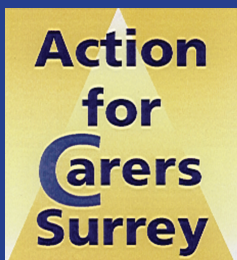


MOVING AND HANDLING BACK CARE FOR CARERS

A report on the need
for improved support
and services for carers
about back care

Geraldine Bolam
County Carers Co-ordinator

Action For Carers (Surrey) Back Care Project Report



Action For Carers (Surrey) is a
registered charity number 1064946
and is supported by the Princess
Royal Trust for carers



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Action For Carers (Surrey) Moving
and Handling Project Report

Geraldine Bolam
County Carers Co-ordinator

Published by
Action For Carers (Surrey)
Registered Charity No: 1064946

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ISBN: 0-9542091

Published by:
Action for Carers (Surrey)
"Astolat" Coniers Way
Burpham
Guildford
GU4 7HL

Tel: 01483 302748

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Acknowledgements

Action for Carers (Surrey) would like to thank the following individuals for their support and contribution to the Moving and Handling Back Care project (Tandridge).

The Moving and Handling Back Project

Annie Ruff, Back Care Adviser, with thanks for her hard work and dedication in supporting carers and her successful work with professionals in the Tandridge area.

East Surrey Health Authority

Dr Ian Clark, Director of Public Health East Surrey Health Authority
- (his vision in funding this project)

Linda Rossell, Director of Health Promotion, East Surrey Health Authority
- for her support for the project.

Maya Twardzicki, Senior Health Promotion Adviser
- (for her valuable advice and information regarding the evaluation of the project).

Denise Morton, Joint Initiatives Manager
- for assistance with the initial research.

Surrey Social Services.

John Bangs, Assistant Commissioning Manager (Users and Carers)
- for advice, information and vital funding for the evaluation of the project.

Action for Carers (Surrey) Moving and Handling Back Care Steering Group.

Penny Bruno in her former capacity as
Professional Support Officer Surrey Social Services

Chris Eade, Head of Physiotherapy, Surrey and Sussex Health Care NHS Trust - for providing professional support to our Back Care Adviser, and for being the project's core support for both advice, information and good will.

Helen Oldman, Community Care Team Manager, Tandridge
- for her support and good will and

Brian Mayers in his former capacity as Assistant Community Care Team Manager (Surrey Social Services)
- for assisting with Annie's professional support, for dedication, support, good will and humour.

Angela Goman Smith, carer and Treasurer of Action for Carers (Surrey)
- who monitored the budget and provided much needed experiential knowledge and skills.

East Surrey Carers Support Association.

(Val Jones, Bridget Stokes and more latterly Maureen Shariff, Carers Support Workers for providing advice and information as well as referrals to the project)

Individual Specialists:

Tim Vamplew, Freelance researcher
- for his knowledge and skills in research

Debbie Grimwood, Freelance trainer
and community care consultant
- for delivering "Carers Caring Safely"

Penny Jeffcoat, Freelance trainer
and community care consultant
- for designing the training brief: "Carers Caring Safely"

Louise Robinson, Administrator
- for providing efficient administration of "Carers Caring Safely"

The Clear Communication People Ltd,
- for design and layout of this report

Action for Carers (Surrey)

Janice Clark, Carer, Vice Chairman, Action for Carers (Surrey)
Kim O'Mahoney Duszek, Carer, Chairman, Action for Carers (Surrey)
- for their support and guidance throughout the project and for the promotion and establishment of the Redhill and Reigate Project.

“The human form is an awkward burden to lift or carry. Weighing up to 100 kilos or more, it has no handles, it is not rigid and is liable to severe damage if mishandled or dropped.”

The Lancet 1965

This report of the Action for Carers (Surrey) Moving and Handling Back Care Project (Tandridge) provides an account of the rationale for the work, the project's achievements and the subsequent benefit to carers.

This project was initially a pilot (1999-2001) employing a part time Back Care Adviser to work with carers to provide advice, information and training to them about moving and handling issues. The project has also sought to work with professionals in the Tandridge area to raise awareness of carers' needs.

We have given a great deal of consideration to how this work should be evaluated so that we can demonstrate to the project funders (the Health Gain Fund at East Surrey Health Authority) that the project has achieved discernible "outcomes".

Data has been assimilated to illustrate how many carers have been supported by the Back Care Adviser and documented evidence is provided to show the "health gain" to the carer.

The views of carers have been sought about the service received and independently evaluated. An awareness-raising course with professionals "Carers Caring Safely" has also been independently evaluated.

1.2 Why was this project necessary ?

The need for this project first became apparent when Carers Support Workers throughout the county communicated to the organisation that, in some areas, carers' needs for moving and handling training were not being identified and appropriately assessed.

Action for Carers (Surrey) as an organisation, works to promote good practice with respect to carers. We undertake research, and provide information about need and service development. The organisation was therefore, best placed to investigate carers' needs in relation to moving and handling and we sought to understand more fully why carers were experiencing difficulty in accessing help.

A discussion paper was presented to the county's Carers Consultative Group (an advisory group of Surrey Social Services) with the recommendation that a Back Care Adviser should be employed and this was duly agreed.

Investigation into existing data on carers' health needs have revealed some astounding facts.

The remainder of this Introduction explores what issues were identified which have justified the development of this project and an explanation is provided as to why carers were experiencing difficulties in accessing help.

1.3. What Help Was Available

Action for Carers (Surrey) found at the start of its research that some advice and information on moving and handling had been available to carers on a one to one or group basis, although this was not done in a routine way.

Individual District Nurses could provide advice in accordance with the Royal College of Nursing Guidelines (Manual Handling Operations 1992) which suggests that adults are too heavy to be physically lifted by two people and bodily lifting is in itself a high risk activity.

If carers wish to assist an individual to move or change position, for example, helping someone in or out of bed, advice on how to do so safely should have been available.

If carers wish to assist an individual to move or change position, for example, helping someone in or out of bed, advice on how to do so safely should have been available. Where a person requires actual lifting, equipment such as hoists should be provided. (In accordance with the Joint Policy on the provision of aids and equipment).

Specific courses in moving and handling had been developed through the Joint Training Groups that some carers had attended to learn particular skills.

1.4 Difficulties in accessing support

The training courses were not held within a carer's home setting, however, and whilst the training courses had been very useful in general terms, they did not apply to a carer's individual circumstances.

Another difficulty experienced was that whilst support was available to carers either on a group basis or one to one, it appeared that not all carers had access to this.

Possible reasons why carers did not access this support was a lack of awareness of the routes to that support; or that group training was not available in their area.

The person they cared for was not requiring support from a District Nurse, or personnel carrying out assessments either did not identify a need for this support as a priority or know where to access it.

Clearly, without adequate support and assistance the health of the carer will break down and it is at the assessment stage that carers' needs should be examined.

Clearly, without adequate support and assistance the health of the carer will break down and it is at the assessment stage that carers' needs should be examined.

With the implementation of the Carers (Recognition and Services) Act 1995, carers who carry out “regular and substantial” care have the right to request an assessment of their own needs at the same time as the person for whom they are caring is being assessed.

A reason why the carer’s need for support in moving and handling was not identified was that the legislation, as it existed prior to the start of the project, did not provide direct services to the carer.

If the service user is provided with a good range of services this in turn should support the carer, but the assessment should also consider the impact that caring is having on the carer and what additional help and support both the carer and user should have.

1.5. Patchy nature of assessments.

In 1998 the Social Services Inspectorate (SSI) published a report entitled “A Matter of Chance for Carers” (Inspection of Local Authority support for carers) and the report noted that:

“The quality and type of support that carers receive remains a matter of chance. Support depends far more on where carers live and who they are in contact with in Social Services than on what they need”.

In 1999 Surrey Social Services carried out its own audit of assessment practice in relation to carers. In July of that year, the Audit team produced a report of its findings, “The Carers Act - How is it working?”.

The report concluded that whilst the Audit has proved to be a good awareness raising exercise for both carers and staff, much more could be done to ensure that all carers consistently receive information regarding their rights under the Carers Act.

“The whole area of practice around carers’ assessments was inconsistent and that there seemed to be a reluctance on the part of some Care Managers to assess because of the resource implications”.

This was also borne out by the findings of an SSI report on the Commissioning of Services in Surrey.

“The whole area of practice around carers’ assessments was inconsistent and that there seemed to be a reluctance on the part of some Care Managers to assess because of the resource implications”.

With the implementation of new legislation, the Carers and Disabled Children Act 2000, which gives enhanced rights to carers and services in their own right, Action for Carers (Surrey) is hopeful that carers will be better sign-posted to appropriate support. The Practice Guidance to the Act makes clear that the impact of caring is not merely related to the hours spent caring.

More recently Action for Carers (Surrey) has become aware of an article written in Community Care (2000) by Luke Clements (a leading community care lawyer) and he writes:

“If an authority, being fully conversant with the good practice and knowledge engendered by the regulations, fails to inform and/or train the carer in safe lifting techniques, but allows them to carry out tasks it believes to be unduly hazardous for its own employees, then it may well be liable in negligence for any injuries that may result”.

