



**Review and analysis of existing training and
education for NHS and social care staff working
with carers and young carers**

NHS Education for Scotland

Blake Stevenson's Final Report

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1 Research Context and Methodology

Introduction

- 1.1 In November 2011 NHS Education for Scotland (NES) and Scottish Social Services Council (SSSC) commissioned Blake Stevenson Ltd to undertake a review of existing training and education available for NHS and social care staff to support them in their work with carers and young carers. This report presents the study findings.
- 1.2 The following chapter sets out the context within which the research sits, the study objectives, the research methodology, and key definitions.

Context for the research

Carers and young carers: prevalence and issues

- 1.3 Carers are the largest source of health and care provision in the UK and provide support that has been valued at £119bn¹ a year. It is estimated that across the UK, 1.2 million carers each spend on average over 50 hours caring for others, which equates to a full-time workforce larger than the entire NHS².
- 1.4 It is difficult to give a definitive figure for the number of carers in Scotland, due to the hidden nature of this group in society. The latest Scottish Health Survey (2007-2008) suggests there are approximately 657,300 unpaid carers in Scotland. Care 21 put this figure at around 1 in 8 of the population (668,200 unpaid carers), an increase on the 2001 Census which estimated there are around 480,000 unpaid carers in Scotland. Estimates for the number of young carers in Scotland also vary, from around 16,700 in the 2001 Census to around 100,000 by The Princess Royal Trust for Carers (approximately 1 in 12 secondary school-aged children in Scotland)³.
- 1.5 Carers and young carers often face a range of challenges resulting from their caring role, and caring often impacts on the physical and/or psychological wellbeing of the carer as well as their economic situation, job/educational prospects, and personal opportunities for socialising and leading a life of their own. Through their role, carers develop expert knowledge and understanding of the person they care for and their health and care needs and as such provide an invaluable resource for health and social care professionals in the delivery of care which is person-centred and outcomes-focused.

¹ Research carried out by Carers UK and University of Leeds in 2011:

www.carersuk.org/index.php?option=com_k2&view=item&id=2121&Itemid=8

² http://www.rcgp.org.uk/professional_development/continuing_professional_devt/carers.aspx

³ <http://www.scotland.gov.uk/Publications/2010/07/23163626/2>

- 1.6 Due to the nature and position of their roles, health and social care staff are often in a good position to identify and therefore support carers and young carers who may be 'hidden' or unknown to other services and they need to know how to do this. It is therefore imperative that staff across health and social care are fully equipped to identify and support carers, and are equipped to acknowledge carers' expertise and work in partnership with them in the delivery of care.

Previous relevant research

Carers' views on workforce development

- 1.7 Research in 2006 revealed that carers and young carers believed their role would be more effective if professionals had increased understanding and awareness of the issues they face and of how to support carers. Five recommendations were outlined as a result of this research to inform workforce development:
1. In designing and delivering carer awareness training programmes, key staff need to be identified locally to take lead officer responsibility to ensure efficient and consistent implementation.
 2. Carer Awareness Training should be built into training and education programmes for all who might come into contact with carers, taking a multi-level, multi-discipline approach.
 3. Carers should be involved in design, delivery and monitoring of training, and resources are needed to assist this.
 4. The diverse nature of the caring community should be reflected in any training. It is important to take into account the needs of those from all backgrounds and communities, and of all ethnicities and ages to ensure professionals become fully 'carer aware'.
 5. Monitoring of outcomes for carers is important in ensuring that training courses are successfully delivering change and implementing policy.

- 1.8 In addition this research identified that carer awareness training courses should seek to develop the following: an attitude of seeing carers as partners in care; skills to facilitate productive relationships with carers; an understanding of carers' needs and areas for agency improvement in this; knowledge of carers' organisations; and an awareness of the value and knowledge of the means of identifying carers.

Audit of carer and workforce training by the University of Glasgow

- 1.9 Our research has built on an audit of carer and workforce training undertaken by the University of Glasgow in partnership with the National Carer Organisations in 2010 which identified 54 examples of learning activity taking place across Scotland for the 'workforce

working with carers'. This included examples of carer and young carer awareness raising training and found that carers were involved in just 23% of all training for carers and professionals.

- 1.10 The audit identified barriers to training, included competing commitments of health and social care staff and difficulty accessing training spaces and acknowledged a continued need for more carer awareness training for health and social care staff. The report suggested training is best delivered in partnership between carers and staff, and best delivered locally. In addition, the need for strategy and diversity in training development was expressed.
- 1.11 Survey respondents' views on how training should be improved included suggestions of a greater requirement for carer awareness training to be included in all practitioners' training. Respondents emphasised the importance of making this training mandatory and with minimum requirements for all staff to meet, and in giving staff time away from their work to attend these courses.

Relevant national policy initiatives

- 1.12 'Caring Together' and 'Getting it Right for Young Carers' published by Scottish Government Health Directorate (SGHD) and COSLA in July 2010 outline the key actions to help improve outcomes for carers and young carers. The actions are the key drivers to effect change within the NHS and social care in Scotland to ensure staff are able to identify and respond to the needs of carers and young carers and engage them as equal and expert partners in the design and delivery of care.
- 1.13 These two strategies focus on 'identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis.' In addition the strategy for young carers highlights how they can benefit from the caring contribution they make, while recognising the demands of caring can be onerous and have an adverse impact on young carers' health and wellbeing.
- 1.14 In addition, there is significant other Scottish Government activity underway at the moment which acknowledges the role and needs of unpaid carers and highlights the importance of involving and supporting them in the delivery of care:
- The Reshaping Care for Older People Change Fund exists to enable health and social care Partners to implement local plans for making better use of their combined resources for older people's services. It provides bridging finance to facilitate shifts in the balance of care from institutional to primary and community settings. Each local area has been required to draw up a Plan of how the money will be used and the guidance states that 20% of all monies is to be spent supporting carers of older people. This highlights the importance of carers and the need for health and social care staff to understand how to support them.

- The Self-Directed Support (SDS) Bill currently going through the Scottish Parliament makes specific mention of carers. It allows Councils to provide support to carers following a carer's assessment, and also requires them to provide information, advice and support for carers and those they care for to understand the various options they have within SDS. This recognises that carers will have more to understand and deal with once the Bill is enacted and again emphasizes the need for health and social care staff to know how to identify and work with unpaid carers.
- condition-specific strategies relating to Autism, Learning Disability, Sensory Impairment, Dementia and Mental Health.

1.15 The objectives of the above strategies and activities fit well with the ambitions within health and social care services in Scotland to deliver care which is person-centred and outcomes-focused to all service users. Workforce development will be key to achieving these ambitions.

Study objectives

1.16 The objectives of the study are to:

- review existing training available to health and social care staff working with carers and young carers, identifying gaps and the need for any new training and support;
- analyse the extent to which existing training supports staff to develop the skills and knowledge required to work with carers and young carers;
- explore the availability of other resources in use outwith the NHS and Social Services in Scotland which may be adopted and shared for use nationally; and
- consider if any existing resources should be further developed, customised, adapted or shared for use across the health and social care sectors in Scotland.

1.17 The findings of this study will support NES and Scottish Social Services Council (SSSC) to identify and address gaps in provision and areas for development to ensure that health and social care staff are well-informed, knowledgeable, trained and skilled enough to identify and respond to the needs of carers and young carers, and are able to engage carers as equal and expert partners in terms of service design and delivery.

