

# Coaching for Carers

## Pilot Evaluation, April 2023



Carried out by: AM Consulting

Commissioned by: Carers Support West Sussex



### AM Consulting

AM Consulting is an independent social care consultancy service. Professor Emeritus Alisoun Milne (Social Work and Social Gerontology) offers consultancy work and research in the social work and social care field. She has particular expertise in: family caring, social work with older people, mental health in later life and social care services, including care homes.

More information about her work and publications can be found here: <https://www.kent.ac.uk/social-policy-sociology-social-research/people/1950/milne-alisoun-j>. She can be contacted on [a.j.milne@kent.ac.uk](mailto:a.j.milne@kent.ac.uk).

### Reference:

Milne, A., Mikelyte, R., & Zhang, W. (2023) *Coaching for Carers: Pilot Evaluation*, Coaching for Carers West Sussex.

## Table of Contents

Executive Summary .....	5
Introduction.....	10
Context & Background .....	11
National Context.....	11
Local Context: Carers in West Sussex.....	12
Carer Support West Sussex.....	13
Coaching for Unpaid Carers .....	13
Pilot Evaluation .....	15
Fieldwork: Design and Methods.....	15
Findings and Analysis.....	17
Coaching for Unpaid Carers .....	18
Why Carers took up the Coaching 'offer' .....	18
Impact and Benefits of Coaching.....	19
Skills of the coaches.....	26
Concerns about coaching.....	27
Delivery issues .....	28
Improvements Going Forward .....	29
Extending the 'coaching offer'.....	30
Coaching Conversations.....	31
Experience with receiving the service .....	32
Impact on life and wellbeing.....	32
Improvements to the service.....	34
Focus Groups with Staff .....	35
Aims of Coaching Conversations .....	35
Impact of Coaching Conversations on Carers.....	39
Impact of Using Coaching Conversations on Staff.....	40
Impact on the Organisation .....	42
Training.....	43
Interview with Coaches.....	45
Coaching for Unpaid Carers .....	45
Coaching Conversations: Impact and Outcomes.....	46
How does a Coaching Approach differ from Coaching?.....	48
For whom is coaching not appropriate?.....	50
Capturing Evidence for the Evaluation: Compelling Stories .....	50
Coaching beyond the 'individual'.....	51
Discussion, Reflections & Recommendations: Coaching for Carers.....	53
Reflections .....	60
Recommendations .....	61
Conclusions.....	62
References.....	63
Appendix A: Coaching information provided by Coaching for Unpaid Carers.....	64
Appendix B: Topic Guides for Fieldwork.....	68
Appendix C: Information Sheets .....	73

## Table of Tables

Table 1: Profile of Carer Participants .....	17
--	----

## Table of Figures

Figure 1: Impact on carers, by participant group.....	59
Figure 2: Impact on CSWS staff involved in Coaching Conversations, by participant group.....	59
Figure 3: Impact on CSWS organisation as a result of delivering coaching input, by participant group.....	59





## Executive Summary

In 2021/22 Carers Support West Sussex (CSWS) decided to commission a pilot service from a CIC – *Coaching for Unpaid Carers* (<https://www.coachingforunpaidcarers.org.uk/meet-the-team>). The pilot had two elements: 1:1 coaching for a number of carers (*coaching for unpaid carers*) and training for a group of support staff in the principles and aims of coaching which was to be embedded in their daily practice with carers (*coaching conversations*).

Early in 2022, CSWS commissioned an evaluation of the two coaching interventions from an independent research team linked to the University of Kent. The work was conducted between March 2022 and Spring 2023. The primary aim of the evaluation was to capture the role and impact of the coaching interventions on carers' lives and wellbeing; a secondary aim was to explore the impact of delivering coaching conversations on staff. The team interviewed a sample of 12 carers who had received 1:1 coaching and 3 carers who had had a coaching conversation; conducted two focus groups with staff (7 & 8 participants respectively) and an interview with the two coaches. Training staff in the adoption of a coaching approach is entirely new; it is also innovative. 1:1 coaching with (unpaid) carers has never been subject to an independent evaluation.

A number of key themes emerged from the evaluation. There is a great deal of consistency between the findings for the three groups of participants. Both models of coaching are perceived as overwhelmingly positive.

## Coaching for Unpaid Carers

One carer summed up the views of many by describing it as 'transformative'. Carers felt recognised and treated as a 'person' not a carer, as listened to, offered time to consider their own needs, and encouraged to engage in self-care including adopting a healthier lifestyle. The term 'safe space' was specifically used; this referred to both physical and psychological space. This space allowed carers to be honest about their feelings about caring, including exploring 'thornier' more negative issues.

Gaining confidence, feeling more hopeful and positive and increased self-worth are widely identified as benefits. This was linked to carers feeling able to make changes to their lives, to set goals, reframe - often long-standing - challenges, establishing boundaries and protecting themselves from becoming overwhelmed by care related demands. Helping carers to shift their often rather negative mindset was a related benefit enabling them to engage with a more positive 'can do' approach. Feeling that they had more choice and control over their situation was also identified. This was experienced as empowering and as reducing feelings of anxiety.

For some, the benefits of coaching also had a positive impact on the care relationship. Coaching helped carers develop practical strategies such as adopting a new way to manage challenging behaviour or navigating the care system more effectively. The fact that coaching faced towards the future helped some carers 'prepare psychologically' for a post caring life after a bereavement. Re-entering the job market was highlighted too, including being encouraged by the coaches to think about new directions.

Although the role of coaching is not 'to keep carers caring' it is noteworthy that as a consequence of coaching carers noted ways to continue to care but from a place of strength and having more confidence to protect their own wellbeing.

The coaches were considered to have a wide range of skills: engagement and communication skills; encouraging carers to express themselves; empathy and kindness; capacity to help carers articulate their needs; help with planning a future; non-judgement; flexibility; the use of empowering and facilitative language; and championing the carers' perspective. The coaches were considered to skilfully tailor the coaching sessions to the specific needs of the carer. Carers overwhelmingly felt supported, understood, and listened to. Only one out of 12 carers did not find coaching particularly helpful.

Concerns about coaching were few. Some carers worried they may not be 'selected' for coaching or reported feeling guilty about using a limited resource which others may need more. The introductory session was viewed as very helpful.

Whilst the carers felt strongly that *all* carers in *all* circumstances should be offered the opportunity to access coaching, they did consider that it needs to be offered at the 'right time'. This is - in effect - when the carer is already beginning to think about making a change to their life or feels they need some extra help. Situations in which coaching may not be *as appropriate* include when carers are in crisis. A number of personality traits were also considered to make coaching less effective, for example, unwillingness to change, learn, share and/or listen. The coaches also felt that people with serious mental health

problems whose grip on reality is poor and people who are very traumatised or living very chaotic lives may struggle to make use of coaching.

The coaching was primarily delivered online. This mode suited most carers but a few would rather have had face to face sessions. The coaches offered considerable flexibility in terms of time, length and frequency of sessions. Many carers appreciated the value of worksheets, homework, and resources shared by the coaches between sessions. Suggested improvements included: providing a more detailed introductory session which includes 'real-life examples' of the benefits of coaching and extra follow-up sessions after the allotted six sessions to embed the benefits of coaching over the longer term.

### Coaching (informed) Conversations

Much more evidence about the value and role of *Coaching (informed) Conversations*, was captured from the staff, and to some extent the coaches, than from carers.

Staff were clear that empowering carers was one of the main aims of adopting this approach; focusing on carer strengths, encouraging carers to find their own solutions, and bolstering resilience were key dimensions too. Time and space for the carer to consider what changes they would like to make was seen as an essential prerequisite as was establishing trust between carer and worker. The coaches felt that even one 10 minute coaching informed conversation has merit, "if you ask just one good question, you'd have done a fantastic job".

Much like the carers who received 1:1 coaching, staff emphasised the importance of 'timing'. Whether a carer can benefit depends on when they are receptive to it rather than on their specific situation. Some staff felt that *Coaching Conversations* were less suited to carers who were in a crisis, carers of people with drug or alcohol problems, those supporting a person at the end of life, and carers who needed to prioritise their own health care needs or who are obliged to prioritise meeting basic needs such as for food or heating. Also, those who were unwilling to share or who are simply 'closed down'.

It is important to note that none of the three carers that were interviewed about *Coaching Conversations* reported being aware that a new or different approach was being used by staff. In light of this, rather than asking questions about *Coaching Conversations* specifically, the interviews focussed on CSWS input more broadly. Although these findings need to be appreciated with this caveat in mind it is clear from evidence from all sources, that there is some shared terrain with 1:1 coaching. This includes: being seen as a person not just a carer, 'thinking about things differently', increased self-confidence and self-worth, being given time and space to share issues, being listened to and understood, and practical help with support for the cared for person. The cumulative positive impact of using coaching skills was identified; stress relief was also noted. These benefits were considered to be 'not possible' in the business-as-usual model of support. Being able to have contact with the same member of staff they had previously had contact with was mentioned as an improvement.

There are also distinctions between the two models. *Coaching for Unpaid Carers* is offered on a 1:1 basis for an hour per week over a 6-week period (usually). The coach is an expert in coaching and carers offer time and commitment; the carer sees the same coach each week. The *coaching informed approach* is embedded in a worker's 'day job'; staff have all their other roles to perform. Staff are much more restricted for time and may not be seeing the same carer again. The coaches considered that a key distinction is being able to challenge; this is a skilled activity above the skill level of a coaching approach. There is some recognition too that some carers coming for help from CSWS are in crisis or are 'just managing' and need 'other kinds of help' *before* coaching could be considered.

In the first focus group staff were not clear whether adopting a coaching approach was a 'service' or a 'technique'. By the second focus group - nearly five months later - they considered it firmly to be a technique: a set of skills that had become part of their arsenal. Staff were very clear that offering a hybrid model of coaching i.e. a delineated 'coaching conversation' as a part of their role, did *not* work. This was what was originally proposed. As the project was rolled out it became evident that utilising coaching skills when opportunities arose in daily practice with carers was a much more effective way to work.

Adopting a coaching approach offers staff a number of benefits. Placing less emphasis on 'finding a solution' *for* the carer and greater emphasis on co-developing solutions was viewed as freeing. Engagement with a more person-centred approach had a positive impact on job satisfaction and stress levels. Although some staff struggled to incorporate the coaching approach in their work initially, over time they became more confident. Staff with managerial responsibilities also felt that coaching techniques have enabled them to support their staff better. The coaches echoed these findings adding that coaching helped staff to 'feel ok' about not having all the answers, offered them space to think and reflect, and is likely to boost staff retention as, "*Staff who feel like they're developing their skills are more likely to stick around*".

Regarding adopting a coaching approach more widely, staff felt that the time commitment required was a principal barrier. There is a tension between delivering *Coaching Conversations*, which take up more time than business-as-usual and meeting organisational targets around waiting times and KPIs.

Staff were satisfied with the training and remarked on the high quality of the trainers' skills. As this was the first time the coaches had delivered training of this kind, they decided to 'go back to basics' and focus on key principles and skills; in particular helping staff to "*shift their mindset*" from a solution focused approach to an approach that asks the carer to consider ways forward for themselves. They emphasised the value of the reflective sessions.



## Reflections & Recommendations

It is important to acknowledge that the evaluation took place during a challenging time: Covid was a prominent feature of all our lives, services were significantly disrupted and carers were facing additional demands. CSWS was also experiencing a number of changes that intersected with the coaching initiative, for example the *Carers Star* was introduced. This did lead to some confusion for staff.

