Care Council for Wales

Focus of the oral evidence session:

Our response to the Bill – see briefing

General comments from Members

Theme for your session is *Access to services by adults, children and carers* which will focus on, amongst other topics,

1. Well-being duties, preventative services, information and advice

- Charging for the provision of information will make it inaccessible for some, even if provision is made for some to be refunded after assessment of ability to pay. Few will seek an assessment for ability to pay, just to get information, especially if doing so also incurs a charge. I see little point in having information that is not freely available, (as in cost free). The cost of managing payments may also add to the cost of the service.
- Devising new practice tools. The theme of integration needs to be taken forward into methods of working e.g. a new assessment tools should always include an evaluation of the impact of an adult's needs on the development of or risks to children who may live with them. (This week I visited a Child Assessment Team where it was considered to be a recent development for an Adult Community Mental Health Team to consistently recognise the needs of a child of an adult with a mental health problem.)
- The aim of citizen centred and controlled services may appear to be just rhetoric if many assessments fail to lead to the delivery of support services. Most local authorities have already raised the eligibility threshold to 'substantial' and 'critical' and maybe there needs to be more transparency and honesty somewhere within the legislation that recognises how severe a situation of need may have to be for an assessment to lead to service delivery rather than signposting on.
- The Bill should promote fairness, respect and efficiency by adopting the portability of prescribed care and support plans, by promoting a National Eligibility Framework and by treating carers with the same status and seriousness as service users with respect to their needs for assessment and support.
- Again, preventative services will be useless if people are put off accessing them through charges. Need to have a business case for charging, to ensure that the opportunity cost of charging, does not mean an uptake which is too low to save the cost of providing care to those who don't avail themselves of the service because they had other financial priorities.
- The requirement for provision of information would support voice and control as well, but only if it is free of charge at the point of need. In fact it would be good to see the white paper on regulation create duties for ***all*** individuals and organisations providing services to 'people in need' to make specific disclosures regarding their services, qualifications, quality assurance arrangements, target group etc, free of charge to the service user and/or carer. The cost of this would need to be integrated within the whole cost/charging structure for the service once the service is being used, and not before. (As is the case in industry where marketing is an integral business cost, and potential customers are not charged

to access adverts). However, where organisations are unsuccessful at attracting 'business' as a result of giving information, this could become a disproportionate cost. There need to be safeguards to monitor and control such costs.

2. Promoting user-led and socially–orientated services (social enterprise, user-led, voluntary sector etc.)

- There are skills to be addressed, namely as per section 34 (4) (d) (ii) and sections 35 and 36 following on the capability of handling direct payments which will include commissioning skills.
- Other skills development will be required by those employed by new social care delivery agents from social enterprise, co-operatives, user led services and the third sector as laid out in part 2 of the Bill.
- Commissioning skills that must include the cost of training shoud be addresses in these general functions.
- Other groups that may require training and possible registration include foster carers, the independent visitor and the independent reviewing officer of sections 82 and 83.
- The provision of service information to be provided by local authorities facilitated by LHBs on social care as outlined on page 8 of the Bill should be linked to the information portal currently being developed by CSSIW and ourselves.
- Opportunities in the Bill include:
  - extending the development of social enterprises which, where successful may hold one of the keys to sustainable social services.
  - providing more support to carers, including recognising their aspirations for education and employment, can promote their longevity in their role. This may sustain the high quality of care they can provide and saves Government money.
- The requirement to support the development of services led by service users is not supported by the wording of the bill, which only requires that they be involved. This needs to be strengthened, and the assumption that this be only for low level needs also needs to be changed as it is with higher level needs that experts by experience have the most to offer, as only they can truly understand what the individual is going through and as a result have far greater credibility when it comes to offering life style and coping solutions that will make a real difference. It is also critical that the bill makes provision for such services to be paid for by the LA, whether or not this cost is passed on to users of these services, otherwise there will be a continuing risk of vulnerable service users being financially exploited, despite the value they contribute, and the fact that they are the most disadvantaged group with respect to access to employment and income generation. There is already a fixed pattern of exploitation of service users and carers through numerous programmes (eg expert patient programme, time to change Wales) where their offering is required to be voluntary. For those projects where people can receive a payment service users and carers are excluded by the cost of training which is much higher for them than for wage earners (eg Mental health First Aid training, which costs least for employees of low income voluntary sector organisations, more for those with a turnover of more than £1 million, and also for public sector employees, and a crippling £1000 for those who are not employed by an organisation (self-employed perhaps) which includes the majority of service users, who are unwaged).

- Under 7 (promoting social enterprises etc), it would be an opportunity to stipulate that all these arrangements must involve service users and carers in the design, delivery, monitoring and evaluation of services, and in the governance and scrutiny of the organisations concerned. Ironically service user and carer involvement in the voluntary sector is extremely variable, and at its poorest is far worse than in any other type of organisation. This is needed to deliver on the intention for greater voice and control.