Methodology

1.18 We carried out the following tasks to complete this study:

- A desk-based review of existing training and education activity, looking in particular at activities delivered by National Carer Organisations, further and higher education institutions, local carers' organisations and Health Boards. Details of these are provided in Appendix 1 in a separate document.
- Desk-based review of training evaluation data supplied by five Health Boards.
- 44 interviews with stakeholders representing key relevant professional, regulatory and national bodies as well as key local stakeholders. A list of organisations we consulted is in Appendix 2 and a copy of the interview schedule is in Appendix 3.
- A focus group with 15 representatives of ADSW's education and training group.
- A focus group with representatives of Carers' Reference Group.
- Attending the Carer Information Strategy Conference and speaking to attendees and exhibitors at the marketplace event.
- A survey of Health Board areas, covering CHP and local authority activity. The survey pro-forma is in Appendix 4.
- A short email survey to members of Community Care Providers Scotland (CCPS) and Social Care Ideas Factory (SCIF); and
- Analysis and report writing.

Methodological issues

- 1.19 Due to the tight timescales associated with this research and challenges accessing and recruiting frontline staff, staff views on workforce development have been captured through analysis of training evaluation data from five Health Boards, rather than through primary research, as originally planned.
- 1.20 Due to the vastness and complexity of the social care sector, we experienced difficulties identifying and accessing key contacts across the three sectors of social care (an issue also experienced by researchers conducting the training audit in 2010). Based on discussion with SSSC, instead of a survey of representatives of the three sectors, we gathered an overview of activity through consulting umbrella organisations representing private, voluntary and local authority sector social care, as well as direct approaches to a sample of Carer Leads in local authorities and a sample of voluntary sector social carer providers. Consequently, while the research offers a good overview of training activity across social care in Scotland, the geographical and sectoral picture across presented is less comprehensive than originally intended.

Definitions

- 1.21 Throughout this report, where we use the term ‘carer’, we are referring to ‘informal’ or ‘unpaid’ carers who *“provide care to family members, other relatives, partners, friends and neighbours of any age affected by physical or mental illness (often long-term), disability, frailty or substance misuse.”*⁴
- 1.22 Unless specified otherwise, we use the term ‘carer’ to refer to all informal or unpaid carers in general. We have specified where statements or conclusions apply only to certain groups of carers, for example young carers (carers who are aged under 18⁵), kinship carers⁶ or parent carers⁷.
- 1.23 The remainder of this report is structured as follows:
- Chapter 2 provides an overview of existing education and training;
 - Chapter 3 analyses gaps and barriers associated with training;
 - Chapter 4 discusses effective practice and impact on carers and professionals; and
 - Chapter 5 provides a summary of the key issues and our recommendations.

⁴ Scottish Government and COSLA (2010), *Caring Together: The Carers Strategy for Scotland 2010-2015*, Scottish Government, Edinburgh

⁵ **Young carers** are children and young people who look after a family member who has an illness, a disability, or is affected by mental ill-health or substance misuse, often taking on practical and/or emotional caring responsibilities that would normally be expected of an adult.

⁶ **Kinship carers** are family members or friends who care for a child due to a health condition experienced by the child’s parent, for instance grandparents who care for their grandchildren.

⁷ **Parent carers** are parents who care for a child with additional caring needs.

2 Existing Education and Training

Introduction

- 2.1 This research has identified a wealth of existing education and training opportunities and resources currently available to professionals working within health and social care sectors, as well as a small number targeted at other professionals. In total we have identified 128 examples of existing education and training activity, including: 42 examples of national resources available across Scotland; 69 examples of activity developed and delivered locally in Scotland; and 17 examples of activity available across the rest of the UK.
- 2.2 This review builds on and updates activity identified by the training audit in 2010, to provide a more detailed picture of the nature and extent of training and learning provision for health and social care staff to support them in their work with carers and young carers. It should be noted that due to difficulties accessing appropriate contacts across the three social care sectors and gaps in survey responses from some geographical areas of Scotland, the information gathered is not completely comprehensive, but the findings of our research offer valuable information about the range and scale of training and education resources currently available.
- 2.3 Details of all training opportunities and resources identified through this research are appended to this report (Appendix 1), including, as appropriate, the target audience, format, attendance requirements, content and learning outcomes for each education and learning intervention. This chapter provides a summary of this information under the following headings:
 - national resources and activity in Scotland;
 - local resources and activity; and
 - UK-wide activity.

National resources and activity in Scotland

- 2.4 The majority of existing national resources identified are not training courses or programmes, but materials used by trainers or managers to support developments in professional practice for example reference resources, guidance documents and DVD/digital materials. Below we provide details of some notable examples of training courses and materials.

Carers Scotland

- 2.5 Carers Scotland has an extensive training programme available to health and social care professionals across Scotland. These cover topics such as:
- carers and their rights;
 - carer awareness and assessment;
 - carer's advocacy;
 - carers and telehealthcare; and
 - specific legislation such as welfare reform and the Adults with Incapacity Act (Scotland) 2000.
- 2.6 These are mostly one day face-to-face training courses available to health and social care staff across Scotland. 'Carers and Telehealthcare' is slightly different and can be delivered as a half day or two hour session, or organisations can use an electronic toolkit including a programme outline, trainer notes and Powerpoint slides to facilitate their own training sessions on carers' issues and the potential benefits of telehealthcare.

Princes Royal Trust for Carers (PRTC) – Moffat Programme

- 2.7 The Princess Royal Trust for Carers' (PRTC) Moffat Programme, also known as Preventing Crisis for Carers, is a good example of an initiative that aimed to improve health and social care professionals' abilities to work with and support carers across Scotland. The Programme worked in four pilot Health Board areas (Ayrshire and Arran, Borders, Greater Glasgow and Clyde and Lothian) in partnership with local carer organisations. Each area took a slightly different approach to the pilot programme, but appointing carer support workers based in hospitals and other health and social care settings was a crucial component in each area. These workers delivered training and on-going support to health and social care professionals in carer awareness.
- 2.8 Evaluation found the programme to be successful in identifying carers, strengthening partnership working between NHS and social work staff, and improving understanding of carers' needs among workers. Carers reported being provided with more information, including being told of their right to a carer assessment, and feeling more able to have a say in the service they, or the person they care for, receives. Workers who took part in training said they were more likely to identify carers and put support for them in place at an early stage and to involve them in care assessment and planning.
- 2.9 Each of the four pilot areas has taken steps to continue the work of the programme at a local level, although there is no national co-ordination of this work.

Other PRTC resources

- 2.10 PRTC have a Partnership Officer who is engaging with smaller condition specific organisations to provide the carers they're in contact with with information and links to local Carers' Centres. As part of this work they have developed a Carer's Pathway which carers have used with professionals and found beneficial.
- 2.11 PRTC has also developed a range of resources to support professionals in their work with Young Carers, including a toolkit to support young carer workers to work with young carers caring for someone with mental health issues, and a schools resource kit (Eryc and Trayc) designed to raise awareness of young carer issues in schools and help both teachers and pupils to discuss the issues experienced by young carers. While these are not targeted at health and social care professionals, they could be, and have been, adopted for use within these settings. They are also piloting the Young Carers Authorisation card which aims to ensure a young carer's status is acknowledged and recognised by health and social care staff and will be accompanied by some staff training. This is being piloted in six Health Boards.

MECOPP Carers Centre

- 2.12 MECOPP provides training opportunities across Scotland for professionals working with minority ethnic carers and appear to be the only organisation to do so in Scotland. Their activity includes: training focussed on achieving cultural competency in assessments and development of an e-learning package with IRISS focussed on cultural competency; face-to-face sessions, at a basic level, for health and social care staff across Scotland to raise awareness of minority ethnic carers' issues and raise awareness about working with translators and interpreters; training on a regional basis to local carers centres to build their capacity to work with minority ethnic carers; and a half day, face-to-face training session on Gypsy Traveller carers.