In terms of limitations, we did not capture the impact of either model of coaching over time; data was collected either just after or part way through the process. We do not know whether the changes carers made were sustained. We also do not know whether all coaches would be able to replicate the level of effectiveness of this project. Is it the model or the coaches or, more likely, a mix of the two that makes the intervention effective? How far CSWS as an organisation will adopt the principles of coaching and embed these into its infrastructure (e.g. supervision) is also relevant. There are time and cost implications for adopting a coaching approach.

Future evaluations need to evaluate 1:1 coaching and coaching informed approaches over the longer term; quantitative data such as a reduced number of rereferrals to CSWS, also needs to be collected alongside qualitative data. There are a number of validated measures to assess levels of 'carer burden', wellbeing, and social care related quality of life which would be instructive to employ. Increased staff confidence and higher levels of staff retention are also measurable outcomes.

We are aware that CSWS is keen to extend its *Coaching for Unpaid Carers* offer going forward. There is a strong case for investment in both 1:1 coaching and training staff in the adoption of a coaching approach. We recommend that some ongoing training i.e. training beyond the initial training, and regular reflective sessions, are added to the 'training package'. CSWS also needs to consider embedding coaching principles across the whole organisation.

Overall, there can be little doubt about the positive impact of coaching on carers' lives and wellbeing. This pilot evaluation captures a wide range of qualitative evidence about its profound benefits as a 1:1 intervention. There are also a range of benefits for both carers and staff of adopting a coaching approach in working with carers. Capturing additional evidence about the impact of coaching interventions on carers' lives and wellbeing would be of significant value to CSWS and to the wider carers field.



## Introduction

This report offers the findings of an evaluation of two coaching informed interventions funded by Carers Support West Sussex. The evaluation was conducted by an independent research team linked to the University of Kent between March 2022 and Spring 2023.

This report locates Carers Support West Sussex, and evaluation, in its wider national and local context, and gives a brief background on coaching for carers, before reporting on the evaluation's findings in depth. In the discussion the team draw out the key findings and explore the implications of the evaluation for future investment in *Coaching for Carers* models and make some recommendations. Finally, we reflect on the research and lessons for any future evaluations.

## Context & Background

### *National Context*

Carers UK estimates that there are 10.6 million unpaid or family carers (carers) in the UK. This means that 1 in 5 adults are currently providing care. Every year, 4.3 million people - 12,000 people a day - become carers (Petrillo et al., 2022). At least 60% of UK adults will become a carer at some point in their lives. The 2021 Census estimates the figure to be lower<sup>1</sup>; it also estimates that there are fewer carers in 2021 than in 2011 (ONS, 2023).

As the Census gathered data primarily online due to the Covid pandemic there are concerns that it may have missed out a number of households, particularly those containing older people who are less engaged with online systems.

Covid led to a dramatic rise in the number of carers; an *additional* 4.5 million people started caring during the pandemic (Carers UK, 2020). It seems likely that a significant proportion of these 'new carers' will continue to care, increasing total numbers further.

60% of carers are women and one in seven carers are juggling work and care (Carers UK, 2019). In terms of age: around 2% of carers are aged under 18 years, 3% are aged between 18 and 25 years, more than 50% are aged 40 to 64 years, and 33% are aged 65 years or over. Almost a third of those who belong to the over 65's cohort are aged over 80 years; many of this group are spouses. The peak age for providing care is 50-64 years; one in five people in this age group are carers (Age UK, 2019). It is noteworthy that the overall profile of carers is ageing; this is termed the 'ageing of caring'. It is not just those who need care who are older, the carer population is ageing too. Most older carers are either spouses or 60+ daughters/ sons.

The majority of carers care for a relative: two fifths (41%) care for their parents or parents-in-law; over a quarter (26%) care for a spouse or partner; 8% care for a disabled child (under 18 years of age); 5% are looking after an adult son or daughter with a physical or learning disability; 4% are caring for a grandparent(s); and 7% care for 'another relative' such as a sibling, aunt or cousin. Only one in ten carers (9%) care for a friend or neighbour.

Over half (58%) of the cared for population have a physical disability, one fifth (20%) have a sensory impairment, 13% have a mental health problem, and 10% have dementia (Department for Work and Pensions, 2020). Most carers support just one person (83%) although 14% care for two people and 3% are caring for three people or more. More carers are also undertaking 'serial caring' roles. For example, caring for an elderly parent and then, later on in life, caring for a spouse (Carers UK, 2021).

What carers do for the cared for person varies depending on their level of need, their condition, what other kinds of support the person receives (from other relatives or formal care services) and the nature of the care relationship. A carer might provide a few hours of care a week - shopping, collecting medication and taking someone to medical appointments - or may care 24/7. Those providing more intensive care, such as personal

---

<sup>1</sup> The Census estimates there to be 5m carers in England and Wales; it does not capture data for the whole UK

and physical care, tend to provide more hours of care per week. They also tend to live with the person they support i.e. they are co-resident. Research from 2019 shows that on average carers in the UK provide 19.5 hours of care per week, just under half (48%) provide care for twenty or more hours, and a fifth (21%) care for more than fifty hours per week. Over two thirds of carers (65%) had been caring for over 5 years whilst almost a quarter (23.5%) had been caring for 20 years or more (NHS Digital, 2019). The economic value<sup>2</sup> of family care has been estimated to be £193 billion per year, outstripping the total cost of the National Health Service (Carers UK, 2020).

The overall number of carers in the UK is increasing (although this is challenged by data from the 2021 Census). In 2001, 2% of the UK population were carers; by 2011 this figure had risen to 12%, and by 2019 it was 15%. There are a range of intersecting factors which have contributed to this growth. The ageing profile of the UK population is a key driver. There has also been a reduced use of institutional care; improvements in the lifespan of children and adults with lifelong disabilities; and a continuing demographic shift to smaller more dispersed families. The relatives that carers support now also tend to be older and/or are much more dependent than they were twenty years ago; care tasks are also more demanding, time consuming and complex (Milne & Larkin, 2023). Carers do more, and more challenging, care tasks.

The policy context is also a key influence. Over the last thirty years social care policies have been underpinned by an assumption that people with dependency needs are 'best cared for by their family in the community' and that reliance on publicly funded care is to be avoided except in the most extreme of circumstances (Lloyd, 2023). Another issue relates to significant cuts that have been made to welfare services for adults with dependency needs *and* their carers over the last decade. This has, inevitably, placed additional pressure on carers. This pattern was amplified during the pandemic due to the partial or full closure of many health and social care services.

### *Local Context: Carers in West Sussex*

In 2021, the population of West Sussex was estimated to be 877,910. The population is growing. Growth has predominantly been in the 18-64 and 65+ age categories. A quarter of the population live in rural areas; the county has a number of coastal communities.

There are 166,802 people in West Sussex with a disability; most of this population are older. Dementia was the second highest cause of death in West Sussex in 2018, after cancer. An increasing number of older people live alone as a consequence of being widowed. Although overall West Sussex is not a deprived county it has 'deprived people and communities' in all of its seven districts. There are estimated to be 72,815 carers in West Sussex; in 2011 the figure was 84,395 (these estimates rely on carers self-reporting). An increasing proportion of the carer population are aged 65 years and over; this figure is currently 27%. Mirroring the national picture 60% of all carers in West Sussex are female

---

<sup>2</sup>This is the cost of replacement care provided by unpaid carers based on an official estimate of the actual cost per hour of providing home care to an adult.



and 40% are male. An increasing proportion of carers are providing between 20 and 49 hours, or 50 or more. hours of care per week (as opposed to up to 19 hours per week).

### *Carer Support West Sussex*

Carers Support West Sussex (CSWS) is a thriving charity that offers a wide range of services. The charity provides a 'gateway for carers to emotional, specialist, practical and peer support and learning'. It works with 'carers, communities, and partners in West Sussex to raise awareness of carer services and to work alongside carers to improve their quality of life, wellbeing, and outcomes'. 30,394 carers are registered with the agency; demand for its services increased by over a third between 2021 and 2022. As of early 2023, CSWS has a total of 89.6 full-time equivalent (FTE) staff.

CSWS services include: a carer-facing helpline offering information, guidance, and practical support; 7 teams of staff who provide a range of support (4x locality teams covering all 7 districts, a 'Response line' team, 'Carer Assessment' team and a 'Hospital Services' team); and teams focused on 'Emotional Wellbeing', 'Carer Equipment', and 'Carer Funds'. CSWS has a model of specialist leads (Learning Disability, Parent Carers, Drug and Alcohol, Dementia, Mental Health, Long Term Conditions, Autistic Spectrum Conditions, Young Adult Carers) who ensure that teams are kept up to date in these areas. The agency also has a benefits service, a counselling team, an equipment service, and other grant funded projects.

In addition to its core contract requirement to support carers around hospital discharge, CSWS is also working under a 5-year subcontract agreement with Age UK to deliver a 'Support at Home after Hospital' service. Its aim is to support carers where they, or their relative, has recently been discharged from hospital and ensure that the right support is in place to help the person regain independence.

Many of CSWS services are commissioned by West Sussex County Council. It also holds the 'carer's register' for the Council and undertakes some statutory carers assessments (see one of the 7 teams above).

### *Coaching for Unpaid Carers*

Coaching is a model - or approach - that has been adopted in a number of different fields and settings from 'health coaching' and 'sports coaching' to 'life coaching'. The essence of coaching is to help a person change in the way they wish to and go in the direction they want to go; coaching builds awareness, facilitates choice, and helps to lead to change. It represents a partnership between coach and client; it aims to empower the client to make their own decisions and helps build confidence and resilience to be able to find their own solutions. Coaching is an increasingly popular model for working with individuals, groups and organisations that need support to make progress or overcome a problem. Theoretically, it is situated at the intersection of counselling, mindfulness and neuro-linguistic programming (NLP harnesses the power of language to break down the mental barriers we unknowingly create for ourselves).

More recently - since 2011 - coaching has been developed for use in the carers arena by Macadam (2018). In 2019 Macadam & colleagues set up a CIC - *Coaching for Unpaid*

Carers (<https://www.coachingforunpaidcarers.org.uk/meet-the-team>) (See Appendix A for more information). *Coaching for Unpaid Carers* offers coaching, training and consultancy; it works with a number of third sector carers' organisations and local authorities.

In 2021/22 Carers Support West Sussex decided to commission a pilot service from *Coaching for Unpaid Carers*. The pilot had two elements: 1:1 coaching for a number of unpaid carers & training for (some) support staff in the principles and aims of coaching to embed in their daily practice (called *Coaching Conversations*). CSWS was keen to extend its 'offer' to carers and were positive about the potential of coaching to offer additional help.

After submitting a competitive proposal, CSWS commissioned the research team to evaluate the coaching pilot. This was always intended to provide evidence to support a Lottery bid to embed coaching into CSWS's services on a medium term basis. The aims of coaching align with the *West Sussex County Council Joint Carers Strategy* published in 2022 which sets out how carers, of all ages, will be supported to be more proactive about their own wellbeing.



