




The Princess Royal Trust
for Carers

Caring with Confidence

Lothian 'Expert Carer' Training Pilot



Full Report – September 2009

Caring with
Confidence 
Knowledge and skills
training for carers

 GLASGOW
CALEDONIAN
UNIVERSITY

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Foreword

Carer training helps unpaid carers feel more confident and positive in their role.



This key finding from the Caring with Confidence project signifies the importance of expert carer training. Other reported outcomes included carers feeling more able to manage their caring situation, less isolation and having more confidence when talking to care professionals about what they need.

As an organisation, The Princess Royal Trust for Carers is committed to carrying out the recommendations made by the Care 21 report, *The Future of Unpaid Care in Scotland*, which state that carers should receive training; especially those carers who have extensive caring responsibilities.

Thanks to the funding we received from the Scottish Government, the Souter Charitable Trust and the PF Charitable Trust, the Caring with Confidence project was able to look at carers' training needs, different methods of delivering training and evaluated the 18 different courses delivered to more than 150 carers in the Lothian area.

Feedback from carers was the main part of the training's evaluation and the comments below sum up the positive outcomes carers got from being involved:

"What I did feel was that I could have coped better at home if I'd known all the things I knew as a result of the course."

"You felt that people understood... what your worries were and what your anxieties were and things like that. You just felt straight away there was somebody that you could turn to you know, somebody who would answer your questions, somebody who would give you support... that was the thing that really stood out in the course for me."

"I felt really guilty about lots of things that I was doing and how I was feeling about the situation. But after the course I was able to think better about it [and] not be so hard on myself in dealing with this guilt."

"Yes, I think that the whole atmosphere was very relaxed, very friendly – so you didn't feel, 'oh, I don't want to say that'."

The findings from the pilot and the practical tools developed are a valuable resource for the further development and delivery of training for carers by statutory and voluntary organisations and encourage a partnership working approach to this development.

The Princess Royal Trust for Carers will continue to look at how we can support this to ensure that all carers in Scotland have the opportunity to participate in relevant, effective and, most importantly, accessible courses for carers.

Florence Burke
Director for Scotland, The Princess Royal Trust for Carers

Executive Summary

The aim of the Caring with Confidence project was to develop a comprehensive programme of ‘expert carer’ training which was determined and delivered locally and that met the particular needs of those local carers. In addition the project was targeted at those caring 50 or more hours a week or carers whose health was being adversely affected by their caring situation, enabling them to build on their own expertise and gain further knowledge and confidence from health professionals and peer support. The project was designed to improve carers’ ability and confidence to manage their own caring situation and thus improve their quality of life and that of the people they care for. The evaluation was carried out by Glasgow Caledonian University and used a mixed methodological approach incorporating a quasi-experimental pre-test/post-test design with qualitative focus groups and interviews.

Key Findings

Key Aims and Objectives

Supported by a range of evidence, the evaluation found that ‘Caring with Confidence’ Lothian Expert Carer Training pilot project met its key aims and objectives. *The evidence strongly suggests that carers had demonstrated gains in knowledge, skills, confidence and support.* Though the benefits may have varied across the different courses, it appears that each of the courses had some beneficial impact.

Course Delivery

Participants were very positive about the courses, finding them useful, informative and delivered in a way that met carers’ needs. Specific findings include:

- The information was relevant;
- The style of delivery was appropriate;
- Participants felt they were able to speak and be listened to;
- The atmosphere of the courses facilitated a supportive learning environment;
- Participants found both giving and receiving mutual aid was important;
- Presenters were seen as experts and having positive interaction with the professional experts was highly valued.

Carer Outcomes

Based on the quantitative results from the questionnaire administered before and after the training courses, carers reported improvements in most areas negatively impacted by caring. These findings were supported in the focus groups and presenters’ questionnaires. These outcomes were that carers felt:

- More positive about their caring situation;
- More confident in their caring role;
- Caring had less of a negative impact on their physical health;
- More able to manage the caring situation;

- Less isolated;
- More supported;
- More confident talking with care professionals about what they needed;
- More positive about their financial situation;
- More knowledgeable;
- More skilled;
- They gave a better quality of care.

A few inconsistencies were found. For example the quantitative data did not support improvements in emotional health or feelings of stress. However, the qualitative data suggest that many carers did experience benefits in these areas based on the training. In addition, carers did not feel more able to work with professionals as key partners.

Carer Views on Future Training/Support

Carers valued the training and would like additional carers' education and support. However, the carers wanted a range of training opportunities and not necessarily one off events. They recognise the practical value of training but also identified the way in which it 'legitimises' their ability to receive support for themselves.

Recommendations

Based on these findings we make the following recommendations:

- A range of training programmes should be developed, resourced and delivered locally for carers.
- The training programmes should be part of a long-term and strategic plan to build learning and development pathways that support knowledge and skills for caring.
- Experienced professionals should contribute to the delivery of the training programmes.
- Courses should be designed to facilitate the development of knowledge, skills and support.
- A strategic approach to promotion of courses and recruiting carers should be developed that reaches out to carers not already connected with carers' organisations.
- Training for the development of additional skill sets such as skills for dealing with professionals should be developed.
- Education and training for professionals should be strengthened and/or developed to facilitate working in partnership with carers who are skilful, knowledgeable and confident
- High quality training such as that evaluated here requires adequate funding and support if it is to achieve similar results elsewhere.

Introduction

There are 660,000 people in Scotland – family members, partners, relatives and friends – providing unpaid care to a person who may be elderly, frail, disabled, or affected by a long term condition or addiction. Some 115,000 of those carers care for 50 or more hours a week. Unpaid care exceeds the care provided by Scotland's health and social care agencies and demand is predicted to further increase by 20 per cent over future years as a result of demographic changes.

In 2007, following recommendations by the Care 21 report *The Future of Unpaid Care in Scotland*, the Scottish Government commissioned a two-year study into the effectiveness of providing carers with access to training and learning opportunities to support them in their caring role.

The study, entitled *Caring with Confidence*, took place in four Lothian local authority areas between October 2007 and September 2009. Through The Princess Royal Trust for Carers (The Trust) the study received additional funding from the Souter Charitable Trust and the PF Charitable Trust.

Caring with Confidence training courses are designed to take place in a supportive peer environment with other carers to provide participants with the opportunity to learn from professional practitioners about all aspects of care. Courses aim to increase carers' knowledge and skills and enable them to gain greater confidence in their caring role.

Four carer organisations from The Princess Royal Trust for Carers' network took part in the delivery of the project: VOCAL – Voice of Carers Across Lothian, VOCAL Midlothian, Carers of East Lothian and Carers of West Lothian. The Princess Royal Trust for Carers in Scotland commissioned Glasgow Caledonian University to evaluate the effectiveness of the training. A total of 18 courses were delivered across the four local authority areas of Lothian between January 2007 and April 2009. 159 carers in total received training on a variety of topics from 'general' caring aspects to condition specific or skill specific courses.

Section 1: Project Context

Context

For many years, carer organisations across Scotland have sought to develop carer training opportunities, recognising that carers need better information, skills and knowledge of many aspects of care.

However, training provision has been patchy, inconsistent and underfunded to date. Strategic policy developments, such as the Care 21 report *The Future of Unpaid Care in Scotland* and the Kerr Report *Building a Health Service Fit for the Future*, stressed recommendations for local authorities and NHS Boards to expand 'expert carer' training programmes.

This pilot project was placed within Lothian because the four Carers' Centres in Lothian work within different geographical and socio-demographic areas serving both rural and city communities, privileged and deprived areas, while operating under one health board – NHS Lothian. There was also already a wide variety of carer training offered and, in particular, VOCAL Carers Centre had experienced dedicated training staff to design and deliver carer's training which formed a sound springboard.

The level of funding from Scottish Government obtained by The Princess Royal Trust for Carers necessitated working on previous experience rather than developing from scratch. In fact, only VOCAL has a training team comprising a training officer and training support worker who over the last five years has developed and delivered a wide range of carer training funded by the Big Lottery.

Many of the courses within the pilot are based on this work and VOCAL's training manager Jane Greenacre's part should be acknowledged here. Jane has been a valuable resource to the pilot because of her efforts to share information and experience about course content, suitable speakers, carer identification and course publicity.

Carers of East Lothian, Carers of West Lothian and VOCAL Midlothian do not have staff dedicated to training and this work is incorporated within their role as carer support workers. The project appreciates the time and energy that has been expended on developing new courses and revising established courses.

During the two years of the pilot project, NHS Carer Information Strategy funding has commissioned carer training across Scotland. This has produced much interest in the work of the project and dissemination of the interim findings as well as the content of the courses.

Complementary Research Currently in Progress

The Scottish Government has funded a pilot of expert carer training in rural areas (Highlands) and for Black and Minority Ethnic Communities. The Highlands and MECOPP pilot is funded through the National Carer Organisations (Carers Scotland, The Princess Royal Trust for Carers, Shared Care Scotland, Coalition of Carers in Scotland, Crossroads Scotland and The Scottish Young Carers Alliance) and is managed by Carers Scotland. This project is being evaluated by Glasgow Caledonian University and is due to be completed by October 2009.



In England, the Department of Health has funded a three-year programme to establish an expert carer training programme which is being undertaken by a consortium of five organisations led by the Expert Patient Programme. Research commissioned by the project has shown that Caring with Confidence is a more acceptable name to carers and the project has been renamed and branded as such.

Six modules addressing generic carer information have been developed – caring and coping, caring and me, caring day-to-day, caring and life, caring and resources, and caring and communicating. These are being delivered by 32 providers across England and, working in collaboration with the National Extension College, the programme is being offered either as face-to-face sessions online or by completing self-study workbooks. The project will train 27,000 carers across England by March 2011 and will be evaluated by researchers from Leeds and York Universities.

Carer Training Currently Available Across Scotland

To avoid confusion with expert carer training, the following highlights briefly some examples of the variety of training available to carers in Scotland. These opportunities are not consistent across Scotland.

Carers can benefit from courses around personal development such as Lifestyle Management courses developed by the Thistle Foundation. Two such courses have been delivered by Aberdeen Carers Centre over the last two years in conjunction with the Thistle Foundation.

Other courses are available that skill carers for paid employment such as the First Aid and Food Hygiene courses delivered by Lanarkshire Carers Centre in collaboration with Community Education, and Learning for Living which is an online learning programme for carers created by City & Guilds, Carers Scotland and their training and delivery partners. It builds on the skills that carers and former carers have developed in their caring roles. It also helps to build confidence and develop computer skills, and could pave the way for further study or a return to a paid job. The course is accompanied by an optional accredited City & Guilds qualification: 'The Certificate in Personal Development & Learning for Unpaid Carers'.

Other courses offered give carers opportunities to get a break from caring through the pursuit of a hobby or interest, such as courses delivered by Ca(i)re, in Edinburgh.

Section 2: Lothian Project

Aims, Objectives and Timescales of Lothian Caring with Confidence Carer Training Project

The aim of the project was to develop a comprehensive programme of Caring with Confidence 'expert carer' training which was determined and delivered locally, meeting the particular needs of carers in each locality and was targeted at those caring 50+ hours a week or carers whose health was being adversely affected by their caring situation.

Caring with Confidence 'expert carer' training offers learning opportunities for unpaid carers in a mutually supportive environment, enabling them to build on their own expertise and gain further knowledge and confidence from health professionals and peer support. The courses have also been designed to improve carers' ability and confidence to self-manage their own caring situation and thus improve their quality of life and those they care for.

Year one (October 07 – August 08) included the design of evaluation tools and project information, development and delivery of seven courses, recruitment of participants into evaluation and receipt of an interim report from Glasgow Caledonian University.

Year two (September 08 – September 09) included taking forward the learning from phase one in the development of further courses across Lothian and assessing the effectiveness with the revised evaluation tool.

Context of Courses

Courses do not stand alone, but are part of a comprehensive range of services available to carers that are offered at Carers' Centres. Carers in Lothian can take advantage of carer support services, carer support groups, counselling, workshops for emotional issues, advocacy, volunteering opportunities as well as training, and information and advice services.

During a course, carers benefit from becoming acquainted with Carers' Centre staff who get to know their situation and can then refer the carer to any other service offered by the Carers' Centre appropriately and promptly.

Achievements of this Pilot Study

- 159 carers were trained – more than 50% of participants were caring for 50+ hours per week
- 18 training courses were delivered, some on one day, others over several weeks
- 24 Carers' Centres staff from 14 Carers' Centres have received training on delivering Caring with Confidence courses
- 107 carers responded to a formal evaluation undertaken by Glasgow Caledonian University: Data collected: by questionnaire from 83 carers (8 carers evaluated two courses) and 17 focus groups (involving 80 carers) and 5 individual interviews
- The Caring with Confidence Toolkit has been created
- Shared learning has been widely disseminated throughout Scotland via:
 1. Internet: Downloadable information on dedicated web pages
www.carers.org/professionals
 2. Telephone and personal consultations (see Appendix)
 3. Conferences: NHS Lothian Supporting Self Management Long Term Conditions event
 4. The Princess Royal Trust for Carers Moffat Conference November 2008
 5. 'Getting it Right for Carers' January 2009
 6. GCAL Research conference January 2009
 7. NHS Lothian e-learning modules
 8. Local Carers' Centres newsletters and events
 9. Delivering 'Caring with Confidence' training course
 10. Information exchange meeting with other organisations and professionals

Section 3: Course Development

Carer Training Partnership Networks

Courses were designed and organised to meet local need. In the first instance, Carer Training Partnership Networks were established for each area of Lothian – East, West, Midlothian and Edinburgh City. The networks comprised representatives from the Carers' Centre, and local Community Health Partnerships. The networks decided priorities for developing the 'expert carer' training courses to be evaluated within the pilot.

In order to share information on progress with Lothian and other NHS Boards, a Lothian Carer Training Partnership was formed and led by NHS Lothian. It comprised a community health partnership representative and social work officer who represented each area and carers represented by a carer organisation.

This group's remit was to:

- Audit training provision within Lothian
- Identify priority areas for carer training
- Advise on carer training developments with reference to national and local priorities
- Report annually on progress
- Stimulate local carer training partnerships at local authority level.

Courses

- Caring for someone who has had a stroke
- Caring for someone with mental health problems
- Caring for a child with additional support needs
- Caring for someone with a lung condition
- Caring for the older person
- Caring for someone with a long-term condition
- Caring for someone with dementia
- Managing/Looking at the emotional impact of caring
- Moving and handling
- Looking after yourself
- Information days.

A total of 18 courses in total were delivered between January 2007 and April 2009 across the four areas of Lothian. 159 carers in total received training on a variety of topics from general caring aspects to condition specific or skill specific courses.

