



# Mapping report of existing provision of training for carers

Research conducted

April – June 2008

Report published

March 2009

**Caring with Confidence**, Carrwood Park, Selby Road, Leeds, LS15 4LG  
**T** +44 (0)113 385 4491 **E** Caring with  
Confidence.info@caringwithconfidence.net  
**W** www.caringwithconfidence.net

## **IMPORTANT NOTICE**

The information in this document should not be re-produced without the prior consent of Caring with Confidence. If reproducing any information, Caring with Confidence should be credited. Please contact the National Team on 0113 385 4491 or [Caring with Confidence.info@caringwithconfidence.net](mailto:Caring_with_Confidence.info@caringwithconfidence.net) for further information.

All rights reserved. Copyright in the *Caring with Confidence* programme is vested in the Department of Health (DH). It is a term of the supply of this report that it is not to be reproduced in whole or in part, amended or altered in any way, stored in a retrieval system, or transmitted by any means, electronic, mechanical, photocopying, recording or otherwise or translated into other languages without the express agreement of the DH or the *Caring with Confidence* national team, such agreement to be evidenced in writing. The report must not be passed on, shared with other parties or reproduced for commercial gain. The DH or the *Caring with Confidence* National Team shall have no liability as a result of reliance on any information contained in the report by any person who did not acquire it directly from the *Caring with Confidence* National Team.

## ***Executive Summary***

In Spring 2008 Caring with Confidence set out to map what existing training was available to carers. All organisations that Caring with Confidence were aware of as providing training, either directly or by commissioning others on their behalf, were invited to complete a questionnaire and in total 329 organisations who met this criteria responded.

This report details the findings of the mapping exercise and covers the geographical distribution of provision (Section 2), the profile of providers (Section 3), a detailed assessment of types of provision (Section 4) and some information on funding (Section 5). Finally we summarise the key findings and implications (Section 6).

The key points from this mapping exercise were as follows:

- The most significant finding of this exercise is that the majority of existing provision is not provided free to participants as only 40% of respondents said their provision was free to attend. This is a critical finding and demonstrates that by virtue of being free, Caring with Confidence provision will clearly be adding to much of what is currently available.
- When assessed geographically; taking into account the actual number of courses per year identified in the survey and the carer population as identified by the 2001 Census; it can be seen that existing provision shows considerable regional variation. The survey results indicate the lowest incidence of provision to be in the north east and east midlands.
- Existing provision is almost exclusively (99%) delivered face to face. Though the internet may offer opportunities for distance learning, this research clearly shows that Caring with Confidence provision will need to be face to face, though there may be scope to increase the number that utilise the internet.
- 41% of courses were run more than three times a year; with the remainder just once or twice. This suggests there is likely to be an expectation that Caring with Confidence provision will need to be repeated.
- There is considerable variation in the number of sessions involved in each training course. One third of all courses identified through this survey were one-off events yet just over one quarter involved 6+ sessions. This suggests that Caring with Confidence must offer some flexibility within any portfolio so that some carers can opt for more sessions than others.
- Similarly there was variability in session length. Most commonly (41%) an individual session lasted up to 2 hours but the rest were longer; 34% 2-4 hours, 21% 4-6 hours and 4% over 6 hours.
- Carers appear to have much more input into course planning and review than course delivery. Hence, whilst 63% said carers input into course planning and 89% that courses were evaluated by participants only 18% said they used carers or former carers to deliver their training. Clearly, therefore, there is scope to increase the involvement of carers in course delivery.
- Typically, respondents believed their training was attended by c10-15 people. However, 27% felt it was typically below this number and 15% above.

## Table of Contents

1. Introduction	Page 4
1.1 Background	Page 4
1.2 Methodology	Page 4
2. Geographical Distribution of Provision	Page 6
3. Profile of Providing Organisations	Page 8
4. Type of Provision	Page 9
4.1 Attendees: Targets and attendance numbers	Page 9
4.2 Frequency of provision and session format	Page 10
4.3 Topics covered	Page 12
4.4 Delivery format	Page 12
4.5 Evaluation and review	Page 12
5. Funding Provision	Page 13
6. Key Findings and Implications	Page 14

# **1. Introduction**

## **1.1 Background**

In January 2008 the Department of Health awarded the contract to develop an expert carer's programme (now called 'Caring with Confidence') to a consortium of five organisations led by the Expert Patients Programme Community Interest Company.

As part of initial planning, a mapping exercise was undertaken between April and June 2008 to provide information on existing levels of training activity relevant to carers. This exercise sought to provide information on the content of existing training relevant to carers and the range of delivery methods and providers at a local and national level.