NHS Education for Scotland

- 2.13 NES, in partnership with Support in Mind, has recently developed a pocket-sized set of simple tips, informed by the experience of carers of people with mental health problems, for mental health practitioners to help them to support carers. While targeted at mental health staff, this resource could be adapted for use for health and social care professionals working with carers outside of mental health as many of the tips apply to all carers.
- 2.14 There is some evidence that carers and young carers' issues are woven in to other training and education resources developed by organisations such as NHS Education for Scotland, for example within training and education about dementia and palliative care. There is scope to embed topics/modules around carers and young carers more consistently across such education and training resources for example in the work-based learning resource Effective Practitioner, developed by NES for Levels 5 and 6 Nurses, Midwives and Allied Health Professionals.

Royal College of General Practitioners in Scotland

- 2.15 The Royal College for General Practitioners in Scotland, in partnership with P3 (RCGP Scotland's patient liaison group), PRTC and the Scottish Government, has produced a Carers Resource for GPs. This web-based tool includes a two-page printable information sheet for GPs which provides practical tips on supporting carers, a printable sheet to give to carers with contact details of carer support organisations, and links to further information online.

Further and higher education

- 2.16 Further and higher education institutions offer content related to carers in pre- and post-registration education for health and social care professionals. A stakeholder who sits on the Joint University Council Social Work Education Committee reported that universities that deliver pre- and post-registration social work courses include some elements of carer awareness and involvement, usually as part of service user and carer involvement content embedded in mandatory elements of the course. Different universities include this in different ways, for instance, Dundee University's Masters course in social work involves a mandatory module called 'The Caring Experience' where students are placed with a family to gain an insight into the impact of caring on the life of a carer and other family members. As well as the placement, this module includes classroom-based teaching on issues including communication with carers, relevant legislation and the experience of carers. At the Glasgow School of Social Work, carers are invited to speak to pre-registration students.
- 2.17 There is evidence that issues related to carers are also built into pre- and post-registration courses for health professionals to some extent. For instance, pre-registration mental health nursing students at the University of the West of Scotland (UWS) complete a module on 'Knowing the Person' which includes a learning outcome related to building relationships with service users and carers.
- 2.18 UWS also offers various modules that can be studied by post-registration staff as standalone modules or as part of a BSc in Health Studies. Interestingly, UWS has a service level agreement with NHS Ayrshire and Arran, NHS Greater Glasgow and Clyde, NHS Lanarkshire and the Argyll division of NHS Highland which allows NHS staff members in these areas, with the approval of their line manager, to access these modules at no cost to the individual. The modules include:
- Managing Chronic Conditions, which includes a learning outcome to *"critically evaluate the role of specialists and other multi-agency care team members in supporting patients and their carers"*;
 - Dementia Care, which includes critically considering issues within the workers' own practice which impact on the provision of good quality care for people with dementia and their carers; and

- Loss, Grief and Bereavement, which aims to enhance workers' ability to support bereaved individuals and families.

2.19 Other post-registration courses offered by UWS include the following:

- A postgraduate certificate in Cancer and Palliative Care, including a core module of Modern Day Cancer and Palliative care, which involves a learning outcome to communicate effectively with patients, families and peers. This module is also an optional component of the MSc/postgraduate diploma/postgraduate certificate in Nursing.
- Family Intervention Skills, an optional module in the MSc/postgraduate diploma/postgraduate certificate in Psychosocial Interventions. This module is delivered using a blended format of face-to-face and remote tuition and considers the impact of a long term condition on the patient's family.

2.20 In further education, the SSSC's Modern Apprenticeships in Health and Social Care include optional units on working with carers and the SQA's Higher National Certificate in Social Care includes an aim to *"enable candidates to have a service user and carer focus in their practice"*. Similarly, the HNC in Health Care includes a mandatory unit on Healthcare Practice Experience which encourages students to involve the patient and their carer where possible in care planning.

Local resources and activity

2.21 Our research found that there are a few training activities with a Scotland-wide coverage, as discussed above, but most activity seems to be organised at a local level.

2.22 The Princess Royal Trust for Carers' network of local Carers Centres delivers a significant amount of training for professionals, often in partnership with, or on behalf of, Health Boards and Local Authorities. This activity was taking place before the availability of Carer Information Strategy funding, although activity has expanded in many areas as a result of CIS funding. Generally, this activity aims to raise health and social care workers' awareness of carers and the issues that affect them, and to increase awareness of the services available to support carers and referral pathways. This training is generally offered to teams of health staff or social care staff, primarily from NHS, local authorities and the voluntary sector.

2.23 There are also examples of activity undertaken by other local voluntary organisations, as well as training delivered locally by NHS Boards. We discuss local provision of training and education below.

PRTC Carers Centres and other local voluntary organisations

2.24 Below are examples of some of the local activity delivered by local Carers Centres that this review has identified. This is by no means an exhaustive list of training delivered by local

Carers Centres, but provides an indication of the type and range of work being undertaken across Scotland.

Dundee

2.25 Dundee Carers Centre offers free awareness-raising sessions tailored to the needs of different groups of professionals. For example:

- ‘Beyond Caring’ is a one hour introduction to unpaid carers for health and social care staff;
- ‘Carers as Equal Partners’ is a two or three hour session for social work and community health workers;
- ‘Getting it Right for Young Carers’ is a one or two hour session for education professionals, social workers and public sector managers;
- ‘Carers in the Workforce’ in a one or two hour session for employers.

2.26 The timing and venue of these courses varies according to the needs of each group of professionals and the sessions provide CPD certification. The Carers Centre received funding from the Carer Information Strategy to deliver an intensive programme of these courses between April and October 2011 when 205 people, mostly health staff, attended 33 training sessions. The Carers Centre still offers these courses, albeit on a less intensive basis since the programme of CIS-funded training ended.

Moray

2.27 Moray Carers Project⁸ offers monthly awareness-raising sessions for staff at GP practices. The project reports that around five practices have taken part in these sessions on a regular basis. Recognising that carers’ stories are a powerful training tool, the project developed DVDs with films of carers talking about their caring role and distributed these widely among GP practices. This resource is freely available and could be shared for use in other areas.

2.28 Moray Council worked in partnership with the local carers centre to produce a number of drama productions for health and social care staff to raise awareness about carer and young carer issues as part of National Carers week. These were effective at engaging staff in seeing things from a carer’s perspective.

East Renfrewshire

2.29 In East Renfrewshire, the CHCP has recently awarded funding to the Carers Centre to deliver a one hour session on carers’ issues to Local Authority social workers as part of

⁸ This project is closing at the end of March due to a lack of funding.

their induction training. In addition, members of the Carers Centre's team regularly attend team meetings of health and social care staff to raise awareness of carers' issues, and a team member sits on a local More Choices More Chances working group to represent the interests of young carers.

Lothian

- 2.30 NHS Lothian commissioned VOCAL (Voices of Carers Across Lothian) to develop e-learning modules and face-to-face training provision. This package offers a multi-level approach to training around working with carers and young carers. The first module, 'Understanding and Supporting the Carer', raises awareness about carers and provides information on the services available to support them. This module is mandatory for all NHS Lothian staff to complete at induction and as refresher training every 18 months.
- 2.31 There are another two more advanced, optional e-learning modules. The second, 'Working in Partnership with Carers', gives more details about carers and their needs. The third, 'Carers as Equal Partners – A Shift in Practice', allows staff to reflect on their performance and practice and to develop an action plan to improve their own practice or the practice of their team. An optional two hour face-to-face training session is also available which reflects on current practice regarding carers and aims to improve staff practice in working and interacting with carers. City of Edinburgh Council is currently exploring adapting the e-learning package to be made available to social carer staff.