Some courses were repeated in different geographical locations or at different times of the day or evening, or differed in duration from one-day courses to a course of weekly sessions for six weeks. 'Managing the Emotional Impact of Caring' was radically revised following the first presentation and offered as a longer 'Looking at the Emotional Impact of Caring' course.

Course Development and Content

Each Carers' Centre across Lothian developed courses to meet the needs of carers in their particular geographical area and to meet the priorities identified by the local carer training partnership. Some courses were presented again in phase two at either a different location or time while other courses were delivered in a revised format.

A variety of courses were developed. The content of each course differed depending on the medical condition of the cared for person or the objective of the course, i.e. if a course was focused on a particular skill such as moving and handling or aim such as managing the emotional impact.

Each course aimed to increase carers' confidence by providing the most appropriate information for the caring situation in a supportive environment so that carers could learn from experts in the health or social care fields as well as from each other.

The courses were designed so that carers had an opportunity to get to know each other (at refreshment or meal breaks) and therefore be less isolated while benefiting from the knowledge and experience of other carers.

Courses included information about the condition, support available, how to access appropriate services, financial information, dealing with the stress of caring, keeping healthy as a carer, and the impact caring for someone has on relationships.

Please see Appendices for detailed information about the aims and objectives of each course, and the development and content of sessions.

Course Delivery

All courses were facilitated by staff from Carers' Centres. The role of the facilitator was to ensure the smooth running of the course, time manage the session, answer questions and ensure equal opportunities for group participation.

Each session was led by an expert speaker in the field who were mainly health care, allied health care or social care professionals while some speakers came from statutory and voluntary sector organisations. Overall, 91 speakers were involved. The majority of speakers did not require payment, with only 5 per cent of speakers charging for their session.

The success of each course depended largely on the quality of speakers and healthcare professionals were rated better than social work staff during the feedback in focus groups. Briefing speakers thoroughly and being in contact immediately before sessions enhanced the carer's experience of the course and ensured that facilitators could reschedule a session or replace a speaker if necessary.

Professionals and organisations involved were:

- Specialist respiratory care nurse
- Physiotherapist

- Community pharmacist
- District nurse
- Social worker
- Occupational therapist
- Psychologist
- Holistic therapy student
- Dietician
- Counsellor
- Geriatrician
- Community psychiatric nurse
- Home Care agency training manager
- Dementia care coordinator
- Hospital pharmacist
- Welfare Rights Team
- Mental health officer
- Manual handling coordinator
- Art therapist
- Complementary therapist
- Clinical neuropsychologist
- Speech therapist
- Psychiatrist
- Scottish Recovery Network
- Independent Special Education Advocacy (ISEA)
- British Lung Foundation
- Airways support group
- Alzheimer Scotland
- Pensions Service
- Chest Heart and Stroke Association
- West Lothian Leisure

Example of Good Practice

The speakers involved in VOCAL's *Caring for Someone Who Has Had a Stroke* course were from a multi-disciplinary team and communicated between themselves about their course sessions and feedback to each other after taking a session.

Enabling Carers to Attend Training

Venue Location and Travel

Courses in the main were located within the target communities. Transport links were a main consideration when deciding on a venue; however, other considerations were cost, appropriateness and comfort.

Importantly, carers were given the opportunity to plan their transport options to suit their caring situation. Some carers are limited in the time that the person they care for can be left unattended so to reduce time away from home they used taxis to and from the training venue. Carers were offered travel expenses, however, in reality only 11 per cent claimed travel expenses.

In addition, one Carers' Centre was able to offer a pick-up service by private car and one carer was brought to a one-day training course by car by their social worker. Only five courses required payment for the venue.

There were a variety of reasons for placing the courses in each area. Details can be found in the appendices.

Breaks from Caring (Respite)

Some carers found that in order to attend a course they needed someone to sit with the person they care for as they were unable to be left alone. Some carers required information about sitter services as well as the opportunity to claim financial support for respite costs while other carers were able to ask family or friends. Only 2 per cent of carers claimed respite costs.

Timing of Courses

The length and frequency as well as the time of day/evening courses are important considerations when planning training courses. Carers caring for people with particular conditions found that there were times that were more convenient to attend a course.

For example, those caring for someone with a mental health problem were more likely to be in employment and therefore could attend evening courses. Carers caring for those who have a lung condition or stroke, for example, often needed to be at home early morning when home care staff were working in their home.

Carer Identification and Recruitment

A variety of different methods was used to identify and recruit carers for each course depending on local differences. Courses were promoted through Carers' Centre newsletters and websites, targeted publicity was sent to carers via Carers' Centre mailing lists, course information was sent to health and social professionals and voluntary sector organisations as well as appropriate hospital and community health settings to inform patients and clients.

Ideally, healthcare professionals who were taking sessions would promote the course. In reality, carers mainly heard about the courses from Carers' Centres and through the publicity distributed by the Carers' Centres.

The number of carers that need to be reached during the publicity stage should not be underestimated. 83 per cent of carers who enquired about a course went on to sign up for a course and three quarters of those actually attended the course. Retention was good with 93 per cent of carers who started a course completing it.

The average number of carers per course was nine. Groups varied from four to 15.

More detailed information about methods of promotion and recruitment for each course can be found in the appendices.

Overall Costs

Cost per carer for each course varied between £79 and £152 with an average cost of £108 (excluding Moving and Handling course participants). Costs include staff time in preparing and delivering courses and completing follow up work, venue and catering costs, speakers fees, transport and respite expenses where incurred.

Table of average costs per course (Excl. Moving and Handling course)

Staff costs	Admin costs	Catering	Venue (where applicable)
£595	£145	£154	£145

What Follows a Course? Carer Support Groups

As part of the evaluation process, each training group met eight weeks after the end of the course. Carers appreciated the opportunity of having a reunion. Some groups asked specifically to meet up again as a peer support group while other carers were interested in joining a pre-existing carer support group in their area. A few carers exchanged email addresses and telephone numbers in order to stay in touch, while some carers decided to join an existing carers' reading group or volunteered to take part in consultation events. Several carers signed up for further training courses and seminars.

September 2009 Jane Marryat National Development Officer

Final Evaluation Report - Introduction

The aim of the Caring with Confidence project was to develop a comprehensive programme of ‘expert carer’ training which was determined and delivered locally and that met the particular needs of those local carers. In addition, the project was targeted at those caring 50 or more hours a week or carers whose health was being adversely affected by their caring situation, enabling them to build on their own expertise and gain further knowledge and confidence from health professionals and peer support.

The project was designed to improve carers’ ability and confidence to manage their own caring situation and thus improve their quality of life and that of the people they care for. This report describes the independent evaluation of the project carried out under the auspices of Glasgow Caledonian University. It begins with the overall evaluation methodology. The results of the evaluation will be presented followed by a discussion and recommendations.

Methodology

In order to evaluate such broad and wide-ranging aims it was important to develop a multi-method approach to the evaluation. It would need to consider outcomes as well as process variables. As such, the evaluators designed a study that included quantitative and qualitative data collected through questionnaires, focus groups and interviews. Each component of the multi-method approach will be described below.

Pre-Test Post-Test Design

Course participants were asked to complete a questionnaire prior to taking their first training course and again after they finished their training. The post-test questionnaires were administered approximately six weeks after the final training.

The questionnaire used a continuous rating scale format of 17 different items. Each item contained statements worded negatively or positively at each end of the rating scale which ran from -3 to +3. The areas measured included:

- Feelings about being a carer
- Confidence in relation to being a carer
- Ability to manage the caring situation
- Physical and emotional health
- Feelings of stress
- Time for self
- Feelings of isolation
- Support for self as a carer
- Communication with professionals
- Working with professionals
- Financial situation
- Knowledge in relation to the course taken
- Skills in relation to the course taken

- Quality of care provided
- Difference the course made to caring situation

In addition, two open ended questions were included that asked carers to explain any of their answers or to include anything they wished about their experience of being a carer. Finally, demographic information was also collected (see appendix 1).

The questionnaire was developed from a review of the literature on carers and in particular the research that indicated what was important to them in their caring situations (e.g., Glendinning et al, 2006; Harkins & Dudleston, 2006; Kelly, 2006; Miller et al, 2007; Petch, Cook & Miller, 2005). It was also built upon the tool “Person Centred Planning for Carers Centres” developed by The Princess Royal Trust for Carers and based on work by the King’s Fund (PRTC, 2006). Finally, the User Defined Service Evaluation Toolkit (UDSET) influenced the development of the tool, especially in highlighting the outcomes of importance to carers (Cook, Miller & Whoriskey, 2007).

It was piloted with a group of carers and further refined in the light of their comments and suggestions. It has also been used with a similar evaluation occurring across the Highlands and with Black and Minority Ethnic Carers. The questionnaire allows for quantitative evaluation of some of the key objectives regarding carers’ emotional health, physical health and wellbeing and developing carers’ skills and knowledge. The data was analysed using SPSS 16. Where appropriate paired sample t-tests and analysis of covariance were used to test for differences on the questions before and after the training. Descriptive statistics were used to summarise demographic data.

Focus Groups

Questionnaires are an excellent way to capture a large amount of data and when the questions yield quantitative data they can be extremely useful in measuring outcomes. However, one of their drawbacks is that they can lack depth or do not facilitate exploration and explanation required to answer some evaluation questions. As such, focus groups were designed to be used as part of the evaluation to examine outcomes and process variables of interest to the evaluation.

This included some areas also addressed in the questionnaire and additionally gave participants the opportunity to describe potential benefits of the training that were not part of the questionnaire (see appendix 3). These “reunion” groups were designed to occur eight weeks after the completion of the courses and allowed for comment on the usefulness of the course. The focus groups were recorded, transcribed and analysed using thematic content analysis. Two members of the research team analysed each transcript to promote rigour and ensure credibility and dependability of the analysis.

Course Evaluations

Each course was also separately evaluated on the day in terms of content and delivery by participants (the course evaluation). The course evaluation included open ended questions concerning positive and negative aspects of the course as well as a series of questions evaluating process and content of the training (see appendix 4). The open ended questions were analysed using thematic content analysis. Two members of the research team analysed each transcript to promote rigour and ensure credibility and dependability of the analysis. The scaled questions were analysed using SPSS 16 through descriptive statistics and analyses of variance.

Presenter Evaluations

Presenters also completed an evaluation of their sessions via an online questionnaire (appendix 2). The open ended questions were analysed using thematic content analysis. Two members of the research team analysed each transcript to promote rigour and ensure credibility and dependability of the analysis. The scaled questions were analysed using SPSS 16 through descriptive statistics.

Results

This evaluation is based on the 18 courses run across Lothian under the auspices of the *Caring with Confidence Pilot Project* between January 2008 and April 2009. In total 159 carers received training. The response rate received on this occasion was particularly encouraging. Of these, 87 (55%) returned the initial questionnaire, 65 (40%) returned the second questionnaire, 96 (60%) completed the final course day evaluation. In total 120 (75%) carers participated in at least one element of the evaluation through the questionnaires. Additionally, 83 attended focus groups.

In terms of those delivering the courses, of the 96 presenters involved, 45 took part in the online evaluation. These response rates are considered satisfactory for surveys. The use of focus groups captured some carers who did not complete the questionnaires. As such the combined results of the focus groups and questionnaires provide a robust understanding of the impact of the training.

As indicated above, four different data collection techniques were used. The first was pre/post questionnaires measuring selected outcome measures. The second was a course evaluation typical of post-training course evaluations. The third was a brief questionnaire completed by the providers of the training. The final data collection technique was the use of focus or reunion groups. The analysis of each wave of data collection will be described separately below.

Demographic Information

In total, 120 participants completed one or more of the questionnaires or course evaluations. These questionnaires included demographic details that will allow the evaluation to present a description of the participants. Most of the participants were over the age of 50, though there were some younger carers as well (Table 1). In addition, most of the respondents were female as only 20% of the respondents who indicated their gender were male.

No people from black or minority ethnic groups completed the questionnaires, though one person did indicate that their ethnicity was "other." Table 2 shows that nearly 40% of the respondents were caring for a spouse or partner (usually a husband) followed by a parent at over 15%. If the missing data are discounted, over 53% of the carers were caring for a spouse or partner and 20% were caring for a parent.

Table 3 lists the health conditions of the cared for person as reported by the carer. Though most carers only indicated one condition, 17% of the carers indicated they were caring for someone with multiple illnesses or disabilities. When these multiple illnesses are included individually, dementia and other neurological conditions are the most frequently cited reasons for care being provided (Table 3) though lung conditions and mental illnesses are also frequently cited. Most of the carers could be termed heavy duty carers as the average number of hours a day they are providing care is 18.2 hours per day (s.d.= 8.2). The carers are relatively new carers.

Though the average number of years they have been providing care is 6.6 years, the median is 4 years. This means

that half of the carers have been in their caring role for less than 4 years. Very few of the respondents (n=11) had received training on carers' issues in the past. When asked how they heard about the courses, 56% of the participants were recruited through The Princess Royal Trust for Carers Centres, though the actual percentage is likely to be higher as we do not have this information for 34 participants (28%). Only 11 participants were referred by health and social care professionals and the remaining 7% found out about the courses through informal sources such as family, friends, or the internet.

Table 1.

Age of Participants		
Age	N	%
Under 30	2	2%
30 -50	16	13%
51 -65	42	35%
Over 65	28	23%
Missing	32	27%
Totals	120	100%

Table 2.

Caring Relationships		
Relationship	N	%
Spouse/Partner	47	39%
Parent	18	15%
Adult Child	11	9%
Child	6	5%
Other	6	5%
Missing	32	27%
Total	120	100%

Pre-Post Questionnaires

On the pre-post questionnaires respondents were asked to respond to a series of questions whereby they were asked to rate different areas of their lives of importance to carers. For each area, the carer rated how they felt about this area of their life, where -3 meant things could not get much worse and +3 meant everything was fine.

The areas included feelings of being a carer, confidence in caring, ability to manage caring, physical and mental health, stress, time for self, feelings of isolation, support, working and communicating with care professionals, finances, knowledge and skills required for caring role, and perceived quality of care currently provided. The scales were analysed using SPSS and paired *t*-tests were used to test for changes over time in each of the questions at a significance level of $p < 0.05$.