This would ensure that Caring with Confidence built on existing provision as one of the underlying principles of the programme is that Caring with Confidence should be incremental and not replace existing training.

## **1.2 Methodology**

### Phase 1: Desk Research

Initial research was conducted via the internet to develop a database of possible training providers across England whom we could approach for information on training they may currently provide, specifically for, or relevant to carers. These organisations included:

- Support organisations
- Carer specific
- Adult education and life skills
- Black and ethnic minority
- Lesbian, gay bisexual and transgender
- Financial training
- Distance learning
- Local authorities (both local councils and social services)
- Primary Care Trusts
- Councils for Voluntary Services
- Citizens Advice Bureaus

### Phase 2: Survey of Relevant Organisations

#### ***The Questionnaire***

Two questionnaires were developed to send to the organisations listed above. One for those who provided training directly to carers and a shorter, more general questionnaire sent to those who may provide training relevant to, but not specifically aimed at carers.

The questionnaires were developed as both hard copy and online versions (created in a survey website called Survey Monkey) in order to reach as many people as possible.

Questionnaires were completed between April and June 2008

### ***The Sample***

There was no readily accessible comprehensive sampling frame for this exercise and therefore we sought to reach as many relevant organisations as possible through a variety of sources. Our goal was to cast our net wide in order to maximise chances of finding relevant organisations

Initial phone calls were made to a selection of the organisations highlighted above to determine the correct person/position within the company to send the questionnaires to. This proved inconclusive in that no clear respondent type emerged and so the decision was made to send the questionnaire as both a hard copy and online version in order to maximise the chances of reaching relevant individuals.

In total, we estimate there were c4,500 invitations to complete the questionnaire. The breakdown of contacts is as follows:

- Caring with Confidence National Team database 1,620 contacts invited directly. This is the database that Caring with Confidence is building of professionals involved in this arena and covers a wide range of organisations (including many of those listed above).
- Carers Week contacts c2,500 individuals. Carers UK has generated this database to support its Carers Week activities and they invited these contacts to complete our questionnaire.
- In addition, c800 contacts of Caring with Confidence's collaborative partners were sent the questionnaires.

Note that due to these three different sources it was impossible to ensure there were no duplication of those invited and hence we estimate that the contact universe for this exercise was c4,500.

### ***Response***

In total 655 completed questionnaires were received (though some of these were only partially completed). Interestingly, 422 completed the survey online and 233 in hard copy.

Only 16 of the 655 received were from organisations that provided training relevant to, but not targeted at, carers (using our more general questionnaire). Thus 639 carer specific mapping questionnaires were completed. However, of these, 286 indicated that they neither provided directly or commissioned training for carers and for a further 24 sufficient responses were left blank for us to conclude that the survey was not relevant to them.

Therefore, we achieved a workable base of 329 questionnaires from organisations that provided or commissioned training for carers and the analysis of these forms the basis of this report.

## 2. Geographical Distribution of Provision

Respondents were asked in which regions they provided courses. The region in which the greatest proportion provided any training was London (20%) followed by the north west (17%). A full breakdown of the provision by English region was as follows:

<b>Region</b>	<b>Regions responding organisations were active in*</b>
	<b>%</b>
North East	10
North West	17
Yorkshire	13
East Midlands	9
West Midlands	11
East of England	9
London	20
South East	16
South West	15
<b>Total</b>	<b>*</b>
Base: All 329 respondents	

*\* Multi-response possible as some organisations active in more than one region*

Table 2 compares the basic measure of which regions responding organisations were active with the distribution of carers identified by the 2001 Census. Given the level of accuracy for a survey of 329, the results show that, broadly, providers are active in the various regions in relation to their carer populations.

<b>Region</b>	<b>Overall distribution of responding organisations activity</b>	<b>Distribution of those providing care 20+ hrs/week (from the 2001 Census)</b>
	<b>%</b>	<b>%</b>
North East	8	7
North West	14	16
Yorkshire	11	11
East Midlands	7	9
West Midlands	9	12
East of England	8	10
London	16	13
South East	14	13
South West	12	10
<b>Total</b>	<b>99#</b>	<b>101#</b>
Base: 396 regional activities (provided by 329 responding organisations)		

*# Does not add to 100% due to rounding*

However, when we explore provision further to take into account the absolute number of courses provided per year within any region (rather than look at how many providers have anything) we start to identify areas of lesser provision.

Table 3 has been calculated by taking the number of courses per region per year (as identified by the survey) and dividing it by the number of people who provide 20+ hours per week (identified by the census). This shows that the areas of lowest provision are the north east and the east midlands and that the best performing regions (south west and south east) have twice as much.