## Pilot Evaluation

The (original) aims of the evaluation were to:

- Capture the role and impact of two coaching related interventions on a sample of carers' lives and wellbeing by interviewing:
  - *A sample of carers* who have had 'coaching for unpaid carers' from an accredited coach
  - *A sample of carers* who have had 'coaching informed conversations' from staff from Carers Support West Sussex who have undertaken specific training
- Explore the aims, role and impact coaching has on the lives and wellbeing of carers, & its impact on staff, by:
  - Interviewing the coaches
- Explore the aims, role & impact of coaching conversations & the difference they make to the lives and wellbeing of carers and staff by:
  - Running two focus groups with 8-10 members of staff trained to deliver coaching conversations
- Explore for which groups/types of carers coaching and coaching conversations work most effectively &
- Consider which evaluative tools may best capture the effectiveness of the intervention(s) going forward

### *Fieldwork: Design and Methods*

In order to best meet the aims of the project, two types of qualitative methods were employed: semi-structured interviews (carers & coaching trainers) and two focus groups (staff). These are appropriate as we wanted to explore the role and impact of a new intervention. The interviews and focus groups were informed by 'topic guides'; these help to ensure that key topics are covered whilst allowing for some flexibility (See *Appendix B*). We captured perspectives and views; qualitative methods are best suited to this task. Interviews and the focus group were recorded, and all data was transcribed and analysed using framework analysis (Gale et al., 2013).

Each interview lasted about 1hr; the focus groups lasted between 1hr and 1.5 hrs. Interviews were mainly conducted over the phone or online via Zoom. The first focus group was in person; the second was conducted online via Teams. The interview with the coaches was online.

Carers Support West Sussex provided the team with key information (carer's gender, age, relationship, and health condition of cared for person) about carers who had received one of the coaching interventions. Carers were then contacted by the team and invited to take part in the evaluation: CSWS did not know which carers were interviewed. Potential participants were provided with an information sheet about the project, consent forms, and contact details of the team (See *Appendix C*). Ethical approval for the project was granted by the University of Kent.



It is important to acknowledge that the fieldwork took a slightly different turn than planned. Despite aiming to interview 8-10 carers in each group and making a lot of efforts regarding recruitment, we ended up interviewing a much larger sample of carers who had received *Coaching for Unpaid Carers* (n=12) and only 3 carers who had experienced a *Coaching Conversation*. This was partly because the coaching training for the pilot group of staff had only recently been introduced and, as such, these skills had not been embedded in practice for very long. Any changes to workers' practice(s) were new - potentially not even visible or obvious to the carer - and challenging to ask about let alone evaluate. The carers who had received a *Coaching Conversation* were not aware that they had had one. This is not to suggest that these conversations, and the coaching skills acquired by staff, were not valuable, they were but they were not a distinctive bounded 'intervention'. We return to this issue later in the report.

We decided to run a second focus group to follow up on a number of the issues raised in the first group, to add depth to the picture of the role and impact of *Coaching Conversations* on carers and extend understanding about the wider impact of coaching training on staff and the organisation more broadly.

The overall time spent on fieldwork for the project was the same as originally planned.

### Sample

The team gathered data from three groups of participants: carers; staff; and coaches.

*Carers* Interviews were undertaken with 15 carers who received a coaching intervention. There are two sub-samples: 12 carers who had received *Coaching for Unpaid Carers* and 3 carers who had experienced a *Coaching Conversation*.

As shown in Table 1, 13 of the overall sample were female and 2 were male. One third of participants were aged 65 or older; two thirds were of working age. The majority of carers (12 out of 15) were co-resident i.e. they lived with the person they cared for. In terms of type of relationship, the *Coaching for Unpaid Carers* sample comprised 5 carers supporting their elderly parent(s), 4 parent carers who supported a son or daughter with complex needs (predominantly autism), 1 sandwich carer who supported both a parent(s) and a child(ren), 1 friend carer, and 1 grandparent carer. The *Coaching Conversation* sample included 2 sandwich carers and 1 partner. 3 carers supported more than one person. In total 8 carers provided care for people with dementia, 4 for people with autism, 4 for people with physical disabilities/conditions, and 1 carer supported a person with mental health issues.

At the point of the interview, most of the participants in the *Coaching for Unpaid Carers* had 1 or 2 of their 6 coaching sessions remaining. Of the 7 carers who had received a *Coaching Conversation* only 3 were interviewed; this was primarily because carers were not aware of the intervention (as noted above).



Table 1: Profile of Carer Participants

Demographics	Coaching for Unpaid Carer (n=12)	Coaching conversations (n=3)
Gender	Female (n=10) Male (n=2)	Female (n=3)
Age group	25-64 (n=8) 65+ (n=4)	25-64 (n=2) 65+ (n=1)
Residence situation	Co-resident (n=9) Extra-resident (n=3)	Co-resident (n=3)
Relationships with people they care for	Filial carer (n=5) Parent carer (n=4) Friend carer (n=1) Grandparent carer (n=1) Sandwich carer (n=1)	Partner carer (n=1) Sandwich carer (n=2)
Conditions of the people being cared for (some carers support more than one person)	Dementia (n=6) Autism (n=4) Mental Health issues (n=1) No condition (n=1) Physical conditions (n=1)	Dementia (n=2) Physical conditions (n=3)

*Staff from Carers Support West Sussex:* The coaching approach was implemented by a pilot group of 10 staff members; they received coaching training from the two coaches. The initial training workshop took place in April 2022, with an in-depth workshop in May and a reflective session in June. Following the training, these staff members actively applied the coaching approach when working with carers. We conducted two focus groups with the pilot group in July and November 2022. The first focus group, consisting of 7 participants, was held in person, while the second one, with 8 participants, was conducted online. All members of the pilot group attended at least one focus group, with 6 of them attending both. Of the pilot group, the majority (n=8) were frontline workers, such as carer wellbeing workers and coordinators, while the other two held managerial or administrative positions in the organisation.

*Coaches:* Catherine Macadam and Katharine Collins - the two coaches who offered *Coaching for Unpaid Carers* and also trained the staff - were interviewed.

## Findings and Analysis

Findings and themed analysis are presented around each of the participant groups - carers, staff, and coaches; overarching themes and issues are explored in the discussion. We have been careful to avoid using any information that could identify a specific carer or member of staff. Carer and staff member participants are all given identity codes allocated by the research team. For carers their gender and type of care relationship is also noted. This is done because it is useful to be able to capture issues raised by individual carers; key threads are also more visible when a specific carer's narrative is identifiable. The coaches are not individually identified.

Findings are presented separately for the two sub-samples of carer participants: 'Coaching for unpaid carers' and 'Coaching Conversations'.

### *Coaching for Unpaid Carers*

#### *Why Carers took up the Coaching 'offer'*

Participants were asked why they decided to sign up to the coaching offer from CSWS of accessing 1:1 coaching.

For many it coincided with a stage in the caring journey when they were feeling 'lost', 'stressed' or at a point of potential breakdown:

*"I think it's because I felt desperate! I just... just really keen to speak to anybody that would be able to offer support in this... hard... You know, it's the hardest job I've done so far, in my world "* (CUC11, Female, Filial Carer)

*"I got to the point where I didn't realise who I was. I seemed to be a mum to my children... I seemed to be a wife, a friend, helping my mum, helping my brother, and I kind of forgot who I was'.* (CUC05, Female, Parent and Sibling Carer)

For some it coincided with a decision they had already made about making changes to their lives; coaching came along at the 'right time':

*"So, back in January, I decided to focus more on me this year. [...] And I started to make slow changes, and one of the things that came from that was I realised that I needed to put myself first [...] which is when this - the coaching - came in. I saw an advert for it, and I just thought that having somebody to check in with every few weeks and help me make these changes might be the next step for me"* (CUC05, Female, Parent and Sibling Carer)

Coaching was viewed as helping to aid decision making and support choices that the carer was already considering:

*"I was in this really weird place of feeling slightly better - my health had got a bit better, the kids were a bit more settled, but I just had this feeling of not knowing what I wanted to do. I kept thinking 'Do I wanna go back into study? Am I able to?' I just felt really confused.... At that point (when coaching was offered) I thought 'This seems like - fated, that this service has become available"* (CUC02, Female, Filial Carer)

A number of carers also reported having previous knowledge of coaching or a positive experience related to it:

*"I put myself forward because I have had experience of being coached a long time ago- maybe 20 years ago and that was to do with my career, and I found it really helpful. I've realised how much I benefitted from that and so there was a potential to benefit from this, as well"* (CUC01, Female, Partner Carer)

*"I think (I took up the offer) partly because the charity that I worked for, we did coaching for other charities... We knew how much carers were sort of worn down*

*by caring responsibilities, that they never had time to think about their life"* (CUC09, Male, Filial Carer)

The majority of the carers had heard about the coaching from an email from CSWS, as they had subscribed to receive regular news and updates from the organisation. For some the 'inviting' way coaching was described was a factor in taking it up:

*"I just think the way that they deliver their emails, it's so well-worded that it's really inviting, but it's really well-explained, and I just like the way that you're allowed to go along and find out more about it"* (CUC06, Female, Friend Carer)

One carer, who was simultaneously volunteering at CSWS, was personally approached by an employee, who encouraged her to consider coaching:

*"It came through my volunteering role, which I've been doing for about 6/7 months, now? [Name], one of the ladies that I was in touch with during the training period, she just said to me that she felt that I would really benefit from having 1-2-1 coaching"* (CUC11, Female, Filial Carer)

Some carers found the 'introductory session' helpful in terms of what to expect:

*"I didn't know much about life coaching, so I wasn't quite sure what to expect and it was explained quite well, and we did a trial activity where they put us into groups with other parents and other carers"* (CUC05, Female, Parent and Sibling Carer)

### Impact and Benefits of Coaching

Overall, carers were very satisfied with coaching. Carers were clear that coaching had a wide range of - largely positive - impacts and benefits on their lives, wellbeing and emotions. It is important to acknowledge that although we have presented these in sub-sections, the impacts tend to overlap and intersect.

#### *Being acknowledged as a person not a carer: considering 'yourself'*

Being recognised as a person - *not* a carer - was identified as fundamental by many participants:

*"Well, the first one (benefit) is the fact that someone's caring about me, specifically. I think before I would've felt a bit selfish about saying that whereas now I don't"* (CUC04, Female, Filial Carer)

*"I'm now in a place where (the coach) and I are doing some work around 'me,' which is really important because it's always been put to the back of the pile"* (CUC06, Female, Friend Carer)

*"The lovely thing that she (coach) said was 'Well, it's time you put yourself first'.... and I hadn't thought of it that way at all..."* (CUC09, Male, Filial Carer)

*"I think just the fact that you're being recognised... I think that's invaluable"* (CUC04, Female, Filial Carer)

A focus on 'yourself' is linked to engaging with wider issues relating to self-care:

*"People .... have seen **me** come back but come back stronger, healthier, happier"* (CUC11, Female, Filial Carer)

*... "it can make you look after yourself...or include yourself"* (CUC11, Female, Filial Carer)

### *Being listened to and given 'permission' to talk in a safe space*

Many carers identified being listened to and having the space and 'permission' to focus on their concerns in a supportive and safe environment as primary benefits:

*"There was this... psychological safety, that allowed you to really look at quite thorny problems... the coaching has been incredibly useful - partly in the 'giving permission' side of things"* (CUC09, Male, Filial Carer)

*"It was very useful to be able to just have that time to think about it, talk to someone about it... whose there just there to listen"* (CUC12, Female, Grandparent Carer)

*"It (coaching) unlocked a lot of stuff and .... it was really a very profound thing to happen in your first session. And it sort of - it created a really interesting bit of psychological safety..."* (CUC09, Male, Filial Carer)