Table 3: Health Conditions of Person Being Cared For					
	Multiple Illnesses Counted as One Category		Additional Incidences	Multiple Illness Included Individually	
	N	%		N	%
Multiple Illnesses or Disabilities	20	17%			0%
Dementia	18	15%	7	25	21%
Mental Illness	12	10%	5	17	14%
COPD, Emphysema or other Lung Condition	11	9%	4	15	13%
Stroke	6	5%	3	9	8%
Multiple Sclerosis	5	4%	1	6	5%
Global Delay	2	2%		2	2%
Hydrocephalus	2	2%		2	2%
Parkinson's Disease	2	2%	2	4	3%
Arthritis	1	1%	2	3	3%
Asperger's Syndrome	1	1%		1	1%
Autism	1	1%		1	1%
Brain damage	1	1%	1	2	2%
Siderosis of the Nervous system	1	1%		1	1%
Down's Syndrome	1	1%		1	1%
Epilepsy	1	1%		1	1%
Cancer	1	1%	2	3	3%
Heart Disease	0	0%	3	3	3%
Missing	34	28%		34	28%
Osteoporosis	0	0%	3	3	3%
Amputee	0	0%	3	3	3%
Diabetes	0	0%	1	1	1%
Deaf Blind	0	0%	1	1	1%
Ataxia	0	0%	1	1	1%
CFS	0	0%	1	1	1%
Down's Syndrome	0	0%	1	1	1%
IBS	0	0%	1	1	1%
Scoliosis	0	0%	1	1	1%
Wheelchair Bound	0	0%	1	1	1%
Total	120	100%	44	144	120%

The data from the scales (summarised in Table 4) indicate that respondents reported a statistically significant positive change in the following areas:

- More positive feelings about their caring situation
- Increased confidence in their caring role
- Feel that caring has less of a negative impact on their physical health
- Feel more able to manage the caring situation
- Feel less isolated
- Feel more supported
- Feel more confident talking with care professionals about what they need

- Feel more positive about their financial situation
- Feel more knowledgeable
- Feel more skilled
- Feel they give a better quality of care.

There were several areas that did not show any statistically significant change. These included:

- Emotional Health
- Stress
- Time for self as a carer
- Ability to work with care professionals as a key partner

The final question asked participants to rate how they felt the course would/did impact on their ability to care. The results suggest that at the post-test the courses made a more positive impact on their ability to care than they had expected.

Table 4: Carers Questionnaire Results

Questionnaire Item	Mean Change	Std. Dev.	t-value	df	p-value
I am often very negative/positive about my caring situation	-0.67	1.52	-3.56	65	0.00*
I do not/do feel very confident in my role as a carer	-0.83	1.49	-4.46	63	0.00*
I do not/do manage my caring responsibilities well	-0.62	1.45	-3.41	64	0.00*
My health is seriously affected by my caring situation/My caring situation has no effect on my health	-0.39	1.65	-1.88	64	0.03*
My emotional health is seriously affected by my caring situation/My caring situation has had no effect on my emotional health	0.02	1.71	0.07	64	0.47
I frequently feel/rarely get stressed by my caring	-0.26	1.62	-1.30	64	0.10
There is nothing in my life except caring/I have plenty of other interests beyond caring	-0.05	1.76	-0.21	63	0.42
I feel/rarely feel isolated as a carer	-0.36	1.70	-1.69	63	0.05*
I do not feel/usually feel supported in my caring role	-0.43	1.70	-2.00	62	0.03*
I am not/I am confident talking to care professionals about what I need	-0.41	1.57	-2.01	57	0.02*
I feel I am unable/am able to work with care professionals as a key partner	-0.29	1.73	-1.32	61	0.10
My financial situation has been greatly affected/has been unaffected by my caring situation	-0.94	2.11	-3.58	64	0.00*
I know little about course topic/I feel knowledgeable about course topic	-2.34	1.73	10.58	60	0.00*
I feel very unskilled/skilled in relation to the course I am undertaking	-1.87	1.82	-8.18	62	0.00*
I have a lot of concerns about the quality of care I provide/The quality of care I provide is to a high standard	-1.62	1.54	-8.47	64	0.00*
This course made little difference for me as a carer/The course had a significant impact on my ability to care	-0.57	1.64	-2.76	62	0.00*

* significant at p<.05

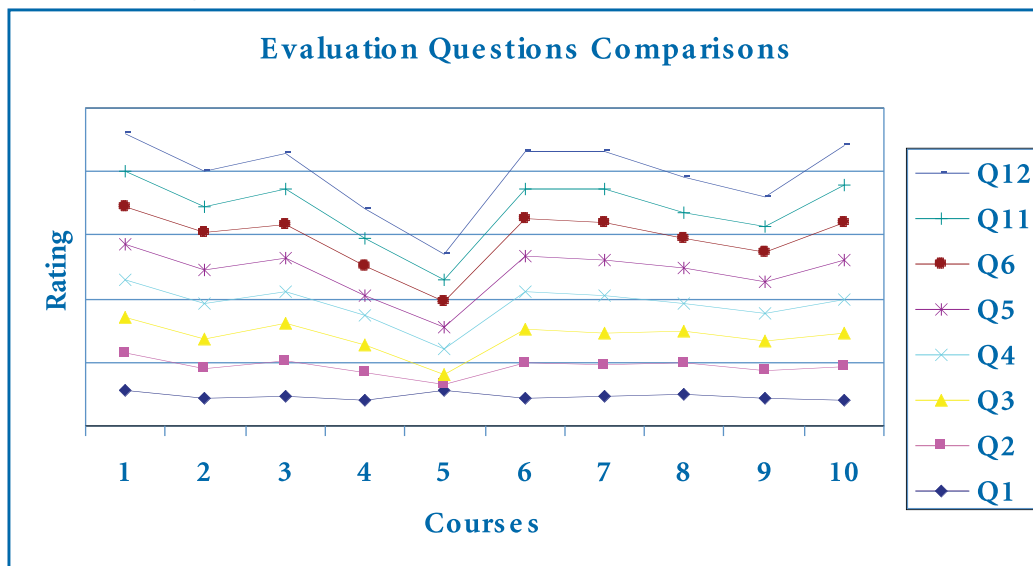
Course Evaluation – Participants

In addition to the pre-post questionnaires, each training course was evaluated on the day. These questionnaires were concerned with the delivery of each of the courses rather than on psychosocial outcome measures. The course evaluations were scored in a similar manner as the pre-post test questionnaires – on a scale from -3 to +3. The courses evaluated very positively on the day. For example, the average scores for each of the questions were over 2.37, with 3.0 being the highest rating. This suggests that the courses were well received on the day.

Evaluation area	N	Minimum	Maximum	Mean	Standard Deviation
How much learned on the course	97	-3	3	2.37	.905
Usefulness of what was learned	97	-3	3	2.44	.878
The course was delivered in a way helpful to learning	97	-1	3	2.56	.736
Participants able to contribute to the training	96	-3	3	2.51	.918
Delivery by the speakers	98	1	3	2.63	.525
Course met expectations	90	0	3	2.40	.761
Overall experience of the course	97	-2	3	2.61	.744

It was not possible to statistically compare the average rating of each question across each course as some courses had too few responses or unequal variance in the responses. However, if one looks at the averages graphically (See Figure 1), one can see that courses 4 and 5 (Information Days and Looking after Yourself) were rated lower than the other courses on most questions.

Figure 1: Comparison of Evaluation Questions across Courses



Respondents were also given the opportunity to provide comments in each area. The comments supported the high scores with people making positive comments about the topics, information, presentation styles and interaction. Many respondents mentioned the importance of learning from other carers and feeling that they were not alone.

Course Evaluation – Presenters

The online questionnaire for presenters asked them to rate the knowledge, confidence and skills of the carers in their session as well as to rate aspects of course delivery. The course evaluations were scored in a similar manner as the pre-post test questionnaires – on a scale from -3 to +3. The questionnaire was completed by 45 of the 96 contributors, the majority having had a long term interest (average 12.7 years) in their subject.

As one would have expected from the range of courses provided by the project they were delivered by a wide range of professionals from within the caring, health and social work fields. Their contribution to the courses varied, from those who delivered a complete course to those contributing to specific sessions within courses. They also appeared generally to be clear about the aims of the sessions and the information they intended to share with the participants. Only two of the presenters indicated that they did not feel as fully prepared or organised as they could have been.

The presenters thought that the carers were strongly motivated to take the courses as 89% (n=41) rated motivation at the highest two points on the rating scale. They were also asked their perception of the carers' knowledge and skills before and after the training. As can be seen in Figure 2 the presenters thought there was a noticeable positive shift. They also thought the participants had not only enhanced their knowledge and skills but learned a lot as a result of undertaking the course/session with 80% (N=37) rating this area on the highest 2 points on the rating scale. Like the participants, the presenters also felt strongly that the information was relevant to carers and pitched at the appropriate level. Presenters felt that the carers left the courses quite confident in being able to put their new skills and knowledge into practice as can be seen in Figure 3.

Figure 2: Presenters' Rating of Carers' Knowledge and Skill

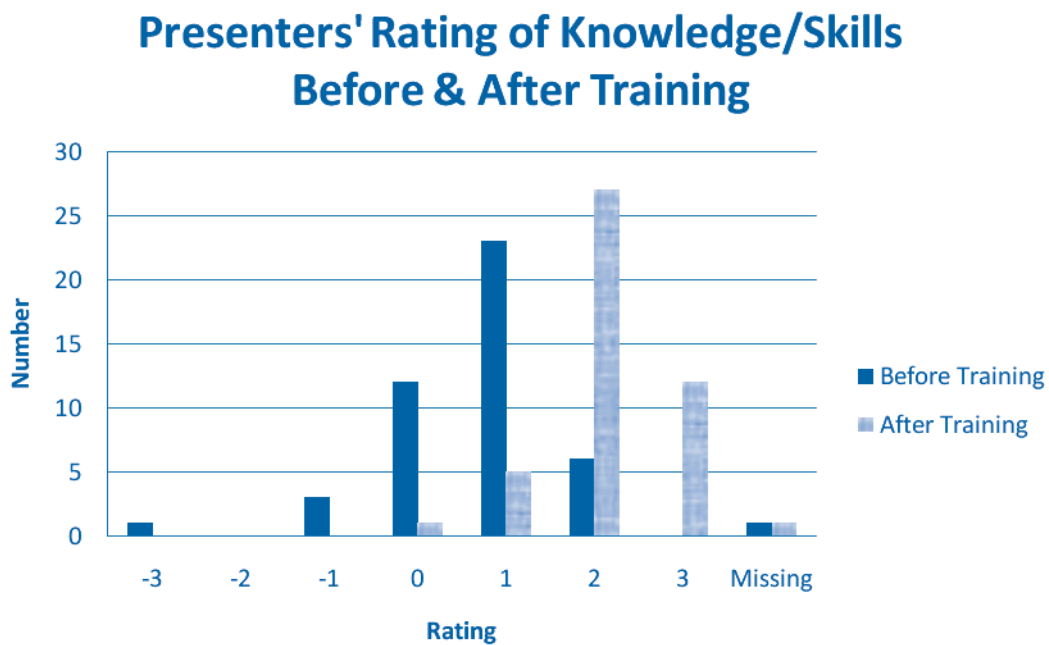
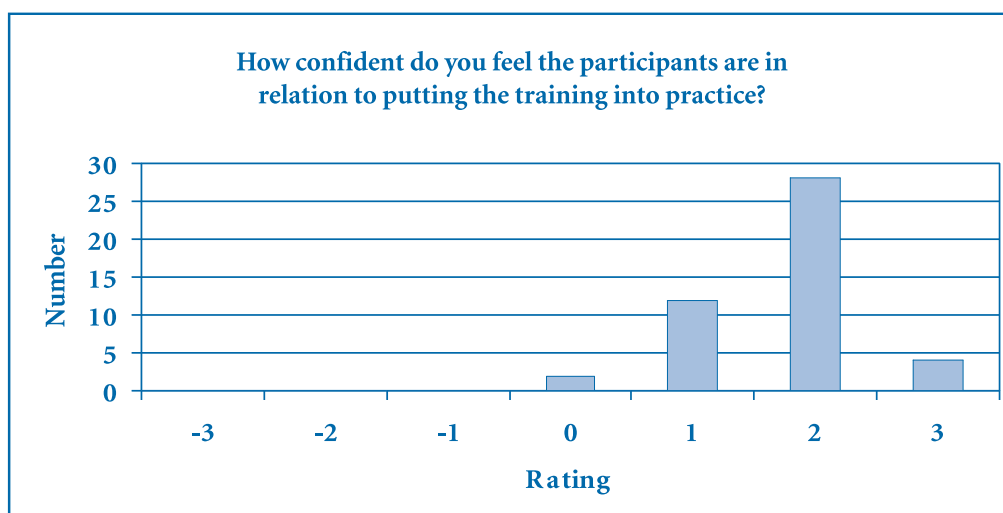


Figure 3: Presenter's Rating of Confidence



When asked about the positive aspects of the sessions there were a number of clear and distinctive trends that emerged for the presenters. They identified factors that strongly mirrored those identified by the carers. A considerable number identified that the course/session had provided an opportunity for the carers to raise personal issues or clarify accurate or wrongly held beliefs in a supportive environment.

This pattern was also reflected in the considerable number of presenters positively highlighting the benefits of being able to have a dialogue with the participants during and after the session. They also felt that it was positive that the course participants had time to share experiences with others on the course which, when supported by the specific information provided by them, meant carers had “time out” to think about their role and meet with others in similar situations.

Unlike the positive aspects of the course, a strong consensus about negative aspects of the courses did not emerge from the presenters' data. However some presenters did express concerns including: participants being able to speak out on personal concerns in front of the group, the lack of time to fully develop topics particularly in the shorter sessions and ability to strike a balance so that all participants' issues were covered.

In addition, two presenters felt *they* could have been better organised, two reported that the room was too hot and finally on a more humorous note, “being promised doughnuts, and not seeing any”.

Focus Groups and Interviews

Over the course of the evaluation period, 16 focus groups were held in a range of locations across the Lothians. A focus group was held for each course except for the Caring for a Child with Additional Needs course as there was no uptake for this focus group. In addition, individual interviews (n=6) were conducted for the initial Moving and Handling Course (see appendix 5). Almost two-thirds of the course participants (n=83) took part in these groups, including almost all of those who had completed the initial baseline questionnaire.

In order to evaluate the efficacy of the courses, participants in the focus groups were asked about a range of issues including the style and structure of the training; what they felt they had learned; how this had impacted on their role as carers and what they see as the next stage in their skills development as carers. The general evaluation of the courses was very positive with some very specific issues highlighted. The aims of the focus

groups were: 1) to explore what the carers thought about the quality of the courses in terms of content and processes and 2) to explore if and how the courses impacted upon their ability to care. Questions focused on what they learned, how they felt the courses made a difference to the care they provide, and to explore next steps in developing their capabilities as carers.

Style, Structure and Content of the Courses.

In the main, the participants described the courses as being delivered at an appropriate level and were delivered in a manner that was appropriate to their needs. This style of delivery meant the carers were enabled to feel comfortable, valued and able to learn from the experience.