Stirling

- 2.32 Amongst a range of other activity, Stirling Carers Centre delivers monthly two-hour awareness raising and information sessions for student nurses.

Other local voluntary organisations

- 2.33 Local voluntary sector organisations also produce training courses and materials. For example, Glasgow Association for Mental Health has developed a training course and DVD designed to support professionals to work with carers of people with mental health issues.

NHS Boards

- 2.34 NHS Health Boards deliver training on this topic in a range of ways. For instance, some integrate it with training on other wider issues while others deliver it as standalone training, and some commission it from or deliver it in partnership with other local organisations, as highlighted above, while others deliver training themselves. A few examples of interesting approaches to training staff from Lanarkshire, Forth Valley, Grampian and Lothian are discussed below.
- 2.35 **NHS Lanarkshire** piloted a one day Carers Champions training course in November 2011 for health staff. NHS Lanarkshire used Carer Information Strategy money to fund bank staff to provide cover while staff attended training.

- 2.36 Staff who attend the course increase their awareness of the issues affecting carers and young carers and become 'Carers Champions' empowered to: support, refer and signpost carers; cascade information to colleagues; and identify training needs among colleagues.
- 2.37 NHS Lanarkshire plans to roll the programme out and deliver monthly sessions, with the ultimate aim of having a Carers Champion in each ward and community team, but is waiting for the results of follow-up evaluation before rolling it out. NHS Lanarkshire also has a team of Carer Support Workers based in acute and community settings to provide advice and support for staff and to deliver on-going and ad hoc training sessions.
- 2.38 **NHS Lothian**, as noted above, has worked in partnership with the Princess Royal Trust for Carers VOCAL Carers Centre to develop and deliver online and face-to-face training to help staff improve their practice, interactions and relationship with carers. This includes a mandatory e-learning module that staff complete as part of their induction and further optional e-learning and face-to-face training sessions. This work is currently being evaluated.
- 2.39 **NHS Forth Valley** works in partnership with the Princess Royal Trust Carers Centres in Stirling, and Falkirk and Clackmannanshire to deliver optional carer awareness training to NHS staff on site in hospitals and GP practices across Forth Valley. Perseverance on the part of the carers' centres, and delivering sessions in situ (for example in cubicles in A&E) have been key to increasing uptake and engagement.
- 2.40 **NHS Grampian** has an online module called 'Carers are Part of the Team' which supports staff to identify carers and involve them in care assessment and planning. The Health Board also works in partnership with Aberdeen City Council to deliver training to school staff (including teachers and school nurses) on carers' issues. The two organisations also work in partnership to deliver training to Human Resources staff on identifying and supporting carers in their workforce. In order to address issues with uptake to standalone carer awareness training, Grampian has also sought to try and integrate carer awareness into a range of existing training.

UK-wide activity

- 2.41 While the focus of our research has been activity in Scotland, we have identified some UK-wide activity; mainly web-based resources and guidance documents available from several organisations, most notably the Princess Royal Trust for Carers.
- 2.42 The Royal College of General Practitioners has an interesting programme on Supporting Carers in General Practice, which includes e-learning modules, face-to-face workshops and recruitment of GP champions across England to support this work, but currently this is only operating in England as it is funded by the Department of Health.
- 2.43 In the following chapter we discuss the range of barriers and gaps associated with existing training.

3 Education and Training Gaps and Barriers

Introduction

3.1 Despite the range of valuable existing training activity and resources available to health and social care workers, our research has identified a number of issues and areas for development. This chapter identifies gaps and barriers associated with delivering training on carers' issues to health and social care staff. We discuss:

- the challenges health and social care staff have in working with carers and young carers;
- gaps in skills and knowledge; and
- gaps in current training provision.

Challenges for professionals working with carers and young carers

3.2 Stakeholders highlighted a number of challenges health and social care staff face in their work with carers which future training should seek to address and support staff with:

- Accepting their own limitations and recognising the expertise of carers represents a dramatic **shift in practice and culture** which will take time to embed. One stakeholder said, *“staff need to recognise that carers' contribution is essential to co-production, but this is a real culture change for professionals and very different from the ‘we know best, we have all the answers approach’”*.
- **Organisational systems** are not always conducive to person-centred approaches which promote involvement and recognition of carers – this was felt to be the case particularly on acute wards, with community-based services more likely to be person-centred and to take a more holistic approach.
- It takes **time** to listen to carers, involve them in decisions and assess their needs and often staff feel they do not have the time to take this person-centred approach. Consequently, their focus tends to be on the cared for person alone; as one stakeholder said, *“health and social care staff have the right attitude – they want to help people but they are constrained by time and resources”*.
- **Terminology** can complicate matters for the following reasons:
 - a patient may not recognise their spouse, son, daughter or other relative or friend who looks after them to be their ‘carer’ which means they are likely to answer in the negative if a worker asks him/her if he/she has a carer,

consequently making it difficult for workers to identify cases where unpaid carers are involved;

- similarly, carers themselves may not see themselves as ‘carers’; and
- some workers may use the term ‘carer’ to refer to paid carers or support workers while others may use the term to refer to unpaid carers. This means that, without being aware of it, workers may be talking at cross purposes.

Gaps in skills and knowledge

3.3 Stakeholders commented that, despite the training available, gaps in workers’ skills and knowledge in working with carers and young carers remain and future training should seek to address these issues. Competency gaps highlighted include:

- **Treating carers as equal partners** – many stakeholders felt that many staff need to be more aware and acknowledge that carers have expertise and knowledge that could help them in assessment and planning. Involving carers more in assessment and planning may involve a significant **cultural shift** for some groups of staff.
- **Taking carers into account during discharge planning** – stakeholders felt that the needs of carers are not always considered by staff when planning aspects of a discharge from hospital for a cared for person, such as the timing of the discharge and post-discharge support services. For instance, discharging a patient early in the morning may not always be convenient for the carer, when he/she may have other responsibilities such as taking their children to school.
- **Cultural competency** – professionals are not always adequately equipped to take into account the cultural needs of carers. One stakeholder said, *“there are a lot of myths and stereotypes out there about minority ethnic carers which need to be addressed”*.
- **Low awareness of and appreciation for the complexities and diversity of caring roles** and that carers are not a homogeneous group – awareness of adults caring for elderly relatives seems to have increased, but there is still significant work to be done around young carers, parent carers, and carers of people with long term conditions. Additionally, staff need to be aware of situations where a carer may be caring for more than one person, for example a spouse *and* a child.
- Staff are **less able and confident identifying and supporting young carers** than adult carers. Stakeholders felt that while the need to recognise the role of adult carers is becoming increasingly acknowledged by health and social care workers, the same degree of progress does not apply when it comes to young carers. In a

report from the Young Carers Festival⁹, young carers stated that health and social work staff do not do enough to discuss the cared for person's condition with them or to listen to their concerns, which raises their anxiety and makes them feel frustrated, ignored, and patronised. They feel that it is important for health and social workers to listen to young carers and to talk to them in a mature manner to explain what is wrong with the person they care for.

