** Creative Breaks **

 **GUIDANCE NOTES**

 **Shetland Carers Massage Sessions**

**ARE YOU LOOKING AFTER SOMEONE?**

Caring for someone can happen very suddenly, sometimes overnight, or you may find yourself doing more and more over many months and years. Although rewarding, looking after someone can affect your physical and emotional wellbeing and impact on you financially and socially.

**A carer is generally defined as a person of any age who provides *unpaid* help and support to a relative, friend or neighbour who cannot manage to live independently without that person’s help.**

**Massage Sessions for Carers**

Shetland Carers have been fortunate enough to secure funding, for the first time, through the Creative Breaks programme, part of the Short Breaks Fund resourced by the Scottish Government and distributed by Shared Care Scotland. This funding will allow us to offer carers in Shetland the chance to access some massage sessions with Babs Clubb, who operates from The Mission – Creativity & Wellness Centre, Harbour Street, Lerwick.

<https://www.babsclubstudio.com/>

All carers registered with Shetland Carers can apply for a block of free Massage sessions. Massage sessions will help carers who have physcial strain on their body as a result of their caring role, eg. from lifting. It will also offer relaxation and time out which will help with their mental health and wellbeing. The massage sessions will be allocted in blocks of six sessions. **Carers can choose from a 55 minute back massage or a 30 minute express back massage. Babs may also be able to offer other types of session if required.**

Once Shetland Carers has received your application, you will be contacted by a staff member and, if you meet our eligibility criteria, a referral will be made. You will then be asked to contact Babs Clubb, and her contact details will be given for you to book your sessions. Carers will be offered six sessions in total, completely free. Sessions will be at The Mission – Creativity & Wellness Centre, 2 Harbour Street, Lerwick *(former Hjaltland Housing Association building & former Fisherman’s Mission)*.

**Applying for Massage Sessions**

You can apply for the Massage sessions online at <https://www.shetlandcarers.org/support/massage-sessions-for-carers> or email carers@shetland.org or call Amanda Brown at Shetland Carers to obtain a paper version of the application form on 01595 743923.

**After Your Massage Sessions**

As part of the conditions for the Massage Sessions, you will be asked to complete an evaluation form telling us how you found the application, referral and booking process and if the sessions have been helpful for you. As well as enabling us to report back to our funder, this information helps us to monitor the success and take-up of the service and make improvements where necessary.

 ** Creative Breaks **

 **Shetland Carers**

**MASSAGE SESSIONS APPLICATION FORM**

*This form should be completed by the carer, young carer or any person supporting the carer*

1. **Information about the carer**

*I would like to apply for massage sessions. Please add me to the carers’ database.*

**Please provide the following information about the CARER:**

Name.............................................................................................................................

Address..........................................................................................................................

................................................................................ Postcode ......................................

Phone number................................................ Mobile ...................................................

Email..............................................................................................................................

Date of Birth.............................................................

**If you prefer not to share your age please tick this box**

Gender…………………………………………. Ethnicity……………………………………

Social Locality (Local Health/GP Centre)…………………………………………………...

How did you hear about the Massage Sessions for carers?

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1. **Information about the caring situation**

**Please provide the following information about the CARED FOR PERSON:**

First name and surname……………………………………………………………………….

Preferred name………………………………………………………………………………….

Address…………………………………………………………………………………………..

…………………………………………………………… Postcode…………………………...

Date of Birth……………………………………………

**If you prefer not to share the age of the person you care for please tick this box**

Gender………………………………………….. Ethnicity…………………………………….

Social Locality (Local Health/GP Centre)………………………………………………….....

Please provide details about the type of care you provide (help with personal care, help with shopping, domestic tasks, etc)

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What is your relationship to the person you provide care for?

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How long have you provided care for this person?

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On average, how many hours a week do you spend caring or providing support?

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What is the illness/condition/disability of the person you care for? e.g. Dementia

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Is your caring role impacting on you? None □ Some □ Lots □

If you indicated **some** or **lots** above, please detail how your caring role is affecting you e.g. I am unable to get a full night’s sleep, or I am not able to work as much as I used to.

To help us understand the extent of your caring role, please detail any support you are receiving from social services / other third sector organisations (if any). If none, please write **none**.

Please tell us how accessing massage sessions would benefit you.

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| --- |
|  |

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| --- |
| Do you have any other family members to support you? YES / NO (please provide details) |
| Do you feel you are experiencing social isolation? YES / NO (If yes please provide details) |
| Do you have any health and wellbeing problems of your own? (If yes, please provide details) |

Any further information you wish include about your situation

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Please return this application form to **Amanda Brown at Shetland Carers, Market House, 14 Market Street, Lerwick ZE1 0JP.** Or if you would like further information you can contact Amanda on 01595 743923 or email amanda.brown@shetland.org

**carers@shetland.org** 

[**www.shetlandcarers.org**](http://www.shetlandcarers.org) **Shetland Carers**

**DATA PROTECTION**

Here at Voluntary Action Shetland (VAS) we take your privacy seriously and will only use your personal information to administer your account, and to provide the products and services you have requested from us. In order to provide carers with a better service we are now working in partnership with Shetland Care Attendant Scheme (SCAS). We will share your information with this organisation via a joint database. If you have any concerns about this please discuss this with us.

From time to time VAS/SCAS would like to contact you with details of other services we provide. If you consent to us contacting you for this purpose, please tick to say how you would like us to contact you:

**I’m happy for you to contact me by:**

**Post** ☐    **Email** ☐    **Telephone** ☐   **Text message** ☐    **Facebook group** ☐ **Newsletter** ☐

Where appropriate, we would also like to pass your details onto Shetland Islands Council and/or NHS Shetland and other third sector organisations who support carers, and will pass information to you regarding being a carer or services to support the person you care for so that they can contact you with details of services that they provide. If you consent to us passing on your details for that purpose, please tick to confirm:

**I agree to share my information with:**

|  |  |
| --- | --- |
| Shetland Islands Council ☐ | NHS Shetland ☐ |
| Other members of the carer strategy group if appropriate: |
| Citizen’s Advice Bureau ☐Royal Voluntary Service ☐Alzheimer’s Scotland ☐Shetland Community Connections ☐ | Ability Shetland ☐Advocacy Shetland ☐Mind Your Head ☐Shetland Care Attendant Scheme ☐ |

I HAVE READ THE INFORMATION ABOVE AND I CAN CONFIRM THE DETAILS ARE CORRECT.

I HAVE READ AND UNDERSTOOD AND AGREE TO THE DATA SHARING NOTIFICATION

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name (Please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Office only:**

Distribution lists: Database Mailchimp

Email lists:

Referral to anyone? Leaflets handed out?