### *Increased self-worth, hope and confidence*

A number of carers spoke about coaching increasing their sense of self-worth, hope and confidence:

*"After the first session when she'd listened to my experience she said... something like 'You sound like you've got so many skills, and you've got so much to offer... and when she said that, it like took me out of this horrible feeling of lack of worth. Or like a loss of confidence. Just to have another person sort of saying 'I see you, and I see your experience and I think you're worthy of something' was just like-revolutionary to me"* (CUC03, Female, Parent Carer)

*"I've come out in a very different way to what I was expecting. I've come out feeling hopeful; I've come out feeling confident... alive, really"* (CUC11, Female, Filial Carer)

*"I came out of the coaching feeling much more confident...I felt supported"* (CUC01, Female, Partner Carer)

*"I was losing hope that I would be able to do this (continue caring), and that felt really very sad, you know?"* (CUC09, Male, Filial Carer)

Others talked about feeling more positive:

*"Just feeling like positivity and hope towards the future, that makes everything easier... you're more able to like get up and be more positive"* (CUC03, Female, Parent Carer)

*"... definitely more positive emotions as a result of the sessions"* (CUC08, Female, Parent Carer)



*"The idea that someone would be able to help you think through.... make space for yourself and your needs, actually... it's so forward-thinking and so positive" (CUC09, Male, Filial Carer)*

Some carers felt that coaching enabled them to acknowledge the amount of work caring involves:

*"She (the coach) said make an exact list of what you do, just write it down hour by hour. So I did for 3 days ... and at the end of it, I was just like 'Oh my God!' ... I get up and do the laundry, get my mum up, wash my mum, put my clothes on, make tea, make coffee, clean the kitchen, put the laundry on, make coffee, sit down, re-do it, right, make lunch, right, do the laundry' No wonder I don't get anything done!' and yet I've been busy all day! And just seeing that written down, it made me feel actually I'm not wasting time... I'm not spending my whole day doing nothing" (CUC03, Female, Parent Carer)*

### *Making changes, setting goals and reframing issues*

Making changes and setting goals were identified by a number of carers as key benefits of coaching:

*"So, it's helped me to sort of think - you know, what do I want to change? What do I want to do?" (CUC12, Female, Grandparent Carer)*

Goals were, inevitably, diverse. For some carers, change was focused on addressing physical health issues such as getting fit, diet or smoking:

*"I've been able to actually have the headspace to really think .... I said to [the coach] 'This is what I've decided I wanna do, I want to stop smoking and I'm gonna go to the wellbeing team,' she was like 'Wow!' So, when I spoke to her 2 weeks later, I actually emailed her [...] and I said 'Oh, just to let you know- I spoke to wellbeing yesterday afternoon and I've got my appointment the day before I next see you,' and she was like 'That's incredible!'" (CUC06, Female, Friend Carer)*

*"(By the fifth or sixth week), I've noticed that I'm looking after myself in ways that I haven't done before. It kind of feels a little bit like magic - it's like a massive shift, just in a few weeks - for an hour! Everything - sleep, exercise, food, social stimulation... " (CUC11, Female, Filial Carer)*

For one carer, his sleep improved:

*"It's impacted on everything - like, it has helped my sleep" (CUC06, Female, Friend Carer)*

For others, the change process resulted in reframing the care related 'problems' and setting new boundaries with the cared for person:

*"... It has had an impact, actually, it's made me think more about why I'm doing what I'm doing. It's made me think about what isn't working ... my mindset, the way I frame things, if I look at things differently" (CUC04, Female, Filial Carer)*

*"I felt was that there were only losses that I'd had in my life through my caring role ... but within a very short space of time I've completely reframed everything that had happened"* (CUC03, Female, Parent Carer)

*"When we had 7am video calls because he was just gonna go and binge drink... and take his life, and I just said to him 'That's your decision, it's not my responsibility; I'm not gonna feel guilty' ... that's your decision' and- you know, he then realised 'Oh my gosh, [name] is not just there when I click my fingers!'"* (CUC06, Female, Friend carer)

*"I just remember the last conversation with him, I did put the phone down on him... Because he was being really rude to me, and I have to give him the message that that's not acceptable"* (CUC01, Female, Partner Carer)

### *Choice and control*

Linked to setting boundaries is the widely reported benefit to make choices and exert control over the care situation:

*"I'm choosing to do something different... I could've chosen to do the same thing, but I think the difference ... is the feeling of choice, rather than the feeling of powerlessness?"* (CUC03, Female, Filial Carer)

*"I'm the only one who can change it and I think the coaching has made me more aware that I'm more in control"* (CUC10, Female, Filial Carer)

*"The coach said, 'It's not so much about to-do lists, it's about choices - what have you chosen to do? ... I would never have thought to look at it [that way], I always think, 'God, I haven't done this, I haven't done that...' "* (CUC02, Female, Filial Carer)

*"I feel much more in control than I did"* (CUC01, Female, Partner Carer)

For at least one carer having more choice reduced anxiety:

*"I've felt as if I've got choices, which takes a lot of that anxiety away"* (CUC01, Female, Partner Carer)

### *Self-awareness, openness and honesty*

Some carers reported an increased level of self-awareness and a greater ability to be open and honest about - sometimes negative - feelings or emotions:

*"I am more aware of thoughts and my feelings in approaching things"* (CUC10, Female, Parent and Filial Carer)

*"I've quite enjoyed sort of going in my room and just come out with a string of swear words, which is probably quite a release for me"* (CUC04, Female, Filial Carer)

*"She knew how important it was for me (to talk openly), I knew she was supportive, you know, and actually we could be really honest as a result of that"* (CUC09, Male, Filial Carer)

Also, sharing some of the more uncomfortable dimensions of caring:

*"I think I've been more open [...] whereas before I kept a lot of what was going on with me. Because a lot of it isn't nice, I wouldn't share that. Some people knew... that I was having a tough time. Everybody could see that it was taking its toll, but I wasn't telling anybody what was really going on. And I think the coaching - having somebody giving you permission to 'Come on, tell me, what is it, what's going on?' and you're like, 'Really?! ...It's not very pleasant!' and 'No, come on, you know - tell me!'" (CUC03, Female, Parent Carer)*

*"I am more aware of how hurtful and how harmful he can be towards me now" (CUC03, Female, Parent Carer)*

For many carers' the tendency to keep the more negative elements of caring hidden can extend to 'pretending' everything is fine when it's not:

*"My brother phoned me up one day and I just burst into tears... and I think he got it, and then my nieces... and suddenly I was like sharing it... and I realised... looking back from the coaching thing, I thought... 'If you tell everyone everything's fine, that's what they think - that's what you've told them!'" (CUC04, Female, Filial Carer)*

### *Impacts on relationships*

Carers discussed the fact that coaching often had an impact beyond themselves, on the cared for person, the care relationship and other relationships too:

*"Yeah.... it has helped my relationships with people - with my family - it's really helped" (CUC06, Female, Friend Carer)*

*"In March, it was just really awful and I just thought 'I'm gonna walk away, because I can't do this anymore.' So, it's really nice that we've got back to a friendship" (CUC03, Female, Parent Carer)*

*"If I'm in a better place myself, then she (my daughter) can benefit from me being able to sustain my positive energy" (CUC08, Female, Parent Carer)*

*"I feel so much more at peace with it all now. I'm not as anxious about things anymore, our relationship's really good again" (CUC06, Female, Friend Carer)*

Others felt that this has a calming impact on the wider household including the cared for person:

*"My mum's benefitted from it. The changes in me are having a knock-on effect, not just with my mum actually, but with most of my relationships; especially the ones with my kids, and even my grandchildren" (CUC11, Female, Filial Carer)*

*"The whole household is a much calmer place than it has been for a very, very long time" (CUC05, Female, Parent and Sibling Carer)*

However, for a few carers, the coaching had little or no impact on the cared-for person:

*"I don't know whether she's noticed any difference [...] the coaching really is for me" (CUC04, Female, Filial Carer)*

A small number of carers spoke about the way that focussing on themselves more had actually upset the cared for person:

*"She came into the room whilst it was on (coaching session) and said 'Why are you talking so much? Why do you have to talk? Can't you talk to me?!'... Ironically the time I spent doing this, she will not see it as a benefit" (CUC07, Male, Filial Carer)*

For at least one carer their more active lifestyle was viewed by them as 'setting a good example' to the cared for person and the wide family:

*"They like me to really be here in the evening.... it shows to them, you know, you can get out and do things, you know? .... It's a good example to them that I'm not just gonna sit around all evening watching TV.... I want to do things, and be active, and help people. So, I think it can only be positive" (CUC12, Female, Grandparent Carer)*

### *Practical strategies and help*

A number of carers specifically referred to the ways that coaching helped them explore - and devise - strategies to help address some care related challenges. They take a number of different forms from the very practical:

*"Sometimes I leave stuff lying around and then I'd walk in in the morning, and I'd look at it all and think 'Oh, God - you know- it needs to be cleaned up!' So, one of the things that we came up with was like just getting a bag and putting everything that was lying around (in it) so that when I get up in the morning, it's all nice and tidy. And that impacted my mental state... which has been great - a little thing like that has made a huge difference" (CUC04, Female, Filial Carer)*

To the more 'managerial' - coaching helped one carer manage his mother's 'challenging behaviour', making caring both easier and more sustainable:

*"Mum has Alzheimer's, she'll ask you again and again and again, 'Have we read the solar panels and submitted a reading?' This comes up several times and it almost creates a false (sense of) urgency.... you're so tempted to go 'Oh, God - I'll do it now, and then I won't get asked that again!' But I guess the thing that I've realised is that .... she's always going to have something that's an 'urgent' thing ... in the coaching sessions, we really focused in a quite laser-like way on the sort of stuff that would get me out of firefighting mode... quite practical things about sort of how to prioritise, when to write stuff down...." (CUC09, Male, Filial Carer)*

One carer reported being better able to navigate the health and care system in seeking support for her daughter:

*"Once I'd had the conversation with her [coach], I knew what I needed to reflect in my conversations with them [i.e. service providers], and then we made positive steps forward from that meeting in gaining more appointments, which resulted in*



*getting some different medication to try, which is helping her"* (CUC08, Female, Parent Carer)

Many carers reported feeling 'more informed' after their coaching sessions.