There was also a strong feeling that the number of participants on each course was “right” enabling those attending to be heard and be able to contribute to the discussions. When asked if the contents of the courses covered what they expected, the overwhelming majority of the carers said yes. This was equally true for those who had had more time to prepare for the courses than those who had found out nearer the start of the training courses.

In this respect there were a small number of courses where the participants had only received information about the course late in the day. Most participants indicated that the venues were good and the timing of the days helpful and could be accommodated within their caring arrangements. However, some participants did comment that evening courses could be beneficial.

More specifically there were a noticeable number of carers who indicated that while benefiting from the course this could have been of even greater use to them had it been delivered earlier in their caring careers. In nearly all of the focus groups, participants were able to outline the main presenters and the subjects covered. There was a very strong expression that the material provided was well prepared and delivered in a thoughtful manner. The following quotes reflect this recurring theme:

“Very well delivered I would say. Didn’t talk away up here – know what I mean? (chorus of agreement) She was a very good presenter.”

“I just thought it was great that all these professionals turned up on time and they were all extremely well prepared (others agree), loads of handouts that I didn’t bring today but I did bring quite a lot home with me. And how informal it was – just being able to question these professional people without a barrier between you.”

The information received by participants from the presenters was in the main, considered to be very relevant to their role as carers and of direct benefit to their individual situations. With the exception of the shorter one-day courses (Information days) and one of the longer courses (Mental Health) and some individual sessions there was a sense that the pace of most of the courses was considered to be appropriate, allowing participants the time to make sense of the information and to share experiences with others.

Participants indicated that there was a good balance on the courses between different styles of delivery, using a variety of approaches to learning and obtaining information. These ranged from didactic information giving, to techniques that enabled participants to explore their thoughts/ feelings through group or individual exercises and tasks. This balance between didactic presentation and participant involvement was also considered to be good as participants felt they had been able to share experiences and have their voices heard.

There were, however, a few exceptions. Two presenters were not considered to be as well informed while one

presenter was not perceived to have sufficient experience of their subject. Whilst being commented upon, these perceived shortcomings did not seem to impact significantly on the overall evaluation of the courses concerned. Rather, they were noticeable because of the negative comparison with other presenters who had contributed to the same training course. Similarly with a small number of the courses, there was a feeling that too much information was provided across the day or the course and that this meant it was difficult to assimilate all that was covered. In these cases the carers were looking for more time to develop their own understanding.

*“The one thing I did find that the day that the ***** subject was on, it was an awful lot, it spread such a wide range that I found it just a wee bit much for my poor old brain. I think if maybe that had been split up a bit.”*

Importance of Being Heard

The importance of the participants feeling heard and being able to contribute is a recurring theme throughout the focus groups. In this respect they were generally very positive about the organisation/structure of the courses and presenters in terms of actively facilitating this process. The presenters, while seen as experts in their field, were approachable to and supportive of the participants; factors that facilitated the learning process as can be seen from the following quote from one of the participants:

“And you felt that every one of them really was concerned, they were compassionate, they knew they understood the problems and they wanted to be helpful; that’s what I felt of them all.”

As a result of this atmosphere the participants felt able to seek clarity about issues and in the main raise their own concerns both during the sessions and at lunch and coffee breaks with the presenters. Interestingly this chance to have time with the presenters to focus more fully on the carers’ own situations is repeatedly commented upon by those attending the Moving and Handling Courses (the second day of these courses entailed an individual home training session).

Participants on these courses particularly valued the day of the one-to-one time in their own homes as it enabled them to specifically look at their own situation. These at home sessions allowed carers to apply the training to their own unique caring situation and to identify possible improvements and required resources. When the carers did not feel heard they felt less positive about their experience. For example, on one course it was felt that a small number of participants were excessively demanding of the presenters’ time to the detriment of the group.

Importance of Mutual Support

The importance of coming together and giving/receiving support from other carers was commented upon at the majority of the focus groups. As one could anticipate this ‘gelling’ or cohesion was more marked in those groups that had a longer duration.

However it was important for all groups as participants were able to share an understanding of what it meant to be a carer and offer mutual support in that context. Participants commented on how the group experience had enabled them to participate more fully in the formal sessions in a relaxed manner and feel less isolated as a result. Even the breaks enabled the groups to gel and provided an opportunity for mutual support and sharing of information.

“You can get right frustrated. I think the course surpassed what I thought it was going to be and one of the reasons was because of the group we were involved. I think that everybody gelled really really well. Everybody’s situation was completely different. But there was one underlying fact – we’re all carers. It was interesting how people came from different situations and there were a lot of similarities. You tend to think that you’re by yourself, isolated. I didn’t realise

that people caring for other illnesses how similar the problems were and the feelings and emotions were just the same.”

“Plus you know the people that are here are all in a similar situation and they’re not criticising you, they’re actually empathising with you, being supportive.”

Participants’ Perceived Gains

There was clear evidence from most of the participants that they had gained as carers from the courses. Participants stated that they were better informed about their rights and those of the person they cared for; had developed their skill levels; and had a stronger knowledge base around the specifics of the conditions of those for whom they provided care.

There were also numerous practical gains including receipt of respite, stopping smoking, installation of alarm systems, receiving a carer assessment, obtaining legal advice, and accessing mobility aids. A common theme to emerge from the focus groups related to gains by the carers in the more intangible aspects of caring. Participants in the focus groups indicated that they had gained in confidence as a result of attending the courses:

“I mean I don’t feel nearly as negative now as I did before”

“I got out of it that I’m now a lot more confident in how I deal with how my husband is now”

Not only were some more confident but this also meant they were more aware of their own particular needs and were more assertive in obtaining them. Examples of such activities were finding time to go to the gym and shopping.

Participants in the focus groups also expressed sentiments that suggest that the courses had helped them to develop a calmer approach to caring and they felt better able to manage stress. There was also some evidence of participants using specific coping techniques, such as controlled breathing, to help with relaxation and stress.

Having a better understanding of the conditions affecting their cared for person had a positive impact on the way in which they provided care. The result has been a more positive carer / cared for relationship. This appears to be particularly the case in the courses that covered areas such as dementia or mental health. Here participants felt they had better understood the condition and could develop techniques to deal with difficult or confrontational situations.

“I think it’s possibly helped me try to understand my daughter a bit better in how the other people deal with a similar situation.”

In terms of the impact of the courses on those being cared for, participants did tend to identify improvements in the relationship for whom they cared. They considered this to be a consequence of them being better informed and calmer. This allowed them to be more understanding of the difficulties being experienced by the cared for person and consequently they could be more patient and tolerant. This pattern was less clear in the shorter courses where participants, depending on the course, were less able to identify specific gains for those being cared for.

Emotional support and validation as mentioned above, is also evidenced throughout the focus groups. What appears to be crucial is that the course, through providing emotional support, was able to validate feelings and challenge unhelpful responses such as guilt as is evidenced by the following quote:

“Showed you how to relax. It was really showing you the techniques and there was a section on how if you were feeling guilty, you shouldn’t be feeling guilty. You’ve done nothing wrong and also sessions on how to try to give yourself time.”

This symbiotic relationship between the type of training and the support obtained on the courses led to perhaps the most apparent positive outcome; that participants received emotional and practical support which enabled them to cope better with feelings of isolation and therefore benefit from the courses themselves. They also began to feel that their caring role was more valued and had a purpose than they had previously thought and some participants reported an increase in their own sense of self worth.

Future Development Needs of Participants

When asked what they considered the next stage of their development to be, there was a difference between the first and second phase of the pilot. In the first phase participants tended to be vague about what they needed beyond meeting as a support group or developing specific aspects of the course they had attended. In the second phase there was a growing awareness of the existence of other courses and how these could be accessed.

Part of the reason for this was that by the second phase there were a noticeable number of participants who had been on other courses and were able to share this information with their fellow group participants. This difference apart, there was still a lack of clarity about the way ahead in terms of further courses and a continued desire for the participants to meet as a support group to build on their shared experience. This lack of clarity was also reflected in the way that the participants had heard about the training and been recruited in the first place.

While most would identify a connection back to The Princess Royal Trust for Carers Centres, there appeared to have been numerous information points ranging from word of mouth, GP’s surgeries, other course participants, etc. What was missing for the participants was a clear point of contact that enabled them to make sense of their own personal training needs.

Though the participants in the focus groups indicated a desire to continue to meet for support, there are questions about the feasibility of “support only”. There is some evidence in the focus groups to suggest that the participants would not have embraced the supportive process but for the promise of expert training. In essence they may feel guilty about leaving the cared for person for circumstances other than “valid” training experiences. Participants want to remain connected, but they need a valid basis on which to do so. Hence they need a continuum of training opportunities to support this process.

There is also some evidence in the focus groups to suggest that while the training was evaluated very positively there could have been even more gains had this occurred earlier in the participants’ caring career. This clearly raises the importance of carer identification and ensuring that a range of training pathways are available as early as possible.

DISCUSSION

Perhaps the most striking aspect of the quantitative data analysis is the amount of positive change across a wide range of variables on the pre-post test questionnaires. This data strongly suggests that the training courses had a positive impact on the lives of the carers who attended.

These improvements occurred in areas that carers themselves have indicated are important areas for evaluating

outcomes. These positive changes ranged from feeling more positive about the caring situation to feeling more knowledgeable and skilful. In some ways it is surprising that so many positive changes were found as typically research into interventions to support carers finds mixed results at best.

The second striking aspect of the evaluation is the amount of triangulation that was found across the different data sources. For example, the results from the quantitative carers' questionnaire results are supported by the data from the focus groups as well as the quantitative and qualitative data from the presenters' questionnaire. Data from the course evaluations lend further support to many of the findings. Some of these key findings will now be discussed.

One of the major aims of the project was to increase the confidence of carers. Confidence includes knowledge, skills and emotional components and the courses appear to have influenced all three areas. For example, increased knowledge was a consistent finding across the data sources. In fact, the biggest change was found on participants feeling knowledgeable, moving from negative to near the top of the scale.

This finding was also found in the focus groups where participants spoke about their increase in knowledge in areas such as their rights and available resources. They also described increases in their knowledge concerning the conditions of the person they were caring for. The trainers also indicated that carers appeared more knowledgeable after training.

Increases in skill were also identified across the data sources. Again, feelings of skilfulness showed a big gain from pre-test to post-test, and this area had the second biggest mean change. In addition, the participants felt that they were providing better care after the training.

This suggests that the training courses significantly impacted the caring skill levels of the carers. Building on the increase in knowledge, the focus groups also found that carers felt more skilful. An increase in knowledge without a related increase in skill would be hollow. Thus it is encouraging that the carers are reporting that they are putting their new knowledge to practical use and feel they are providing better care. They also felt better able to manage their caring situations.

If a person feels more knowledgeable, feels more competent in practical skills, feels they can manage the situation better, and is providing better quality of care, one could expect an increased sense of confidence. The data suggest that there has been such an increase in reported feelings of confidence of the carers. After increases in knowledge, skill and quality of care, increased confidence showed the biggest increase from pre to post-test. This increase in confidence was also demonstrated in the focus groups.

In addition to these very practical and tangible benefits, the evaluation also found significant and important positive changes in some other areas thought to be important buffers against some of the negative impacts of caring. For example, social support has long been known to be an important buffer against stress in general, but particularly the stresses of caring. The participants in the evaluation reported feeling less isolated and more supported.

This was found in the statistically significant changes from pre-test to post-test, and also came through in the focus groups. This is particularly important information, as in the focus groups participants described how beneficial the support received from other carers was. Yet if social support alone had been offered, the carers would not likely have taken up the offer. Receiving training appears to be intrinsically easier for carers to do than asking for "support", and an unexpected benefit for the carers is that they also receive social support from

attendance. This suggests that all carers' courses should be cognisant of this and purposefully build in elements to enhance mutual support within training.

There were some seemingly contradictory findings. For example, in the questionnaire participants indicated that they felt more confident talking with care professionals about what they needed after the courses they took. However, there was not a corresponding change in their ability to work with care professionals as a key partner. So carers reported that they were better able to talk with professionals, they felt better informed and more confident in their abilities, but they did not feel any more able in their ability to work with professionals as partners. Though on one level this may seem a contradiction, on another there is a plausible explanation. Working with care professionals as a partner is transactional. It takes more than one person to make a partnership, so just because one side of the equation is stronger does not mean there will necessarily be a change in the other.

Perhaps additional courses that provide knowledge and skills in how to manage or influence professionals are needed (e.g., assertiveness training for carers when dealing with professionals). This suggests that professionals also need further training and education in carers' issues and partnership working. It also may suggest that health and social care systems need to work better with carers.

Other seemingly contradictory findings were that carers did not report any improvement in emotional health or stress from pre-test to post-test. Given that they reported feeling more positive about their caring situation, felt better able to manage, felt less isolated and more supported, and even had a more positive outlook about the impact caring had on their finances, one could reasonably expect stress levels to be less and that emotional health might improve.

In the focus groups, carers gave many examples of how they were coping better with stress and had a bigger range of coping mechanisms. They also gave examples of how they were beginning to take better care of their emotional well-being. However, given that their caring situations did not change, the stressors in their lives were still present. Though there were positive changes in areas that can help them manage their stressors, the fact of the matter is that the stressful situation continues.

Though carers might be better able to cope with their new found knowledge, skills and confidence, it will likely take more resources such as sufficient respite and other practical supports to greatly impact on outcomes such as stress. It may also be that the questionnaire was not sensitive enough to measure any changes that may have occurred. Certainly the data from the focus groups would indicate that some carers did feel less stressed and better off emotionally.

The questionnaire suggests that carers were no more likely to find time for themselves after the training than they were before the training. Yet, in the focus groups, the participants did suggest that this was a benefit of the training. Some expressed this as recognising some guilt-free "time for me" and taking a break from caring. For some this was only a few minutes, rather than a substantive break from caring. So though the carers recognised the need to take time for themselves, it appears that many have not found a way to realistically do this.

The data strongly suggest that carers benefited in many important domains after participating in the training. In addition to these outcome measures, the evaluation also examined process variables as well – namely, how the courses were delivered and what carers thought of the overall process.

The courses were overwhelmingly positively received. Carers received more than they expected from the course

as is evidenced by the quantitative data. In the focus groups it became clear that one of the benefits they did not expect was social support. Training had an intrinsic value for carers, and this allowed them to justify their attendance. It was 'training' and not general support sessions. Evidence from the focus groups suggests that as an outcome, the group support element is a vital component of the training element. The courses provided a forum for participants to express feelings and issues important to them. This support and sharing helped break down deep-seated feelings of isolation.

The benefit of the social support came through very clearly in the focus groups and also in the presenters' data. The presenters indicated that the carers were eager to share their stories with each other as well as with the professionals. They were keen to be heard and validated. However, some presenters appeared to be somewhat uncomfortable with the level and amount of personal sharing that could occur in these courses. Presenters must be able to facilitate, support and manage the personal sharing so that the activities to build knowledge and skills are balanced with support and mutual aid. These are not mutually exclusive and should be purposefully built into the courses.