- Low awareness of **disability rights, ethics and the law**.
- **Recognising Parent Carers** – health and social care staff often fail to recognise parents as carers when they are caring for a child with additional or complex care needs. This was felt to be more the case in social care than within health. This can result in parent carers not being offered carer assessments or other forms of support.
- **Communication** – some staff need to improve the way they communicate with carers by, for example, using plain English. Staff also require support to work more effectively with translators and interpreters.
- Lack of **awareness of services available to support carers**.
- Lack of **understanding of confidentiality regulations** – some stakeholders reported that some staff do not discuss cases with carers for fear of breaching patient confidentiality; other stakeholders felt staff sometimes use confidentiality as an excuse not to engage with carers, particularly young carers.
- Some stakeholders suggested there may be **gaps between rhetoric and reality** when it comes to staff competencies– staff may pick up on terms and jargon associated with caring e.g. 'carers as partners in care' but might not actually understand the concept or be able to put into practice. There is concern that if staff fail to understand what concepts such as 'carers as equal partners in care' mean in practice, they may end up increasing the burden for carers, and in particular young carers where the emphasis should be on reducing the burden of their caring role.

Gaps in training provision

- 3.4 While there is a significant amount of training available, there are several gaps in existing training, discussed below under the headings of:
- content and level of training;

⁹ The Princess Royal Trust for Carers (2009), 'The Scottish Young Carers Festival Report 2009', accessed online on 5 March 2012: <http://static.carers.org/files/the-scottish-young-carers-festival-report-2009-with-change-5034.pdf>

- structure;
- optional and mandatory training;
- local and national training;
- continuous professional development;
- uptake;
- evaluation; and
- partnership working.

Content and level of training

- 3.5 Training **content** is generally pitched at a **basic level** and tends to focus on raising awareness of: carers; the issues they face; and sources of further support. While this is valuable and the results of evaluation, where available, demonstrate these sessions can have a positive impact on professionals' working practices, there appears to be little coverage of more advanced issues such as delivering support to carers, involving them as partners in the design and delivery of care, and in encouraging staff to reflect on and change their own working practices.
- 3.6 In general, training is offered at one level with little provision for follow-up or further development¹⁰. Some stakeholders were concerned that basic carer awareness training is likely to be fairly generic and does not address the diverse needs of different caring groups, including young carers, minority ethnic carers or parent carers. Stakeholders felt that training for professionals around working with carers should be available at a range of levels, from basic to more advanced, including training related to: carers caring for someone with a specific health need or condition; training for staff working with different types of carers including young carers, parent carers and adult carers; and training for staff working with carers who care for somebody with profound, multiple conditions.

Structure

- 3.7 On the whole, delivery of training is often **ad hoc**, variable in terms of length and therefore detail of content covered, and lacking clear plans for sustainability post-CIS funding (where this applies), or a sense of how existing activity can best be built on to embed carer issues more meaningfully within future workforce development activity. Stakeholders felt that

¹⁰ There are a few exceptions to this, for example, Borders Carers Centre's Level 1 and Level 2 Carer Awareness training and the more advanced e-learning modules and face-to-sessions designed to complement NHS Lothian's mandatory e-learning module.

training must be embedded into existing training structures to ensure that carers' issues are addressed on a more systematic basis.

Optional and mandatory training

- 3.8 Most training is **optional** and little is **mandatory**, and many stakeholders felt that for significant progress to be made, carers' issues need to be covered in mandatory induction training for all staff, supported by a national government directive.

Local and national training

- 3.9 A substantial amount of training is delivered on a **local level, with no national co-ordination, model or programme** of training outlining the skills and knowledge necessary to work with carers and young carers.
- 3.10 Most stakeholders we spoke to were *not* in favour of a prescriptive national training model because of the importance of tailoring training to local circumstances and the needs of different staff groups. However, many stakeholders did feel there would be value in having a set of national core principles/competencies/subject areas, with room for flexibility to adapt to local circumstances, to ensure that health and social care workers across Scotland receive the training they require to work effectively with carers and young carers.
- 3.11 Stakeholders have concerns that there may currently be unnecessary duplication of effort because organisations are not aware of what is happening elsewhere and the extent of existing resources they might utilise and feel a more systematic approach supported at national level would reduce this risk.

Continuous Professional Development

- 3.12 While there is evidence that carers' issues are being covered in some form at pre-registration/qualification training for health and social care staff, stakeholders felt greater carer awareness would be beneficial to staff at this stage before they start actively practising their profession. Stakeholders also feel that in order to properly embed within the culture of organisations, carer awareness needs to be more systematically built into education and training throughout a professional's career, including post-registration/qualification through induction to new organisations, and then built on through regular opportunities for CPD that refresh and build on training that has gone before. We identified very few examples where training is linked into CPD or accredited/certified for CPD and stakeholders highlighted this as a gap. Stakeholders would like to see carer issues better tied into CPD activity in future: *"when training is not linked to accreditation, CPD points, or a formal requirement, it can be difficult for staff to recognise how they will benefit from it, especially when faced with competing priorities"*.

Uptake

- 3.13 Where training is not mandatory¹¹, training providers have generally found uptake of courses across health and social care staff to be low, except for MECOPP who are the only providers that provide training around cultural competency and carers and experience consistent high demand for services. Low uptake can be for a number of reasons including:
- lack of buy in and support at strategic and managerial level;
 - restrictions on training budgets making it difficult for staff to attend training that is not mandatory, unless a particular development need has been identified or the training is being championed by a senior member of staff;
 - difficulties releasing staff for training and funding backfill. Even when bank staff are provided it can be difficult to persuade managers to release staff;
 - poor promotion of training – sometimes it is not made clear to staff how they and their patients will benefit from them attending carer awareness training and clear links to how training will support their CPD are often not made;
 - geographical barriers for remote and rural staff teams – face-to-face training requires significantly greater time and resource, and training can be far harder to access for these staff groups because of this and because national training tends to be more centrally delivered.
- 3.14 We were given a number of examples where carer awareness sessions had been booked and arranged but no professionals turned up – *“if it’s not mandatory, or managers are not championing the training, then competing priorities get in the way and we can be left with no trainees”*.
- 3.15 There appear to be particular gaps in terms of uptake and receipt of training by private sector social care staff, and to some extent voluntary sector social care staff. It is anticipated that the increasing personalisation agenda and rise of self-directed support will see an increase in demand for and uptake of training for staff in these sectors around working with unpaid carers.

Evaluation

- 3.16 Other than the Moffat programme, and VOCAL’s e-learning, generally speaking, there has been limited evaluation of the impact and effectiveness of workforce development initiatives designed to support staff to work with carers. Where evaluation has taken place, it is usually an immediate post-learning intervention feedback form with no further follow up to see if staff practice changes in the months following receipt of training. Similarly,

¹¹ We found very few examples of mandatory training on this issue.

stakeholders reported the challenges associated with identifying indicators to assess if workforce development is having an impact on carers. This issue needs to be addressed in future to monitor if workforce development activities are having the desired effect and to identify areas for improvement.

Partnership working

- 3.17 Stakeholders reported that good partnership working between health and social care, and strategic buy in across both sectors are paramount to embedding carers' issues within workforce development. Stakeholders feel that while there are examples of this in practice and plans in place to develop and support these approaches, in practice, significant gaps remain.
- 3.18 The following chapter discusses approaches stakeholders have found effective when attempting to address these barriers and gaps.