### *Considering future needs and issues*

Psychologically preparing for the future - particularly for filial carers of elderly parents nearing the end of life - was important:

*"(The coach said to me) 'When it's over, it actually takes a lot longer than you might think to rebalance yourself because your whole focus has been on something that is now gone,' and so when she mentioned that, talking about that aspect of it, that was actually really helpful and it... made me feel calmer for sure"* (CUC02, Female, Filial Carer)

*"I sorta thought about it not just in terms of my caring role, but also in terms of post-caring - the fact that my life is sort of semi on-hold at the moment and maybe it could offer me sort of, strategies and tips that I could actually use post-caring"* (CUC03, Female, Parent Carer)

For some, consideration of strengths related specifically to plans around re-entering the job market or planning a new career were important benefits:

*"So, one of my pieces of homework was to look at jobs that are out there - jobs that I wouldn't normally even consider - but to look at them anyway and get an idea of what they're about, and try and look at my strengths... and see where they apply to what is wanted. And being able to come up with answers, so if I'm in an interview and am asked 'How do I work well within a team? Give an example of that'...I wouldn't have been able to - you know, come up with that before. So, it's opening my brain up a little bit (to opportunities)"* (CUC11, Female, Filial Carer)

*"And we all know that carers find it harder to return to the world of work and there's a personal and an economic side effect from all of that. So, when I saw what they were doing, I was thinking 'Oh my God, this is a) really clever, and b) really pertinent"* (CUC09, Male, Filial Carer)

### *Sustaining Caring*

Interestingly a number of carers reported that as a consequence of coaching - and the issues that concerned them being addressed - they were more likely to continue to care:

*"I feel calmer and more empowered to keep going"* (CUC08, Female, Parent Carer)

*"If I hadn't had the coaching, I still would've been sitting here thinking 'What's the right thing to do?', not having the confidence to do it, and I think it actually makes you more able to do your caring role if you don't feel resentful... I think it has helped"* (CUC03, Female, Parent Carer)

Paying more attention to their own health and wellbeing was specifically mentioned by a number of carers:

*"It made me think, well realise, that I need to make some small changes to try to help me to carry on. It's like bringing a bit more focus to noticing my own wellbeing and realising that in order to do my job properly, I need to also think about how I am - which I was kind of just ignoring completely before"* (CUC08, Female, Parent Carer)

*"That's my biggest aim - to get to a point where I feel a bit more healthy, and that will help me to carry on with my role"* (CUC08, Female, Parent Carer)

### Skills of the coaches

The importance of the skills of the coaches were identified by all participants.

The skilled way the coaches interacted with carers during the sessions was highlighted; in particular their ability to engage with the carer's needs and issues and encourage carers to express themselves:

*"I found it hard to express...what I might need, because I don't think I really knew what I needed and I sometimes felt that maybe I wasn't giving her (the coach) enough to work with, and I did raise this with her on one occasion and she said no, it wasn't the case and she said often with coaching, it is a case of - you're coaxing things out and things come out that you're not expecting"* (CUC02, Female, Filial Carer)

*"She's very warm, and very kind and is also very good at sort of summing up next steps and discussing where we want to go and drawing things out of me... I've really appreciated having someone to talk to about what I want to do next"* (CUC09, Male, Filial Carer)

Carers felt that their own goals and choices were respected by the coaches:

*"The lovely thing about working with her (the coach) was that she never once questioned whether it was a priority... in fact, she was sort of a real champion and supporter of it being a priority. Sorry, I'm feeling quite emotional, thinking about it..."* (CUC09, Male, Filial Carer)

Others spoke about the coach's ability to work flexibly focusing on whatever the carer wished to focus on, including the carer declining a suggested activity:

*"... A couple of times she said something, and I said 'Oh, I don't think that'd work for me!' And that was fine - I felt comfortable to say that's what I need"* (CUC04, Female, Filial Carer)

Carers highly valued the "tailored" (CUC03, Female, Parent Carer) nature of support provided by coaches:

*"She [the coach] has adapted to the current situation that I'm in, and that I couldn't really have asked her to do anything else... she's seen the individual case - obviously, I've got quite a complicated caring role, and she's adapted around that"* (CUC08, Female, Parent Carer).

A number of carers highlighted the empowering nature of the coaches language and approach:

*".. it wasn't a case of 'Right, (carer's name), you need to do that, that, and that;' it's always been really 'Well, these are the things, the options really...what are your thoughts around that?'" (CUC06, Female, Friend Carer)*

Carers felt supported, understood, and listened to by the coaches; the coaches provided a "safe space" (referred to above) where they could be honest and open (CUC11, Female, Filial Carer).

One carer also noted that: "... it's good to have somebody holding you to account" (CUC09, Male, Filial Carer).

### Concerns about coaching

Only one carer reporting not finding coaching particularly helpful:

*"Actually, I thought, it's nice to talk about it with someone, but I don't think it's particularly gonna get me any further" (CUC07, Male, Filial Carer)*

*"I find engagement with people, irrespective of the content, quite helpful, and I think, bluntly, that was the better part of what was going on. I didn't think 'If I wasn't doing this, I could be doing that.' I'm retired and I've got lots of time. So, I didn't feel aggrieved that I'd wasted my time. However, actually satisfied? Not really...But not any real sense of dissatisfaction. Because I still got a little bit of what I wanted" (CUC07, Male, Filial Carer)*

This carer felt the focus of the sessions (i.e. life after the cared-for person has died) was too hypothetical to be useful; this was his main reason for withdrawing from coaching:

*"It felt very academic... to be working through how to deal with my mother's final days ... but until you get to the final days, there's not a lot of planning that you can do for it in preparing yourself and thinking how you'll go from there. And so, we parked it, and we ended up parking it all. In the middle of the fourth week, I said, 'There's no point carrying on'" (CUC07, Male, Filial Carer)*

Otherwise, concerns were few. A small number of carers felt some initial apprehension at starting something new and unknown but felt that their concerns were addressed well during the introductory session. Some carers also worried they may not be 'selected' for coaching or reported feeling guilt about using a limited resource which may be needed more by carers in 'worse' circumstances:

*"I was more nervous about the fact of not knowing if it was for me, or if there were actually people out there who might need it a bit more than me" (CUC05, Female, Parent and Sibling carer)*

*"I didn't think I'd actually get the coaching because of my age and maybe the demand for it" (CUC10, Female, Parent and Filial Carer)*

One carer also reported feeling that she might be 'letting the coach down':

*"I suddenly found that my mental attitude was.... 'I'm very appreciative that people have bothered to set this all up and everything so, I'm not gonna let anyone down,' but that turned into me feeling that I was doing it for (the coach)] more than for myself" (CUC04, Female, Filial Carer)*

### Delivery issues

The coaching was mainly delivered via video calls (Zoom). The video mode suited some carers more than others; some would prefer a face to face option:

*"Being able to access it through Zoom is the only way I could access it because I'm not driving at the moment - there's no public transport" (CUC03, Female, Parent Carer)*

*"I see them - both Zoom and Teams - not as good as face-to-face..... It wouldn't be my preference. I am currently doing one other activity face-to-face and that works well" (CUC07, Male, Filial Carer)*

In the case of one carer the video call format did not work well because of lack of privacy in her home:

*"It's to do with how you are with your family... I've got a granddaughter who's at college and my husband's about. I think it would be something that I would need to think about privately, rather than talking about things you know, in the house. I'd prefer a face-to-face contact. I'm not keen on Zoom" (CUC12, Female, Grandparent Carer)*

Most of the time coaching sessions last between 45 minutes and 1 hour; some were shorted upon agreement between the coach and the carer (e.g. splitting the longer session into two 30" shorter sessions). Similar flexibility was offered around the frequency of sessions. Some carers opted to have coaching sessions once a week, whilst others had longer intervals between sessions according to carer preferences (the sole exception being when the coach was on leave):

*"Having them weekly, I found really helpful, because I retained things, and it made me focus on preparing for the next session... Without sort of- letting things get - like, stop thinking about it" (CUC02, Female, Filial Carer)*

*"We'd agreed for them to be a bit more ad hoc in lots of ways. The first ones - I think we agreed a sort of 3-week to 4-week time span and then in the middle, we went for a 2-week one because there was something that I really wanted to put in place quite quickly" (CUC09, Male, Filial Carer)*

One carer chose to reduce her total number of sessions from six to five as she felt she had achieved all that she wanted to from coaching: "... we'd finished with what I wanted to do really." (CUC12, Female, Grandparent Carer). Another carer stopped after four sessions as he did not feel they were particularly useful.

Many carers appreciated the value of worksheets, homework, and resources shared by the coaches between coaching sessions.



*"(worksheets) really helped me focus, and it also it meant the discussions continued more easily - because we could both sort of keep track of what had been said the previous week more easily"* (CUC02, Female, Filial carer).

### Improvements Going Forward

Participants identified a number of ways in which they considered that coaching for carers could be improved.

Providing a more detailed introductory session including what coaching entails and how it differs from counselling was suggested; also some real-life examples of its potential impact and benefits:

*"If there was a way to have a more detailed introductory session, where it could be made clearer what coaching is, because I can imagine that there might be some people who - like me, wouldn't really know. Also, where you got maybe - a specific example?... 'This is how coaching can help with this'"* (CUC02, Female, filial carer)

*"I didn't really understand about life coaching - I was a bit confused about the difference between counselling and life coaching"* (CUC05, Female, Parent and Sibling carer)

Also, to be clear about *"what it (coaching) would do for them, and how there would be benefit"* (CUC07, Male, Filial Carer).

There was a view that the introductory session could have been managed a little better:

*"The original Zoom meeting was good but then they paired us up for like 5 minutes. And the lady I was paired up with was.... well, I found her a little bit overwhelming, but I think it's just where she was at at that time"* (CUC04, Female, Filial Carer)

A number of participants suggested providing in-person coaching instead of, or alongside, online options:

*"Zoom has its benefits.... (it's) much more accessible and much easier but I guess the option to do face-to-face would be nice, it'd be nice to meet your life coach in person, so to speak. And sometimes, it's nice to actually get out the house too"* (CUC05, Female, parent and sibling carer)

*"I'd prefer one to one rather than Zoom, especially for the taster session"* (CUC04, Female, Filial Carer)

A number of carers raised that they would like to have extra follow-up sessions with the coach after they had completed the six (usually) sessions. They suggested that it would help them consolidate the learning and embed the impact of the coaching over the longer term:

*"... it would be good to revisit things- maybe have a session after a month or something"* (CUC01, Female, partner carer)

## Extending the 'coaching offer'

Most participants believed that coaching could be effective for *all carers*, provided that it was delivered with skill and flexibility and was tailored to each carer's needs:

*"There's loads of situations that'd really benefit from coaching" (CUC03, Female, parent carer)*

*"I know a lot of people that are carers- it's 24/7- it's a partner, or a family member, you know? And it's people that have got children with disabilities and things, but I suppose- because it can be tailored, because everybody's situation is unique that I think it could work for anybody, really, because - you know, there is the flexibility with how they work" (CUC06, Female, friend carer)*

*"I personally think everybody should at least give it a go... because I mean, how often are you encouraged... given permission to just be... I wish this was available for everybody, because I honestly believe without wanting to sound really, really dramatic.... like 'It could save somebody's life'" (CUC11, Female, Filial Carer)*

Participants highlighted the importance of encouraging carers to take up the 'coaching offer' - when it is available - ensuring that every carer is given the message that they deserve to be supported:

*"I think a lot of carers feel like they're ... not worth it. They're worthless - and I think that's true - people who've been caring for a long time and carers who've had no choice about being in that role.... you feel you don't deserve support" (CUC01, Female, partner carer)*

Also the organisation providing the coaching needs to make carers aware of the role and value of coaching and how it may be of benefit to carers in a range of different situations with differing levels and types of need:

*"They (carers) don't necessarily know why they might benefit from coaching ... like, what the aim is for a broad base of people" (CUC03, Female, parent carer)*

Several carers had already recommended the coaching services to others, while others emphasised the importance of explaining what coaching is and managing expectations:

*"I've got a friend who just has the 4 children- one has ADHD and she just looks completely worn out and I said to her that you know, if they do this course again, you really need to sign up for it because it will just help you put your life in perspective - it will just help you make sure that you're looking after yourself as well as the others. Because I know everyone says it but they're right - you can't look after others if you don't look after yourself" (CUC05, Female, parent and sibling carer)*

*"I 100% recommend it, and I would make sure that they knew it wasn't going to be some magic bullet where - you know, someone's gonna tell you to do something and you're gonna do it and everything's gonna be hunky-dory. It's more of an exploratory thing, I think" (CUC04, Female, Filial Carer)*

Participants identified caring situations in which coaching may not be as appropriate, such as carers in crisis:

*".. if people are in like - survival mode how do you carve out anything for yourself?"*  
(CUC03, Female, parent carer)

A number of personality traits were also considered to make coaching less effective as an intervention, for example, unwillingness to change, learn, share or listen:

*"If you think you know it all, then you're not gonna want to accept anyone else's advice, so that type of person. ... They would think 'Oh, that's (coaching) not something for me, that's something for some other poor soul! I don't need anything'"* (CUC12, Female, Grandparent Carer)

*"I know that it wouldn't suit my husband... he would see it as somebody telling him what to do."* (CUC05, Female, parent and sibling carer)

Some carers also felt that timing was critical: a carer has to be 'ready' for coaching:

*"I suppose it depends where they are mentally and whether they're wanting to make any kind of mental shift"* (CUC08, Female, parent carer)

They also recognised a number of practical barriers that certain groups of carers may face in accessing coaching online, such as limited access to IT equipment or no access to private space to have a coaching session.