The need for connection is also evident when the carers discussed next steps. They wanted to remain connected but need a valid basis on which to do so. A continuum of training opportunities could address this. Stand alone, one off training has value, but it can be somewhat limited. A learning pathway or trajectory is required. Sources of information about all the available training needs to be better co-ordinated and more widely available. The participants seem to think that GP surgeries are a natural source for carers' training information, however they indicate that this is not currently the case.

The participants also felt validated and listened to by most of the presenters. The courses were delivered by people perceived by participants as 'experts,' and the sense of being listened to by these experts was important for the carers. This validation was viewed as a justification in itself for attending.

There were two courses that were not rated as favourably as the others. Of these one was the Information Day which was a one day course. Participants indicated that they were filled with too much information for the short period of time. In addition, the shorter course did not facilitate the development of mutual aid and support. Perhaps if the Information Day was seen as a part of a learning pathway some of these difficulties could be overcome.

In the focus groups issues about recruitment to the project emerged. In the eyes of some of the participants recruitment appeared serendipitous. Most of the recruitment occurred via contact with The Princess Royal Trust for Carers Centres staff, and some participants felt that the recruitment was rushed and not as systematic as it could have been. A series of courses that hung together as a coherent training package or programme that was advertised strategically and in a coordinated manner was seen as important. As indicated earlier, GP surgeries were seen as one possible recruitment area.

Some of the findings raise a question about the courses as a whole. Clearly participants received benefits from attending a course, but in the focus groups they reported a sense of wanting or needing more. One off training was not seen as enough. A training strategy and learning pathway is required so that carers can see a way forward to meet their knowledge and skill needs but also their support needs. In addition, such an approach could facilitate earlier uptake of training courses. Many of the carers wondered where this kind of training was earlier in their caring careers. They felt it would have been of even greater benefit if received earlier.

CONCLUSION AND RECOMMENDATIONS

It is clear from this evaluation that the *Caring with Confidence* courses worked for the vast majority of carers. How they are delivered and the information provided provides a model for future courses. Looking at the quantitative and qualitative data from the carers' questionnaire, the data from the focus groups and presenters' questionnaire, one could clearly argue that after participating in the training programmes carers experienced gains on four levels: practical gains, information gains, confidence gains as well as gains in support. In addition, several important lessons were learned from the examination of the process of course delivery. Based on these findings we make the following recommendations:

1. A range of training programmes should be developed, resourced and delivered locally for carers.
2. The training programmes should be part of a long-term and strategic plan to build learning and development pathways that support knowledge and skills for caring.
3. Experienced professionals should contribute to the delivery of the training programmes.
4. Courses should be designed to facilitate the development of knowledge, skills and support.
5. A strategic approach to promotion of courses and recruiting carers should be developed that reaches out to carers not already connected with carers' organisations.
6. Training for the development of additional skill sets such as skills for dealing with professionals should be developed.
7. Education and training for professionals should be strengthened and/or developed to facilitate working in partnership with carers who are skilful, knowledgeable and confident.
8. High quality training such as that evaluated here requires adequate funding and support if it is to achieve similar results elsewhere.

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APPENDIX I.

Course information

VOCAL presented seven courses. The courses were delivered as part of VOCAL's extensive training programme which has been developed over the last five years and is funded by the Big Lottery. Over time courses have been revised and improved using feedback from carers gathered from course evaluations. The Moving and Handling courses were developed in partnership with NHS Lothian for this project.

The sessions of each course described in the information below has been taken directly from the course leaflet.

VOCAL delivered the following seven courses:

1. Caring for a Child with Additional Needs

The course was delivered in seven weekly morning sessions, giving 21 hours of training in total.

Aims of the course:

- Parent carers are well supported through information and advice to assist in their caring role
- Parent carers are confident and knowledgeable about their role and available support.

Objectives:

- To facilitate the sharing of experiences with peers
- To provide information about a range of issues important to parent carers including education, money and support
- To reduce stress levels
- To increase confidence about the care they provide and services available.

Sessions:

Week 1 – Diet and nutrition

A session looking at some of the diet and nutritional issues for children with special needs focusing on weight gain, weight loss and selective eating.

Week 2 – Understanding Medicines

This session looks at medicines to treat certain health conditions and the particular issues relating to administering medication to children.

Week 3 – Support from Social Work

A session looking at support and services for parents and for their child through the local authority. What assessments take place and what are their rights.

Week 4 – Understanding the Education System

This session provides information about education for children with additional needs, their rights and the rights of parents.

Week 5 – Effective Communication

A session exploring how to make the most of contact with professionals. Topics include how do we communicate, assertiveness and preparing for a meeting.

Week 6 – How Caring Affects Us

An opportunity to explore how our relationships work, how a caring role can affect them and also to consider topics such as guilt.

Week 7 – Looking after Yourself

This last session looks at ways that carers can look after themselves – identifying and dealing with stress, making time for themselves and learning about different ways to relax.

Process for the following three VOCAL courses:

Suitable health care, allied health care and social care professionals were identified and briefed with the aims and objectives of each session.

Venue for the following three VOCAL courses:

In the main, VOCAL courses are delivered in the training room at VOCAL Carers Centre which is situated in the city centre and easily accessible by public transport. Carers travelled a minimum of one mile and maximum of 20 miles.

Publicity:

Printed leaflets were sent to children and family teams, Special Needs Information Point (SNIP), Family Advice and Information Resource (FAIR), special needs schools and learning disability nurses. Leaflets were also emailed to selected medical centres, Down Syndrome Scotland and other local carer organisations.

Recruitment and attendance:

- 10 enquiries
- 10 signed up
- 4 carers attended
- 3 finished

2. Caring for Someone with Dementia (VOCAL)

The course was delivered in seven weekly morning sessions, giving a total of 18 hours training.

Aims of the course:

Carers of those with dementia are well supported through information and advice to support their caring role.

Carers are confident and knowledgeable about their role and available support.

Objectives:

- To ensure all carers have a sound knowledge of dementia
- To facilitate carers exploring their feelings around the cared for person's move to long-term care
- To help carers understand the range of support options available
- To facilitate carers' understanding of the issues to be considered when selecting long-term care, to explore alternatives to long-term care as well as what factors to consider when deciding on a particular long-term care setting
- To ensure carers are aware of the different ways of funding long-term care
- To help carers plan financially for the future – giving information about making a will and relevant welfare benefits
- To help carers understand the Adults with Incapacity Act and how it may be relevant to their lives.

Sessions:

Session 1 – What is Dementia?

This session looks at what dementia is and explores the myths and facts, the causes and consequences.

Session 2 – Options for the Future

A whistle stop tour of services available to support someone with dementia and their carer at home.

Session 3 – Changing Relationships

This session explores the nature of relationships and how caring can impact on them.

Session 4 – Selecting a Care Home

Advice on how to find a care home that will suit the needs of the cared for person and the carer. What rights do we have on choosing a care home?

Session 5 – Paying for Long-term Care?

Information on how long-term care is funded. What is the role of the local authority? Which benefits can be claimed while in long-term care?

Session 6 – Adults with Incapacity Act

This session looks at the legislation around making decisions about someone's welfare and financial matters. The session includes information about Power of Attorney and Guardianship.

Session 7 – Open Session

The session gives people the opportunity to ask a Dementia Care Coordinator and a member of the VOCAL team questions, as well as a chance to talk with other carers.

Publicity:

Course information leaflets were sent to carers identified by VOCAL database as caring for someone with dementia and those newly added to the database. Leaflets were also sent to hospital and community care teams, dementia care coordinators, day centres, respite wards, day hospitals, Alzheimer Scotland, and carer support groups for dementia. Course information leaflets were emailed to 10 GP practices, hospital discharge teams, keep well coordinators and dementia care coordinators. The course was advertised in Carers News (circ. 3,000 carers and 300 professionals).

Recruitment and attendance:

- 30 carers enquired about the course
- 20 signed up
- 15 attended
- 12 finished

3. Caring for Someone with a Long-term Condition or Disability

The course was delivered in six weekly morning sessions, giving a total of 18 hours training.

Aims of the course:

- Carers are well supported through information and advice to assist in their caring role
- Carers are confident and knowledgeable about their role and available support.

Objectives:

- To facilitate caring practices that are effective and safe for both carers and the cared for person
- To increase uptake of services and support for carers and the cared for person
- To allow carers to access peer support and benefit from the coping strategies of others
- To respond to carers' needs.

Sessions:

Session 1 – Understanding the Human Body

Information about how the human body works and some of the things that can go wrong including information about specific conditions and illnesses.

Session 2 – Understanding Medicines

Information on medication and its uses, how drugs work, when medication should be given, what happens if a dose is missed, possible side effects and if drugs can be taken safely with alcohol.

Session 3 – Money Matters and Support in the Community

This session looks at what welfare benefits are available to carers and the people they care for, as well as what community care is all about – how are people's needs assessed, will it be possible to get help at home and what rights do I have?

Session 4 – Effective Communication

A session exploring how to make the most of contact with professionals. Topics include how we communicate, assertiveness and preparing for a meeting.

Session 5 – Changing Relationships

This session explores how caring can affect our relationships. Topics will include guilt, loss and communication.

Session 6 – Looking After Yourself

This last session looks at ways carers can look after themselves – identifying and dealing with stress and learning about different ways to relax.

Publicity

Course information was emailed to 10 GP practice managers, local carer projects and discharge teams. It was also advertised in Carers News (circ. approx. 3,000 and 300 professionals). Course leaflets were sent to the 200 most recent carers on VOCAL database and community care teams. Thirty referrals were received.

Recruitment and attendance

- 10 carers signed up for the course
- 7 attended

4. Caring for Someone Who Has Had a Stroke

This course was delivered in eight weekly morning sessions, giving a total of 20 hours training.

Aims of the course:

- Carers are well supported through information and advice to assist in their caring role
- Carers are confident and knowledgeable about their role and available support.

Objectives:

- To facilitate peer support
- To increase knowledge of what happens when someone has a stroke and how a stroke is treated
- To increase knowledge of possible effects of stroke and supports that might assist patient and carer
- To reduce risk to patients and carers' health
- To reduce carers' stress and isolation
- To increase carers' confidence.

Sessions:

Week 1 – What is a Stroke and Secondary Prevention

An exploration of what happens when someone has a stroke looking at causes, diagnosis and symptoms. This session also looks at how further strokes may be avoided.

Week 2 – Medication and Lifestyle Management

We will be joined by a pharmacist and occupational therapist who will explain the pharmaceutical treatments for someone who has had a stroke and discuss aids, equipment and adaptations to make every day tasks easier.

Week 3 – Communication Problems and How to Help

Information about the types of communication problems that can arise as a result of a stroke, and practical advice about how to overcome them.

Week 4 – Behaviour and Mood Changes

We will be joined by a clinical neuropsychologist who will provide insight into some of the changes in mood and behaviour a person who has had a stroke can experience.

Week 5 – Physical Problems and How to Help

Practical advice about how to overcome some of the physical difficulties that can arise following a stroke. This session will include information about aids and how to access help.

Week 6 – Support in the Community

What community care is all about – how are people's needs assessed, will it be possible to get help at home and what rights do I have?

Week 7 – Changing Relationships

This session explores how caring can affect our relationships. Topics will include guilt, loss and communication.

Week 8 – Looking After Yourself

This last session looks at ways carers can help themselves – identifying and dealing with stress, making time for yourself and learning about different ways to relax.

Publicity

The course was advertised in Carers News. Printed leaflets were sent to carers on VOCAL's database who were looking after someone who'd had a stroke. It was also sent to charge nurses on stroke and rehabilitation wards and to specialist stroke nurses to distribute. The leaflet was emailed to a member of the Managed Clinical Network for stroke, professionals working with stroke patients and selected GP practices.

Recruitment and Attendance

- 11 enquiries
- 11 signed up
- 4 attended
- 3 finished the course

5. Looking After Yourself

This course was delivered in seven weekly morning sessions, giving 17 and a half hours' training in total.

Aims of the course:

- Carers gain the information they need to look after their own physical and emotional health.

Objectives:

- To encourage carers to reflect on their own needs
- To provide space for carers to reflect on the process of making and maintaining change
- To provide information about who can assist with change and carers' rights to that support
- To provide information about an opportunity to try different methods of looking after themselves.

Sessions:

Week 1 – Why do Carers Need to Look After Themselves?

An opportunity to explore why it is important and how carers can look after themselves.

Week 2 – Diet and Nutrition

This session will look at choices around diet and its effects on health, addressing topics such as alcohol, salt, and cholesterol.

Week 3 – An Active Lifestyle

An opportunity to look at how carers can improve or maintain their levels of fitness. This session will also look at the physical and mental benefits of exercise.

Week 4 – A Healthy Mind

This session looks at what constitutes a healthy mind, and warning signs carers can use to help look after themselves.

Week 5 – Thinking about Stress

This session explores how carers can take care of themselves and focuses on managing stress and its associated difficulties.

Week 6 – Activities for Relaxation

This session gives carers an opportunity to explore their creative side with a session led by an art therapist.

Week 7 – Complementary Therapies taster

In this session we will learn more about complementary therapies and have the opportunity to try reflexology.

Process

VOCAL worked in partnership with the Keep Well programme, a national project aimed at improving health and well-being in areas of greatest need. The programme is for people aged between 45-64 years who are invited to have a health check at their GP surgery which involves simple checks for conditions like heart disease.

As carers are nearly twice as likely to be in poor health as the rest of the population, it was thought that a training course for carers within the target age group which addressed health issues would be beneficial.

VOCAL were contacted initially by the Keep Well coordinator to discuss the possibilities of offering training to carers. Further discussions led to designing the content and planning delivery of this training.

Venue

Looking after Yourself was run in South Edinburgh as the carer support worker for that area had received the most consistent number of 'Keep Well' referrals – the target client group for the course – so many of the carers attending the training were likely to be local to the area.

Publicity

An article about this course was placed in Carers News and the Herald and Post (local free newspaper). Printed leaflets were sent to Keep Well practice managers and Keep Well Outreach coordinators for them to distribute. 150 carers received a leaflet via VOCAL's mailing list.

Recruitment and attendance

- 15 enquiries
- 12 signed up
- 8 attended

6. Moving and Handling

Three courses were presented throughout the project in partnership with NHS Lothian Manual Handling Team. The first course involved one full day and another half day session in a hospital training environment. In between these sessions carers received a home training session, the length of which depended on the situation, ranging in length from one hour to four hours.

Taking account of feedback from participants of the first course, the second and third courses were revised. Only one classroom session took place in the second and third courses. Five carers received training in Edinburgh and seven carers in West Lothian.