4 Effective Practice and Evidence of Impact for Carers and Professionals

Introduction

- 4.1 Throughout the research we have sought stakeholders' views on what they have found works well when delivering training to health and social care staff on working with carers and young carers; how they have attempted to tackle training barriers and gaps; what impact they feel workforce development initiatives are having on carers and on staff; and if there are existing resources they have found to be particularly effective and would recommend for use by others.
- 4.2 As highlighted earlier in this report, evidence gaps in terms of the impact of workforce training mean the following examples of effective practice are informed primarily through anecdotal, qualitative evidence rather than independent evaluation. Additionally, this section is informed by training evaluations and feedback forms which offer views from frontline staff about elements they found effective and the difference they anticipate training will make to their practice.
- 4.3 Where specific resources are highlighted, further details in relation to these can be found in Appendix 1.

Examples of effective practice

- 4.4 The key elements of effective practice in providing education and training for health and social care staff to support them in their work with carers, as identified by this review, are presented below. Overall stakeholders were keen to see that effective practice, learning and experiences are shared as widely as possible to reduce the risk of duplication and to support the development of future initiatives.

Joint working between health and social care staff

- 4.5 Stakeholders were largely of the opinion that staff and carers can benefit greatly from training which is developed and delivered jointly to staff working across health and social care sectors. At a strategic level, development of a joint health and social care strategy can lead to a more coherent, consistent approach to workforce development across health and social care, ensuring work does not take place in a silo and that carer issues are embedded across the organisations. Evidence from the Health Board survey suggests that a number of Health Boards and local authority partners are looking at how they can deliver jointly resourced and developed programmes of training activity.
- 4.6 In terms of frontline staff, joint delivery of training facilitates opportunities for sharing practice and experience; networking opportunities; greater understanding of different

professions' roles in providing care; and a more consistent approach across professions which can support clear patient pathways and improve experiences for patients and carers.

- 4.7 However, stakeholders noted that joint training can be more difficult to arrange than team or profession-specific training due to the nature of different roles and the different time constraints and priorities of different sectors. Buy in from strategic managers in all partner organisations is required to ensure joint design and delivery of training is effective.

Flexibility and creativity in the design and delivery of training

- 4.8 Thinking “*outside the box*” and recognising that “*one size does not fit all*” when it comes to training frontline health and social care staff is a key message to come out of this review. Stakeholders stated that training needs to be adapted to the time and resources available, and to the varying needs of different staff groups, the geographies and settings they are situated in, and the different barriers they have to taking part in training. Examples include:

- ***e-learning packages*** which can improve accessibility and support greater consistency of training – such as VOCAL’s programme developed for NHS Lothian, which offers different levels of training (basic to more advanced) and which a number of other boards are in the process of adapting for their own use;
- ***exploring use of mobile devices and social networking platforms*** – suggested for greater exploration and utilisation in future;
- ***delivering face-to-face training in the workplace*** e.g., on hospital wards, in A&E cubicles, in GP surgeries, and at social care team bases;
- ***providing training of various lengths***, for example ‘bite-sized’ training (around 15 minutes) to half day sessions or longer to suit the target audience, taking into account their work environment and pressures. Examples of short, focussed sessions delivered to staff in acute services who find it particularly difficult to be released for training, and lunchtime and twilight sessions to suit the timetables and working hours of other staff groups;
- ***providing different levels of training*** with different focuses to suit staff roles and the different levels and types of interaction they have with carers. For example, stakeholders felt training should be available from basic carer awareness training through to more advanced training covering issues such as working with carers supporting people with specific conditions, carrying out carer assessments etc.
- ***integrating training/awareness raising into protected learning and development time*** where health and social care teams have days/half days set aside for learning and development.

Dedicated carer posts

- 4.9 A number of stakeholders suggested having a dedicated post, such as a carer support worker, carer liaison worker/officer, and/or young carer support worker in health and social care settings had been an effective way to ensure carer issues become embedded within health and social care. Stakeholders feel the presence of a dedicated role keeps carer issues on the agenda within a setting and is a useful way to identify need for carer awareness training.
- 4.10 The Moffat Programme evaluation reports the benefits of the carer support worker role and highlights the following learning to inform effective practice in future:
- identification of carers should be a part of care pathways from admissions through to discharge planning;
 - having dedicated carer support workers within healthcare settings (primary and acute) should be a priority and has proven benefits;
 - carers' awareness training should become part of the mandatory training for health and social care staff;
 - high level strategic coordination across health, social work, and carers' organisations should be standard practice;
 - further work joining discharge planning and community care packages is required; and
 - consultation with relevant professional and regulatory bodies with a remit of accrediting professional education should occur regarding how best to include carer awareness content within professional educational programmes¹²;

Carer Champions and cascading learning to colleagues

- 4.11 NHS Lanarkshire' pilot Carer Champion programme, while in the early phases, was highlighted as an example of effective practice by a number of stakeholders. Evaluation is currently being conducted to explore the potential impact of such an approach, however stakeholders reported that champions have been an effective method for rolling out other training and promoting key messages within health and feel this approach could be an effective way to support workforce development around working with carers. In line with the ethos of 'Carer Champions' stakeholders find it effective to encourage staff attending

¹² Kelly, T; Watson, D; West, J; Plunkett, S, (2010), *Preventing Crisis for Carers: A Princess Royal Trust for Carers' Programme, Funded by the Moffat Charitable Trust: Final Evaluation Report*, Glasgow Caledonian University and Princess Royal Trust for Carers

training to cascade their learning to colleagues who may be unable to attend. To be most effective, this needs to be promoted and supported at a managerial/team lead level.

Involving carers in the design and delivery of training and using carer stories

- 4.12 Stakeholders stated that training was most effective when carers had been able to influence the content, and had been involved in delivery, either as a co-trainer or to present a case study. Young carers have been active in putting forward their views to influence training through young carer centres /organisations and the Young Carer festival, however it is important to note their involvement in delivery is less appropriate due to school and other commitments.
- 4.13 All stakeholders very strongly believe that **using carer stories** – whether in person or digital stories – is a particularly powerful and effective method for engaging staff and enabling them to understand and empathise with what life as a carer can be like. We have identified a number of examples of digital resources that have been produced by local carer centres, in partnership with others, documenting carer stories. For example Moray Carers Project, using funding from the Long Term Conditions Alliance, has developed a DVD of carers stories which they have distributed to local GP practices for use as a training tool. Borders Carers Centre in partnership with NHS Borders have developed similar resources, there are also a wealth of digital carer stories within VOCAL's/NHS Lothian's e-learning package and we have identified a number of national and UK-wide DVD resources that look at carer and young carer stories.

Building carer awareness into mandatory induction

- 4.14 While our research suggests this is not commonplace (five examples in health and two examples in social care¹³) stakeholders felt that building carer awareness training into mandatory induction training was effective at ensuring all staff receive information about carer issues. Some voiced concerns that the issues may get 'lost' if this is the only training undertaken due to the high amount of other information being given out as part of induction, and most felt mandatory induction training needed to be part of a larger process of continuous professional development.

Partnerships with local carer centres and carers organisations

- 4.15 Involving local organisations in designing and delivering training, and assessing needs of the local health and social care workforces is considered effective. These organisations tend to:
- have a good overview of carers' needs locally and staff responses to these;

¹³ In addition, East Renfrewshire Carers Centre is awaiting confirmation of whether or not the training it offers to social workers will be part of mandatory induction.

- be in a good position to identify training needs; and
- by delivering training are able to help staff gain a thorough understanding of the services they offer and develop links and relationships with services they may wish to signpost or refer carers to in future.