Assessing adults, children and carers

- The objective of increasing voice and control in relation to access, assessment and eligibility is not promoted by this part because, whilst the memorandum talks about rights to assessment the bill only talks of a duty to assess 'where it appears to a local authority that an adult may have needs for care and support'. In other words the LA and not the individual takes the initiative and can choose not to make an assessment if they don't think there is a need – but how do they know if they don't assess? There is no right to assessment unless there is legislation to back it up. There would have to be a duty to assess every person who is referred by themselves or others, if this were a right. If you want to leave discretion with local authorities (in which case the situation will be no different to the way it is now) then it is important that you ensure that explanations are clear that this is a discretionary service. The LA only has to prove that it did not believe there was a need, to be relieved of any duty. It would be better to say that the LA must assess where there is a need, and then they would have to prove that there wasn't one to justify not making an assessment.
- The reference to combined assessment, and to social services carrying out assessments 'on behalf of another body', introduces a) the risk that the party doing the assessment does not have the necessary competence to do so effectively and be able to recognise complex needs, or b) that by doing so the body who would normally carry out the assessment may delegate responsibility and fail in its primary duty to the service user or carer. This is specifically the case in mental health where a social worker may assess health needs and as a result health may avoid any involvement in the care. (The opposite is also the case)

Meeting the needs of adults, children and carers, including Direct Payments

- There are particular parts of the workforce mentioned in the Bill that will need some focus. Carers are now main players in the delivery of social care and will need some attention paid, together with the service user. This is particularly relevant where direct payments are concerned.
- There is an attempt to create a more level playing field between adults and children, but this has not been fully achieved. There are risks relating to the equality of access with reference to diversity of disability going forward as a result of the power to change the definition of what is or is not considered to be a disability. There may be change or there may just be more expensive services. The outcomes framework, if it has enough service user and carer involvement may be helpful so long as it doesn't create the temptation to fit people's goals into the framework, rather than take full account of what the individual wants.

Charging and financial assessment

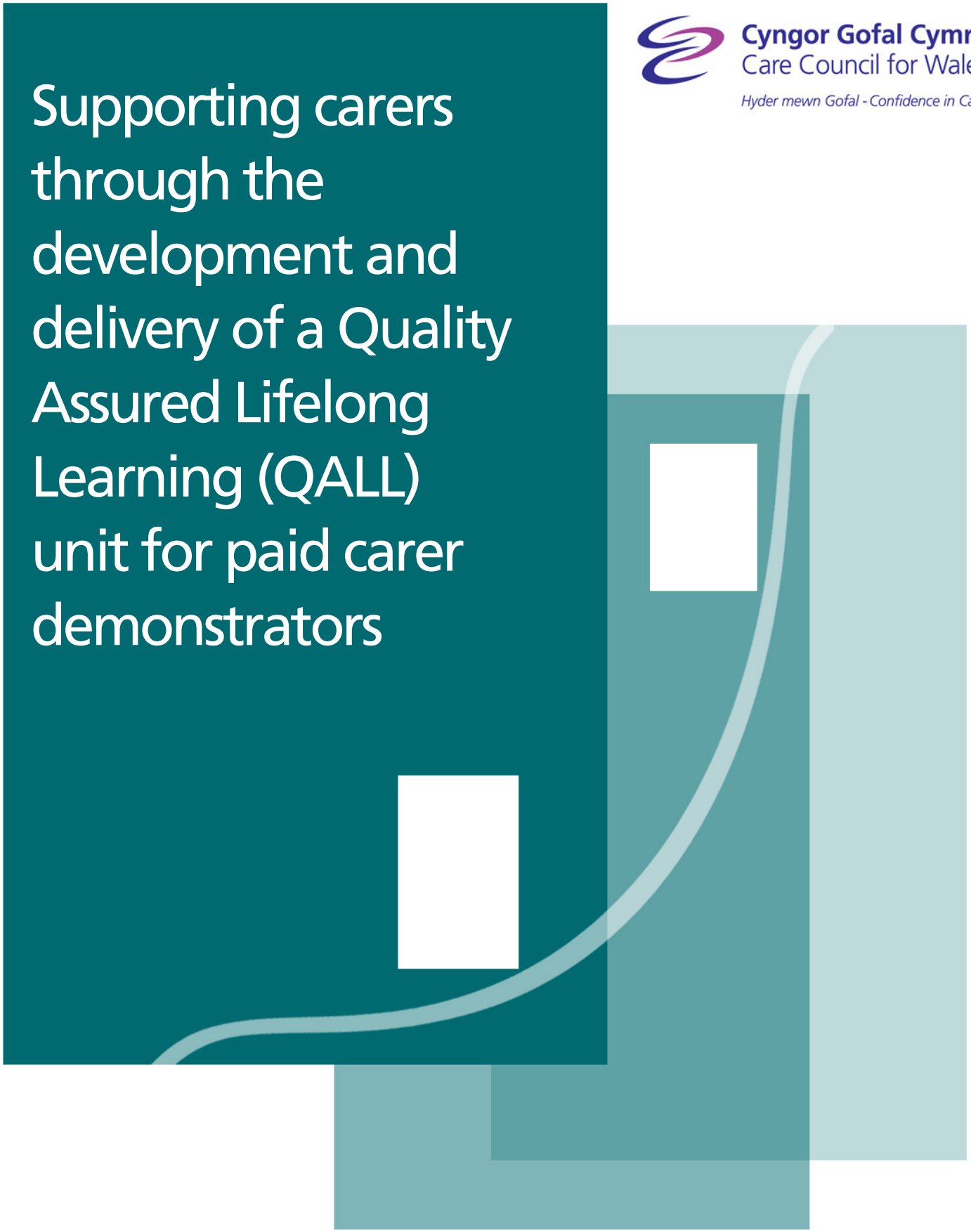
- The change for existing social services will be a large increase in dementia, domiciliary home care service, diversity of care homes.
- Potential barriers are around domiciliary care not being professional skill to delivery service. Pressure is already being put on domiciliary providers regarding hourly costs with some authorities are already using agency who so not train their staff because the hourly rate is cheaper. Also personal assistants are being used with care providers who avoid being registered with CSSIW and therefore do not come under any regulations. This also affects CCW in our aim to professionalise care workers.
- This will not give those requiring home service any informed choice. The provision of accessible high quality information needs to cover local and national advice on all care sectors available together with inspection reports of services which provide care.
- Financial implications are unknown as true costs cannot be identified on care home services which could double as there is an aging population. Local authorities can charge for services provided. If this is capped as domiciliary care at £50 per week it will be too costly for them.
- The affordability of the change management process inherent in the Bill. I did not find all the cost saving calculations of introducing new duties or simplifying the law totally convincing, in particular that there would be no extra costs for 'Local Authorities to provide (or arrange for) the provision of a range and level of preventative and early intervention services for its area' (Explanatory Memorandum p71) or that a 'simplified law could release benefits of up to £1.2 to £2.7 million per annum' in time saved by social services practitioners (Explanatory Memorandum p74). It is important in raising public expectations about an improved quality of service that the Government is able to deliver within available resources, always a tension in policy development of course.
- Resource – provisions to charge just pass on the difficult decisions to individuals. Those who are financially privileged will benefit, but only if charging is also linked to choice. For those who do not have direct control over their own finances, decisions may be taken out of their hands –even in situations where they might have mental capacity (for instance where there is financial abuse)