Aim of the course:

- To meet the manual handling training needs of carers who are involved in moving and handling the person they care for on a regular basis in order to prevent injury to themselves and the person they care for.

Objectives:

- To provide carers with the practical and theoretical knowledge and skills about moving and handling
- To give individually tailored practical training in moving and handling the person being cared for in the home environment
- To provide a written moving and handling audit and suggestions of equipment needed
- To work with other health professionals involved in the situation ensuring the carer and the person they care for receive appropriate information, equipment and services.

Process

VOCAL worked in partnership with NHS Lothian Manual Handling Team. This involved meetings with the team to explore the feasibility of running a course. Once established, more detailed procedural meetings were conducted. Decisions were made about identifying carers for the course, criteria for participation, course information and administration procedures, risk assessment and operational procedures such as timings, liaising with other health and social care professionals involved with individual carers on the course and format of written reports.

Preparation – manual handling manual

An opportunity to prepare for your course by reading a paper copy of NHS Moving and Handling Manual for Carers.

Carers were asked to complete a self-assessment of their situation and skills. This was sent to the NHS Moving and Handling staff who delivered this training.

Day 1 – group training

This session covers the causes of back pain and an explanation of the anatomy and physiology of the back, ergonomic risk assessment and how to move efficiently. There is also a demonstration of a variety of equipment.

Home visit – arranged to suit

The manual handling coordinator visits each carer at home and gives the principle carer and any other unpaid carers present advice and training meeting their particular needs and situation.

Following the home visit a report was sent to the carer on the outcomes and equipment recommendations. These would have previously been discussed with any social workers, occupational therapists or care managers already involved with the family.

Day 2 (Half day session) – Group revision

This session will enable carers to meet with the other members of the group and learn from each other, as well as discuss any issues or concerns that remain unexplored.

Follow up

The carer was contacted by telephone to discuss if they required a further home visit. If so, this happened within a month of the second group session.

7. Moving and Handling Training for Carers (Revised)

The above course was presented in phase two in the same format except for the omission of Day 2 (half-day session) as carers had indicated in the feedback in phase one that this session was not necessary.

Venue

For the classroom session of the moving and handling course, the manual handling classrooms were used at the Royal Edinburgh Hospital and the occupational therapy room at St John's Hospital, Livingston.

Recruitment

Places for these courses were restricted to six per trainer and therefore were offered to carers who:

- Lived with the person they care for (or have permission from the cared for person to receive home training)
- Cares for a person with a long-term or permanent condition
- Are in an intensive caring situation which is likely to remain so or become a heavier caring role in the future
- Were willing to evaluate the course
- Were willing to complete a pre-visit assessment form for the NHS Manual Handling team who would be delivering the course
- Were over 18 years old.

VOCAL Midlothian presented the following three courses:

1. Managing the Emotional Impact of Caring

VOCAL Midlothian carers advice and development officers developed ‘*Managing the Emotional Impact of Caring Course*’ as a result of their experiences working with carers over the last few years in Midlothian. VOCAL identified that many carers deal with complex and emotionally burdensome caring situations and that many need knowledge and support to manage their own mental wellbeing.

The course, based on two days’ group learning followed by one or two individual support sessions, is designed to give carers some knowledge of self-help techniques and what to do in future situations. During the course there was an opportunity to create a personalised ‘Five areas, Seven Steps’ action plan.

Ten hours of training were delivered over two days.

Aims of the course were as follows, the carer will have:

- Improved mental well-being
- Increased ability and confidence in managing the emotional impact of their caring role.

Objectives:

- To give carers the tools and knowledge to support themselves in their caring roles
- To give carers an opportunity to explore their feelings and to understand the effect on their caring situation
- To identify ways of coping and find solutions which work for the individual.

Sessions:

This two-day course concentrates on the emotional impact of caring. It is designed to give carers the tools to use in future situations and give them some knowledge of what can help.

Everyone who attends will be given two follow up meetings with carer advice and development officers to help or encourage the progress of the knowledge gained on the two-day course.

Day One

The first day looks at issues such as change and loss, and dealing with anxiety and guilt. There will be an opportunity to explore feelings commonly experienced by carers who are caring for someone with a long-term condition.

Day Two

Gives carers time to explore areas concerning them and, with the help of carer advice and development officers, carers will draw up an action plan to improve their ability to cope with their caring situation.

Process

One of the carer advice and development officers attended a training course run by Depression Alliance Scotland based on the Five Areas Approach for people with depression and low mood. This approach was thought to be a good foundation for developing a similar approach for carers to explore their own emotional response to their caring situation and develop the confidence to use action planning.

Meetings were held between the two carer support and advice workers, their line manager and the Caring with Confidence development worker and counsellor who was commissioned to co-deliver the training to plan training and materials.

Using the feedback from the evaluation of this course, VOCAL Midlothian revised the course and presented it in phase two entitled: Looking at the Emotional Impact. It was decided to extend the course to four full days and radically simplify the action plan element of the course. More time was taken to explore emotional issues in preparation for setting aims and forming an action plan to reach goals.

2. Looking at the Emotional Impact of Caring

Week 1 – Changing Relationships and ‘Remember Me’

This day will explore the nature of relationships and how caring impacts on them. It will focus on you as a person, not just as a carer.

Week 2 – Dealing with Guilt and ‘Letting Go and Moving On’

There will be an opportunity to explore feelings of guilt and letting go of other difficult feelings.

Week 3 – Stress Management and Introduction to Problem Solving Techniques

This day will help you explore how stress affects you and ways to manage it.

Week 4 – More Stress Management and Creating Solutions

You will continue to learn about managing stress, focusing on solutions to improve your caring situation and your quality of life.

Venue

The Emotional Impact of Caring

The majority of carers referred were from Gorebridge, Midlothian so the organisers found a venue in the town to host this course.

The organisers wanted comfortable surroundings for the *Looking at the Emotional Impact of Caring* course and, as carers were attending from all over Midlothian, a hotel was found in Dalkeith, to make use of good public transport links. Course participants shared lunch together so that carers could get to know each other in an informal setting. This became an important part of the course.

Recruitment and attendance

Managing the Emotional Impact of Caring

The carer advice and development officers identified carers known to them who would benefit from the course and approached these carers. In addition, building on work done with Newbyres Medical Centre by VOCAL Midlothian, new carers were identified in the Gorebridge area. Due to the nature of the course, places were limited to a maximum group of eight but a minimum of four for reasons of viability.

20 carers were invited to the course by carer advice and development worker

6 were unable to attend due to difficulty in attending the two particular days chosen to deliver the course (i.e. Monday and Wednesday). Several carers could attend one day but not the other.

10 carers signed up for the course

7 carers attended the course.

Looking at the Emotional Impact of Caring

Carers were contacted in the same way as previously.

Due to the nature of this training the carer advice and development workers contacted potential participants by telephone at least twice to explain the content and nature of the course ensuring carers were appropriately informed before signing up for the course.

- 22 carers were approached
- 11 signed up
- 11 attended.

3. Caring for Someone with Mental Health Problems (VOCAL Midlothian)

This course was delivered in eight weekly evening sessions giving a total of 16 hours of training.

Aims of the course:

- Improved understanding and knowledge about mental health conditions
- Increased ability and confidence in caring for someone with a mental health problem.

Objectives:

- To help carers to understand the mental health problem of the person they care for and its symptoms
- To help carers understand treatment options, how they are accessed, what they might be like and possible side effects
- To create space for reflection on and discussion about the lifestyle and relationship changes carers may experience
- To help carers to understand the recovery model and its impact on services and legislation
- To provide information on relevant legislation and the rights of carers and cared for people
- To provide information on local services.

Sessions:

Week 1 – The Recovery Model

During this session there is input from the Scottish Recovery Network exploring what ‘recovery’ means.

Week 2 – Understanding Mental Health Problems

A psychiatrist explains the key features of various mental health problems. They will also talk about diagnosis and prognosis.

Week 3 – Challenging Behaviour

Many people with mental health problems exhibit behaviour which carers find challenging. A community psychiatric nurse discusses how best to cope with this.

Week 4 – Support and Safeguards

A who’s who of mental health professionals and how they work together to support people with mental health problems.

Week 5 – Medication and Psychological Treatments

A pharmacist talks about different medications for mental health problems and also some of the side effects. A clinical psychologist will discuss talking treatments.

Week 6 – The Mental Health Act and Carers Rights

A mental health officer gives information about the Mental Health Act and its implications for carers and the people they care for.

Week 7 – How Caring Affects Us

This session gives carers the opportunity to think about the emotional impact of caring and addresses topics such as guilt and loss as well as changes to relationships.

Week 8 – Looking After Yourself

Carers are a third more likely to be in poor health than the general population. This session focuses on how carers can take care of themselves.

Process

VOCAL Midlothian staff have specific expertise around mental health issues and there is a well established support group for carers who are caring for someone with mental health problems. Carers' support workers noted a repeated theme from the group was a lack of information. The training course was designed to meet this need.

Venue

VOCAL Midlothian Caring for Someone with Mental Health Problems course was run in a hall which was cost effective and had good facilities, in a central and accessible town.

Publicity

Printed leaflets were distributed to 70 carers via VOCAL Midlothian's mailing list and 60 copies were distributed through the adult social work teams and mental health team. An article was placed in Midlothian Voluntary Action information. The leaflets were also sent to mental health professionals via ebuletin and the course was publicised on the VOCAL website.

Recruitment and attendance:

- 15 carers enquired about the course
- 12 signed up
- 13 attended
- 9 finished

Carers of East Lothian developed the following three courses:

1. Carer Information Days

As part of their service level agreement with the local authority Carers of East Lothian (COEL), has run an annual generic *Caring for Someone* course. The location of this course has changed from year to year in an effort to cover all areas of the county. Previously the course was called *Who Cares?* and ran weekly for four to five weeks. These courses had been well attended and had continued as support groups, enabling COEL to support carers on an ongoing basis.

However, carers in some parts of the local authority have to wait a long time to receive training in their local area and so a shorter training course was developed for the Caring with Confidence project, covering the same information which would be able to be delivered across the local authority area more frequently.

Five hours of training were delivered over one day, divided into three sessions. Both information days were delivered in East Lothian, one in Prestonpans and the other in Tranent.

Aim of the course:

- To provide training for carers new to their role.

Objectives:

Prestonpans Information Day

- To inform carers about how to access healthcare and social work services
- Give information about equipment and adaptations for use in the home
- Give information about legal issues such as Power of Attorney and Public Guardianship
- To emotionally support carers by giving them an opportunity to explore their feelings around changing family relationships due to their caring role.

Tranent Information Day

- To present the role of the social work department and other Community Care Services
- To increase awareness and understanding of welfare benefits affecting carers
- To allow opportunities for peer support
- To reflect on changing relationships.

Sessions:

Carers Information Day (Tranent)

Session One – What Social Work can Offer

A discussion about discharge planning, social work support, role of occupational health team, and available aids and appliances.

Session Two – Support Groups

A chance to talk to other carers.

Session Three – Benefits Available to Carers

Financial information and how to access support from local council welfare rights team.

Session Four – Changing Relationships

An experienced counsellor gives an insight into the changes caring for someone makes to all the family, from a counselling perspective.

Carers Information Day (Prestonpans)

Session One

A social worker gives information on how to access services and an occupational therapist manager will discuss the equipment and adaptations available for use in the home.

Session Two

Presentation on the Power of Attorney and Public Guardianship issues.

Session Three

An experienced counsellor gives an insight into the changes caring for someone makes to all the family, from a counselling perspective.

Process

Previous *Who Cares* courses were reviewed and adapted to develop this full day information session and speakers were identified. Some sessions were different in each venue as sessions were adapted to local need i.e. legal information or benefits offered.

Carers from the Ormiston Carers Support Group were involved in planning the content of the Tranent Carers Information Day and they also delivered the session on support groups.

Venues

It was decided to run one information day at The Pennypit Centre, Prestonpans to complement a course commissioned by East Lothian Community Health Partnership (ELCHP) for patients with a long-term condition running in the same month in Prestonpans. Transport expenses were claimed by one carer. Carers travelled a maximum of 23 miles to attend the course and an average of 11 miles.

The second information day was run in Tranent as this area had not been covered by previous training provided by COEL and, as there was not a carers' support group serving carers in this part of East Lothian, the organisers thought that training may lead to the establishment of a support group in the area.

Publicity

Information day for carers (Prestonpans)

Most of the group was already known to COEL having heard about the course from the COEL newsletter. Some had already attended the Caring for an Older Person course. The course was advertised on COEL website and fliers sent to NHS and Social Work Department (SWD) staff at single shared assessment/carers assessment training, East Lothian Long-term Conditions Action Team and the Older People's Joint Planning Group.

Recruitment and attendance

- 15 carers booked on course
- 11 carers attended

Information Day for Carers (Tranent)

The course was advertised on COEL's website and all carers on the mailing list received their newsletter. Fliers were distributed to NHS and Social Work Department staff. Publicity was targeted at the local population; posters were placed in the local health centre and library, shops and community venues.

- 21 carers enquired about the course
- 20 signed up
- 10 carers attended and finished the course

2. Caring for the Older Person

Ten hours of training was delivered over two days, divided into four sessions, one each morning and one each afternoon.

Aim of the course:

- To support carers to look after an older person in the community and lessen the risk of readmission to hospital.

Sessions:

Day 1

Session 1 – Who's Who and What They Do

A local consultant geriatrician and community psychiatric nurse talks through the roles of various healthcare professionals.

Session 2 – Safe Moving and Handling and Preventing Falls

A representative of Housecall demonstrates moving and handling techniques and talks through ways to prevent falls.

Day 2

Session 1 – Changing Relationships

An experienced counsellor looks at how caring for someone can change relationships.

Session 2 – Getting Respite And Looking after Yourself

A worker from East Lothian Council talks about counsellors and funding respite care and more generally about the importance of looking after yourself.

Process

Carers of East Lothian developed the Caring for an Older Person course because they knew of the Community Health Partnership development of the Older Persons Strategy for East Lothian and had worked in partnership with the ELCHP priority areas. A group of six known carers to Carers of East Lothian were invited to be part of a focus group to discuss the necessary components of this training. The focus group suggested the course should have sessions on moving and handling techniques and preventing falls as well as information about the services that healthcare professionals provide. Information about the effect caring has on relationships, the need to look after oneself and getting respite when needed was thought to be important too.

Once the sessions were mapped out and dates and timings set speakers were identified for each session.

Venue

The organisers decided to run this training in North Berwick because of the importance of holding events throughout the county and there are a large number of carers of older people in this area. There is also a day centre next to the venue and staff worked with at least one carer who needed this facility for their cared for person to attend while they were at the course. Carers travelled a maximum of 21 miles and an average of 12 miles to attend the course. No carer claimed transport expenses.