Use of staff case studies/digital stories

- 4.16 Evaluation of NHS Lothian’s e-learning resource, developed by VOCAL, revealed that staff related particularly well to the digital stories about how staff had changed their approaches to working with carers – stories from peers helped staff feel more confident about working with carers.

Use of a quiz on carer issues

- 4.17 This seemed to be a popular method for informing staff about carer-related facts and figures – including demographics, prevalence and nature of caring roles.

A take-away reference resource

- 4.18 Most carer awareness sessions produce an easy-reference document listing key services and sources of support locally and nationally which staff may be able to signpost or refer carers to.

Exploring the caring journey

- 4.19 Local carer centres referenced use of an interactive carer journey tool which asks staff to think about the carer’s experiences and the challenges they face at each stage of the caring journey from diagnosis to when their caring role ends. Stakeholders have found this to be a particularly effective tool for helping staff empathise with carers and understand the role health and social care professionals can play at each stage of the caring journey.

What impact is workforce training on carers and young carers having?

- 4.20 There is limited evidence currently available about the impact training is having on staff practice, on carers and on the cared for; where it is available, apart from the evaluation of the Moffat programme, it is largely anecdotal or taken from quite basic training evaluations which ask staff to comment on their learning and how they expect their practice will change in future.
- 4.21 Adult carers consulted during this research feel there has been some improvement over the past few years in terms of how health and social care services respond to them and involve them in the delivery of care, however this is “*patchy*” and tends to be individual rather than service-specific. Stakeholder perspectives support this view, although suggest that the real improvements have been noticed for adult carers – “*issues in relation to adult*

carers are definitely much more on the agenda now, even if staff aren't all yet equipped to respond to them appropriately". Stakeholders feel improvements in the experiences of younger carers and parent carers have not seen the same level of progress.

- 4.22 Some stakeholders felt there has been an increase in uptake of carer assessments and referrals to local carer services as a result of increased staff awareness, but were unable to robustly evidence this. Stakeholders were confident that carer awareness training has raised the profile of sources of support and advice for carers with staff which means staff are better equipped to signpost carers to sources of support. One stakeholder said *'if all the awareness raising sessions do is make staff recognise the role of the carer centre and what it can offer carers and help them remember to refer to them, then the training will be a success. Staff have so many pressures on them that they can't be expected to know everything all the time – but if they know who to refer to, that really helps.'*
- 4.23 Analysis of evaluation data from carer awareness training delivered in NHS Forth Valley, NHS Lothian, NHS Borders, NHS Shetland, and NHS Highland suggests sessions most commonly impacted on staff in the following ways:
- raised awareness of legislation pertaining to carers;
 - raised awareness of prevalence of carers and what constitutes a carer;
 - seeing the delivery of health and social care services from a carer perspective;
 - raised awareness of the support services available to carers;
- 4.24 The following quotes highlight a selection of health and social care staff views about the difference carer awareness training had made to them and the changes to practice they intend to implement in future:
- *"it will change the way I see carers now"*
 - *"I will pay more attention to the needs of parents as carers when assessing children's needs"*
 - *"where possible I will take more time for carers of people I work with"*
 - *"I'll provide allocated time as part of assessment to look into carers needs in detail"*
 - *"I'll ask if I can refer carers onto carer centres"*
 - *"Greater awareness of carers centres"*
 - *"I will now be more aware of identifying carers of patients at the time of admission and now have the knowledge to help them"*

- *“I will definitely offer more carers’ assessments”*
- *“This will inform plans for new model of service delivery post-March 2012”*

- 4.25 Feedback from staff questionnaires in relation to NHS Lothian’s e-learning modules demonstrate an overall positive response to the training content with 80% of responders stating the training has increased their knowledge and understanding of the role of carers and the impact of caring; 83% would recommend the training to colleagues. Over 80% also felt more confident to refer carers. Overall, 77% responded that they were enabled to manage situations with carers in a more positive manner.
- 4.26 The following chapter summarises the key issues emerging from this research and provides recommendations to inform the future delivery of education and training to health and social care staff on working with carers and young carers.

5 Summary of Key Issues and Recommendations

- 5.1 This research has highlighted the range of existing education and training activity taking place nationally and locally to support health and social care staff in their work with carers and young carers and has identified examples of effective practice to inform future development of education and training.
- 5.2 This review suggests that since the audit of carer and workforce training was undertaken in 2010, there has been a significant increase in the amount of activity developed and delivered to support health and social care staff in their work with carers and young carers. This is a positive indication that carers' issues and the need to work more effectively with carers is becoming a more prominent feature in terms of health and social care workforce development agendas, and the activity driven at national level through the Carer Information Strategies (CIS) is no doubt contributing significantly to this.
- 5.3 However, despite this apparent upsurge in activity and the wealth of valuable work currently being undertaken and resources developed, our research suggests that the need to pay cognisance to the needs and expertise of carers is not currently fully embedded at an organisational development level and work is still required to ensure that staff, across health and social care, are consistently and adequately equipped to identify, support and work in partnership with carers and young carers. While some progress has been made, the recommendations highlighted through the research with carers noted in chapter one of this report, are still relevant going forward.
- 5.4 The sustainability of existing activity is a cause for concern, especially given the competing priorities and significant time pressures currently placed on health and social care services in Scotland, and the fact that CIS funding to support workforce development activities around carers and young carers is time-limited. This review has identified few clear examples of how workforce education and training will be sustained in future and where activity has been heavily supported by CIS monies, it seems unclear how this will be resourced in future.
- 5.5 This research has highlighted that reaching a point where identification of, support for, and treatment of carers as equal and expert partners in care becomes consistently adopted across NHS and social care will require a significant cultural shift and it is important to recognise that this may take a long time to achieve. Sustainability of current approaches is therefore key.
- 5.6 Again, echoing the findings of the previous training audit, the majority of stakeholders who have participated in this research believe the most effective way to support the development of workforce training around carers and young carers is to introduce mandatory training for staff. This is likely to be challenging given the raft of other

mandatory requirements in place. The Scottish Government should explore the potential for this.

- 5.7 This research has identified a number of skill and competency gaps that future training should seek to address. These include: communicating effectively with carers, particularly young carers and BME carers; understanding what it means in practice to work with carers as equal partners in care and being able to do this effectively; ability to listen actively to carers; understanding and recognising the complexities and challenges different carers face; knowledge of where to signpost carers to for support and advice; and consistently delivering care which is person-centred.
- 5.8 In terms of existing training, the research has identified gaps in respect of: adequate provision around carers' issues and working with carers at pre-qualification, early career post-qualification, and CPD throughout a professional's career; carers' issues being woven into existing training for health and social care staff; carer awareness training beyond basic level awareness; carer awareness linked to specific conditions; and training which supports staff to engage with and understand different carer groups, particularly young carers, parent carers and BME carers.
- 5.9 There does not appear to be an appetite for a prescriptive national model of training to support staff in their work with carers and young carers, and there were no particular national resources that stakeholders felt should be rolled out across health and social care as standard. However, there is wide recognition that a more systematic approach, guided and supported at a national level, would support more consistent, robust and sustainable delivery of workforce development initiatives that could help address some of the gaps identified in this report. This could be supported through the development of all or any of the following:
- national guidelines for good practice in the delivery of workforce training on carers and young carers;
 - national development of key values and principles for staff working with carers and young carers;
 - development of a joint competency framework for health and social care staff setting out key skills, knowledge and levels of expertise required to work effectively with carers and young carers across various roles and career stages;
 - development at a national level of key indicators and guidance for assessing the impact of workforce development for staff, carers and the cared for; and
 - development of minimum standards for training interventions, although this would be difficult to monitor.

