



The Princess Royal Trust
Highland Carers Project

Highland Carers Project
Carers Can – Pilot Carer Training Programme

Analysis of responses submitted as part of the scoping process

September 2008

A scoping exercise designed to ask carers to identify their own training/learning needs was undertaken between April and July 2008. Views were sought from both carers and professionals.

Carer's views were sought using a variety of methods. Focus sessions brought groups of carers together to discuss training requirements. Questionnaires were sent out to members of the Highland Carers Project network and were distributed by Crossroads and CHIP+ through their networks. Articles about Carers Can appeared in local newsletters and voluntary organisations newsletters and information about the project and the scoping process was widely available during Carers Week events in June.

Information from the exercise has been used to design the training sessions which will take place between September 2008 and March 2009.

Carer Questionnaire responses

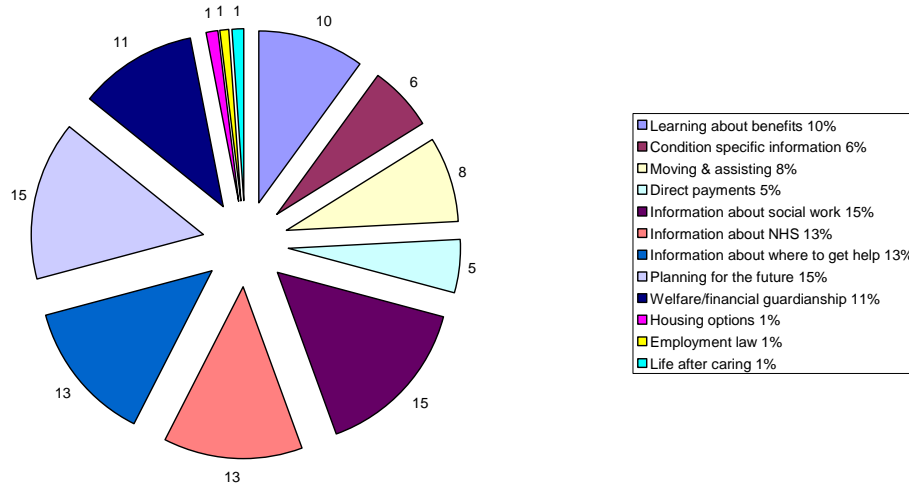
A questionnaire (appendix A) was distributed to carers known to the Project through the Carers Project network. Some 700 were sent out. In addition, Crossroads branches and CHIP+ also acted as a distribution point for questionnaires with approximately 450 being sent out via this route. The volume of the response has been disappointing with only 150 questionnaires being returned so far, however, as training commences questionnaires are again being returned.

In order to get a feel of both training needs and barriers to training the questionnaire was divided into four sections focussing on skills required to continue in a caring role, topics which would support the emotional, physical and mental wellbeing of the carer, barriers to accessing training and goals required from the training.

Supporting me to care

This section concentrated on the 'skills' element of any training programme. Carers were asked to identify which 'skills' they felt would enable them to continue to care. The responses to this section are shown below:-