Publicity

Some participants of the course planning focus group signed up for the training. Most of the group was already known to COEL, hearing about the course from the COEL newsletter or having been contacted as they were on COEL database. It was advertised on COEL website and fliers were sent to NHS and Social Work Department staff at single shared assessment/carers' assessment training, East Lothian Long-term Conditions Action Team and East Lothian Older People's Joint Planning Group.

Recruitment and attendance

- 19 carers booked onto the course
- 15 attended

3. Caring for Someone with Mental Health Problems (COEL)

This course was delivered in two days over a period of two weeks, giving a total of 11 hours training.

Aim of the course:

- To provide training for carers of someone with a serious mental health problem.

Objectives:

- To explain the role of social work department mental health officers
- To suggest approaches for dealing with difficult behaviour
- To introduce the Community Mental Health Team
- To introduce the Intensive Home Treatment Team
- To present the role of occupational therapy services
- To present the role of psychological services
- To outline different mental health conditions
- To consider the link between mental health and drug use
- To reflect on changing relationships
- To understand the use of medication and possible side-effects
- To allow opportunities for peer support.

Sessions:

Day One

Role of Mental Health Officers

A mental health officer talks about their role and how they can help carers.

Dealing with Difficult Behaviour

This session looks at the reasons for difficult behaviour and ways to deal with it.

Introduction to the Community Mental Health Team

A community psychiatric nurse talks to you about how the Community Mental Health Team works.

Intensive Home Treatment Team

The team leader talks about this new team and how it can help keep your relative out of hospital when they are unwell.

Occupational Therapy

An occupational therapist talks about their role and service they provide.

Psychological Services

A nurse therapist explains how the different talking therapies can help your relative's recovery.

Day Two

Understanding Mental Health Problems

Introduction to the different conditions by a medical practitioner.

Mental Health and Drug Use

Workers from Mid and East Lothian Drugs (MELD) talks about the effects of drugs and alcohol misuse on people with mental health problems.

Changing Relationships

This session explores the nature of relationships and how caring can impact on them.

Understanding the Medication and Side Effects

A pharmacist gives information on medication for mental health conditions and their possible side effects.

Process

This course was planned and facilitated by the COEL carer support worker with a specific remit for carers of those with mental health problems who works alongside the Community Mental Health Team. Speakers were known to the carer support worker as they were either members of the team or professionals that she was in contact with already.

Publicity

Course was promoted on COEL's newsletter and website. Printed fliers were sent for distribution to the Community Mental Health Team, Tynepark Resource Centre (venue of the course), East Lothian Mental Health Joint Planning Group, Herdmanflat and Roodlands Hospitals and community venues.

Recruitment and Attendance

- 10 enquiries
- 7 signed up
- 7 attended course

Carers of West Lothian (COWL) developed the following two courses:

1. Caring for Someone with a Lung Condition

Carers of West Lothian developed a *Caring for Someone with a Lung Condition* course as a response to West Lothian Community and Health Care Partnership (WLCHCP) priorities and in consultation with the senior respiratory nurse and physiotherapist who were already working on a pulmonary rehabilitation programme for patients with a lung condition.

The course was delivered in six weekly morning sessions (first presentation) and six weekly evening sessions (second presentation). Each course comprised 12 hours training.

Aim of the course was:

- To provide information and support to carers looking after someone with a lung condition.

Objectives:

- To help carers understand the lung condition the person they care for has and the impact that makes on their lives
- To help carers understand the importance of managing certain lifestyle factors when supporting someone with a lung condition
- To help carers understand the implications and side effects of medicines the person they care for may be taking
- To help carers understand the importance of not smoking for both the person they care for and for themselves and to offer support to those who want to give up smoking
- To increase carers' understanding of their rights and those of the person they care for in relation to the benefits system and community care legislation
- To enable carers to identify possible stress triggers in their lives and explore methods to manage stress
- To help carers understand the importance of a healthy balanced diet and the benefits to themselves and the person they care for.

Sessions:

Session 1 – Understanding and Treating Lung Conditions

The British Lung Foundation gives an overview of the different types of lung conditions and how they are treated. What Carers of West Lothian can do for you.

Carers of West Lothian give an overview of the support available to unpaid carers in West Lothian through the Carers' Centre.

Session 2 – Living with Chronic Obstructive Pulmonary Disease (COPD)

Respiratory care facilitator gives an overview of the symptoms and causes of COPD and advises on lifestyle choices to help live with the condition.

Community Care – a social worker explains the process of accessing care from the Social Work Department and how this can assist the carer.

Session 3 – Money Matters

The Pension Service advises on benefits available to the cared for and the carer.

Airways Support Group – details of the group and its activities to support the carer and the person they care for.

Session 4 – Health and Well-Being

West Lothian Leisure advises on how exercise can benefit both the COPD sufferer and also maintain carers' good health. A physiotherapist gives details of the treatment that the COPD sufferer can expect to receive at their local health centre.

Session 5 – Anxiety Management

A psychologist advises on recognising the symptoms of stress and anxiety and gives advice on dealing with these.

Understanding Medicines

A community pharmacist's overview of the medication used to treat lung conditions and possible side effects.

Session 6 – Healthy Eating

A dietician explains the importance of healthy eating and the benefits of weight management for COPD sufferers.

Chest Voices

Chest, Heart and Stroke gives details of the Chest Voices project, offering patients and carers the opportunity of working with health professionals to improve the respiratory services across Scotland.

Process

This course was planned to run alongside the Pulmonary Rehabilitation course. Staff from the Carers' Centre met with the senior respiratory nurse and physiotherapist to discuss course content and appropriate speakers.

The intention was to offer carers the same information as the person on the pulmonary rehabilitation course. The course would be run in parallel, on the same day and time and at the same venue. This would ensure that patients and carers received the same information and carers would not need to arrange someone to sit with the person they cared for. The course content was based primarily on a model previously run by VOCAL Carers Centre but adapted to suit local needs.

During discussions with the NHS pulmonary team, it became apparent that the client group attending the rehabilitation programme had mild to moderate disease and therefore were unlikely to have carers caring for 50 plus hours per week (the target group for the project). The course developed for carers would benefit those caring for someone with a moderate to severe lung condition who is unlikely to be suitable for the rehabilitation programme.

The course was presented a second time in the evenings. Carers indicated that attending the course in the evenings would be preferable as the person they care for would have been settled for the evening before they left home.

Venue

The NHS's pulmonary rehabilitation course takes place at Bathgate Primary Care Centre so the course was held here. The majority of carers had to travel to this venue from another town. Transport was provided by Carers' Centre staff for two carers who could otherwise not have attended the course. The evening course took place at Strathbrock Partnership Centre, Broxburn, West Lothian which has good transport links and ample parking.

Publicity:

Caring for Someone with a Lung Condition (Day)

Course information was circulated to respiratory nurses and allied health professionals and emailed to all GP practice managers for circulation. It was promoted through COWL's newsletter (circ. 3,500) and course leaflets were sent to 59 carers listed on COWL database as supporting someone with a lung condition. This was also followed up with a phone call from a carer support worker.

Caring for Someone with a Lung Condition (Evening)

This course was promoted in the same way as previously.

Recruitment and attendance:

Day course:

- 12 carers expressed an interest in attending the course
- 2 carers were referred by the respiratory nurse but did not attend
- 5 carers were unable to attend due to the timing of the course – either they were unavailable or they were working
- 7 attended course

Evening course:

- 12 enquiries
- 8 signed up
- 8 attended course

2. Caring for Someone with Dementia (COWL)

Aim of the course:

- To provide information and support to carers looking after someone with dementia.

Objectives:

- To provide a supportive group environment to discuss/share personal issues
- To help identify the different stages of dementia to help understand the disease process
- To consider coping methods and strategies and self-care needs
- To explore current resources and potential future resources.

Sessions:

Week 1 Diagnosis and Process of Dementia

In this session there will be input from a senior psychiatrist on the way dementia is diagnosed in West Lothian, the different types of dementia and how each one presents, and the treatment or medication used to try to control the progress of the disease.

Week 2

Since the course is primarily aimed at carers of people recently diagnosed with dementia, this session aims to let more experienced carers tell their story. The use of real carers adds to the understanding of how their caring role may/may not develop in the future.

Week 3 Home Safety Service

This week, the manager of the Home Safety gives details of the free community alarm system available to households in West Lothian. It covers the different aspects of the care watch service from installation to maintenance.

Week 4 Challenging Behaviour

In this session, experienced day hospital and ward managers discuss the different types of challenging behaviour carers may face. The session aims to give carers techniques to use to distract and pacify the cared for person.

Week 5 Power of Attorney and Other Legal Issues

This session sees a lawyer discussing the Adults with Incapacity Act and the use of Power of Attorney and Guardianship. It also includes discussion of the time scales and costs of applying for the above.

Week 6 Emotional Support

This session is delivered by a psychologist and emphasises the importance of maintaining your emotional well-being. It looks at ways that carers can make the best use of any free time that they may have and outlines potential pitfalls and bad habits that can develop.

Week 7 The Role of the Social Worker and Occupational Therapist

This session sees a hospital-based social worker outline the type of support that carers and their cared for can expect to receive from the local authority and local NHS trust

Week 8 Relaxation and De-stressing

This session suggests various forms of relaxation and de-stressing. Carers get to try visualisation techniques and relaxation CDs, while emphasising how important it is for carers to find time for themselves.

Process

Carers of West Lothian had presented this course on a regular basis for some years in partnership with NHS staff at St John's Hospital, Livingston.

Venue

The course was held at St John's Hospital as this course was co facilitated with the dementia team and carers attending already had a relationship with NHS staff at the hospital.

Publicity

Health professionals working with dementia patients were informed about the course details and referred carers to the course. Carers of West Lothian sent course leaflets to 3,500 carers and professionals.

Recruitment and attendance

- 14 enquiries received about the course
- 10 carers signed up
- 7 completed course

Moving and Handling

In the second year of the project the Moving and Handling course was presented in West Lothian. Please see details previously given under Moving and Handling for course information. Carers of West Lothian identified seven carers to take part in this course and liaised between carers and NHS Lothian Moving and Handling staff in West Lothian.

APPENDIX II.

Professionals in contact with the pilot study:

- **Tina Morrow**, Highlands training project,
- **Anne Conlin**, NCO carer training steering group
- **Vicky Wan**, MECOPP project
- **Ross Grieve**, Thistle Foundation (Lifestyle Management Courses)
- Health Care staff, Queen Margaret University
- **Vanessa Strong**, East Lothian single assessment project manager
- **Sheena McKinnon**, Moffat project coordinator
- **Shelley Gray**, LTCAS
- **Tricia Proctor**, training manager, Crossroads Scotland
- **Jan Wells**, The Princess Royal Trust Aberdeen Carers Centre (VSA)
- **Patrick Pollard**, The Princess Royal Trust Aberdeen Carers Centre (VSA)
- **Marie Campbell**, The Princess Royal Trust Lanarkshire Carers Centre
- **Kirsty Williams**, The Princess Royal Trust Moray Carers Project
- **Ann Smith**, learning development facilitator, NHS Grampian
- **Margaret Clayton**, The Princess Royal Trust Perth Carers Centre
- **Christine Woods**, older person services co-coordinator
- **Sarah Crawshaw**, independent trainer
- **Linda Allan**, The Princess Royal Trust Pollock Carers Centre
- **Diane Goodman**, The Princess Royal Trust Renfrewshire Carers Centre
- **Fiona Campbell**, Carers Link East Dunbartonshire
- **Gillian Struthers**, NHS Dumfries and Galloway
- **Viv Paterson**, North West Glasgow Carers Project

APPENDIX III.

Moving and Handling report (of first presentation)

Report on the Moving and Handling Course
Royal Edinburgh Hospital
May/ June 2008

Dr. David Watson and Professor Timothy B. Kelly
School of Health and Social Care
Glasgow Caledonian University

January 2009

Key Findings

This report describes the evaluation of the Moving and Handling course conducted as part of the Caring with Confidence: Lothian Expert Carer Training Pilot Project. The evaluation was conducted by Glasgow Caledonian University and three different data collection techniques were used.

The first was pre/post questionnaires measuring selected outcome measures. The second was a course evaluation typical of post-training course evaluations. The third was the individual interviews to obtain their experiences and perceived impact of the course itself. The analysis of each wave of data collection will be described within the report that follows. However the key findings are:

1. Participants were very positive about the course, finding it relevant, informative and delivered in a way that met their specific moving and handling needs. In the majority of cases this had not just led to increased confidence but affirmation of their needs and increased resources to carry out their carer role and tasks.
2. That the course had been delivered in a way that facilitated their individual understanding and enabled them to learn from others' situations as well as the course inputs and material. In this respect the style and delivery of the presenters was viewed as very positive, facilitating the participants' ability to get the most they could out of the course. One of the keys to this process was that participants felt they were able to speak and be listened to both on the first day and home visit aspects of the course.
3. There is consistent positive movement in perceived level of caring skills, especially in relation to moving and handling.
4. Arguably, the third day of the course was not essential as participants had obtained what they felt was more than enough as result of the first two days and, in particular, the home visit.

Introduction

This evaluation is based on the Moving and Handling course which was run on three separate days between May and June 2008.

In undertaking this evaluation, those who agreed to take part in the process were asked to complete an initial

questionnaire that sought to establish a baseline for key outcome measures. The questionnaire measured a range of areas deemed to be important to carers such as confidence, ability and skills to manage caring, emotional and physical impacts of caring, sources of support. This was followed up with a second similar questionnaire sent six weeks after the completion of the course in order to evaluate any gains from their involvement. This element of the evaluation will be called the pre-post test questionnaire throughout the report.

Each course was also separately evaluated on the day in terms of content and delivery by participants (the course evaluation). Eight weeks after the completion of the courses, participants were interviewed for further comment on the usefulness of the course. By using different methods of information gathering, the evaluators hoped to gain a more comprehensive understanding of the value of the courses to carers and provide different opportunities for the voice of the carers to be heard.

One of the difficulties with using questionnaires as a means of evaluation is that the response rate can be very low. This by definition is the case for a single course that was accessed by 11 participants, nine of whom participated in the second day (the home visit) and only two of those receiving the home visit attended day three of the course. Of the 11 who started the course, 11 returned the initial questionnaire, seven returned the second questionnaire, nine completed the final course day evaluation and six attended the interviews.

These response rates are acceptable; however, given the small numbers of participants, the results should be interpreted cautiously. However, the combined results of the interviews and questionnaires provide a good starting point to understand the impact of the training.