BACK CARE (formerly The National Back Pain Association) found that amongst the general population, back injuries were rising whilst overall accident totals were falling.

This reminds us once more of the vulnerability of the carer to the risk of injury if they are not able to access the right support. They are particularly vulnerable as they may attempt to move the user on their own because they do not have the support of others.

1.6 Carers' Health Needs.

Without the right support in terms of back care, a carer can become ill as a result of a back injury or other muscular skeletal disorder.

Carers need the opportunity to learn how to handle the person they care for safely to reduce the risk of injury to either party.

Safe moving and handling practice reduces anxiety and stress for both the user and carer as considerable anxiety is caused for carers by the uncertainty of who will care for their relative or friend if they themselves are taken ill.

BACK CARE found that amongst the general population, back injuries were rising whilst overall accident totals were falling.

Many of the injuries have occurred at work despite the fact that there is legislation to protect employees. For example the Health and Safety at Work Act 1974.

Carers, however, have great risk of personal injury particularly as they might be required to move and handle on a frequent basis in any given 24-hour period. Older carers are particularly vulnerable the frailer they become and as they become subject to more degenerative conditions themselves e.g. heart disease or arthritis. Young carers are also at high risk from injury and their future health and development is likely to be affected.

Later research most notably "Ignored and Invisible - Carers Experience of the NHS (Melanie Henwood 1998) and more local research undertaken in East Surrey: "Listening to Carers" (Mather and Peterken 2000) have helped to quantify the problem that back care injury poses for carers.

1. "Ignored and Invisible". In this survey, 3031 carers' questionnaires were analysed. The author noted that just over half (51%) of carers reported that they had sustained a physical injury such as back strain since becoming carers and that this was considered more likely among women (54%) than men (43%).

2. "Listening to Carers". 112 carers were involved in the study. 19 interviews were undertaken with housebound carers, 95% of who indicated incidence of back injury. Of the remaining 93 carers taking part in the study via focus groups and questionnaires, 60 reported similar problems.

The reports have also shown that stress, mental health and emotional well being are also key concerns for carers.

The reports are quite startling in that they show that the incidence of back pain and injury amongst carers both in the local population and nationally is high.

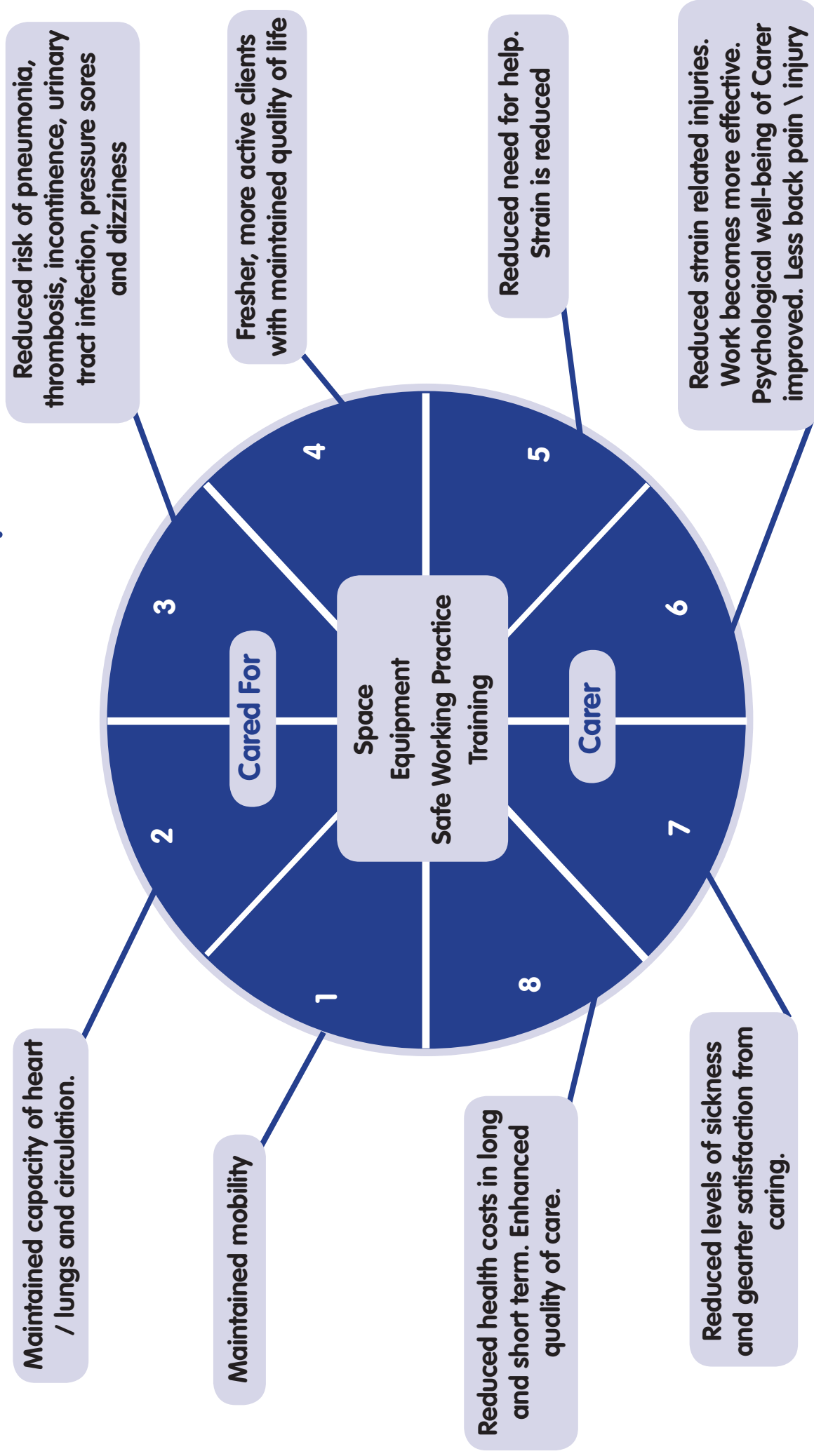
What is also recognised, is that the potential "health gain" to the carer of appropriate information and training in moving and handling, is discernible.

The "Wheel of Mobility" overleaf demonstrates more fully the health gain for both carer and user. I am indebted to Pippa Logan Back Care Adviser, Care for the Carers Council (East Sussex) for this information.

Melanie Henwood's report showed that 52% of carers had experienced stress. Mather and Peterken's report revealed that 75% of the housebound carers (19) and 89% of the questionnaire respondents (60) had real concerns about stress and emotional well being.

Positive Health Gains

The Wheel of Mobility



A useful illustration of the effect of poor handling was highlighted through a recent workshop in the East Surrey Joint Training Programme.

The Effect of Poor Handling on Handlers.

- Increased tiredness
- Joint Strains due to repeated moving and handling
- Discomfort, pain
- Poor levels of motivation
- Hostility towards the user
- Increased level of sickness and absence from work
- Reduced income
- Change of lifestyle, inability to pursue interests etc

The Effect of Poor Handling

Physical

- Soft tissue damage due to difficult hand holds e.g. bruising
- Joint strains due to heavy loads being suspended by frail joints
- Joint pain, stiffness after repeated strain
- Deterioration from poor positioning

Psychological

- Anger at rough handling
- Non co-operation due to rough handling
- Antagonism due to lack of communication
- Feelings of helplessness, leading to withdrawal and depression

2. Aims of the report.

The Action for Carers (Surrey) Moving and Handling Back Care Project (Tandridge) employs a Back Care Adviser to carry out the following service:

- To provide one to one support or group advice directly to carers, to achieve positive health gains and reduce the incidence of back pain or injury caused by the physical stresses of moving and handling.
- To work within an inter-agency setting, promoting the needs of carers for support and training with regard to safety when moving and handling the people for whom they provide care.
- To work within an inter-agency network, to ensure that the needs of carers are appropriately identified through assessment as part of best practice.

The prime focus of the Back Care Adviser's role is to provide advice and support for carers so that they can carry out their role as safely as possible.

This support and advice covers a variety of tasks from those of a general nature to the more specific.

The context for this post is within the inter-agency network with the Back Care Adviser bringing the carer's perspective to complement and link with the services currently provided for users and carers.

The Back Care Adviser provides advice and support to the carer.

In situations where there is no involvement of the statutory agencies, the Back Care Adviser does the following:

- Provides advice and support to the carer in basic safe handling techniques and general back care
- Identifies the need for basic equipment to assist the carer and demonstrate the safe use of such equipment

In situations where referral to the statutory agencies is required, the Back Care Adviser does the following:

- Where appropriate and with their agreement, assists the carer to refer to the statutory agencies when additional support is required and/or where a situation is changing and the carer's ability to manage safely could be at risk
- In agreement with the carer, where appropriate, contribute to the assessment process in order for the carer's perspective to be represented

In situations where the statutory agencies are already involved the Back Care Adviser could:

- Reinforce moving and handling methods and techniques taught by the particular assessor involved, following specialised assessment. This would ensure that safe handling practice and the correct use of prescribed equipment are regularly followed.
- Maintain contact with the statutory agencies alerting them where appropriate to the need for further training and/or where the situation is changing for the carer, in that their ability to care is likely to decrease.