<b>Table 3</b>	
<b>Availability of courses per carer (based on 20+ hours /week)</b>	
<b>Region</b>	<b>Percentage of courses per year per carer %</b>
South West	0.40
South East	0.39
West Midlands	0.34
London	0.34
North West	0.26
Yorkshire	0.23
East of England	0.19
East Midlands	0.18
North East	0.17

Note that there is further analysis of course provision in Section 4.

### 3. Profile of Providing Organisations

Most commonly, responding organisations described themselves as a carers' organisation (16%), followed by a voluntary organisation or local authority (both on 13%) and condition specific organisation (12%).

<b>Region</b>	<b>%</b>
Carers organisations	16
Voluntary organisation	13
Local Authority	13
Condition specific organisation	12
PCT	3
Independent training provider	2
Other	8
Not stated	33
<b>Total</b>	<b>100</b>
Base: All 329 respondents	

When asked to further describe their organisation, though not all answered, respondents most commonly (40%) described it as local. A further 19% categorised it as a local branch of a national organisation and 8% said they were from a national organisation.

Forty three percent of respondents were part of an organisation that had been providing/commissioning carer training for five or more years. A further 47% had been doing so for 1-5 years while 9% were in their first year. Fifty-six percent of all providers surveyed had been doing so for less than 5 years. This demonstrates the extent to which training for carers is a relatively new activity.

Although all respondents were involved in the provision of training to carers they were asked whether they commissioned it, provided it directly, or both. Most commonly (63%) respondents were providers and a further 23% both provided and commissioned.

- 209 respondents said they were providers (63%)
- 44 respondents only commissioned training (13%)
- 76 did both (23%)

Thus overall, 86% of our sample were involved directly in the provision of carer training and 36% involved in commissioning.

## 4. Type of Provision

### 4.1 Attendees: Target Audience and Attendance Numbers

There were a number of carer groups that over half of all providers were targeting; carers of those with mental illness (61%), those who care for someone who is elderly (57%), those who provide 50+ hours per week (56%), those caring for people with long term conditions (54%) and carers of those with physical disability/sensory impairment (53%). Full details are shown in Table 5 below.

<b>Table 5: Who training is aimed at</b>	
<b>Target Group</b>	<b>%</b>
Carers of those with mental illness	61
Carers of people who are elderly	57
Carers who provide care for 50+ hours per week	56
Carers of people with long term conditions	54
Carers of people with physical disability/sensory impairment	53
Carers of people with learning disabilities	50
Carers of people nearing the end of life	46
Carers of people who are of minority ethnic heritage	42
Carers who are themselves of minority ethnic heritage	41
Carers of people with drug/alcohol problems	40
Carers of people who are lesbian/gay/bisexual/transgender	35
Carers who are themselves lesbian/gay/bisexual/transgender	35
<b>Total</b>	*
Base: All 329 respondents	

\* Multi-response possible as most providers targeted multiple carer groups

Collectively, those involved in the mapping survey provided information on 816 courses and were asked about them in some detail.

Respondents were asked, in their opinion, how many people typically attended their training sessions. Table 6 summarises the response given and whilst it should be remembered that this is not based on actual attendance figures but perceptions, we believe it does give a strong indication of actual numbers.

Most commonly, sessions were thought to involve 10-15 participants. However, one in four had less than 10 people attend. Only 15% of sessions involved more than 15 people.

<b>Table 6 Typical levels of attendance</b>	
<b>Typical number of participants per session</b>	<b>%</b>
Less than 10	27
10-15	47
16-20	10
20+	5
Not stated/Don't know	11
<b>Total</b>	<b>100</b>
Base: 816 courses	

Though there is variation in the typical number of participants per session; from the above it is possible to estimate that, on average, courses typically have 11.5 attendees (that is 11 or 12 people).

## **4.2 Frequency of Provision and Session Format**

### **Frequency per year**

Respondents stated that courses were most often (50%) run either once or twice a year. 29% were run 3-9 times a year and 12% took place 10 or more times a year.

<b>Table 7 Course delivery per year</b>	
<b>Typical frequency of provision</b>	<b>%</b>
Once or twice	50
3-9	29
10+	12
Not stated/Don't know	9
<b>Total</b>	<b>100</b>
Base: 816 courses	

Once again, it can be estimated that, on average courses take place 4.3 times per year. Furthermore, this can be combined with the average number of attendees to show that, for each course provided, over the space of a year it is typically attended by on average 50 people.

### ***Number of sessions per course***

The research indicates that there is considerable variability to the number of sessions within a course. Though around one third of all courses comprised just one session, 28% included at least six.