Other general comments

- Safeguarding has been mentioned regarding those who receive care, there also needs to be protection of staff who provide these services.
- The complaints section 153 should have a duty on all employers (private or public) of registered workers to inform the regulator of the potential to affect the registration of such worker. A protocol with the ombudsman on this point should come into being. Suspension from the register pending outcome of a complaint should be an option to prevent a worker suspended from their work from working in other social care settings including those as an unregistered social care worker.
- Opportunities include delivering the promise to social workers to appropriately reduce the bureaucratic burden and promote more relationship based, therapeutic casework.

Supporting carers through the development and delivery of a Quality Assured Lifelong Learning (QALL) unit for paid carer demonstrators

Cyngor Gofal Cymru
Care Council for Wales
Hyder mewn Gofal - Confidence in Care



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We would also like to thank the group of participants who undertook the pilot training and assessment and gave their valuable perspectives for evaluation.

Sue Gwynn and Rhys Hughes March 2013

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Executive summary

1. This Care Council for Wales project commenced in September 2012 with the establishment of a steering group in West Wales whose members guided the development of a learning unit titled: Support Carers Through the Demonstration of Practical Care Techniques

2. The care demonstrator project has been an exciting and innovative pilot which has shown the potential to provide Carers with access to unique solutions that meet individual and often hidden needs beyond routine and established care techniques.

3. The collaborative approach to establish Carers specific concerns can be used to uncover areas of unknown need such as difficulties of communication and interpretation in dementia care or managing testing behaviours such as agitation and repetitive questioning. These interventions can contribute to Carer's well-being and resilience in the face of the personal demands of the caring role. These outcomes are in line with the prevention and early intervention aspirations that lie within the Social Services and Well-being (Wales) Bill and Sustainable Social Services in Wales: A Framework for Action (2011).

4. A two day training programme was developed to deliver the learning for this unit and advertised to care providers in the pilot region. The training programme delivery in January 2013 coincided with work by the Care Council for Wales and Agored Cymru to place the unit on the Quality Assured Life Long Learning pillar of the Qualification Credit Framework for Wales.

5. The pilot course demonstrations focused on traditional care tasks. Discussions within the pilot and steering groups have pointed toward a much broader range of interventions that could be demonstrated. These have the potential to have a wide impact on the quality of life of Carers by being specific to their individual needs in line with the aspirations of the Carers Strategies (Wales) Measure (2010)

6. Evaluation and reflections on the pilot training course have produced recommendations on course delivery and assessment as well as the potential for wider roll out and take up of the unit across Wales

Introduction and background to the project

In 2010 the Care Council Wales published the results of an 18 month study into the care at home workforce[1]. This report found that 96% of annual care hours in Wales are provided by unpaid Carers. Unsurprisingly therefore one of the recommendations in the report was more active support for the role of Carers. The Care Council responded to this recommendation by commissioning further investigation and early in 2012 published a report on Carers access to training[2].

This report included the recommendations, which arose directly from discussions with Carers themselves, "Social Care and other paid service providers giving training and 'demonstrating' to unpaid Carers in their homes. Demonstrating may be a more acceptable model of delivery to avoid concerns about risks and liability" and "Social care and other paid service providers training and demonstrating to unpaid Carers in care homes, day centres or similar appropriate resources". The report states that support for social care and other workers in this demonstrating role could be achieved by a unit/s developed for the Quality Assured Lifelong Learning (QALL) pillar of the Credit Qualification Framework Wales (CQFW).

The development of a training programme and QALL unit for paid carer demonstrators was seen as having the following potential benefits:

- Enhancing the potential range of services and support for Carers
- Contributing to a safe service for Carers
- Provide vital information through 'signposting' of resources and benefits that could be used by Carers and the individual they support
- Facilitation of a national approach to supporting Carers
- Contribute to the cultural shift to person centred and citizen directed services and outcomes in Wales
- Supporting early intervention, prevention and care at home imperatives in line with the agenda from Sustainable Social Services in Wales: A Framework for Action and now the Social Services and Well-being (Wales) Bill
- Contributing to the range of learning and qualifications available to social care and health staff particularly for continuous professional development
- Enhancing the options available to those commissioning Carers services

[1] Care at Home: Challenges, Possibilities and Implications for the Workforce in Wales, Care Council for Wales, 2010
[2] Supporting Unpaid Carers Access to Training in Wales, Care Council for Wales, 2012

Within its remit, the Care Council intended to explore what role it can legitimately play in supporting the training of informal carers and a further project was commissioned. In August 2012 the Care Council approached partners in the Hywel Dda Local Health Board region to discuss a pilot project to develop and deliver a training programme for the 'Carer demonstrator' and associated development of a QALL unit. As a result of these discussions a project plan was finalised and two Associates of the Care Council, Sue Gwynn and Rhys Hughes, were appointed to work with a steering group to deliver the project. The Steering Group consisted of representatives from the Care Council, Hywel Dda Local Health Board, Ceredigion County Council, Pembrokeshire County Council, Carmarthenshire County Council, Crossroads and Carers Trust. The Mid Wales and the South West Wales Social Care in Partnerships and Carmarthernshire Carers Forum were also invited to take part. A full list is in Appendix 1.