Whilst carers recognised the costs related to the delivery and implementation of coaching services, they emphasised the value and importance of having coaches who have expertise in coaching *and* knowledge and experience of working in the carers field. They are aware that this is a rarity at the moment and that it may hinder the expansion of coaching for carers but made a strong case for it to be extended:

*"it was much more sort of- knowledge-based and I felt confident with [the coach] that she really understood the situation."* (CUC01, Female, partner carer)

*"I really hope that there is the capacity ... to be able to deliver it to a lot more people because, for me, it's just been - yeah - lifesaving, and it really has!"* (CUC06, Female, friend carer)

*"It needs expertise to bang it in (the benefits)!"* (CUC07, Male, Filial Carer)

## Coaching Conversations

It is important to note that none of the three carers that were interviewed reported being aware of Coaching Conversations or that a new or different approach was being used by CSWS staff:

Interviewer: *"Are you aware that, whether someone had provided something called the coaching conversation to you?"*

Respondent: *"No, never heard that one"* (CC01, Female, Partner carer)

In light of this, rather than asking questions about *Coaching Conversations* specifically, the interviews focussed on Carers Support West Sussex (CSWS) input more broadly, with a specific focus on communication styles and approaches.

### Experience with receiving the service

When asked how and why they have reached out to CSWS, feeling lonely and/or at a crisis point were key reasons:

*"I just felt my life was just one big mess and I was just plodding on. And I did feel lonely. And I'm not gonna lie, I felt very lonely, but it has put - it's a big impact where like I look forward to meeting up for a coffee"* (CC02, Female, Parent and Filial Carer)

Reaching out for practical or financial support was also common:

*"I had a one-time phone call about the Carers wellbeing grant, which then led to having a Carers Assessment. Which was a 1-2-1 on the phone"* (CC03, Female, Parent and Filial Carer)

Two carers had learnt about CSWS through other organisations or forums, while one carer spoke about sourcing the help herself. The type of support the carers had received from CSWS was diverse; it ranged from taking part in support groups to telephone assessment.

Despite not being overtly aware of *Coaching Conversations*, some carers were able to describe well what it was about the approach the worker adopted that made them feel heard:

*"I feel like I could pour my heart out to her. When I first met her... I kept... yeah... you just open up. She can make you feel so relaxed, and she makes you feel that she is there, she wants to help, and she'll do her best to help, whatever she can do"* (CC02, Female, Parent and Filial Carer)

None of the carers have reported any concerns about the CSWS services.

### Impact on life and wellbeing

Carers were very satisfied with the workers' approach and identified 'being seen as a person not just a carer' and a 'boost to confidence and self-worth' as key impacts:

*"She made me feel that I wasn't alone.... I'd said that I didn't wanna be a cleaner for the rest of my days, but I couldn't leave... I promised that I wouldn't leave two of my old ladies.. and you know, she turned that into a positive, that she could tell I was a very caring person. She asked me, in an ideal world, what jobs I would like to do. So, I said based on my degree and carers experience, to work at Carers Support for example, would be one of my choices. So then she said 'I mean, I can tell from what you said about the ladies you clean for.... And with your own experience and your qualifications, you would be very well-suited to come and work at Carers Support.' It's like acknowledging you as a person in your own right - not just as being a carer"* (CC03, Female, Parent and Filial Carer)



*"...it helped me to feel better as a person- you know, it increases your self-worth at the end of the call... it helped me to feel better as a person" (CC03, Female, Parent and Filial Carer)*

*"I think of myself a bit more. Which I - yes, I do think of myself a little bit more, now. I think 'Ooh!' Yeah, and I do- I have more time for me" (CC02, Female, Parent and Filial Carer)*

Carers also identified the positive effects of being able to share challenges and problems with staff or peers:

*"So... these groups have really helped because it's like a little channel for me to go and just get away from everything ... Knowing that I can talk to people, and they are there to share your problems and... because I don't talk to very many... I don't tell anybody in my family what I feel and how I feel because they're all feeling the same" (CC02, Female, Parent and Filial Carer)*

*" My sister, I said to her 'You need to go to a carers group!' Carers for Carers, which she's signed up for and I said, 'You need to go to a group! You need to find a group!' I said, 'You need to find somewhere, because - what a difference!'" (CC02, Female, Parent and Filial Carer)*

Beyond having space to share, 'feeling listened to' was also strongly emphasised:

*"You go to a doctor to talk; they don't listen - you're just a number, you're just a person, you're nothing to them, but you go to a (carers) group like that - everybody has time; they answer questions, they talk to you, they look at you when they talk to you, and I just think that's how it should be. They listened. And I just think- that's the biggest thing for me - they listened" (CC02, Female, Parent and Filial Carer)*

'Being understood' was highly valued too:

*"Because they have an understanding of how your world is... whereas a lot of professionals have done their qualifications but they don't have the lived experience. So, there's an understanding that you are the expert by experience .... and they have an understanding of what it's like to live that life" (CC03, Female, Parent and Filial Carer)*

Help with support for the cared for person was identified as very helpful:

*"They're gonna try and get him a new bed which would be amazing if they can, because he's got springs coming through his mattress. So, it'll be so lovely... If not, fine - we will figure another way, but you know, at the end of the day, they've really been good. They have been very good - they've tried to help in every angle they can, which is lovely" (CC02, Female, Parent and Filial Carer)*

## Improvements to the service

In terms of potential improvements, one carer felt that raising public awareness about the role and services of CSWS was important so that more carers can benefit from the support:

*"I don't think there's anything that they can do any better because they're doing a very good job already...I think it should be put out there a little bit more for people....because there isn't enough information about it....I had to go online, and it was so hard to find. But I think things like this should be put up in doctors' surgeries and places like that, where people go, and I think there should be more 'Yes, there's groups here for people'... and I think it should be sort of ... advertised a little bit more"* (CC02, Female, Parent and Filial Carer)

Other improvements were reduced waiting times to be assessed and getting access to equipment more quickly. Being able to get in touch with the same member of staff they had previously had contact with was also mentioned as desirable.

Although the carers felt that they would recommend CSWS to other carers (and some had already done so) - particularly carers of people living with dementia - one carer felt that they were not as expert in supporting parent carers:

*"I would always recommend them. I mean - not so much in terms of (my daughter), but definitely in terms of my mum. Where knowledge of things from the safety alarm pendants, to... but to solve issues like my mum opening the door when she was mobile... like opening the door to strangers, how could we help prevent that"* (CC03, Female, Parent and Filial Carer)

In terms of accessibility the carers considered that CSWS services were appropriate for all carers; the support groups for example were felt to be useful for 'everyone', even if they were not sharing their experiences and thoughts:

*"I think anybody that cares for somebody, I think they need somewhere - an outlet to just pour their heart out and meet other people that are in the same situation. It doesn't matter if you just wanna sit there and listen, you don't need to speak, just sit there and listen, and it does make a difference and I think everybody would benefit from a little group like that"* (CC02, Female, Parent and Filial Carer)



## Focus Groups with Staff

### Aims of Coaching Conversations

During the first focus group staff were asked to reflect on what they thought the aims of a Coaching Conversation were.

For many, empowering carers was the primary aim:

*"For me, it was definitely a way for me to look at how I can best empower a carer because I am a carer myself and you do feel like the power's taken away from you and to be able to empower a carer back, I think, is vital" (FG1P7)*

Carer empowerment was achieved by focussing on carer strengths and encouraging them to find their own solutions:

*"That's where we help: 'Okay, so what are you going to do about it? [...] 'What's going well for you?' So, we might sit back and think, here 'What might we think is going well?' And we can start like that" (FG1P4)*

Empowering carers was also viewed as being linked to bolstering resilience:

*"[W]hat we need to do is to empower people so that they are more resilient and build on their own resources so that they're not having to rely on services as much" (FG1P3)*

## What is a Coaching Conversation?

What a Coaching Conversation actually is was a key question:

*"I think it's actually very interesting that we seem to have different opinions on what the Coaching Conversation actually is or represents. Because for me, I didn't at any point think I'm gonna be trained to be a coach - I would never have signed up for it. I signed up because I like to have the tools available to use with carers"* (FG1P7)

Time and space for the carer to consider what changes they would like to make in their lives was seen as an essential dimension of a Coaching Conversation:

*"This is almost taking a step back and allowing the carer to just ask the right questions"* (FG1P1)

*"It's to guide their conversations rather than telling them what's available or what they should do - it's allowing them the time and space to open up and explore for themselves without being talked at"* (FG2P3)

During the first focus group staff discussed the extent to which a Coaching Conversation could, or should, be used in conjunction with other elements of the Carers Support offer or whether it should be an intervention in its own right. By the time of the second focus group, nearly five months later, staff were clearer that the coaching conversation – or coaching approach – was a skill or set of skills rather than a discrete intervention. Also, that it was *not* coaching but 'coaching informed':

*"[S]o I've sort of been using it as an extra added skill that I've learnt with coming on the workshops and the training and trying to enable them (carers) to look at things differently, using those techniques, so that's how I've been using it"* (FG2P1)

*"I feel, for me, in my work, I absolutely utilise the skills. I see that differently to carer coaching, as such. I think of the coaching as a longer piece of work"* (FG1P3)

*"We're using tools, we're not being life coaches... we are using a tool in order to assist that carer to have an easier route towards a solution"* (FG1P5)

There was general agreement that all staff in CSWS had a role to play in implementing Coaching Conversations, regardless of their specific job or way of working. This includes a 'team approach' to coaching:

*"[W]e've all got a part to play... even just one conversation where we start off the coaching conversation, I think is invaluable [...] I look at the journey- for me, they come from [colleague], and [this colleague] already started that coaching conversation which then I kind of sort out the initial issues and then I continue with the carer coaching, and then we sort of pass the baton on..."* (FG1P7)

During the second focus group, reflections were made about the 'how' of a coaching conversation: the delivery format. Some participants suggested that coaching skills were



easier to utilise when supporting carers face-to-face, as opposed to using telephone or online modes of communication:

*"I tend to use the GROW model all the time in my general conversations, especially when I'm meeting carers face-to-face because you have to kind of guide the conversation because they'll give you a lot of information and emotion all at once"* (FG2P3)

### Timing and Trust

Staff emphasised how important 'appropriate timing' is for a carer to engage in a Coaching Conversation. Caring is not a static state; whether a carer can benefit from a coaching conversation depends on when they are receptive to it rather than on their specific situation:

*"...people may not be ready to start something and I maybe just use the initial contact to build a rapport. I had a woman recently and she wasn't ready to make changes, she wasn't ready to access support, but she did towards the end of our conversation open up a lot in ways that she hadn't before."* (FG2P6)

*"So... I have a carer that comes to a group, we start to build that relationship, work out her issues, and then we can implement a coaching model"* (FG1P6)

*"[A]ctually, there's a right time and right place"* (FG1P5)

*"I think the secret and the gift that we've got to do is kind of put it out there, and if they don't kind of embrace it the first time, they might come back in a year's time and be open to it; I think it's about timing - I don't think there's a specific group where it will never work with, it's more about timing"* (FG2P3)

For a number of staff trust was seen as essential to establish before a Coaching Conversation could be started:

*"[I]t doesn't have to be all at once. So... we could identify a carer who has a particular issue that we can provide guidance with but in doing that, we are creating trust with that carer where, when that solution has been reached or eased, we can then say 'We are able to work through a plan with you. Would you be interested in maybe looking at longer-term planning?'"* (FG1P5)

*"You need to be supporting them (carers) for a period of time before you get that trust and they'd be opening up... especially I think with mental health and drug and alcohol carers, often their situations are so complex and sensitive that it just wouldn't be appropriate to sort of mention it at the beginning"* (FG1P1)

### Are Coaching Conversations Suitable for Everyone?

Participants were asked if they felt that Coaching Conversations were equally suited to all the carers.

