

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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Lywodraeth Cymru
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Welsh Government

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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 workforce¹. 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 training².

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 Carmarthenshire 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	<p>1.1 Explain how demonstrations can be used to promote the well being and quality of life of:</p> <ul style="list-style-type: none"> • carers • the individual they support <p>1.2 Outline the role of a carer demonstrator</p> <p>1.3 Explain what is meant by professional practice when carrying out demonstrations with carers</p> <p>1.4 Describe how to prepare for and carry out demonstrations</p> <p>1.5 Explain how a positive approach to risk management facilitates safe practice when demonstrating care techniques</p> <p>1.6 Explain how to access support and advice when carrying out demonstrations with carers</p>	
2. Be able to establish positive relationships with carers	<p>2.1 Describe the values, attitudes and skills which underpin partnership working with carers</p> <p>2.2 Explain how to overcome barriers when carrying out demonstrations with carers</p> <p>2.3 Identify outcomes and benefits of demonstrations with carers and individuals they support</p> <p>2.4 Provide accessible information to carers about resources for support</p> <p>2.5 Interact with carers in ways that respect their expertise, experiences, language and culture</p>	
Learning outcomes	Assessment criteria	

The learner will:	The learner can:
<p>3. Be able to plan safe demonstrations of care techniques</p>	<p>3.1 Agree outcomes for the demonstration of care techniques with the carer and the individual they support</p> <p>3.2 Explain how to identify and positively manage risks when demonstrating for the carer</p> <p>3.3 Develop plans for demonstrating care techniques which comply with</p> <ul style="list-style-type: none"> • Agreed ways of working • Agreements with the carer and individual they support
<p>4. Be able to carry out demonstrations of care techniques</p>	<p>4.1 Demonstrate care techniques for the carer based on plans where outcomes are agreed with the carer</p> <p>4.2 Adapt demonstrations to support the needs of individuals</p> <p>4.3 Record the outcome of the demonstration in line with agreed ways of working</p>
<p>5. Be able to review the effectiveness of the demonstration of care techniques</p>	<p>5.1 Observe the carer carrying out the demonstrated techniques</p> <p>5.2 Provide feedback to the carer on their use of the care techniques demonstrated</p> <p>5.3 Review the effectiveness of the demonstration against the outcomes agreed with the carer and individual requiring care or support</p> <p>5.4 Describe how to support carers with ongoing issues and additional resources</p> <p>5.5 Review own practice in demonstrating care techniques</p>

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>