Supporting me to care



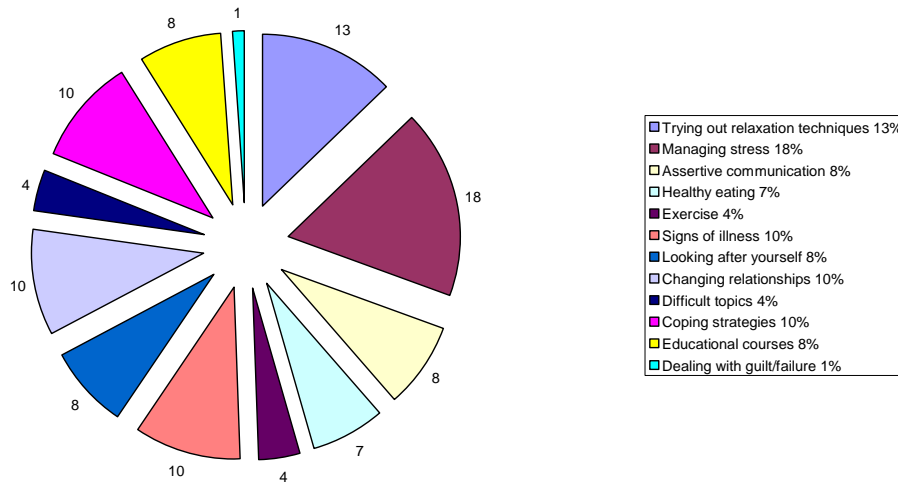
The majority of the respondents felt that information about the services available to carers through the various statutory and voluntary agencies was fundamental to their skills base. The need to look to the future, for all care groups, was also highlighted with many carers identifying the need to plan for the future and consider guardianship. Requests for 'hands on' skills such as condition specific information and moving and assisting training was not as popular as expected, however, as carers had been asked to prioritise their needs it may be that the knowledge of how to live within the system was more of a priority for many respondents.

Looking after myself

Carers were asked to consider their own needs in a separate section of the questionnaire. It was considered important to split the caring needs and personal needs in order to give carers the opportunity to think about themselves as individuals rather than themselves as carers.

Carers responses are shown below:-

Looking after myself

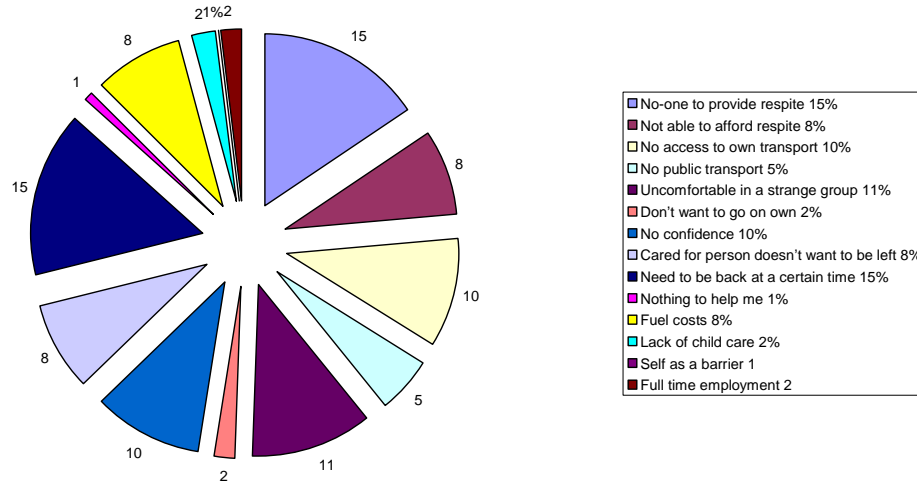


Responses demonstrated that many carers identified the need to manage their stress levels as their priority need. Exploring ways to relax was also something that many respondents saw as necessary to the maintenance of their own health. Many of the respondents identified the need to learn to manage change and the development of ways of coping with their situations as important. A number of carers were also interested in learning about eating healthily on a budget and this echoed a general concern that many carers had about financial planning and day to day budgeting.

Barriers

In order to be as accessible as possible it was necessary to ask carers why they felt they might not be able to access opportunities to take part in sessions. Responses are show in the next chart:-