Some staff felt that Coaching Conversations were less suited to carers who were in a crisis, those caring for people with drug or alcohol difficulties, where there is a safeguarding issue, and those supporting a person who is at the end of life:

*"I don't think it works for somebody that's in crisis - it needs to be somebody that is able to do things for themselves and able to sort of take things away, and is able to 'be coached'" (FG1P1)*

*"I think end of life it's not appropriate really. Because you are looking at a very difficult situation [...] It might be after the person's bereaved if you offered it - like bereavement work" (FG1P5)*

*"I would think if you were to sort of categorise a group of people that you could use it less on, I would think it would be like drug and alcohol carers. ...that's not to say you never could, but you know, just the sensitivity of their situation... or they've got safeguarding issues..." (FG2P8)*

In the second focus group staff also noted that carers facing 'specific challenges' may not be able to make use of a Coaching Conversation. For example, carers who need to prioritise their own health needs:

*"I think the carer was not at a stage where she was ready to approach certain things... I don't think she was able to engage due to her own health issues... she needed professional medical primary care support" (FG2P4)*

Carers who were unwilling to share or talk about their experiences or who are simply 'closed down' may also not be able to benefit from a coaching approach.

*"[Y]ou get people that are really receptive to new things and people that are really closed, if they're closed, they're closed... and that's really important to realise" (FG1P6)*

One participant made a more general observation:

*"Coaching's brilliant, but it doesn't suit all carers. And we don't want to try and be too forceful/proactive/too prescriptive and put carers off so that they don't come back to us. So, it needs to be appropriate" (FG1P1)*

Some staff members also highlighted the challenges associated with broader contextual issues including the cost-of-living crisis. For those carers who require support in tackling their "prime needs such as food and heating" (FG2P5), coaching may not be right at that particular time. The prime needs need to be addressed first:

*"At the forefront of all their problem is really finances... all of their other problems have suddenly disappeared because they haven't got anything to eat, so we've been researching information about all the food banks and things and how they can access that" (FG2P4)*

## Impact of Coaching Conversations on Carers

Staff attending the first focus group felt strongly that Coaching Conversations have had a wide-ranging positive impact on carers.

As is consistent with what staff considered the aims of a Coaching Conversations to be, they reported that they were empowering for carers and built resilience; 'thinking about things differently' is a key theme:

*"[T]he carers that I've worked with over time... they've said that it's made them more resilient, and it's made them think about the here and now rather than what could [be...] because they could stay in crisis mode but coaching them out of that way of thinking... it's like 'Okay, but it's not that bad.' Of course, it is that bad, but it's just unpicking which bit needs to be dealt with now, and just empowering them to think about it differently..." (FG1P6)*

Staff also provided examples of specific carers and the way Coaching Conversations have helped them to carve out time for themselves and pay attention to what is important to them:

*"I only had the opportunity to have three conversations with her [...] Even that coaching, it made her realise what she would do - she would put a boundary with the person she cares for and every Friday afternoon for three hours, she wouldn't be looking after anyone and that's when she realised, she would love to go back to playing her musical instrument" (FG1P2)*

Also, to carve out space for the carer to consider their own mental health:

*"Using the tools and the methods ...I managed to assist her (parent carer) to move further on and be able to keep in check her own mental health because she was busy, busy, busy! The coaching tools and conversations and questions really came into play because it kind of pulled her back from doing, and [enabled] her to think 'Right, okay, what are my next steps?'" (FG1P6)*

Staff also felt that Coaching Conversations helped to offer a more equitable service to carers:

*"I think ... staff will all be speaking from the same song sheet and delivering a similar skillset and service to carers..." (FG1P3)*

During the second focus group, participants discussed the cumulative positive impact Coaching Conversations can have on carers' well-being:

*"You've started this conversation where they just think there is nothing in the world for them, everything's terrible, nothing is possible - to go from that point to them having a plan in place for the short-term and the longer-term goals, is really good" (FG2P6)*

One staff member offered a specific example of stress relief as an impact for one carer over time:

*“So, the carer said that what had been really helpful is that... they had been taught (over a period of weeks) how to communicate with professionals and therefore, they were able to carry that process on and that really relieved a lot of stress” (FG1P5)*

During the second focus group, staff noted that Coaching Conversations encourage carers to take ownership of their own goals and support needs, in ways which may not be possible through business-as-usual modes of support:

*“I think what the main difference to.... business as usual was that she actually committed and kind of made that first step, even though she was always worried about ‘What if this, what if that?’ ... I think that kind of empowered her to carry on and, even though her daughter isn’t in a stable situation, her caring role and her whole perspective...for her, it’s much more positive” (FG2P4)*

### Impact of Using Coaching Conversations on Staff

Coaching Conversations had a multi-faceted impact on staff.

A key issue was less emphasis on ‘finding a solution’ for the carer, a greater emphasis on the narrative of the carer and them finding their own solutions. This was linked to less pressure and stress for staff:

*“[T]he very first sessions, I just thought [gasps] ‘This is not for me! No way!’ [...] but what it has actually done is [...] I go into the conversation with less stress because I don’t think they’re actually looking to me for the solution because we’re working together to find a solution. For me, it’s actually made my job a bit easier which I didn’t think it was going to do! [...] It was a much more relaxed conversation, much more focussed on them rather than the information we required. [...] It’s had a massive impact because I’m under less stress .... thinking I’ve got to find a solution for them” (FG1P7)*

*“I’m solution-focussed, but actually, if you ask the right questions, you can get the carer to come to a solution themselves, rather than us giving it and then the carer may not buy-in as much” (FG1P1)*

*“It gives a structure to the conversation... makes me want to help the carers to enjoy a ‘proper conversation’, which is not just about finding a solution” (FG1P4)*

The fact that encouraged engagement with a more person-centred approach has had a positive impact on job satisfaction, and potentially staff retention too:

*“It’s nice to feel that as an employee, you can have those conversations, rather than that tick box. [...] And then you can work person-centred - that’s why I love my job. I get job satisfaction” (FG1P3)*

*“I would say I’m a person-centred, therapeutic practitioner and if I can’t work that way within an organisation, I’ll be gone..... this is a bit of me - this is how I want to work” (FG1P6)*

*“I enjoy the interaction so much with the carers and I get so much job satisfaction... carers feel listened to, they feel empowered” (FG2P6)*

Several staff who participated in the pilot group said they had been good advocates for the coaching approach to their colleagues and teams. They reported that *"It's making the job far more interesting in some ways"* (FG2P5).

Staff also felt that Coaching Conversations - and the associated training they received - had changed the way they work, reminding them to listen and see carers as individuals:

*"I worked in the organisation a very long time... and quickly .... carers become numbers. [Coaching Conversations have helped me to] go back, re-train to listen a bit more"* (FG1P2)

It also encourages a more reflective approach:

*"We're dealing with people, we're dealing with complex needs, we're dealing with random needs because we're dealing with pretty much anyone, and I think it is good when we deal with people, to be constantly reminded to challenge yourself to learn, to reflect on yourself"* (FG1P4)

*"If you move with the carer and then the carer moves with you, you can go in a direction that you never thought it would lead... I think it evolves; as the carer grows in different directions, so do we, in coaching them"* (FG2P6)

During the second focus group most participants reported that they continued to use - and enjoyed using - coaching skills in their practice. Interestingly, some staff who were not especially keen on coaching in the first focus group had changed their view by the second group:

*"I really struggled at the beginning- I was very negative but I think it was just - yeah, just practicing it... I think I've learned to kind of .... pull back a little bit and kind of ask, 'What will be the best thing? What will be the most helpful thing?' And if they don't have their own solution, then I would probably go to the second phase of saying 'How about this? Do you know anything about this? How will this kind of fit in with your life?'"* (FG2P4)

One participant shared how they modified their practice after incorporating coaching skills into it; they were embedding these into their day to day work:

*"I really enjoy it. I feel like I've got a bit more into a routine of it now and a bit more confident at using it than at the beginning"* (FG2P6)

Staff with managerial responsibilities also felt that coaching techniques have enabled them to support their staff better:

*"I feel that I'm actually different with my team now, because I'm asking them more questions- I want them to think about things slightly differently, to think about things for themselves"* (FG1P1)

*"I'm a team manager... I'd been sort of using it with my team... it's really just sort of trying to help them to feel more confident and empowered in their role"* (FG2P2)



In terms of challenges regarding adopting a coaching approach more widely, staff identified that the time commitment needed was a principal barrier:

*"I know during our training, it's been like 'A little bit of time spent now doing it this way is going to help it unfold,' but in reality, that doesn't work. It's not working because the [our] team are greatly under pressure with their work and it's very difficult to not just go into the process of 'Okay, referral to social services, referral to this, referral to that,' [...] in some teams, [Coaching Conversations are] not actually practical because of time constraints" (FG1P7).*

### Impact on the Organisation

A number of impacts on the organisation itself were identified.

Staff quite strongly felt that spending more time with carers in the short term would result in less time being spent with them later on. They felt that empowering carers to sort out (some of) their own challenges would reduce the risks of them returning to Carers Support for help in the future:

*"It does seem maybe like we're having to spend a bit more time with them initially, have some depth conversation, but in the long-term, we give them these tools or they will find their own tools to carry on more independently" (FG2P5)*

*"For everyone- for the workers and obviously the most important people, the carers - to have tools in place and things in place that they can equip themselves with and maybe just come back to us - instead of the revolving door, they just come back to us for like a little boost or a top-up?" (FG2P6)*

As Coaching Conversations take up more time (at least initially) than business-as-usual it has a knock-on effect on waiting times and other Key Performance Indicators:

*"I think carers have got longer wait times and we've still got KPIs, haven't we? Actually, by giving that carer 45 minutes, the other three carers are waiting for another three days" (FG1P2)*

*"When you're talking business as usual, there may be a little bit of conflict of interest around the targets that you need to be getting through for the assessments that you're doing against trying to bring in a coaching conversation with somebody to enable them to move forward" (FG2P7)*

There was a tension between delivering Coaching Conversations and meeting organisational targets:

*"You are spending a longer time with people, you're actually trying to do something positive for people and the charity as a whole, to then be told 'No, but targets are the most important thing,' or 'You're not reaching your targets,' ... my frustration was just in my particular team because we're so target-driven, that I felt like I wasn't being given the time to do something that I am involved in... that wasn't taken into consideration" (FG2P6)*

There was also a tension around, what staff perceived to be, the lack of transparency relating to the use of Coaching Conversations with carers: were staff expected to tell carers they were using a new approach or simply use it and not tell the carer?