The project was undertaken between September 2012 and March 2013. The aim of the project was to: *Develop, deliver and evaluate a training programme and develop QALL unit/s for paid carer demonstrators*.

The objectives set were:

- *Identify pilot area / site*
- *Develop content of QALL unit/s for paid carer demonstrators*
- *Develop and deliver training programme for paid carer demonstrators in pilot site*
- *Submit unit/s for endorsement by Care Council*
- *Engage with Awarding organisation to undertake technical review of unit/s*
- *Facilitate uploading of unit/s onto QALL*
- *Facilitate roll out of unit/s*

The Associates built on the sound proposals initiated by the Carmarthenshire Carers Forum. The following report documents the work undertaken with the Steering Group and training participants over the last 6 months and the lessons learnt. It continues to identify recommendations and areas for further development in this exciting contribution to increase opportunities for Carers in Wales.

Methodology

Steering Group meetings were held on 19-9-12, 7-11-12, 20-12-12 and 7-3-13. The unit was developed and revised being completed in March 2013 (see next section for more details). The training course developed mirrored the practice areas and knowledge requirements of the unit. It was agreed there would be 30 training places offered across the partner agencies, nominations to be coordinated by the Training Managers in Social Services (Carmarthenshire, Ceredigion and Pembrokeshire) and Hywel Dda Local Health Board. It was agreed that the target audience for the

training should be '*qualified and experienced practitioners where it has been agreed that demonstration is part of their role'*. The training took place over 2 days on the 17th and 30th January 2013. Agored Cymru have now reviewed and uploaded the unit onto the QALL. Pembrokeshire College are an approved Agored Cymru centre and they will register the pilot group of learners to undertake assessment of the unit.

The QALL unit and its development

The unit ***Support carers through the demonstration of practical care techniques*** is contained in Appendix 2. It was developed through the input and review of the Steering Group who considered the unit on 3 occasions. The unit was levelled at Level 3 and credit rated at 4 credits (40 notional learning hours).

The support of an Awarding Organisation was gained through the agreed processes and involvement of the Care Council. Agored Cymru supported the development of the unit. Following a technical review of the unit by Agored Cymru and the consideration of The Qualifications and Standards Sub-Committee on the 29th of January 2013 the unit was endorsed by the Care Council. Agored Cymru have added the unit to their database, website and to Pembrokeshire College's framework ready for use in the pilot.

The steering group and learners on the pilot have raised the issue of having the unit included as part of the main workforce qualifications particularly the QCF Diplomas in Health and Social Care or as a small, one unit, stand alone Award for updating and CPD.

The pilot training course

Course content: 24 participants attended day 1 of the training. From the beginning it became clear that there had been confusion about the targeting and that 'Carer' had been misunderstood by some to mean a staff member or paid carer. Approximately one third of the group expressed their disappointment that the course was not right for their role and their concerns about continuing onto assessment. Despite this 18 participants returned for day 2 of the training and in evaluations these participants identified that the course experience had contributed to them reflecting and critiquing their practice.

In this pilot the training took place over 2 full days with 2 weeks between them though this did not seem essential and the days could have been back to back. The room was large but with a formal layout that which did not facilitate the experiential activities needed and this should be considered in future programmes.

Lesson plans and the overview of the training content were shared with the steering group who advised on approaches needed and key areas to prioritise such as the need to develop an understanding of positive risk management and a move away from risk averse thinking. It was hoped that the simulated demonstrations in day 2 would lead to participants gaining insight into the different perspectives (carer, service user/patient and demonstrator) and begin to use the knowledge highlighted in the course including communication styles and preferences, preparation and making agreements with Carers and reviewing of outcomes. A summary of the course content is in Appendix 3.

PowerPoint slides were used in presentations with plenty of discussion and engagement with the whole group. Work also took place in pairs, triads and small groups were frequent to allow exchange of experiences and cross sector learning. Feed back to the whole group was encouraged and ideas or experiences shared and collected on flip charts. This resulted in a rich exchange of information and ideas particularly in relation to potentially useful resources, information and ways of working. The group contributed to the development of a 'Demonstrator checklist' (Appendix 4) to assist in planning and preparation.

Simulated demonstrations took place in groups of 3 so each participant took a turn as demonstrator, recipient (Carer) and observer (often also acting as the service user for the demonstration). The demonstrations were chosen by the participants who were asked to keep them simple. Some did involve specialist equipment which participants brought in. They included:

- Putting on a garment when the individual had lost mobility x3
- Chair transfer
- Up and down stairs/stair practice
- Explanation of medical administration
- Epilepsy medication administration
- Safe standing and sitting following hip operation
- Hemiplegic dressing technique

Participants were encouraged to think widely about the potential wide range of demonstrations including emotional and other support that could have been used.