Barriers

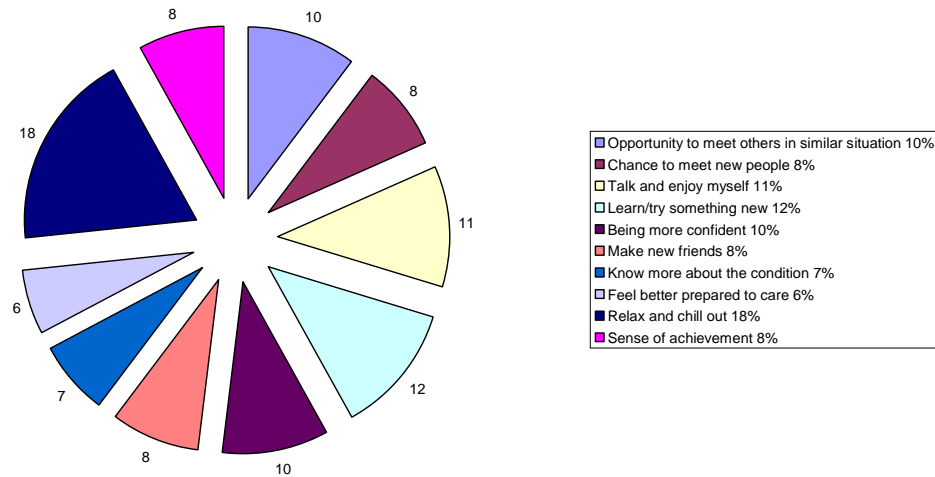


Caring responsibilities, lack of respite and issues of confidence were identified as the most significant barriers to prevent carers from accessing learning opportunities. Fuel costs also proved to be an issue for carers. A number of the respondents (8%) identified the dynamics of the caring relationship as a barrier to attending courses. One respondent identified themselves as a barrier to accessing learning, as they did not expand upon their answer it is difficult to determine if they mean a lack of confidence or some other major obstacle within themselves.

Goals

Finally carers were asked to consider what they would like to get out of learning opportunities or access to training. Their responses are shown below:-

Goals



The majority of respondents saw the opportunity to take time away from their caring routine as a chance to relax and recharge their batteries. The social aspect of training courses was also highly regarded by respondents. Many of the respondents wanted to develop their own confidence and try something new with a small number seeking to use the opportunity to develop their knowledge of the condition of the person that they care for.

Focus group responses

Seven focus groups were held across Highland with a total of 62 people taking part. Some of the groups were comprised solely of parent carers of school aged children and some were mixed. Events took place in Inverness, East Ross (3 events), Poolewe, Nairn and Badenoch and Strathspey. The groups were, in the main, established groups of carers, e.g. Nairn Carers Group. Carers who received the questionnaire were asked if they wished to take part in a focus group, however, few individuals indicated that they would find this of use which may indicate that the social aspect of group work is not apparent unless the group already exists or participants have some experience of the social aspect of group work. The response from the focus groups which did meet was that the experience was positive as it enabled social contact and several people asked if they could repeat the exercise as they had enjoyed it so much.

The groups were asked the same questions as the recipients of the questionnaires and their responses echoed those of the respondents to the questionnaire. However, working with the different groups facilitated the opening up of some of the questions. The questions around looking after me

section of the questionnaire engendered significant debate with carers identifying the need to appreciate themselves (as opposed to looking after themselves) and the need to consider managing guilt in more depth being of particular relevance to several of the groups (Poolewe and Inverness parent carers). Several of the participants in each group expressed an interest in laughter classes and many of the parent carers saw finding something fun to do as a family as particularly important to their own wellbeing.

The need for information was, again, echoed by the focus groups with many people commenting on the need for support to fill in forms and to understand processes within 'the system'. Again, planning for the future was identified as important, with parent carers being particularly concerned about transition periods within their children's lives.

The lack of individual resources (both financial and personal) were identified as significant barriers to attending events by many carers. A number of carers also felt that their situations and lack of services meant that there was very little they could do to improve or change their own situations.

Many of the focus group participants saw the social aspects of attending courses as being of particular benefit and they highlighted the opportunities to have a laugh, take time for themselves and have a break from the normal routine as being particularly attractive. Parent carers, particularly in Inverness, also spoke of the desire to acquire some type of qualification or recognition from the attendance of events with a number of participants indicating that they felt that that would earn them more respect from others, particularly professionals.