<b>Table 8 Number of sessions per course</b>	
<b>Typical number of sessions</b>	<b>%</b>
One off	34
2	15
3-5	12
6-8	18
8+	10
Not stated/Don't know	11
<b>Total</b>	<b>100</b>
Base: 816 courses	

Among those courses with more than one session (451 courses in our sample), existing provision is most likely to take place weekly (59%). Of the remainder, 11% held sessions on a monthly basis, 4% fortnightly and the remaining 26% on a less regular basis (note this does not mean they occurred more than one month apart, rather that they did not occur over such a precise/regular frequency).

### ***Length of individual sessions***

Among those respondents who specified a length; 41% said their training sessions lasted up to two hours, 34% between two and four hours, 21% between four and six hours and 4% over six hours.

### 4.3 Topics Covered

Respondents were asked to choose, from a list of eight broad areas, what topics they currently covered with their training. The most prevalent existing topic was 'looking after carers own health' which was covered by 57% of all courses. The table below shows the full results to this question.

<b>Table 9 Topic covered</b>	
<b>Topic</b>	<b>%</b>
Looking after your own health	57
Dealing with the psychological aspects of caring	49
Available services and support and how to access them	47
Empowerment issues (eg assertiveness, advocacy, etc)	45
Management of the condition of the cared for person	40
Financial matters (inc benefits)	25
Moving and handling	21
Training for outside the caring role	17
<b>Total</b>	<b>*</b>
Base: 816 courses	

\* Multi-response possible as providers could cover multiple topics

### 4.4 Delivery Format

Almost all existing training identified by this survey (99%) was delivered face to face, and most of this (91%) was delivered in a group setting (8% was conducted on a one-to-one basis). The remaining 1% utilised a distance learning format and the small number of courses involved were almost equally split between online and other formats.

Four percent of existing provision was residential.

When asked who delivered the training; it was most commonly (40%) carer support workers or members of staff of the providing organisation. A further 31% used external trainers. Only 18% claimed they used carers or former carers to deliver existing provision. This highlights that there is scope for those with first hand experience to have a greater role in carer training.

### 4.5 Evaluation and Review

For most courses, training is evaluated by participants and 89% of respondents stated that this was the case. Furthermore, 63% said that carers had input into course planning.

## ***5. Funding Provision***

Though it was not a core focus for the survey there were two questions about funding.

Significantly, only 40% of respondents said that their training was provided free of charge to carers although it should be noted that in many cases any costs were indicated to be nominal. Given that Caring with Confidence will be providing the programme to carers at no cost this is a particularly interesting finding as currently less than half of provision is free of all cost to participants.

The main sources of external funding cited by our sample were local authorities (which 31% said they received some form of funding from), PCTs 15%, local voluntary organisations 5% and national voluntary organisations 3%. In addition, 29% said their own organisation provided the funding.

## **6. Key Findings and Implications**

Based on this mapping exercise we can set out the following key findings:

- The most significant finding of this exercise is that a majority of existing provision is not provided free to participants as only 40% of respondents said their provision was free to attend. This is a critical finding and demonstrates that by virtue of being free Caring with Confidence provision will clearly be adding to much of what is currently available.
- When assessed geographically; taking into account the actual number of courses per year identified in the survey and the carer population as identified by the 2001 Census; it can be seen that existing provision shows considerable regional variation. The survey results indicate the lowest incidence of provision to be in the north east and east midlands.
- Existing provision is almost exclusively (99%) delivered face to face. Though the internet may offer opportunities for distance learning, this research clearly shows that Caring with Confidence provision will need to be face to face though there may be scope to increase the amount that utilises the internet.
- 41% of courses were run more than three times a year; with the remainder just once or twice. This suggests there is likely to be an expectation that Caring with Confidence provision will need to be repeated.
- There is considerable variation in the number of sessions involved in each training course. One third of all courses identified through this survey were one-off events yet just over one quarter involved 6+ sessions. This suggests that Caring with Confidence must offer some flexibility within any portfolio so that some carers can opt for more sessions than others.
- Similarly there was variability in session length. Most commonly (41%) an individual session lasted up to 2 hours but the rest were longer; 34% 2-4 hours, 21% 4-6 hours and 4% over 6 hours.
- Carers appear to have much more input into course planning and review than course delivery. Hence, whilst 63% said carers input into course planning and 89% that courses were evaluated by participants only 18% said they used carers or former carers to deliver their training. Clearly, therefore, there is scope to increase the involvement of carers in course delivery.
- Typically, respondents believed their training was attended by c10-15 people. However 27% felt it was typically below this number and 15% above.