Participants formed a plan and outcomes with the 'Carer/recipient' before the demonstration began. Following each demonstration the participant gave feedback to the 'Carer' on their performance of the technique. The observer and 'Carer' also gave a peer review on the demonstration overall and provided this in writing on the form designed for the course. This encourages self reflection and review. The course tutors tried to observe each demonstration and give verbal feedback to each demonstrator but the numbers made this very challenging

The course content was designed to closely mirror the knowledge and understanding needed in the unit. A workbook was produced to reinforce the key learning areas and to capture learning as it took place. Links were made from the tasks and activities of the training days directly to the Learning Outcomes and Assessment Criteria they supported and evidenced. Participants were encouraged to become familiar with the workbook and to begin to make notes or even answer some of the knowledge criteria. For example after a group discussion to look at potential barriers to effective demonstrations and a sharing of ideas about how to overcome the range of barriers the appropriate task in the workbook was highlighted:

2.2 *Identify at least 2* ***barriers*** *to effective demonstrating and explain ways to overcome* ***barriers*** *when carrying out demonstrations with* ***carers****. You could include examples from sensory impairments, psychological barriers e.g. resistance, confidence or reluctance of carers, privacy, working in a home environment*

Barriers	Solution

Course evaluation drew on both recorded comments during the training days and formal evaluation sheets completed at the end of day 2. A summary of the 13 forms returned is included in Appendix 5 together with key comments given by participants during the course. The comments of the Steering Group's review following the training are also included.

Key points include:

- Prerequisites for participants may help to gain maximum participation and completion of the unit and assessments. These could include: a role involving demonstration to Carers (with a clear definition of who this means); a willingness to undertake assessment; an understanding of the benefits of being assessed and gaining the QALL unit

- It was clear that participants represented a wide range of roles and experiences. For some the course was very challenging, stimulating and relevant, whilst in contrast, others found it too low a level or not appropriate for their role. There are benefits to having a 'mixed' group for enhanced learning from each other but a 'matched' group may also be successful to minimise the differences in starting points.

- Feedback from participants suggested that the course could be delivered in one day for experienced staff with a two day version for those with less experience.

- Tutor observation of simulated activity for two day courses proved difficult and would only be possible with limited group size unless additional tutors are employed. Another option would be to have the demonstrations one at a time to the whole group but this may disadvantage less confident participants and would need to be done sensitively to avoid any inequality of access.

- A number of participants undertaking the simulated activity on the second day had prepared demonstrations designed for delivery directly to the service user/client as opposed to the Carer. This reflected many of their existing job roles. Future courses need to place more emphasis on this aspect of demonstrating i.e. using a person centred approach in collaborating with carers to establish need and identify direct benefit to Carers as well as recipients of care

- From the groups responses during the course it was clear that most were not familiar with positive risk assessments and they did not make links to person centred approaches and outcomes. For some there was a reluctance to consider changes to their ways of working and the tight procedures they felt bound to. This may benefit from more exploration in the training or post training signposting for further information.

- A set of resources were developed for the training which can be used in future programmes and roll out (see Appendix 6)

Further evaluation is expected during the 'assessment' phase of the programme which involves an actual demonstration in a real work setting. Forms have been developed to allow feedback to be collected from Carers and the individuals they are supporting following the observed demonstration in the work setting. Permission has also been asked for the project Associates to telephone Carers for their views on the process and outcomes of the demonstration they were part of. This was embedded in the training where demonstrations were practiced by participants and observation and feedback given by the recipient and an observer (sometimes acting as the service user).

The training content and workbook have been amended to reflect aspects of the feedback given at this time.

Assessment and registration

For this pilot programme all learners who are undertaking assessment are registered with Pembrokeshire College who are an approved Agored Cymru centre. Sue Gwynn and Rhys Hughes have both been approved and registered as assessors and Internal Quality Assurers for Agored with the college. They will undertake the assessment of the work submitted and IQA each others assessment decisions and report back to the lead IQA in the college. Both Sue and Rhys have a large amount of assessment and quality assurance experience and both are External Verifiers for Awarding Organisations. This arrangement is for the pilot only and will not limit future assessment opportunities.

Of the 24 original participants 18 returned to day 2 of the training and 10 put themselves forward for registering for the unit assessment. Managers will be informed which of their staff have put themselves forward for assessment as they will need support and observation by an appropriate Expert Witness.

The workbook developed includes induction information such as Appeals and Complaints, Equal Opportunities and who their assessor and Internal Quality Assurer will be. A statement of authenticity for the learner to sign and date is also present. Information about the assessment process includes a statement as follows**:**

The completed workbook together with testimony from an Expert Witness and Assessor should contain the evidence required for this Unit and will be used by your assessor to make an assessment judgment. You will be required to submit work within an agreed timescale which will be given to you on the course you attend.

The expectations for assessment were given as:

This unit is a Competence and Knowledge unit to show achievement of skills and understanding, as such there is a requirement for demonstrated competence. The unit is at Level 3 and is 4 credits. This unit is part of the Quality Assured Lifelong Learning Framework (QALL) and has been supported by the Care Council for Wales. The learning and evidence of knowledge, understanding and skills can be mapped against other similar units to show full or partial achievement. This is known as Recognition of Prior Learning (RPL).

Learning will be achieved through participation on the ***Supporting carers through the demonstration of practical care techniques*** *training days and* ***assessment*** *completed after you have undertaken the training. Some evidence may be gathered during the course as you are working and learning. This includes: 1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 2.1, 2.2 and 5.5*

The Level 3 unit contains five Learning Outcomes (LOs). Each Learning Outcome has up to 6 Assessment Criteria (ACs). Each AC will need to be evidenced through completion of the workbook tasks or through real work demonstrations to carers. These will need to be seen by an Expert Witness such as your manager or the course tutor/assessor.