I am indebted to the knowledge and skills of Penny Bruno (Surrey Social Services) and project steering group member, for her assistance in fully defining the role of the Back Care Adviser.

3. Activity to Date

Annie accepted her first carer's referral in June 1999 and since that date and up the end of March 2001 Annie has supported 49 carers.

The Back Care Adviser (Annie Ruff) was appointed at the beginning of April 1999 and began an in depth induction process of about three months.

Annie is a trained nurse by profession and during her induction period, Annie attended a five-day course with DRH Associates who train risk assessors and key trainers in the Safe Handling and Movement of people and other loads, in the Health Services. (In accordance with the Manual Handling Operations Regulations 1992). Each year, Annie has attended a one-day update of the training.

In December 1999, Annie attended the Post Registration course "Paediatric Handling" with the School of Occupational Therapy and Physiotherapy (University of Southampton).

During Annie's induction, she shadowed Physiotherapists and Occupational Therapists as well as Care Managers within Social Services. Annie also shadowed the Back Care Adviser Pippa Logan at Care for the Carers Council (East Sussex) and has benefited from regular liaison with the Manual Handling Team at Chertsey.

3.1 Direct work with carers.

Profile of carers supported:

Sex.	Female	Male
	34 (69%)	15 (31%)
Age:		
18-30	-	-
31-49	11 (22%)	2 (4%)
50-65	12 (24%)	2 (4%)
66-80	11 (22%)	11(22%)
Referral Source		
Social Services	18 (37%)	4 (8%)
Health Services	1 (2%)	4 (8%)
Voluntary Sector	8 (16%)	5 (10%)
Self Referral	3 (6%)	1 (2%)
Other	4 (8%)	1 (2%)
Caring		
Spouse	17 (35%)	14 (28%)
Child	9 (18%)	-
Other relative	7 (14%)	2 (4%)
Friend	-	-

3.2. Evidence from Case - Work.

Whilst Annie has worked with and supported 49 carers over the last twenty one months, it is not possible to record the “health gain” to each and every carer, in this report.

A sample of the work undertaken is described in this section and the following information is recorded:

A. How the carer moved and handled the service user prior to advice and information being supplied by the Back Care Adviser.

B. What the Back Care Adviser advised.

C. How the moving and handling techniques of the carer have been implemented and the consequent benefit to the carer.

Carer 1.

A. The carer lifted his wife everywhere, from bed to commode, bed to wheel chair, wheelchair to car, etc. In carrying out lifting activities, the carer was not bending his knees and his spine was placed in a position that caused maximum strain.

B. Anne advised the carer to put one leg on the bed whilst moving his wife. Annie trained him in using a hoist and this was practised several times, until he felt confident in using it properly. Annie provided the carer with a Multi-Glide sheet to use on the bed and chair so that the carer could move his wife without lifting her. The carer was trained in simple but effective back exercises and was instructed not to do “jerky” movements when handling his wife.

C. The carer continues to do his back exercises and no longer “lifts” his wife but moves her. The carer has reported that he has considerably less back pain and has now purchased a new orthopaedic bed. He no longer wakes up in the morning feeling “stiff” and he finds that he can “get going” a lot quicker. The carer has lost weight and generally feels fitter.

Carer 2.

A. The carer was lifting her husband by dragging his full weight up from the chair and she also placed him on the commode by having him hang onto her neck.

In the mornings she would pull him up from a lying position in bed into a sitting one. The carer's husband was unable to sit at the dining table because he could not swivel round and the carer found it heavy and awkward to lift his legs.

B. Annie advised the carer about the good practice of bending knees when doing a manoeuvre, looking forward and gaining momentum before making a move. Annie provided the carer with a hanging belt to enable her to have more control when manoeuvring her husband rather than just dragging him.

The carer was also given a transfer board, to slide him from the chair to wheelchair and commode and with the use of a belt as well, the arrangements worked very well.

A Swivel Cushion was put in place to enable the carer's husband to join her more easily at the table. Annie also explained to the carer about the importance of ensuring that her husband could do as much for himself as possible.

Annie also provided a Rope Ladder for the bed so that he could pull himself up into a sitting position in the morning.

C. The carer is now bending her knees when moving and handling particularly when she is getting her husband from the chair to his feet in the walking stance. The carer frequently uses the equipment, thereby reducing the risk of injury to her neck.

The carer's husband has become a lot more independent and as a result she feels less strain. The carer has also noticed considerably less strain on her back in the morning as her husband sits himself up.

The carer's husband has become a lot more independent and as a result the carer feels less strain.

Carer 3.

A. The carer was frequently lifting her severely physically and mentally disabled son and the manoeuvres included lifting her son off the floor into his wheelchair, on and off the shower table, and in and out of the bath and car.

The carer complained of a bad back and knee ache and she was not aware of the correct way to move and handle her son. The manoeuvres were jerky and unstable and the carer was not bending her knees. The carer was not putting her leg onto the bed when putting her son to bed and she was lifting him from the bedroom to the bathroom.

B. Annie suggested that the carer should have Ceiling Tracking fitted in the shower room and a Manual Hoist for use in the house as this would eliminate having to lift her son completely.

The carer stated that she had been waiting for hoists for a long time and so Annie was able to speed up this process. Annie advised the carer on the best and safest way of getting her son from the floor and to do so in three or four manoeuvres. The manoeuvres were practised on several occasions and the carer has now become very competent in applying the techniques suggested. Annie suggested that the carer should get her son from the bed into his wheelchair and then wheel him round the bathroom rather than carry him, and also push the wheelchair into the shower room rather than leaving it outside.

C. The carer now has Ceiling Tracking in the shower room and is constantly using it. The carer does not lift her son in this room any more. Annie has suggested that the carer is using the wrong hoist as it does not completely reach the floor and does not eliminate the need to lift. As the son likes to lie on the floor a lot, it was imperative that the right hoist was in place. Annie has sought to find the right equipment for the carer and in the meantime the carer has applied the advice that has been prescribed.

Annie's advice has prompted the family to get a specially adapted vehicle, so that the carer and her husband can wheel the chair in rather than lift it in.

The carer stated that she had been waiting for hoists for a long time and so Annie was able to speed up this process.

The carer's husband could also be quite aggressive during the manoeuvres.

Carer 4.

A. The carer's husband had suffered a dense stroke, and whilst the husband is managing quite well, the carer was not happy about getting him in and out of the chair and she swung his legs round when getting him into bed.

Annie watched the carer move her husband that she did by dragging under his arm a very unstable manoeuvre. When lifting her husband's legs, the carer did not bend her knees at all. The carer's husband could also be quite aggressive during the manoeuvres.

B. Annie advised the carer in the technique of standing at the weakened side of her husband when getting him out of the chair and to get him to co-operate by pushing down with his strong arm onto the chair as they rose. Annie informed the carer that it was imperative that they do this at the same time, the same command.

Annie recommended a handling belt to enhance stability and control. Sometimes the carer's husband would get angry and resist the manoeuvre and Annie suggested that it was better to leave the move and let her husband "cool down". With reference to the bed manoeuvre, Annie suggested that the commode should be in a different position to enable the carer to have more room to move.

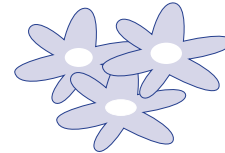
Annie suggested that the carer's husband should use a leg-pull so that he could pull his own legs up. If the carer needed to help, she could bend her knees and hold him lightly from the ankles. The equipment was arranged through the Occupational Therapists.

C. The carer has been monitored by Annie, and the carer has bent her knees in every manoeuvre as advised. The carer has encouraged her husband to do more for himself and they have found that the Handling Belt has worked well.

The carer has commented that although she has always suffered back ache (even before she was caring), she felt that she was now taking more care and slowing down the deterioration in her back.

A letter from a carer who has been supported by Annie has been included in this section. This indicates his satisfaction with the service provided. The carer's identity has been protected.

Action for Carers (Surrey)
"Astolat" Coniers Way,
New Inn Lane, Burpham,
GUILDFORD GU14 7HL



Dear Mrs Geraldine Bolam, Copy for the Vice Chairman Mrs Janice Clark

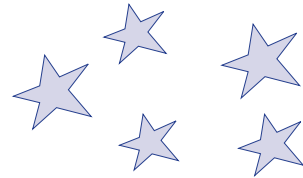
I am a Carer these days....have been for about fifteen years. I am 70 now and so is my wife for whom I do almost everything. She has Parkinson's Disease, you see and now all of her muscles are playing up and that particular problem brings all sorts of side effects.