Several of the groups spoke of their desire to participate in any training within their existing groups and it was obvious from the focus groups, in particular the parent carers groups, that the support of people in the same position as themselves both enhanced individuals confidence and provided a safe environment for people to express concerns.

Other methods

In addition to the questionnaire and focus groups individual carers also approached us to discuss their training needs. Four carers were interviewed, again using the questionnaire as a template. Several of these carers had specific needs, one wanted to undertake the Learning for Living course and we were able to work together to identify funding via an ILA and to contact Glasgow Nautical College who were to provide the on-line support for the carer. The carer has agreed to act as a 'guinea pig' for the project and is due to report on her experiences of the course so far in October. Another carer wanted to look at signing up for a professional caring qualification as she felt that her skills should

be celebrated in a widely recognised qualification. The carer is still deciding whether she has the resources to commit to a full time course whilst continuing to provide care.

Responses from professionals

The views of a number of professionals were also sought with contact being made with CHP General Managers, GP's and representatives of GP practices, District Nurses, local social work teams and individual social workers.

Whilst there was a general feeling that carers needed some form of training and the existence of the project was welcomed, there was very little consensus on what training would be particularly useful, with the exception of moving and assisting courses. This was interesting as the perceived need for this course amongst professionals was not reflected in carers identified needs.

Many professionals, although unable to identify many training needs amongst carers, were very positive about the approach that was taken and are now coming back to the project asking for details about the opportunities that are being offered to carers.

Conclusion

As a result of the analysis of the training needs identified by carers who responded to the scoping exercise it was decided to split the subjects offered to carers into two, personal development and skills based opportunities. The need to do this became evident at an early stage in the process.

The personal development elements which include stress management, coping strategies, assertive communication, relaxation techniques and managing changing relationships have been included in a course called Caring with Confidence. This course will be rolled out across Highland with 20 venues having been identified and one session delivered so far.

The purpose of the course is to encourage carers to consider their own emotional, physical and mental wellbeing and to work together to identify strategies and methods of managing stress etc. It is very much a participative course with participants supporting each other to find ways of coping which work for them. The course acts as a taster for participants and we acknowledge that we may leave people asking more questions than are answered. However, it is anticipated that carers can then identify further needs which we can seek to address through further training, if funding can be secured.

The method of delivery echoes the success of the focus groups with the emphasis being on the social aspect of group work and the benefits of working with people in the similar situations.

Caring with Confidence will also be broken down into three evening sessions to be delivered to groups of parent carers in Inverness, Badenoch and Strathspey, East Ross and Caithness in the New Year.

The course is delivered by both external trainers and project staff and will be a resource available to the Carers Project in the longer term.

The skills based elements will be delivered in slightly larger venues to more participants. The need for information identified by the majority of participants in the scoping exercise has been noted and two of the courses, Navigating the System and Planning for the Future reflects this need for information. The courses are currently being written and will be delivered by Project staff.

Despite carers identifying it as being of relatively low priority moving and handling courses will also be rolled out across Highland using external trainers. This will be done to gauge the demand for such training from carers who may wish to try it despite feeling that it is not a priority for them.

Many carers identified the need for an awareness of their own mental health and that of the person that they care for and a Mental Health First Aid course will be offered in Inverness in the New Year. As mental illness is a sensitive topic for many carers it has been decided to run it in Inverness but promote it across Highland in order to afford any participants who wish to attend but are concerned about being seen to be attending a course on mental illness some anonymity.

There are a number of topics, such as eating healthily on a budget, exploring educational opportunities, learning about benefits, looking at direct payments, condition specific information, etc, which have not been included within the opportunities which are currently being rolled out. Given time constraints we have focussed on the most frequently expressed needs. Unmet training needs have been recorded and we will continue to record this need as the training rolls out across Highland and carers are able to think about what else they would like to try.