Participants seemed to understand and like the workbooks and some were completed by day 2. One organisation had given participants a half day to progress the workbook between days 1 and 2. All seemed to be able to identify an individual to undertake their work based observation; usually a manager. Some felt it may be some time before they had the opportunity to demonstrate to a carer as this was not normally their role but that it would be possible at some point.

It was anticipated that some supporting evidence would be gathered by the course tutors during the simulated demonstrations. However this was very difficult to achieve as the tutors needed to be present throughout and record for each individual demonstration. This may of course be possible in programmes with more time or if the demonstrations are carried out sequentially.

At the time of writing information about the assessment is not available but this will be fed back to the Care Council.

Recommendations

1. Strong links should be made into the developments within Carers Strategies as this will allow the initiative to be promoted, managed locally and possibly funded

2. Roll out of the training programme across Wales will benefit from the identification of existing Agored centres such as colleges to act as hubs for registration, certification and quality assurance. Delivery of the Care Demonstrators unit could be via these hubs or between hubs and existing partnerships such as Social Care Workforce Development Programme partnerships (SCWDP) and the Social Care in Partnerships. This may give access to funding opportunities. Inclusion of the Care Demonstrator training in the county wide SCWDP partnerships could provide access to the training for third sector and private providers of care

3. Funding opportunities may come from Skills for Industry, Carers Measure funding or SCDWPs

4. Publicity material could be developed to promote awareness of the initiative and opportunities to access training. In order to gain maximum publicity existing health and social care networks should be utilised to distribute information and signposting to available courses. This could be via e- newsletters that can provide access to the wide variety of potential providers and recipients and this will assist in equal access to provision. The Carers Learning and Information Network would be particularly well placed to assist in this.

5. Consideration should be given to having the unit as part of the main workforce qualifications particularly the QCF Diplomas in Health and Social Care or as a small, one unit stand alone Award for CPD.

6. Future advertising and targeting of the course should make clear that demonstrations are to unpaid Carers. Managers also have a key role in nominating the appropriate staff.

7. It is important that links are established which allow managers to know both the attendance of their staff on a programme and who is registered for the QALL unit as they will play a vital part in the assessment (as Expert Witness) and support for the staff member to complete

8. A bilingual tutor's pack with guidance on course delivery and assessment including learning materials and assessment tools should be developed and made available in

traditional and electronic formats. This would enhance standardisation of the training and assessment and mean that new providers would not need to start without resources. This would assist in the provision of the training experience and assessment through the medium of Welsh and to a Welsh language cohort.

9 The inclusion of a tutor's pack can provide additional background material, signposting and rationales for emphasis on person centred practice, positive risk taking and boundary management.

10 The provision of tutor's packs could allow for inclusion of formal feedback sheets providing information on course numbers and content of assessed demonstrations. These could be used to monitor take up and development of the programme including any disadvantaged groups.

11 Whilst assessment and quality assurance staff would not need to hold formal assessment qualifications they would need to be conversant with awarding body requirements for assessment and quality assurance. They will play an important role in ensuring any disadvantages are addressed and there is proper access to equality of opportunity, complaint and appeals.

12 The Carer Demonstrator Checklist (Appendix 4) derived from suggestions of the Carmarthenshire Carers Forum, Steering Group and course participants, could be used more widely as a tool to enhance practice in support for Carers

Appendix 1 Membership and representation at the Steering Group

Care Council Wales

Carers Trust

Carmarthenshire Carers Forum

Carmarthenshire County Council SCWDP

Ceredigion County Council SCWDP

Crossroads Mid and West Wales

Crossroads Sir Gar

Hywel Dda Health Board

Hywel Dda Regional Partnership for Carers Measure

Social Care in Partnerships Mid & West Wales

Pembrokeshire College

Pembrokeshire County Council SCWDP

Rhys Hughes & Sue Gwynn (Associates for the Care Council for Wales)

Appendix 2: The endorsed unit

Title	**Support carers through the demonstration of practical care techniques**
Level	**3**
Credit value	**4**

Learning outcomes **The learner will:**	**Assessment criteria** **The learner can:**
1. Understand the role and responsibilities of a carer demonstrator	1.1 Explain how demonstrations can be used to promote the **well being** and **quality of life** of: • **carers** • the **individual** they support 1.2 Outline the role of a **carer demonstrator** 1.3 Explain what is meant by **professional practice** when carrying out demonstrations with **carers** 1.4 Describe how to prepare for and carry out demonstrations 1.5 Explain how a positive approach to **risk** management facilitates safe practice when demonstrating care techniques 1.6 Explain how to access **support and advice** when carrying out demonstrations with **carers**
2. Be able to establish positive relationships with carers	2.1 Describe the values, attitudes and skills which underpin partnership working with **carers** 2.2 Explain how to overcome **barriers** when carrying out demonstrations with **carers** 2.3 Identify outcomes and benefits of demonstrations with **carers** and **individuals** they support 2.4 Provide accessible information to **carers** about **resources** for support 2.5 Interact with **carers** in ways that respect their expertise, experiences, language and culture
Learning outcomes	**Assessment criteria**