I have been a Design Engineer all my life. Mostly in structural engineering and mechanical engineering and so I am well used to thinking out the solution to all types of problems. I have always been analysing the various ways of completing any task, writing reports, checking reports for others, checking drawings and all that sort of thing. My work has been almost entirely analytical so I am well trained in being critical! Most things these days do not warrant full marks and if you look in any consumer magazine in the review section, very few items receive five stars. I have to regard caring as yet another project, to be analysed designed and prepared for just the same as any other problem. And I am acutely aware of the vulnerability of my back. **And** what it would mean should anything go wrong.....

So Annie Ruff entered our lives as a breath of fresh air. I carefully performed lots of my caring duties, getting my wife in and out of bed for instance. Or moving upstairs, boarding the car, or just even moving around the house. Under Annie's watchful eye! And in many cases I changed my method to accord with her advice. It was refreshing to be the subject of analysis and Annie became a great therapy for me. And my back now has a different protection; that of a deeper and better understanding of everyday care. Because if anything happens to my back it could mean the end of our current way of life. This analysis and all the help won't **stop** that happening but it will certainly help to alleviate the situation. It means more peace of mind for me and with it a different sort of relaxation. Better sleep for one thing, and as it happens, I am very short of that commodity!

Annie has helped us with various items of equipment as well, showing me how they work and practising with them and providing a different sort of opinion to mine. Some items have fallen by the wayside but others have triumphed and are now successfully employed in the general regime. Basic items of information, one or two pamphlets that have been absolute gems, helpful addresses and so on have also been provided, and when I have followed up these references for either information or assistance, those providers also have been overwhelmingly helpful. Providing of course that Annie's research and consequent advice has been well founded.

So there we are...Annie gets five stars!



So many thanks "Action for Carers", for here is one carer who is very pleased with your action in generating the "Moving and Handling Back Care Project".....many thanks.

Yours Sincerely,

In section 4 of this report, (Achievements to date) there is further evidence of carers' satisfaction with the service. A questionnaire was sent to a total of 35 carers who had been supported by Annie as at November 2000 and 23 carers completed and returned the questionnaire. This represents a response rate of 66%, reasonably high for a survey of this kind. The survey was analysed by Tim Vamplew (independent researcher) the summary is provided in section 4, and the full report is located as Appendix 1.

3.3. Work with professionals.

An aspect of the Back Care Adviser's remit is to work within an inter-agency setting, promoting the needs of carers for support and training with regard to safety when moving and handling the people for whom they provide care. Annie is also required to work within an inter-agency network, to ensure that the needs of carers are appropriately identified through assessment as part of best practice.

Annie's first task after her induction and orientation was to familiarise the professionals, with whom she worked, with the project's remit as well as her own role. It was vital that professionals had clarity about Annie's brief so that she could develop her case-load, receive referrals and work jointly in an effective manner as part of a wider network supporting carers. The project has found that undertaking training and awareness - raising presentations has been a useful medium to help "spread the message", and for others to understand Annie's role and areas of responsibilities so that they might be viewed as complementary and not a duplication.

[An awareness-raising course for professionals \(Carers Caring Safely\)](#) was held in June 2000. The course had the following aims:

To ensure that participants had understanding of:

- The rationale for the project in the context of legislation, local and national research
- The significance of carers receiving separate assessments (either as part of the formal carers assessment within the care management process or as a specific assessment carried out by the Back Care Adviser) which clearly identify their health care needs
- How the project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, how they relate to one another
- The impact of caring on carers' health, and in particular, the effects of poor handling on the carer and the person being cared for

- Risk management issues in relation to manual handling techniques and the use of equipment in a range of situations.
- Advice and support available in Tandridge and how this can be accessed by carers
- How professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met.

An evaluation of this course has been provided by Tim Vamplew (independent researcher) and is located in the next section of this report.

A further programme is planned in April 2001.

As the "Activity to Date" section of this report has shown (3.1. Direct work with carers), the referrals to the project have come from a wide source which has included Social Services, the Health Services, the Voluntary sector, self referral and others, such as carers attending presentations Annie undertook at Caterham Valley Adult Institute.

Annie has been indebted to the professional support and supervision that she has received from Penny Bruno in her previous role as Professional Support Officer (Surrey Social Services) and Chris Eade, Head of Physiotherapy (Surrey and Sussex Health Care NHS Trust). This input has been invaluable not only in terms of providing professional knowledge and expertise but introducing her to a wider network of professionals in the moving and handling field. In particular a spin off from this networking has been an invitation for shared work with the Manual Handling Team at Chertsey.

As well as generating increased referrals to the project, Annie has also benefited from opportunities to undertake joint assessments particularly with Occupational Therapists where this has been appropriate.

3.4 Statutory services - response to carers.

During the process of undertaking her own assessment, Annie has been able to elicit a great deal of useful data, not only about the carer's own needs but a picture has also been built up about the statutory services that currently exist to support the carer.

Information has been forthcoming as to how these services have responded to the carer and supported their needs. Analysis of this data confirms the initial rationale for the project and re-inforces the reasons that justified the development of the Back Care Adviser's role.

The analysis of this data now follows:

A sample of 46 carers was made available:

Key Questions	Yes (%)	No (%)
Has the carer received a Carers Act Assessment?	5 (11%)	41 (89%)
Prior to the Back Care Adviser's input, had the carer received any training in moving and handling?	8 (17%)	38 (83%)
Prior to the Back Care Adviser's input, had the carer received any equipment?	40 (87%)	6 (13%)
Does your GP know that you are a carer?	30 (65%)	16 (35%)

Prior to the Back Care Adviser's input 83% of carers had no training in moving and handling

Whilst 65% of the carers surveyed stated that their GP recognised their carer status, 29 carers made comments available as to their GP's general attitude and helpfulness. 49% of this more limited sample said that their GP had been helpful whilst 51% stated that their GP was not supportive. Examples are as follows:

Positive

"My GP is very helpful"

"He is very good, he referred me to Social Services and the Back Care Adviser"

"She has provided lots of support."

Negative

"Nothing is offered"

"He recognises that I am a carer, but he is not very helpful"

"He knows I am a carer, but I never see him".

"He doesn't get involved".

Time spent Caring.

It proved quite difficult to establish with the carers, the scope and intensity of their caring role. Until the implementation of the Carers and Disabled Children Act 2000, the number of hours a carer spent caring was a determining factor in assessment practice. However the Department of Health in recent guidance to this Act have made clear that assessors should consider the "impact" of caring on carers. Carers in general have found it problematic to think about how many hours they spent caring for the purposes of this report, since the 'impact' of caring is far more important (see earlier reference, 1.5). The carers preferred to discuss their caring role in general terms.

The most frequently used terms were, "constantly" and "most of the day".

The Guidance to The Carers and Disabled Childrens Act 2000 says that the "impact" of caring should be considered

Of the 46 carers sampled:

Time Spent Caring	No's surveyed
"Constantly"	21
"Most of the day"	13
"Too many to calculate"	1
"Just part of my life"	2
"A few hours per day"	6
"Did not specify"	3

Frequency of moving and handling tasks.

Again it proved just as difficult to get the carers to quantify how many hours they spent in the day carrying out moving and handling manoeuvres

Frequency of moving and handling tasks	No's surveyed
2-3 times a day	4
4- 6 times per day	8
6-10 times a day	12
11-15 times a day	4
16-20 times a day	2
Several	5
All the time	1
Constantly	3
Did not specify	7

Carers found it difficult to quantify how many hours a day they spend moving or handling the person they care for

4. Achievements & Outcomes To Date

In order to fully establish the “outcomes” of the Moving and Handling Back Care Project, the steering group decided from the outset that the project should be independently evaluated. We are very grateful that Tim Vamplew was able to help us with this. He was asked to evaluate two separate areas of the work. These included carers’ satisfaction with the service, and an evaluation of the awareness-raising course with professionals. A summary of Tim’s report follows. The complete report is located as Appendix 1.

4.1. Outcomes - Work with carers

The survey of carers’ satisfaction sampled 23 carers from a possible total of 35, a response rate of 66%. The survey explores how carers felt following the intervention of the Back Care Adviser and whether they had experienced improved confidence in their moving and handling role. The survey also examines whether they felt able to move and handle correctly and if they felt less pain than before.

- Everyone who expressed an opinion agreed or strongly agreed that they knew how to move and handle correctly as compared with the finding that all respondents were unsure of the best way to move and handle before seeing the Back Care Adviser
- 6 people said they felt less pain than previously
- 15 people said they felt confident about moving and handling the person they care for
- 20 people said they have felt well supported by the Back Care Adviser, though 2 disagreed that they have done so
- 17 people said they feel confident about getting in touch again should they need to, though one person said they did not.

Tim Vamplew concludes his report by stating: "The findings of the survey indicate the Back Care Project has provided a positive and valuable intervention into moving and handling aspects of carers' roles in Tandridge. The quotations from carers reproduced in this report are further illustrations of the endorsement they have given the project".