5.10 This research has highlighted demand for different levels of training to suit different staff roles, and different levels of engagement and interaction with carers, at different career stages. The four level approach taken in the Promoting Excellence framework for dementia may be a good starting point in the development of a competency framework around working with carers and young carers. The four levels are: informed practice level, skilled practice level, enhanced practice level, expertise in practice level, and are the same levels used by the SSSC career framework which should support a more joined up approach between health and social care.

Recommendations

- Scottish Government to consider the feasibility of a national directive to encourage delivery of mandatory carer awareness training as part of staff induction, with regular and ongoing updates and refresher training built in.
- If the delivery of mandatory training is not possible, Scottish Government, alongside NES and SSSC, should seek to explore how carers issues can be woven in as an integral part of induction training and explore how to promote and encourage employer responsibility to ensure staff are trained around carers issues.
- NES and SSSC, in collaboration with Boards, social care providers and NCOs to develop a set of core competencies to support health and social care staff to identify, support and work in partnership with carers and young carers - this should be informed by the content of existing training provision and the competency gaps that have been highlighted in this research. These competencies should reflect the nature of professional roles and the different interactions professionals have with carers and young carers and could benefit from adopting the approach utilised in the 'Promoting Excellence' dementia framework.
- NES and SSSC to explore how the activity identified in this review can best be stored and shared on an online platform so that it is easily accessible to all involved in the funding, design and delivery of education and training around carers and young carers. Processes will need to be put in place to ensure this information can be updated on a continuous basis to ensure the resources can be shared and duplication of effort is minimised.
- NES and SSSC to undertake work with NCOs to build on the examples of effective practice highlighted in this report to produce a good practice guide to workforce training around carers and young carers to be widely distributed by organisations involved in the design and delivery of training to professionals working with carers and young carers. This should be peer reviewed before publication and carers should be consulted as part of the development process.

- NES and SSSC to communicate to the relevant regulatory, professional and national bodies the importance of including carer issues at pre-qualification and ensuring that carer issues are embedded within vocational and professional training.
- NES to explore opportunities for supporting and encouraging Boards to link existing and new carer awareness training into KSF (Knowledge and Skills Framework) and build into staff personal development plans.
- SSSC to explore opportunities for linking existing and new carer awareness training into CLF (Continuous Learning Framework) and build it into personal development/supervision sessions where appropriate.
- NES and SSSC to explore how carer issues can be threaded throughout other national initiatives for health and social care staff, for example, NES could explore the development of learning activities around carers and young carers to be added to the Effective Practitioner web-based resource for nurses, midwives and AHPs.
- NES and SSSC to communicate the importance to Boards and social care providers of strategic buy in and support to ensure carer issues are embedded within organisational cultures and ways of working.

Organisations Consulted

National Carer Organisations (NCOs)

Princess Royal Trust for Carers (PRTC)
PRTC Scottish Young Carers Services Alliance
Shared Care Scotland
Carers Scotland
Crossroads Caring Scotland
Coalition of Carers in Scotland
MECOPP

Other National Stakeholders

Scottish Government
Scottish Social Services Council (SSSC)
NHS Education for Scotland (NES)
COSLA
Care Inspectorate
Joint University Council/Social Work Education Committee
Scotland's Colleges
Joint Improvement Team
Carer's Reference Group

NHS Scotland Health Boards

NHS Borders
NHS Dumfries and Galloway
NHS Fife
NHS Forth Valley
NHS Grampian
NHS Greater Glasgow and Clyde
NHS Highland
NHS Lanarkshire
NHS Lothian
NHS Shetland
NHS Tayside
NHS 24

Local Carer Organisations

Kindred
West Lothian Carers Centre
East Lothian Young Carers
Falkirk and Clackmannanshire Carers Centre
Fife Carers Centre



East Renfrewshire Carers Centre
VOCAL
Stirling Carers Centre
Dundee Carers Centre
Moray Carers Project

Local Authority Social Care

ADSW – Workforce Education and Training Sub Committee
Dundee City
East Lothian
Moray

Private Sector Social Care

Scottish Care

Voluntary Sector Social Care

Community Care Providers Scotland (CCPS) – email to members
Social Care Ideas factory (SCIF) – email to members
Glasgow Association for Mental Health (GAMH)
Scottish Consortium for Learning Disabilities (SCLD)
Crossreach
Kibble Education and Care Centre

Stakeholder Interview Guide

1. What are the key things you would like to see out of this research?
2. What are the key issues and competencies (skills and knowledge areas) that you feel workforce training for health and social care staff working with carers and young carers should cover?

(e.g. identifying carers/young carers; recognising, signposting and advising on the health and support needs of carers; how to work in partnership with carers and engage carers in design and delivery of care.)
3. How would you describe the service that carers and young carers currently receive in health and social care settings? Could it be improved? How?
4. What are the challenges for health and social care staff in working with carers and young carers?
5. What existing education and training opportunities are you aware of for health and social care staff working with carers and young carers? Can you provide details of these?
6. How effective do you feel current training generally is at supporting staff to:
 - a) identify carers
 - b) understand a carer's role
 - c) recognise the health and support needs of carers
 - d) know where to signpost carers
 - e) undertake carer assessments (where appropriate)
 - f) encourage carers to access assessments
 - g) work with carers as partners in the design and delivery of care, particularly at key stages including admission and discharge?
7. Can you highlight areas of good practice or elements that work well within existing training and education provision in health and social care or any other sectors?

(Probe for any examples of training delivered/funded jointly by health and social care, and any examples where health and social care staff are trained together – what, if any are the benefits of this?)
8. Are there any gaps in current training provision? If yes, what are these and how could they be addressed?



9. Do you think that outcomes for carers could be improved through improved workforce training and education in health and social care? If yes, how? Do you have any evidence of how existing training and education has improved outcomes?
10. Are you aware of any training/education resources from other non- health and social care sectors which could be adapted/shared across health and social care? What are these?
11. Do you think there would be value in having a national model of training across health and social care? What would this look like?
12. Do you have any other comments?

Survey proforma for Health Board Areas

Survey of Health Board areas

1. Please tell us which Health Board area you represent

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2. Are you aware of any current training or learning provision/resources available in your Health Board for health (and social care) professionals related to working with carers and young carers?

If yes, please provide the following details:

- Name of course/resource
- Delivery organisations
- Format (e.g., e-learning, taught etc.)
- Attendance requirements (e.g., mandatory, optional etc)
- Length of course (e.g., half day, day etc)
- Target audience
- Details of accreditation or certification, if applicable
- Brief details of content and topics covered
- Intended learning outcomes
- Details of course evaluation, if applicable
- Contact person and details

Please use the attached Excel worksheet to complete this part of the survey.

3. Where available, please describe any evidenced impact this training/learning provision has had on:

- a) Health (and social care) professionals and their practice; and
- b) Carers and young carers

4. Please highlight any features of the training provision in your Board area which you have found to be particularly effective at supporting health (and social care) professionals to work with carers and young carers.

5. What, if any, do you feel are the gaps in provision of training/education to health (and social care) professionals working with carers and young carers? How can these gaps be addressed?

6. Are you aware of any other existing training/learning resources to support professionals from other sectors to work with carers and young carers which could be adapted, or shared for use within health and social care?

7. Do you have any other comments about the provision of learning and training activity to support health (and social care) professionals to work more effectively with carers and young carers?

Many thanks for taking the time to complete this survey - your assistance is greatly appreciated.

Please return this by email to sophie@blakestevenson.co.uk by **Monday 23rd January 2012**.