Analysis of Data

As indicated above, three different data collection techniques were used. The first was pre/post questionnaires measuring selected outcome measures. The second was a course evaluation typical of post-training course evaluations. The third was interviews. The analysis of each wave of data collection will be described separately below.

Demographic Information

The 11 carers participating in the moving and handling course were demographically similar to carers across the UK. For example, they ranged in ages across the life span with two being under 30 years old, two were between 31 and 50, four were between 51 and 65 and three were over 65. Most were women (eight out of the 11). The people being cared for were most often spouses (six) or older parents (three). One carer was caring for an adult child and another carer was caring for a young child.

The people being cared for had a range of illnesses, disabilities or conditions ranging from arthritis, lung disease, developmental delays and neurological conditions. The carers were heavy duty and long term carers. For example, 10 participants provided care 24 hours a day and the length of time providing the care ranged from 10 months to 40 years with an average of 7.7 years.

Six of the 11 participants had never had any carers' training before. Three had received disease specific training and two participants indicated that they had some or very little training previously. Only two of the participants had heard about the courses from a health professional. The rest heard about the courses through a carers' organisation. The carers all identified themselves as white.

Pre-Post Questionnaires

The pre-post questionnaires were based on questionnaires developed by the King's Fund and it included questions about the caring situation.

Respondents were asked to respond to a series of questions to rate different areas of their lives. For each area, the carer rated how they felt about this area of their life, where -3 meant things could not get much worse and +3 meant everything was fine. The areas included feelings of being a carer, confidence in caring, ability to manage caring, physical and mental health, stress, time for self, feelings of isolation, support, and working and communicating with care professionals, finances, knowledge and skills required for caring role, and perceived quality of care currently provided.

The scales were analysed using SPSS and paired t-tests were used to test for changes over time in each of the questions at a significance level of $p < 0.05$.

The number of participants is low, and the number of questions that were completed by the same participant at pre and post test was even smaller (ranging from five to seven). As such, the results must be viewed with extreme caution. However, it does appear that participants feel more skilful in moving and handling after the course.

The mean change in score moved in the positive direction 3 points on a 7 point scale from a score indicating feeling unskilled to skilled ($t=4.2$, $p < .05$, $df=4$). No other statistically significant changes were identified. However, given the psychosocial nature of many of the other questions, it is not surprising that no other differences were found given the small number of participants.

Course Evaluation – Participants

In addition to the pre-post questionnaires, the course was evaluated on the day. These questionnaires were concerned with the delivery of each of the courses rather than on psychosocial outcome measures. The course evaluations were scored in a similar manner as the pre-post test questionnaires – on a scale from -3 to +3. The courses evaluated very positively across all eight questions with mean scores ranging from 2.0 to 2.88.

Questions	N	Min	Max	Mean
I was looking forward to the course	9	-2	3	2.00
I learned a great deal from the course	8	1	3	2.25
The course was very useful to me as a carer	8	1	3	2.50
The way the course was delivered was very helpful	8	2	3	2.88
I was fully able to contribute to the course	9	2	3	2.78
The course was well delivered and very relevant	9	2	3	2.89
The course achieved what I expected	8	1	3	2.62
Overall experience of course	9	2	3	2.78

The participants also had space for comments on the course evaluation. Comments were almost entirely positive – participants reported feeling more confident and skilful in handling specific moving and handling issues they had with the person they were caring for.

Comments included:

Knowing I won't be hurting my husband if he needs to get out of a chair.

Learning how to move my mother safely.

I feel more confident handling my husband when seated or following a fall.

However, the course did not totally meet everyone's needs. For example, one participant commented:

The lack of relevance to my situation. Not the course's fault. They can't help as much with dead lift.

Another participant made a similar comment that the person being cared for was not able to bear any weight.

A final theme that emerged from the open-ended questions on the course evaluation was the positive rating of the home visits. Participants found these useful in applying the course to their real lives.

Follow up home visit was excellent and geared to specific needs in own home.

The most positive aspect was the follow up home visit, which consolidated phase 1 of the course.

Interviews

The aim of the interviews was to hear how the course was for carers and to explore how they felt they had impacted upon their ability to care. Questions focused on what they learned, how they felt the courses made a difference to the care they provide, and to explore next steps in developing their capabilities as carers. All who attended the interviews (n=6) evaluated the courses very positively both in terms of content and delivery.

Participants described the course as having been pitched at a very appropriate level to them as carers and that the presenters had enabled them to feel comfortable with their experiences valued and consequently able to learn and participate in the event. The only criticism in this context was from one participant who felt the course could have been longer and explored aspects such as legislation in more depth and spent more time looking at different equipment.

A second participant felt that the spread of situations faced by those attending the course was too wide and it would have been beneficial had they been more similarities than diversity across the group. These criticisms apart, the general feeling in relation to the course is best summed up by the following quotes from some of the interviewed participants:

'I found the girls very enthusiastic. I thought they were absolutely brilliant and they certainly covered everything I needed to know. Particularly their home visit I thought that was excellent dealing with my husband there as well I thought that was really worthwhile.'

'I was really impressed with the course; I really have no faults with the course at all.'

'I just think the OT's that were there were just very communicative and they were just give us a lot of advice that was absolutely good advice without saying this is what you do that's what you do they were letting people, the way they were teaching it people got to come to their own conclusions which was edging towards a consensus if you get

what I mean.'

'Oh it was brilliant.'

'Excellent.'

Specifically, the participant's comments in relation to each of the days of the course could be summarised as follows:

Day One

Well presented with the theoretical material in the morning setting a background for the afternoon session and the rest of the course. In addition, given the variety of experiences and situations faced by the participants, the presenters were able to provide the information in an appropriately general manner without losing the possibility of exploring specific situations.

Participants felt the atmosphere and approach of the presenters meant that they were able to ask questions if they felt they wanted or had to in this session. The afternoon session which looked at the use of equipment and practical issues was seen as an appropriate development from the morning session and once again viewed by the interviewees as a very helpful session.

Overall the day was seen as very positive enabling participants to both confirm and validate their own actions or think about what they had been doing both in relation to the person they cared for and their own physical aspects of moving and handling.

Day Two (Home visit)

This was seen as the highlight of the course by all participants, as they were able to relate day one to their specific situation and also obtain one-to-one time to review their own circumstances. All the participants spoke of how this had enabled them to develop new ways of working as well as validating what they had obtained from their own experiences. Once again the qualities of the presenters were seen as crucial as they spent individual time finding out what was important in relation to the participants situation.

Of particular importance for the participants was the written report which was used by all participants to negotiate additional resources with other agencies. The impression from the participants was that the report gave weight to their arguments with other professionals that would have not been there but for the report. That is not to say the first day was not very positively evaluated by the participants, but that the second day stood out more in terms of their recollection.

The following quotes are not untypical of the interviewee's responses to the second day and how it related to the first:

'The day at the house was definitely better, but I think you need to be away from the patient as well to discuss things the girls were very aware that when they come the house that they are sensitive to the patient and I think I now actually think the combination of the two was a good idea. I got to know the people who were coming to house as well which is also nice and very, very super girl XXX, she's ideal for her job she's doing she's bright she's friendly she's very helpful very knowledgeable.'

'It's all very well for someone to tell you know. For me to come back from the course and tell him what do where as

XXXX got him down on the floor and actually explained exactly what moves he had to make to get him into a position to pull him up.'

Day Three

Only two participants attended this day both of whom were interviewed for the evaluation. Both felt that the day was useful in that it consolidated what they had learned during days one and two.

However, there was a feeling from both participants that the bulk of what they had hoped to obtain from the course took place in the first two days particularly the home visit. All four of the remaining interviewees stated they had intended to attend day three, but for a variety of reasons were unable to do so in practice. The following quotes are from the interviewees who attended the last day and highlight the aforementioned point:

'I get the impression that they got quite a lot out of the first course and they knew they were getting a home visit and I think that maybe a lot of them turned round and went I can't be bothered to be honest and I think the second day was actually ok. I think it was worth going to.'

'Yes it was only two attending I think it was a bit upsetting for them I think in a way but again as a pilot course it's very difficult [to] judge I think they might have got everything out of the first day and the home visit and they didn't need to go back. I suppose I could've said the same myself I suppose I went back for pure courtesy I wanted to do this course.'

All the participants commented on the usefulness of the course material (hand book) which was seen as more than just an aid memoire for day one but something that had been used by four of the five participants since the course's completion.

Relating to the course's appropriateness in meeting the participants' needs, four of the interviews stated that it had provided at least or more than they had expected when they agreed to attend. The remaining interviewees stating they did not have a clear expectation about what to expect from the course, but that they had found it really helpful.

However participants were clear about the process of the course, seeing day one as setting the scene and context for the home visit. There was a clear sense from the interviewees that the course had enabled them to validate their actions and think and reflect upon new ways of moving and handling for those they cared for on a daily basis. This perspective is summed up by the following quotes when participants were asked what they had got out the course:

'I thought they were absolutely brilliant and they certainly covered everything I needed to know.'

'Particularly their home visit I thought that was excellent dealing with my husband there as well I thought that was really worthwhile.'

'Yes, it has because now if he does get stuck in a chair I can lift him without hesitation I also know the future if he gets has problems getting out of the car how to deal with that what to get.'

All the interviewees indicated that they would be happy to recommend the courses to other carers. The reasons for this were that they felt valued and supported by the organisers and presenters and considered this to be a key component of the success of the course. The balance between didactic presentation and

participant involvement was considered to be good and all interviewees felt they had been able to share experiences and have their voice heard where they wished.

The participants reported a range of gains for them as carers including feeling better informed, more confident, and increased access to equipment to enable them to move and handle the person they cared for more appropriately. This access to equipment as a result of the course and report was commented upon by all the interviewees. The impact of this was to enable them to move and handle the person they cared for more effectively. The following quotes once again are typical of the interviewee's feedback:

'Just to be able to go and get confidence I think when you're caring you have periods where you don't know how to cope and just you know the effect that they are there very much I've found tremendous backup. I've found xxx absolutely fantastic I know that if there are some problems and if I need to contact anybody or move forward with caring there is always somebody out there and this course was just incorporated in everything that is going on.'

'It's made me more confident in helping him, elevating him because I was definitely lifting him the wrong way.'

In terms of the impact of the courses on those being cared for, five of the six interviewees reported gains for the person they cared for. In particular, the home visit was seen as bringing together what they had obtained also enabling them to have their previous ways of working validated and the sharing of new ways of moving and handling with their carers. This is typified by the following quote from one of the interviewees:

'Yeah because they wrote a report the person that comes to the house and a copy forwarded my GP my mum's GP and my doctor referred it to social work so they've been out and mum's got side rails on her bed now and an emergency alarm thing.'

The remaining interviewee felt that their partner was at the early stages of being cared for and, that while the course had enabled them to review their situation, it was more useful in helping them to think about the future rather than changing the present. This was summed up by the interviewee who stated:

'I don't know that they necessarily would notice a difference but it certainly gives you more confidence and also you don't feel so stupid you know it probably just confidence you probably just do things and yeah this is the right way to do it.'

In terms of the practical arrangements of the courses, all the interviewees indicated that the venue was good, well equipped and the numbers attending being about right. What was meant by this was that there was not too many to make it difficult to participate nor too few to have too much focus on the participant on the first day. That said there were concerns about the parking arrangements on day one which were felt as very restrictive and meant that a number of those attending the course had to leave at points to feed meters or had difficulty getting parked in the first place.

When asked what they considered the next stage of their development there was a lack of clarity across the interviewees. This was due to them not being aware of what the next steps could be this was both in relation to their general needs as a carer as well as their moving and handling requirements.

Conclusion

As the numbers of participants in the evaluation are relatively small, the results must be taken with caution. In terms of course delivery and content, data from the course evaluations and the pre-post test questionnaires suggests participants are finding the course useful, informative, delivered appropriately and to have exceeded their expectations.

In terms of outcomes for carers the data suggest consistent positive movement. This includes an increase in confidence, knowledge and caring skills. It also includes feelings of less stress. However, these gains do not consistently show up in the questionnaire. Only perceived feelings of skills in caring showed a statistically significant change. Given the small numbers in the analysis this is not unsurprising.

In addition, the questionnaire is designed to measure changes in complex psychosocial stressors carers typically face. The targeted training intervention may not be strong enough to demonstrate a statistically significant change in such complex phenomenon with such a small sample. However, the open-ended questions and interviews do suggest that positive changes beyond better skills in moving and handling occurred for the participants. There is enough evidence to suggest that a larger trial of the training intervention is warranted.

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Further Information

Further information including report summary can be found on www.carers.org/professionals

Enquiries about the project should go to:

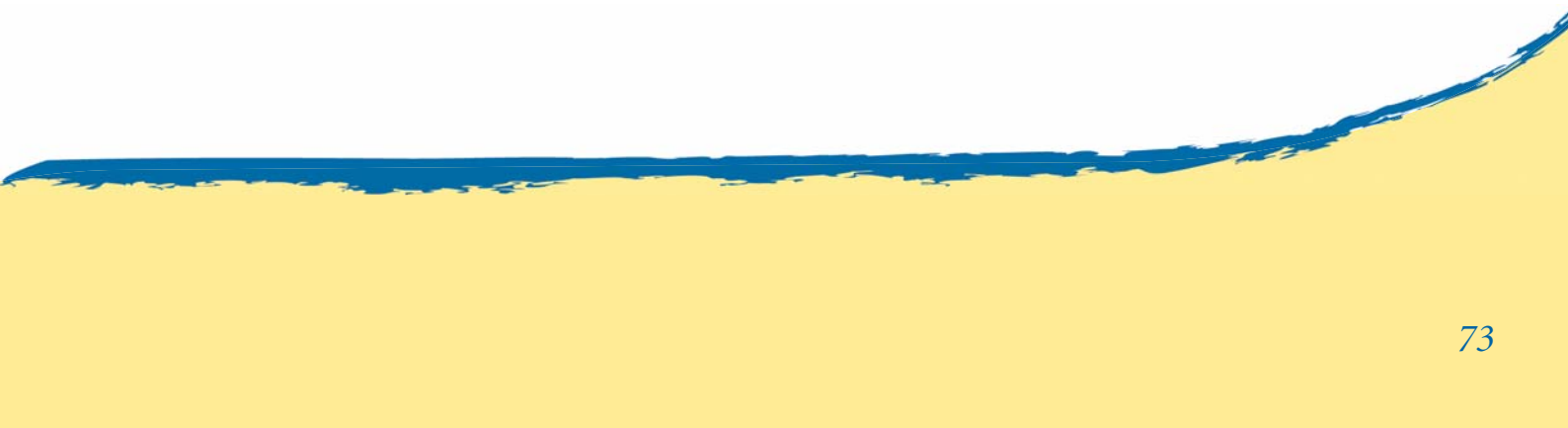
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