4.2. Outcomes - Work with Professionals.

As part of the project's brief to raise awareness of carers' needs and concerns with professionals, a course entitled "Carers Caring Safely" was held in June 2000. Tim Vamplew's report concerning this training is located in Appendix 2. A summary of this report now follows.

The half day session was attended by 11 health and social care professionals. All of the participants attending the course were asked to complete "pre and post" questionnaires. Tim's conclusion was that the training programme improved participants' self-reported knowledge and understanding of all the main issues and met with their hopes and expectations of the workshop. Tim also stated that the participants increased their confidence to deal with difficult situations which may arise in the workplace.

The training programme was, therefore effective in addressing the aim stated in the context section: namely that those attending should learn about the project, the context in which was developed and how by working together, the project could help achieve positive health gains for carers.

Tim concludes by stating: "If it is considered that more professionals may benefit from a similar programme, this evaluation suggests that the workshop which ran on 27th June 2000 would provide a suitable and effective means of communicating the key messages of the Back Care Project".

"The findings of the survey indicate the Back Care Project has provided a positive and valuable intervention into moving and handling aspects of carers' roles in Tandridge."

The training programme improved participants' self-reported knowledge and understanding of all the main issues and met with their hopes and expectations of the workshop.

"It was good to learn about the Back Care Project and that more is being done to help carers care more safely".

Tim provided a few general comments by individual respondents to further illustrate the value which respondents to this evaluation placed upon the workshop and the Project of which it raised awareness.

"Good, but more people need to be informed of its existence and how to get in touch with the lady doing the work".

"A helpful course which highlighted how carers can seek help"

"Very interesting. Information pack very good".

"It was good to learn about the Back Care Project and that more is being done to help carers care more safely".

As an earlier section of this report (3.4) makes clear, awareness raising work with professionals should be a long- term aim not only for this project but for all agencies supporting carers. More in-depth work is required in the future to raise the profile of carers to ensure that carers' needs are more readily recognised and that they might be sign-posted to a Carers Act assessment and hence be supported in terms of their moving and handling responsibilities.

It is important that the Moving and Handling Back Care Project lends its voice to the national campaign for **greater recognition of carers**.

The report concludes with this salient message.

5. Future Plans

Immediate plans for the project include securing longer term funding for the work to continue.

Following the completion of Health Gain Funding (April 1999-March 2000), the Project has secured funding from Surrey Social Services via the Promoting Independence (Prevention Grant) for one year.

There is an obvious need to secure longer term funding and we are hopeful that this in-depth report has supplied the necessary evidence to show the value of the work and the real health gains that can be achieved for the carer. The report has underlined the importance of joint working and what can be achieved in supporting carers when professionals work together with the carers' needs in mind.

Action for Carers (Surrey) has been successful in achieving funding from East Surrey Health Authority via the Partnership and Change Fund to set up a new Moving and Handling Back Care Project in Redhill and Reigate area and to date the steering group has been established.

It is anticipated that the steering group in Tandridge will merge with the newly established group for Redhill and Reigate. Longer-term plans include eventual "rolling out" of similar projects throughout Surrey. It is not anticipated that these projects would be managed by Action for Carers (Surrey) but that the organisation would be able to offer its expertise and assistance to promote this work elsewhere.

We are hopeful that this detailed report will assist other groups in developing this work.

Action for Carers (Surrey) would be able to offer its expertise and assistance to promote this work elsewhere.

6. Conclusion

This report has provided an in-depth account of the Moving and Handling Back Care Project (Tandridge) including the reasons the project was necessary, the activity that has been undertaken and what has been achieved for carers.

This project has been a pilot and Action for Carers (Surrey) felt it was important that detailed records about the project's activities were recorded in order to help us ascertain the "outcomes" of the work. In this way clear evidence would be provided to help illustrate why this project should continue and why it should be funded in the future.

Subsequent analysis of data taken from the Back Care Adviser's assessment paper work has confirmed that carers in general have not secured their rights to a Carers Act Assessment. Of the sample of 46 carers surveyed, the report makes clear that only 11% were successful in doing so and that 83% had not received training in moving and handling techniques prior to the Back Care Adviser.

This report provides us with firmer evidence about the difficulties carers have experienced in accessing moving and handling information, training and advice.

It would therefore be difficult to assume that whilst 87% of carers had received equipment that they felt confidence in using it or that they were applying the right moving and handling techniques. (See Tim Vamplew's report evidence below).

At the beginning of the project this picture had only been anecdotal and was the spur for the start of this work. This report provides us with firmer evidence about the difficulties carers have experienced in accessing moving and handling information, training and advice. When the surveys such as "Ignored and Invisible" (Henwood 1998) and "Listening to Carers" (Mather and Peterken 2000) are also taken into account, the importance of the Moving and Handling Back Care Project in Tandridge is further underlined.

Tim Vamplew's report into carers' satisfaction with the service illustrated that everyone who expressed an opinion agreed or strongly agreed that they knew how to move and handle correctly as compared with the finding that all respondents were unsure of the best way to move and handle before seeing the Back Care Adviser. (a sample of 23 carers).

The report provides an excellent endorsement of the project's work.

Given the evidence from carers that they were experiencing difficulties in accessing support, it was vital that the project raised awareness of carers needs with respect to moving and handling. Tim Vamplew's additional reporting of the "Carers Caring Safely" awareness raising course provides evidence that the training programme improved participants self-reported knowledge and understanding of all the main issues. It also met with their hopes and expectations of the workshop and it increased their confidence in dealing with difficult situations in the work place.

Action for Carers (Surrey) feels therefore that the project has been successful in terms of meeting the needs of the carers it has supported with respect to moving and handling. Whilst it has also been successful in "spreading the message" with the professionals in contact with the project, it is clear that more in-depth work needs to be done in terms of raising awareness of carers' needs in moving and handling.

The implementation of the Carers Act remains a national and local concern. Both the Social Services Inspectorate and local audits highlighted that carers' assessments are patchy. The Moving and Handling Back Care Project will continue to lend its voice to this national and local campaign to ensure that more carers are afforded their rights.

Action for Carers (Surrey) would like to conclude this report by thanking the Health Gain Fund at East Surrey Health Authority for providing us with the opportunity to make this work possible. We would not have made progress with this work if it had not been the preparedness of others to work in partnership and share skills and knowledge in this important area. The report therefore, closes with a vote of thanks to those individuals to whom we are so deeply indebted.

1. User Satisfaction/Health Gain Survey Of Carers -
Report of findings
Tim Vamplew March 2001
2. Carers Caring Safely - Evaluation Report -
Tim Vamplew September 2000

Appendix 1

Action for Carers (Surrey) Moving and Handling Back Care Project User satisfaction / health gain survey of carers

Report of findings
March 2001

Tim Vamplew
Researcher

1. The Moving and Handling Back Care Project

The prime focus of the Back Care Adviser is to provide advice and support to carers in Tandridge in order for them to carry out their role as safely as possible. This support and advice covers a variety of tasks from those of a general nature to the more specific.

The aims and objectives of the project are:

- To bring about positive health gains for carer and user by reducing back pain and injury;
- Via the Back care Adviser, to offer training and advice in safe moving and handling techniques;
- To work across agencies promoting the needs of carers.

2. The survey

The survey of carers' views forms an important element of the overall evaluation of the Moving and Handling Back Care Project. The survey was undertaken by an independent researcher, as with other elements of the project evaluation. An anonymised self-completion questionnaire was devised to measure the extent of the physical and emotional impact which carers felt that contact with the Back Care Adviser has had upon them.

The questionnaire also collected information on the reasons why carers were put in touch with the Moving and Handling Back Care Project, the length of time carers waited to see the Back Care Adviser, and some basic information on the age and gender of carers. A copy of the questionnaire was sent to each carer that had been in contact with the Project since it began in 1999, a total of 35 as at November 2000 when the survey data were collected. An example questionnaire is included as an annex to this report for information.

23 carers completed and returned questionnaires, which represents a 66% response rate, reasonably high for a survey of this type.

The questionnaire included both closed- and open-ended questions and the findings of the survey make up the remainder of this report, grouped according to key subject headings.

3. Findings

(i) Reasons why carers needed to see the Back Care Adviser

Firstly, carers were asked about when they were first put in touch with the Back Care Adviser Annie Ruff and, specifically, what the reasons were that they needed to see her.

As Figure 1 illustrates, the 23 respondents gave a combined total of 44 reasons, an average of just under 2 per person. The most popular reasons given in descending order were:

- The carer felt that he/she needed more information about moving and handling;
- The carer was concerned that he/she was not moving the cared-for person correctly;
- It had been suggested by the carer's GP, occupational therapist or care manager that he/she should go to see the Back Care Adviser;
- The carer had back pain.