The learner will:	The learner can:
3. **Be able to plan safe demonstrations of care techniques**	3.1 Agree outcomes for the demonstration of care techniques with the **carer** and the **individual** they support 3.2 Explain how to identify and positively manage **risks** when demonstrating for the **carer** 3.3 Develop **plans** for demonstrating care techniques which comply with • **Agreed ways of working** • Agreements with the **carer** and **individual** they support
4. **Be able to carry out demonstrations of care techniques**	4.1 Demonstrate care techniques for the **carer** based on plans where outcomes are agreed with the **carer** 4.2 Adapt demonstrations to support the needs of individuals 4.3 Record the outcome of the demonstration in line with **agreed ways of working**
5. Be able to review the effectiveness of the demonstration of care techniques	5.1 Observe the **carer** carrying out the demonstrated techniques 5.2 Provide feedback to the **carer** on their use of the care techniques demonstrated 5.3 Review the effectiveness of the demonstration against the outcomes agreed with the **carer** and **individual** requiring care or support 5.4 Describe how to support **carers** with ongoing issues and additional resources 5.5 Review own practice in demonstrating care techniques

Additional information about the unit	
NOS ref	SHDHSC0387 Work in partnership with carers to support individuals. SCDHSC0227 Contribute to working in partnership with carers. SCDHSC0450 Develop risk management plans to promote independence in daily living
Unit purpose and aims	This unit develops the knowledge and skills of demonstrators working in services delivered for and with carers and individuals requiring care or support, normally in their own homes and where it has been agreed that demonstration is part of their role
Assessment requirements or guidance	This unit must be assessed in accordance with the Assessment strategy and requirements of the Care Council for Wales. Assessment will be via a portfolio of evidence generated through observation by course tutors during the training and Expert Witness Testimony in real work activities, short answers, work products, witness testimonies and reflective accounts.

Additional guidance

Carer demonstrator - qualified, experienced staff where it has been agreed demonstration is part of their role e.g. paid staff working in re-ablement, therapies, home care or community nursing. This could be within adult or children's services, third sector, statutory or independent organisations. Workers will normally be in regulated services registered with CSSIW, HIW or similar.

Well being – can be physical, social, psychological

Quality of life – access to a range of activities, resources and opportunities which enables the individual to value themselves and feel valued by others

Carer - an individual who provides a substantial amount of care on a regular basis for a) a child who is disabled or b) an individual of 18 or over. This excludes anyone who provides care by virtue of a contract of employment or as a volunteer for an organisation

Individual – a child or adult requiring care or support who may also be referred to as a 'service user', 'patient', or 'client'

Professional practice – this should include professional roles & responsibilities, organisational processes, boundaries and accountability

Support and advice – may be formal or informal and will include supervision & appraisals, within own organisation or beyond own organisation

Barriers- could include sensory impairments, psychological barriers e.g. the resistance, confidence or reluctance of carers, privacy, working in a home environment

Resources – should include crisis intervention and may include materials and equipment, training, financial support, transport, support groups, therapeutic services, other professionals

Risks – may include environmental, social and psychological factors

Agreed ways of working will include the use of policies, procedures, supervision, safeguarding and ethical practice

Plans – may be paper, electronic or verbal.

Unless specified, a plural statement within an assessment criteria means a minimum of 2.

Appendix 3: Training course outline

- Background to the training
- What is a demonstration
- Values in partnership working with carers
- Person Centred approaches & positive relationships
- Communication, listening skills & overcoming barriers
- Codes of practice and practice boundaries
- Positive risk management
- Providing information & signposting
- Learning and communication styles
- Planning demonstrations
- Effective demonstrations & feedback
- Reflecting and personal review
- What next – planning for assessment

Appendix 4: Demonstrator checklist:

- ✓ Do I have full contact details?
- ✓ What is the organisational process?
- ✓ What does the carer want/ is asking for?
- ✓ Do I feel prepared?
- ✓ Do I know about the communication needs of the carer and the individual being supported (including language preference and sensory impairment)?
- ✓ Who do I need to speak to?
- ✓ Are other professionals involved and do I need to contact them?
- ✓ Is consent or capability an issue?
- ✓ Do I need a written agreement or plan?
- ✓ Is this a new or established carer?
- ✓ Has there been a change or deterioration for the carer or the individual being supported?
- ✓ What is the medical history?
- ✓ Is moving and handling involved?
- ✓ Environmental issues e.g. access, pets, hazards
- ✓ What resources do I need / may be useful or needed?
- ✓ Are my resources working do I need to test them?
- ✓ What information may be useful to take or be able to signpost to?

Appendix 5: Course evaluation sheets summary

	1 is low/no	2	3	4	5 is high/yes
Was the course content as you expected?	1	5	5	0	2
Were the handouts and activities helpful?	0	5	2	3	3
Did the course meet your requirements?	3	1	5	2	2
Do you feel you have benefited from the course?	3	2	4	2	2
Were your questions dealt with adequately?	0	3	0	6	4
Were the tutors helpful and supportive?	0	1	1	2	9

Key comments included:

- more on feedback – how do you know when it has been successful
- don't assume, give time and listen
- it's more than just equipment
- seeing demonstrations as a process
- a very good learning curve
- should be spread over 3 days to take more time on each section
- go into things in more detail
- how to prepare and the importance of planning
- researching the initial visit to see what is needed and build rapport
- have the workbook in advance
- the definition of 'Carer' needs to be clear

- better targeting as you need a role with carers in their own homes
- very interesting and a worthwhile course
- involve work based assessors in the training course
- it was a bit over our heads
- the demonstrations worked well and did give valuable experience
- good for people just starting in the job
- did help us reflect on how we undertake demonstrations
- need similar training for demonstrating to care staff
- demonstrate needs defining
- people confused about the purpose and how it related to their jobs
- I was expecting a more practical approach to demonstrate equipment or a specific technique

Appendix 6: Legacy resources produced from the project:

