act Stress Management Adjusting to Change Mental Health Act Caring for someone with Dementia	25	Alzheimers Scotland	Element of our Core funding plus local fundraising	Local Health Care Professionals, Social Work, Local Welfare Rights Staff, Healthy Living Initiative
West Lothian PRTC West Lothian Carers Centre	Illness Specific – covering Arthritis, Frail Elderly and Dementia First Aid Introduction to IT Recreational Courses including Digital Photography, Tai Chi, Card Making, Aromatherapy	99	Local mental health staff run a 5-week course for carers. Local Dementia Day Centre run courses for carers.	Small part of Core funding + small project grants. PRTC Grants	St John's Hospital, Community Education
Western Isles Carers Users and Supporters Network, Alzheimers Scotland	Not aware of any	Info not available	NHS and Podiatry – Foot care Caring for Carers (one-off training from Alzheimers Scotland)	No dedicated funding received	Red Cross, Community Learning, Heart Start, Nat. Autistic Soc.



## Appendix 3

### **Training for Carers: Care 21 Scoping Exercise: Training provided by National Carer Organisations – Scotland Wide**

<b>National Carer Organisation</b>	<b>Training courses provided</b>	<b>Funding</b>	<b>Number of Carers participating in past year</b>	<b>Joint Working</b>
Carers Scotland	'Learning for Living' Certificate in personal development and learning for unpaid carers	Scottish Executive	42	Carers Centres Colleges Private Training Providers City and Guilds
Shared Care	Improving access to respite services for BME Carers (2004–2006)	Scottish Executive (for BME programme)	136	Other carer organisations Statutory organisations Lead Officer Network
The Princess Royal Trust for Carers	Training provided through their network of Carers Centres (see information by local authority)	Varied	See Appendix 2	See information by local authority
Scottish Carers Alliance	Regular seminars – BME Carers, Mental Health Carers	Self funding	Approx 50	Other Alliance members Carer organisations Local authorities NHS
The Coalition of Carers in Scotland	Monitoring and Evaluation Training Training element through regular COCIS meetings	Scottish Executive	47	COCIS Members National carer organisations Charities Evaluations Services SCVO Statutory and Voluntary Sector
Crossroads Scotland	Safer People Handling (provided on a one-to-one basis with carers and an accredited trainer)	The Big Lottery	Over 100	Not completed

## Appendix 4

### **Training for Carers**

### **Young Carers**

At present, no national training programmes are in place for young carers to assist them in their training roles. Training is delivered locally to young carers usually by the dedicated support projects, and in some instances with partners in statutory services, and even in some cases, the private sector. However, not all young carers have access to this type of training.

'Training and Information' was the top response in a survey conducted in Highland in 2002, into the needs of young carers.

Young carers need to know about the specific conditions which affect the person they care for – this information needs to be given to them in language which is appropriate to their age. They need to know who they can talk to about the condition if they forget what they have been told or if they need further information or reassurance.

They need to know who in the community can offer help – they need to be able to know what professionals do, and the fear of authority removed, so that they can build good relationships and partnerships with potential helpers.

Young carers also need to be aware of the choice to care or not to care. Where young carers are identified, they should be made aware of realistic alternative life choices.

First Aid is also specific training which is requested – especially by young carers who live in a rural setting. Knowing when to call the doctor can be a difficult decision for young carers – especially if they have become 'de-sensitised' to certain situations if crises happen on a regular basis.

Lifting and handling is also requested by young carers, but is widely thought to be inappropriate. Perhaps traditional courses could be tailored to young carers needs, by identifying what tasks are safe and appropriate to tackle, and what is not.

Lack of any social skills need to be identified and appropriate help, support and training needs should be met in this area, as well as strategies to maintain good physical and emotional health.

Older young carers could be very useful partners in the delivery of training

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