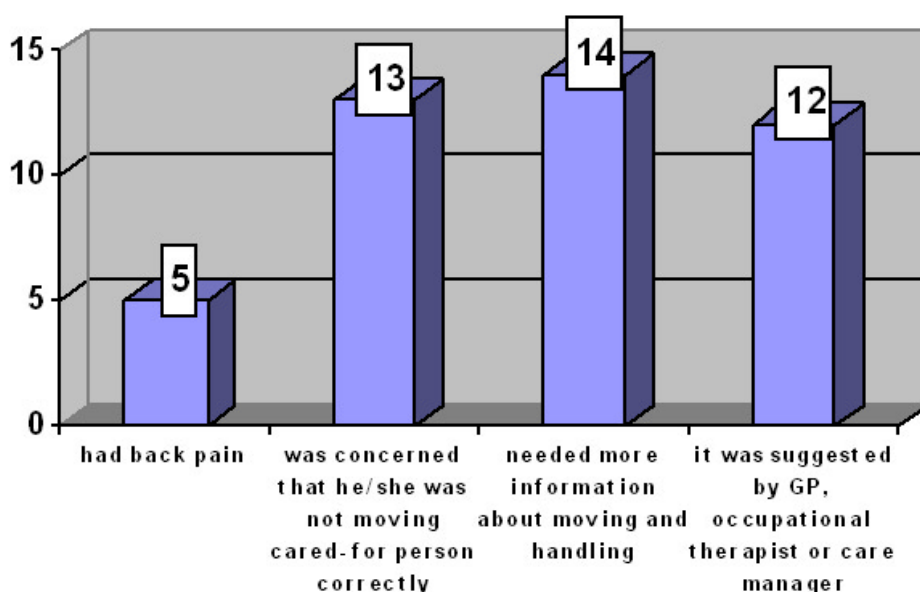


Figure 1 Reasons why carers needed to see the Back Care Adviser

(ii) Speed of response

Carers were asked how long it was after the Back Care Adviser first called that she subsequently visited them in their home and whether or not they thought that it was an acceptable time to wait.

2 people waited for less than a week for the Back care Adviser to visit them.

12 people waited between a week and two weeks

5 people waited for more than two weeks.

The remaining 4 people were unsure how long they had waited.

No respondents thought the length of wait was too long - they all thought it was an acceptable length of time to wait.

(iii) Carers' concerns before intervention of Back Care Adviser

Carers were asked to summarise how they felt, physically and emotionally, about the moving and handling elements of their caring role before they were in touch with the Back Care Adviser. In order for the survey to gauge these feelings the questionnaire included a range of statements with which carers were asked to indicate the strength of their agreement or disagreement. Figure 2 below summarises responses to this part of the survey.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
"I was not sure of the best way to move and handle the person I care for"	6	12	1	0	0
"I was worried about hurting myself during moving and handling"	8	7	2	0	0
"I was worried about hurting the person I care for during moving and handling"	7	7	4	1	0
"I had some equipment but I was concerned I might not have been using it properly"	2	3	3	4	1
"I thought I might need some equipment but I needed to know more about it"	8	9	2	0	0

Figure 2: Carers feelings before seeing the Back Care Adviser

Some clear messages emerge from this element of the survey about how carers felt before seeing the Back Care Adviser:

- Everyone who expressed an opinion said they were not sure of the best way to move and handle the person they care for;
- Similarly, everyone who expressed an opinion felt worried about hurting themselves during moving and handling;
- All but one respondent were worried about hurting the person they care for during moving and handling;
- 5 carers already had some equipment but were concerned that they might not have been using it correctly; and finally
- 17 carers thought they might need some equipment but needed to know more about it.

(iv) Carers' feelings following the intervention of the Back Care Adviser

The survey went on to determine how carers felt following the intervention of the Back Care Adviser in order to assess whether or not, and to what extent, they have experienced improved confidence in their moving and handling role, if they feel they know how to do so correctly, if they feel less pain than before, if they have felt well supported by the Back Care Adviser and if they feel confident about getting in touch with her again, if need be. Figure 3 summarises the findings of this part of the survey.

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
"I know how to move and handle correctly"	9	10	0	0	0
"I feel less pain than I used to"	2	4	5	0	0
"I feel confident about moving and handling the person I care for"	6	9	1	0	0
"I have felt well supported by the Back Care Adviser"	15	5	0	2	0
"I feel confident about getting in touch with the Back Care Adviser again if I need to"	15	2	1	1	0

Figure 3: Carers feelings after seeing the Back Care Adviser

Some more key messages are evident from examining these findings. Following input from the Back Care Adviser:

- Everyone who expressed an opinion agreed or strongly agreed that they know how to move and handle correctly as compared with the finding that all respondents were unsure of the best way to move and handle before seeing the Back Care Adviser;
- 6 people said they feel less pain than previously;
- 15 people said they feel confident about moving and handling the person they care for;
- 20 people said that they have felt well supported by the Back Care Adviser, though 2 disagreed that they have done so;
- 17 people said that they feel confident about getting in touch again should they need to, though one person said they did not.

(v) Gender and age group of respondents

7 of the 23 survey respondents were male.

11 of the 23 were aged between 18 and 64.

The remaining 12 were 65 and over, and 9 of those 12 were aged 75 and over.

(vi) Further comments made by carers

The questionnaire provided an opportunity for carers to make additional comments over and above responding to the more quantitative questions which constituted the main element of the questionnaire.

This open-ended question was worded thus:

“Do you have any further comments about the services you have received from the Moving and Handling Back Care Project?

For example, what did you value most?

What could be done better, or differently?

What services could we offer that we currently do not?”

The majority of respondents to the survey took this opportunity to provide further comments. A representative sample of comments are reproduced below, grouped according to the main themes which emerged.

Comments relating to provision and use of equipment

“I also valued the assistance with appliances that gave my husband the confidence to help himself and enjoy some independence”

“She was also able to help me with information (pamphlets etc.) and equipment (green sheet in particular) which has been in constant use since we had it”

"My wife has fallen in the past. Annie has loaned me a "belt" to assist should this happen again."

"I now have a ceiling tracking and hoist in the shower room and a manual hoist. She has been very efficient and contacted appropriate people on my behalf to ensure that the equipment was provided, and helped with any problems which have arisen."

"I valued the visits made by Annie, the way she listened and evaluated what I needed and the way in which I could try out suggested aids before deciding what I found most beneficial"

"Annie's tremendous help in getting an electric bed for changing my son at night has been invaluable. Before she came, I was not even aware that such an option even existed, let alone that social services would ever supply one at no cost to us."

Comments relating to the benefits (inc. health gain benefits) of received advice on moving and handling

"I was very impressed with Annie's positive approach that I could be of real help without injuring myself or calling the ambulance service"

"I cannot see myself when moving my wife. Annie could stand away from the action, see my faults and correct them accordingly"

"she has been of help, for instance what should I do when we both fall down in my effort to help my husband"

"I had cared for my wife for 2+ years before Annie was put in touch with me. I had no knowledge nor experience of lifting or moving her about. Fortunately I had not done myself or the patient any damage. Thanks to Annie's help and instruction I am now confident that I can now do whatever is necessary without undue risk."

"Annie has provided a most helpful service to enable me to move and handle my son correctly"

"This is a much needed service for carers of physically handicapped people - without it the carers themselves would eventually need treatment"

"I have been definitely more aware of how to lift things in everyday life"

Other comments (including confidence- and quality of life-related)

"She is great. She covers and does everything in her power to help as a family. Wish I knew her years ago"

"I thought the Back Care Project excellent and feel more confident about my caring role. Carers normally find themselves dealing with situations which nurses etc. are fully trained for. The assistance given by Annie is of great benefit to the carer and the cared for"

"Annie provides constant help and support which is not only invaluable from a "muscular" point of view ... but also from a "peace of mind" point of view. You see the help and support also gives a relaxed approach to my problems and the confidence that generates makes our lives a lot, lot, lot better"

"I was very pleased to meet Annie - she helped my husband and myself very much. She is a lovely person - very caring at her job"

"I was most impressed by her, and was looking forward to her coming again. Something was happening at last!! I wanted help about 4 years ago, but the two girls who were visiting us had not much idea themselves. Things have progressed such a lot since then."

"Annie was always very pleasant and cheerful and has been a great help to us. I certainly feel that I could contact her at any time for advice and help in various aspects within caring for someone."

"I needed to see Annie years before, not just in the last crisis. We did not need much help but I had had a bad back years before ... and help would have been good"

"I praise the personality of Annie, intelligent and reassuring: I valued that most"

"I would have no hesitation in calling her again or recommending her. She was the only person who considered my requirements ... I was sinking out of my depth and Annie uplifted me"

What could be done better, or differently?

"Annie was contacted by the OT which involved some delay. Had she come earlier ... when my husband was more disabled ... I would have avoided heavy lifting"

"Would some help aimed at making the carer fitter be a possibility?"

“Better information especially for people not realising such help exists”

“I think this kind of advice should be available to all carers - not everyone seems to know about it”

4. Conclusion

The carers who responded to this survey contacted the Back Care Project for a number of reasons. Some needed information about moving and handling, others were concerned about whether they were moving and handling correctly and others were experiencing back pain.