- QALL unit
- Lesson plans
- Training content overview
- Training presentation in PowerPoint with trainer notes
- Supporting activity sheets (feedback exercise, feedback form for demonstrator, carer, observer/service user, simulation instructions) English and Welsh language versions
- Evaluation form
- Checklist of resources for demonstrators/carers(contained in course PowerPoint)
- Demonstrator checklist (Appendix4)
- Workbook for knowledge assessment and learner recording/reflection
- Expert Witness assessment sheet for work based assessment

Appendix 7: Agored Unit Location:

https://www.agored.org.uk/default.aspx?id=236&opusid=CDB592&natcode=PT13CY080

Supporting carers through demonstration of practical care techniques & skills

Pilot Project in Ceredigion, Pembrokeshire and Carmarthen areas

1. Background

The Care Council for Wales (Care Council) is the regulatory body for social work and social care in Wales. The Care Council also has statutory responsibilities for promoting a safe and skilled workforce and high standards of education and training.

In 2010 the Care Council published the results of an 18 month study into the care at home workforce[1]. This report found that 96% of annual care hours in Wales are provided by unpaid Carers. Unsurprisingly therefore one of the recommendations in the report was more active support for the role of Carers. The Care Council responded to this recommendation by commissioning further investigation and early in 2012 published a report on Carers access to training[2].

This report included the recommendations, which arose directly from discussions with Carers themselves, "Social Care and other paid service providers giving training and 'demonstrating' to unpaid Carers in their homes. Demonstrating may be a more acceptable model of delivery to avoid concerns about risks and liability" and "Social care and other paid service providers training and demonstrating to unpaid Carers in care homes, day centres or similar appropriate resources". The report states that support for social care and other workers in this demonstrating role could be achieved by a unit/s developed for the Quality Assured Lifelong Learning (QALL) pillar of the Credit Qualification Framework Wales (CQFW).

Developing a training programme and QALL unit/s for paid carer demonstrators has the following potential benefits:

- Enhancing the potential range of services and support for Carers
- Supporting early intervention, prevention and care at home imperatives in line with Sustainable Social services for Wales: a Framework for Action and the Social Services and Well-being (Wales) Bill
- Contributing to the cultural shift to citizen directed outcomes in Wales
- Enhancing the options available to those commissioning Carers services
- Facilitation of a national approach to supporting Carers
- Contributing to the range of learning and qualifications available to social care and health staff
- Contributing to a safe service for Carers

2. Pilot project

In August 2012 the Care Council approached partners in the Hywel Dda Local Health Board region to discuss a pilot project to develop and deliver a training programme for the carer demonstrator role and associated development of a QALL unit. As a result of these discussions a project plan was finalised and two Associates of the Care Council were

[1] Care at Home: Challenges, Possibilities and Implications for the Workforce in Wales, Care Council for Wales, 2010

[2] Supporting Unpaid Carers Access to Training in Wales, Care Council for Wales, 2012

appointed to work with a steering group to deliver the project. The Steering Group consisted of representatives from the Care Council, Hywel Dda Local Health Board, Ceredigion County Council, Pembrokeshire County Council, Carmarthenshire County Council, Carmarthenshire Carers Forum, Crossroads Mid and West Wales, Crossroads Sir Gar, Carers Trust and the Mid Wales Social Care Partnership.

The following work was completed by the Associates and Steering Group:

- A QALL unit 'Supporting carers through demonstration of practical care techniques & skills' was developed.
- A 2 day training programme was developed and delivered for 25 learners in the pilot region in January 2013.
- A process identified Agored as the Awarding Organisation and Pembrokeshire College as the assessment centre for registration of learners, quality assurance of the assessment process and certification of learners.
- An evaluation report[3] was produced.
- A resource pack for sharing with other parts of Wales is being developed.
- A plan for sharing the learning with other parts of Wales has been developed.

Report by: Sheila Lyons, Workforce Development Manager, Care Council for Wales
Date: May 2013

[3] Supporting Carers through the development and delivery of a Quality Assured Lifelong Learning (QALL) unit for paid carer demonstrators, Care Council for Wales, 2013

DELEGATION OF ASSESSMENT TASKS

In its scrutiny of the Social Services and Wellbeing (Wales) Bill the Health and Social Care Committee has received evidence that nursing staff were able to delegate assessment tasks to social workers but that the reverse was not said to be possible. The Care Council were asked to give a written opinion on this matter.

A social work or social care assessment of an individual is not only to assess the social needs of an individual but also determines whether an individual is eligible for services and potentially the amount an individual might have to pay for a service.

Therefore a significant difficulty in the delegation of the social work assessment to a health professional would involve delegation of a task that could have budgetary implications for the local authority. This highlights one of the key hurdles to greater integration of health and social care working where one service is deemed to be free at the point of delivery and the other has a means tested component.

In addition, the Social Services and Wellbeing (Wales) Bill identifies a key role for social services and social workers in working with individuals and families to establish mechanisms of support to achieve the greatest levels of independence for that individual.

This changes the nature of the assessment process but also potentially increases the importance of high quality social assessment to inform the identification and achievement of positive outcomes for individuals. This will involve close work with families to identify and negotiate community resources to support vulnerable individuals. In particular where individuals are discharged from hospital, as there is a joint responsibility to ensure they return to a safe environment with the right services in place to help them. While this is already an integral part of the role and training of social workers but will require significant development for the full implementation of the Bill, such requirements are not an integral part of the nursing or health professional role.

Service users who are members of the Care Council have frequently stated that while they want to minimise the number of professionals that visit them and, to whom they give information, they also want professionals who are skilled in the functions they have a responsibility for so they can have confidence that the information they give will enable better support to be provided.