Following the receipt of advice, support and assistance from the Back Care Adviser, respondents reported a number of improvements in that they know how to move and handle correctly and feel confident about doing so, they feel less pain than previously and have felt well supported by the Back Care Adviser.

Therefore, the findings of the survey indicate the Back Care Project has provided a positive and valuable intervention into moving handling aspects of carers’ roles in Tandridge. The quotations from carers reproduced in this report are further illustration of the endorsement they have given to the Project.

Example questionnaire

Action for Carers (Surrey) Moving and Handling Back Care Project Introduction

Annie Ruff of the Action for Carers (Surrey) Moving and Handling Back Care Project offers advice, information and training on the safe moving and handling of people and, where appropriate, advises and gives training on using equipment for moving and handling.

As someone who has been in touch with Annie in the past year or so, we are asking you to kindly complete this questionnaire because your views are important in helping us to understand how well we are doing, and how we could improve upon what we do. Just follow the step-by-step instructions, which will guide you through the questionnaire. When complete, please return the questionnaire in the postage paid envelope provided by 13th November 2000.

YOU CAN BE ABSOLUTELY SURE THAT ALL THE INFORMATION YOU SUPPLY WILL BE TREATED STRICTLY CONFIDENTIALLY.

Thinking about when you were first put in touch with Annie, what were the reasons why you needed to see her?

(please tick as many boxes as are applicable)

I had back pain

I was concerned I was not moving the person I care for correctly

I needed more information about moving and handling

It was suggested that I should see Annie by my GP, Occupational Therapist, or Care Manager

Another reason - please write in below

How long was it after Annie first called you that she came to see you?

(please tick one box only)

Less than a week

Between a week and two weeks

More than two weeks

What did you think about the length of time you waited to see Annie?
(please tick one box only)

It was acceptable

It was too long

Before you saw Annie

Thinking about how you were feeling, physically and emotionally, before you were put in touch with Annie, please read the statements below and tick the box which is closest to your level of agreement or disagreement with each one.

(Please tick one box for each statement)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I was not sure of the best way to move and handle the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about hurting myself during moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was worried about hurting the person I care for during moving and handling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I had some equipment but I was concerned I might not have been using it properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I thought I might need some equipment but I needed to know more about it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

After seeing Annie

Now you have been visited by Annie, please read the statements below and tick the box which is closest to your level of agreement or disagreement with each one.

(Please tick one box for each statement)

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree
I know how to move and handle correctly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel less pain than I used to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident about moving and handling the person I care for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have felt well supported by Annie	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel confident about getting in touch with Annie again if I need to	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Finally, a couple of questions which ask for a few basic details about you. Please tick one box for each question below:

Are you

Male	<input type="checkbox"/>
Female	<input type="checkbox"/>

Which one of the following age groups do you belong to?

18 to 64	<input type="checkbox"/>
65 to 74	<input type="checkbox"/>
75 to 84	<input type="checkbox"/>
85 & over	<input type="checkbox"/>
I would rather not say	<input type="checkbox"/>

Any other comments?

Do you have any further comments about the services you have received from the Moving and Handling Back Care Project?

For example, what did you value most?

What could be done better, or differently?

What services could we offer that we currently do not?

Please give details below:

Thank you for your help.

Please return this questionnaire in the postage paid envelope enclosed by 13th November 2000 at latest.

Appendix 2

Carers Caring Safely

Half-day training workshop on how to work together to achieve positive health gains for carers through the 'Moving and Handling Back Care Project'

Evaluation Report
September 2000

Tim Vamplew
Researcher

1. Context

The Carers Caring Safely workshop took place on 27th June 2000. Targeted at health and social care professionals in Tandridge, the half-day session was attended by 11 professionals, including social services care managers, team managers, occupational therapists and district nurses, among others.

The aim of the workshop was to allow those attending to learn about the Moving and Handling Back care Project, the context in which it was developed and how, by working together, the project can help achieve positive health gains for carers.

2. Overview of the evaluation

In order to assess the effectiveness of the training programme, an evaluation was commissioned, which was conducted by an independent researcher. An anonymised self-completion questionnaire was circulated to all delegates before the start of the first training day and a second questionnaire was circulated following the second day.

The design of the questionnaires was careful to avoid testing participants knowledge of key issues in an 'examination style' so as not to put them on the defensive and deter them from completing what was, after all, a voluntary task. Examples of the two questionnaires are included as annexes to this report for information. The evaluation covered the following issues:

- participants' self-assessment of their knowledge of the key subject matter of the workshop before and then after attending the training programme;

- participants' expectations of what they hoped to gain from the training and then their assessment of what they had, in fact, gained from it;
- whether participants had been on any similar training previously;
- participants' current practice-related awareness of moving and handling issues in relation to referrals to the project and Carers Assessments under the Carers (Recognition and Services) Act 1995.

Ten participants completed and returned pre-course questionnaires and 7 one of those 10 completed post-course questionnaires, each response representing the majority of course participants. Individuals' responses were not tracked 'before and after'. Rather, participants' responses were compared 'before and after' as a whole in order to preserve anonymity.

Responses in each of the areas listed above were analysed and results are presented in this report.

3. Previous training

Course participants who returned completed questionnaires, referred to in this report as the respondents, were asked in the pre-course questionnaire whether they had previously attended any other workshops or training courses that covered moving or handling issues in relation to carers. Only 3 of the 10 had had such training prior to the programme in question here, though 1 of the remaining 6 had been on moving handling training which applied to care workers, but not carers. The carer-specific training attended by one of the 3 was, in fact, delivered by Annie Ruff, the Back Care Adviser for the Moving and Handling Back Care Project.

4. Respondents' knowledge of key topic areas

Respondents were asked to assess their current level of knowledge of the key topics covered by the training both before and after attending the training workshop. The findings of this element of the evaluation are presented overleaf.

Rationale for the Project in context of relevant legislation, local and national research

The training improved respondents' knowledge in this area. Prior to the course only 3 of the 10 respondents reported a level of knowledge which was either 'reasonable' or 'good' whilst the other 7, 5 had some knowledge and 2 felt they possessed 'little overall knowledge'. Following the course all but 2 felt they had either a reasonable or good overall knowledge and understanding.

Significance of carers receiving separate assessments (either as part of the formal carers assessment within the care management process or as a specific assessment carried out by the Back Care Adviser) which clearly identify their health care needs

Similarly, pre-course knowledge was improved following the training. Beforehand, though 7 of the 10 respondents felt they had at least a reasonable level of knowledge and understanding, 1 had little knowledge and 2 had some knowledge but did not know where or who to ask for more information. Following the workshop, all respondents felt they had a good overall knowledge and understanding.

How the Project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, how they relate to one another

Again, the trend indicated is one of improvement in knowledge following the training programme, and quite strongly so. This was one of the areas where respondents' self-assessment of their knowledge and understanding was less well-developed relative to other areas, but was one of the areas most improved by the training.

One person responded 'Don't know' in relation to this key topic area,

3 had little overall knowledge and

4 had some knowledge (though 2 of these 4 did not know where or who to ask for more information).

Only 2 felt they had a reasonable level of knowledge.

After the event, 6 of 7 reported a good overall knowledge and understanding. The remaining respondent felt they possessed some knowledge, and felt they knew where or who to ask if they needed more information.

The impact of caring on carers' health and, in particular, the effects of poor handling on the carer and the person being cared for

Respondents felt relatively well versed on this topic area before the course -

7 of 10 had a reasonable or a good knowledge and understanding.

Of the remaining 3, 2 had some knowledge and the last person had little overall knowledge of this.

Despite this being a strength before the workshop, improvement was still reported by respondents. After the event, all 7 respondents felt they had a good overall knowledge and understanding.

Risk management issues in relation to manual handling techniques and the use of equipment in a range of situations

A range of different levels of knowledge was evident before the workshop.

Six of 10 respondents felt they possessed a good knowledge and understanding of these risk management issues, but 2 were at the opposite end of the spectrum, with little knowledge while the final 2 had some knowledge.

Following the course, 6 of the 7 respondents felt they had a reasonable (1) or good (5) knowledge and understanding and the final person felt they possessed some knowledge.

Advice and support available in Tandridge and how this can be accessed by carers

Respondents were spread very evenly across the spectrum in relation to this topic area before the workshop. For example,

3 felt they had little knowledge, yet 4 reported a reasonable or good knowledge. However, 6 of 7 afterwards said they had a good overall knowledge and the other one said they had some knowledge and knew where to obtain more.

How professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met

Again, the full spectrum of levels of knowledge and understanding was reported by respondents here:

2 felt they had little, and
3 a good level, with
the other 5 in between.

Improvement were evident yet again following the workshop, for 6 of 7 assessed their knowledge as good, and the other as reasonable.

In sum, the pattern is of respondents reporting improved levels of knowledge and understanding of all the workshop's key topic areas after attending - a good indicator of learning and success in imparting key information to participants.

5. Respondents' expectations of the training - were they met?

Delegates who completed questionnaires hoped the training would improve their understanding of, and provide opportunities to examine and discuss, all of the areas mentioned above, with slightly extra emphasis placed upon finding out how the Project operates, how professionals can work together more effectively and advice and support in Tandridge.

Following the training, respondents to the follow-up questionnaire felt that it had given them a better understanding in all of the key areas examined above, as had been hoped for, especially of the significance of carers receiving separate assessments which identify health needs, and of how the Project operates.

Respondents were asked if there was one piece of information, thought or feeling which they thought they would most clearly remember from the workshop, a question which elicited a few comments which reveal that a basic increased awareness of the existence of the Project and its role may now be foremost in peoples' mind:

"I did not have any knowledge of the Back Care Project prior to the training session"

"Finding out about the project"

"Information given by Annie Ruff about her role in action"

“What an excellent scheme the Back Care Project is”

“Availability of Annie for talks on lifting and handling issues”

“That carers are entitled to an assessment in their own right and how they can get advice”

6. Referrals and carers assessments

The evaluation questionnaires asked participants if they refer carers who need moving and handling-related advice, support, training and/or equipment for a Carers Assessment under the Carers Act 1995.

1 of 10 said they always do.

4 of 10 said they sometimes do.

1 of 10 said they rarely do

4 of 10 said they never do.

In the pre-course questionnaire, all but 2 respondents said that in cases of carers in low/moderate need, they know where, and whom to refer to carers for advice, support, training and/or equipment for moving and handling.

Similarly, all but 2 said that in cases of carers with high need, they know where, and whom to refer to carers for advice, support, training and/or equipment for moving and handling.

Following the course, all 7 respondents said they felt their awareness of referral procedures (for Carers Act assessments, to the Back Care Project, and to other professionals) for moving and handling Back Care Issues was greater than before they attended.

7. Conclusion

The training programme improved participants' self-reported knowledge and understanding of all of the main issues and met with their hopes and expectations of the workshop and increased confidence to deal with difficult situations which may arise in the workplace.

The training programme was, therefore, effective in addressing the aim stated in the 'Context' section on page 2. If it is considered that more professionals may benefit from a similar programme, this evaluation suggests that the workshop which ran on 27th June 2000 would provide a suitable and effective means of communicating the key messages of the Back Care Project.

Finally, a few general comments were made by individual respondents which are reproduced here to further illustrate the value which the respondents to this evaluation placed upon the workshop and the Project of which it raised awareness.

“Good, but more people need to be informed of its existence and how to get in touch with the lady doing the work”

“A helpful course which highlighted how carers can seek help”

“Very interesting. Information pack very good”

“It was good to learn about the Back Care Project and that more is being done to help carers care more safely”

Example Questionnaire

Carers Caring Safely Workshop, 27th June 2000 Pre-workshop background questionnaire

This questionnaire is designed to measure your expectations of the forthcoming workshop. Please follow the directions in each question. If you need more space, please use the continuation space provided on page 4 and number each continuation according to the relevant question number. **If at all possible, please try to complete this questionnaire in advance of the workshop.**

You will also receive a second questionnaire for completion and return after you have attended the workshop. Your co-operation in completing both the pre- and post-workshop questionnaires will be very much appreciated as the results of this evaluation will help to measure the effectiveness of the workshop.

Please hand in your completed form on the day of the workshop. Confidentiality and anonymity will be preserved in all analysis and presentation of findings.

The term "carer" used in this questionnaire refers to someone who looks after or provides regular unpaid help to family members, neighbours or friends who are sick or disabled. The role of "carer" should not be confused with "care worker" or "care staff" undertaking a caring role either as part of paid employment or as volunteers attached to a voluntary organisation. This distinction is made in law through the Carers (Recognition & Services) Act 1995.

1. How would you assess your current level of knowledge in the following areas?

Please tick one box for the statement closest to your assessment for each item in the list

I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
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the rationale for the
Moving & Handling
Back Care Project, in
context of relevant
legislation, local and
national research

	I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
the significance of carers receiving separate assessments either as a part of the formal carers assessment of their own needs with the care management process or as a specific assessment carried out by the Back Care Adviser which clearly identify their health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how the Project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, and how they relate to one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the impact of caring on carers' health and, in particular, the effects of poor handling on the carer and the person being cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
risk management issues in relation to manual handling techniques and the use of equipment in a range of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
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what advice and support is available in Tandridge and how this can be accessed by carers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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how professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Any further comment related to Question 1? Please write in the space below:

2. Tick those items in the list below that you hope to gain from the forthcoming workshop:

A better understanding of:

the rationale for the Moving & Handling Back Care Project, in context of relevant legislation, local and national research

the significance of carers receiving separate assessments either as a part of the formal carers assessment with the care management process or as a specific assessment carried out by the Back Care Adviser which clearly identify their health needs

how the Project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, and how they relate to one another

the impact of caring on carers' health and, in particular, the effects of poor handling on the carer and the person being cared for

risk management issues in relation to manual handling techniques and the use of equipment in a range of situations

what advice and support is available in Tandridge and how this can be accessed by carers

how professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met

3. Given that there may not be sufficient time in the workshop to fully cover all issues of interest to you, what is the one issue that you would most like the course to cover, and why?

4a. Have you attended any other workshops or training courses that covered moving and handling issues in relation to carers?

Please tick one box:

Yes

No

4b. If you answered 'Yes' to Question 4a, please give a few basic details of course content:

5. When you come into contact with a carer who needs advice, support, training and equipment for moving and handling do you refer them for a Carers Assessment under the Carers (Recognition and Services) Act 1995?

Please tick one box:

- Always
- Sometimes
- Rarely
- Never
- Unsure

6. In cases of carers with low or moderate needs, do you know where, and to whom, to refer carers for advice, support, training and equipment for moving and handling?

Please tick one box:

- Yes
- No

7. In cases of carers with high needs, do you know where, and to whom, to refer carers for advice, support, training and equipment for moving and handling?

Please tick one box:

- Yes
- No

Space to continue answers (if needed)

Example Questionnaire

Carers Caring Safely Workshop, 27th June 2000 Post-workshop evaluation questionnaire

Thank you very much if you completed the pre-course questionnaire circulated before the first session on 27th June 2000. Now please could you fill in this questionnaire, which is designed to gauge how you may have benefitted from attending. Please follow the directions in each question, and feel free to expand any of your answers using the continuation space at the end of the questionnaire. If you forgot to fill in the pre-course questionnaire, please still feel free to fill in this one as your comments will be valued.

Please post your completed form in the reply paid envelope provided by Friday 21st July. Confidentiality and anonymity will be preserved in all analysis and presentation of findings.

The term "carer" used in this questionnaire refers to someone who looks after or provides regular unpaid help to family members, neighbours or friends who are sick or disabled. The role of "carer" should not be confused with "care worker" or "care staff" undertaking a caring role either as part of paid employment or as volunteers attached to a voluntary organisation. This distinction is made in law through the Carers (Recognition & Services) Act 1995.

1. Following the workshop, how would you assess your current level of knowledge in the following areas?

Please tick one box for the statement closest to your assessment for each item in the list

I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
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the rationale for the Moving & Handling Back Care Project, in context of relevant legislation, local and national research

	I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
the significance of carers receiving separate assessments either as a part of the formal carers assessment of their own needs with the care management process or as a specific assessment carried out by the Back Care Adviser which clearly identify their health needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
how the Project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, and how they relate to one another	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
the impact of caring on carers' health and, in particular, the effects of poor handling on the carer and the person being cared for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
risk management issues in relation to manual handling techniques and the use of equipment in a range of situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	I have little overall knowledge	I have some knowledge but I don't know where/who to ask for more	I have some knowledge and I know where/who to ask for more	I have a reasonable level of knowledge and understanding but it is patchy	I have a good overall knowledge and understanding	Don't know
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what advice and support is available in Tandridge and how this can be accessed by carers

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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how professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Any further comment related to Question 1? Please write in the space below:

2. Tick those items in the list below which you feel you have gained from the workshop:

A better understanding of:

the rationale for the Moving & Handling Back Care Project, in context of relevant legislation, local and national research

the significance of carers receiving separate assessments either as a part of the formal carers assessment with the care management process or as a specific assessment carried out by the Back Care Adviser which clearly identify their health needs

how the Project operates, the roles and responsibilities of the Back Care Adviser and the key professionals involved, and how they relate to one another

the impact of caring on carers' health and, in particular, the effects of poor handling on the carer and the person being cared for

risk management issues in relation to manual handling techniques and the use of equipment in a range of situations

what advice and support is available in Tandridge and how this can be accessed by carers

how professionals can work together more effectively to ensure that carers' health needs are appropriately identified and met

3. What was the one piece of information, thought or feeling, if any, which you think you will most clearly remember from the workshop?

4. Following the workshop, please assess your awareness of referral procedure (referrals for Carers Act Assessments, to the Back Care Project, and to other professionals) for moving and handling and back care issues compared with before you attended the workshop.

Please tick one box:

More aware than before the workshop

No more nor less aware than before the workshop

Less aware than before the workshop

Any further comments?