*"[T]he carer needs to know what they're signing up for. I think we need to be very transparent, and they need to be on board with an actual agreement..." (FG1P3)*

*"I've got a lady tomorrow who's coming [...] so I've been working with her for four weeks so tomorrow I'm gonna have the conversation with her: 'So, the approach which I've been using with you has been this [...C]an I just explain to you that we are piloting a new way of how we support carers' [...] But I don't tell them beforehand" (FG1P7)*

*"I don't like that we have a conversation and then afterwards we're going back and saying 'Oh, I've used this technique on you.' I feel really uncomfortable" (FG1P2)*

Staff also identified that the need to explicitly tell carers about a technique being used with them arose from the fact that the Coaching Conversations were being evaluated:

*"I'm wondering if it's being segmented into carer coaching because we're doing this project?" (FG1P3)*

*"If we weren't doing an evaluation, maybe it would be different?" (FG1P6)*

Staff perceived some pressure to deliver Coaching Conversations to be coming from service commissioners:

*"I think the commissioner wants to have us doing a carer coaching approach." (FG1P7)*

At the second focus group, staff emphasised the importance of the organisation continuing to invest in the coaching approach, for the sake of its considerable benefits for both carers and staff:

*"... it has a longer impact on the carer- it has long-term positive outcomes for everybody... it has value as well - for me as an employee as well, and what I'm doing with people, so I think it's positive in every way" (FG2P4)*

*"I think it would be a great shame if we didn't continue with it. For us as staff, as well as the carers." (FG2P3)*

## Training

When reflecting on Coaching Conversations/coaching approaches training, the staff were satisfied overall and remarked on the high quality of the trainers' skills; also their ability to change the training content in order to fit with staff needs on the day:

*"I was daunted by the practical work. I was more worried about how I was performing as opposed to learning, so I requested that we did some more watching the trainer do it, and I learned so much from that. And she literally did it that day [...] it was very good training" (FG1P7)*

In terms of concerns, time required to complete the training was identified as the main issue by several participants:

*"I had two members of my team that signed up for it and [...] they both pulled out because they felt that it was just too much of a time commitment for them."* (FG1P1)

Staff also felt that even during the training, 'defaulting' to the business-as-usual model of finding solutions was a key risk:

*"I was really upset in the last training - nothing to do with the trainer - it was a fantastic delivery, but we were then hit with a real case scenario from another colleague in that training and I [...] forgot all my coaching training instantly and then reeled off [solutions]"* (FG1P2)

There was confusion about the different 'levels' of training for staff around coaching and what would be expected of the 'pilot group' of staff:

*"I think what's interesting is what we've been taught isn't actually any different to what the rest of the organisation got. The difference that we've had is that we've had the reflective sessions, but the skills and techniques are the same and I don't know if that was made clear? Like you thought that you were going to be walking away from it with something slightly different"* (FG1P1)

*"Why am I doing this when they're all getting trained? [...] I think it wasn't very well communicated, as an organisation [...] that's why I had lots of questions and questioned time being used around it, because we are so incredibly busy"* (FG1P3)

*"Our expectations of what we'd (the pilot group) end up with was different. You know, we are not carer coaching practitioners, we have been taught carer coaching techniques but so have most others in the organisation. So, it's almost, what's different from the training that everyone else has had to the pilot group training?"* (FG1P1)

Some staff thought that the evaluation focus groups were reflective sessions i.e. were part of the 'coaching training offer'. There was some confusion about the distinction.

When asked if they would like to be trained up to deliver *Coaching for Carers* as their main role, staff divided into two camps: those who were keen to progress their career in this way, and those who preferred to use coaching skills embedded in their current work:

*"I wouldn't be in a position to be a carer coach, but I think to have the tools and techniques to support carers and support my team is great"* (FG1P1)

*"It's something that I'm interested in. I've done a bit of life coaching personally, in another life and during my work with children, that is what I had done with them so I've seen the value of it, and I can see the value of it in this organisation"* (FG1P6)

## Interview with Coaches

### Coaching for Unpaid Carers

The coaches considered that carers were engaging very effectively with the 1:1 coaching sessions and achieving a number of positive outcomes quickly:

*"Engagement has been really strong, there've been very few people that have struggled to work out what to use it for, where it might be useful or what's required of them. I think most people have just kind of 'got it', they've got going really quickly"*

*"... it seems to be going very well - certainly not dissimilar from our other experiences of coaching carers - people have achieved their goals and some of them have just really smashed it... really turned things around in quite significant ways... there is this kind of shift and it's often to do with self-esteem, self-confidence, self-belief, a kind of reframing of the issues..."*

*"people come with these very negative stories, 'I can't do it and I don't have any skills and why would anyone care what I think about this?' ... and there's a process by which that gets rewritten through coaching, and they come out the other end with a much more empowering narrative"*

Both coaches placed a lot of emphasis on the fact that coaching is much more than 'helping carers do more caring':

*"We don't coach people to be better carers, our focus is on them as a whole person and you know, being able to find the time to be successful in another bit of their lives, getting pleasure and enjoyment out of another bit of your life is as important as managing care stuff..."*

*..."it feels as though most of the carers who've been through coaching find ways of carrying on caring and doing so from a place of - you know - where their mental health and physical health is not suffering as much"*

### The coaches offered three specific examples:

#### Karen: 'losses'

This example highlights losses related to caring and how these can be reframed.

*.. "the most kind of radical- change that I can think of is working with this young woman, Karen. When she started the coaching, she was kind of in the vale of despond really, in her application form she said... How do I get the life that I had back?"*

*"We went through all of the things that she'd lost, and I said, 'And so, what have you gained?' And her first response was 'Nothing! I have gained absolutely nothing'... By the time I saw her the second time, she'd done a huge amount of thinking. She said 'No, I can see now that there are lots of gains, and actually - you know - the life that I want is not the life I had before, it's doing different things and feeling capable and feeling entitled - you know - having permission to do them!"*

*"So, over the course of 3 sessions, she came up with a plan that she was going to apply to university to do a course in a new discipline which was about using her skills and knowledge as a parent of a disabled child"*

#### Anne: 'overwhelmed'

This example highlights how overwhelmed Anne was by her caring role and is helped by coaching to feel very differently about it.

*"Anne was caring for a friend and just really in an unhealthy dynamic... feeling completely overwhelmed by the person she's caring for...the coaching has completely transformed her life - she's started putting down many more boundaries, and it's really improved her relationship with the person she cares for in a hugely significant way, where now she's got enough energy to focus on herself"*

*..."completely turned around (the relationship) from her saying 'Actually, I think I might have to end this relationship to now ... she's got energy to look at her health: she's decided to give up smoking, and has started thinking about her own goals ... even thinking about maybe she could start dating again"*

#### Lisa: 'setting boundaries'/'saying no'

Lisa's situation illustrates how coaching can help carers to set boundaries and 'say no' to unreasonable care demands.

*..."when I first met Lisa, she'd just been diagnosed with the early stages of a chronic condition, she was feeling like 'How am I ever gonna make changes? ....it feels impossible. And now, she's just been for her check-up with her doctor ... and she doesn't have to take medication anymore, which is amazing!"*

*..."there's lots of things involved in that change of mindset... setting boundaries, being able to say no to care demands"*

### Coaching Conversations: Impact and Outcomes

#### *Coaching Training*

The coaches were tasked with delivering - in effect - two tiers of training to staff: introduction to coaching training which was delivered to 70 staff and more in-depth training to a pilot group of 10. This was the first time the coaches had delivered this kind of training:

*..."for us, this is new- it's the first time we've had a contract to do this"*

*"Carers Support did say that they felt that there were lots of people who would ... hit the ground running, they were kind of doing it already without realising it, but there were other people for whom it would be a harder ask"*

In terms of training content, aims and key messages:

*"We went back to the beginning and thought 'Well, what would we have found useful?' What are the things that you really need to understand in order to shift from your business-as-usual approach"*



*"We knew that we would need to help people to feel like there were real benefits from doing it (adopt a coaching approach). We just really focussed on skills and a couple of coaching tools and really tried to get them to shift their mindset"*

*"... so being very clear we're not teaching them to be coaches but we're teaching them how to use a particular type of approach which is similar to coaching in their day to day work"*

*... "the starting point (for staff) seemed to be 'So, we're here to help'... if somebody comes with a problem, we fix it ... and obviously, that fosters dependency, and every time there's a problem, they (carers) come back. So... what we are trying to do is to kind of detach them from what they call a 'solution-focussed' approach, asking them to take that step back and ask (carers), 'What's the problem? What would you like to do about it?' What solutions do you think might there be?"*

*"... we have kind of adapted the process as we've gone along, partly based on the sense that we had about what people need from us and also what they tell us in their feedback ... it's quite hard to get that balance of - you know - teaching a skill, introducing it, practising it, reflecting on it... sometimes we've felt like we've had to squeeze things in"*

*"The pilot group have had the benefit of these reflective sessions, they had two training sessions, plus a third session which I delivered which went into a bit more detail and taught them an additional tool and then they've had 2 sessions with us where they've been able to sort of check-in and talk about their experiences... I think that is hugely valuable"*

### *Impact on Staff*

The coaches articulated a range of impacts relating to staff:

*"We're trying to encourage staff to step back from advice-giving.... there was a lot of discussion about understanding when it is right to do the problem-solving and be the person that takes control and signpost the carer, and when to step back"*

*"One of the biggest shifts for staff - many of whom were slightly dubious about this whole idea to start with - was saying things like 'I could never have had that conversation before the training'*

*... there's a sense of (staff) having an additional way to tackle difficult conversations - having a sense of something to ground them in conversations that they might have felt quite lost in previously"*

*"...some of the staff have really liked that fact that when they get to the point where they think 'I don't know', that's okay! 'I can still give something of huge value to the carer... I don't need to know all the answers!"*

*"Certainly, for some people this approach has felt very natural, there has been an element of validation, 'I'm on the right track, and I can kind of add these things to*

*what I'm doing, just kind of just having this sense of 'Mmm, yeah.... I'm good at this- I can do this!' So, building up their confidence and self-esteem"*

*"Coaching can offer space... space that staff have been able to interact with, to think and reflect"*

### *Impact on Carers*

A number of outcomes relating to the impact of adopting a coaching informed approach on carers were identified:

*"We're so amazed by the stories that people had to tell, just after their first session... this person (carer) was suddenly able to see things in a different way and take control, I don't wanna overuse the term 'transformation' but definitely a radical change"*

*"Staff report that people (carers) go away feeling a bit better about themselves, not quite so helpless and you know, a bit more confident about being able to tackle the things that they're facing... Having that sense that it's okay to want whatever it is they want, rather than having to put up with stuff"*

*..."clients achieve their goals, gain self-efficacy, resilience and independence, being able to grow"*

*"What the coaching approach gives the carers they're working with is space to think... the carer is able to put one thing in place which made this big difference to their life"*

*"I think the carers have more ownership over their situation and feel more empowered to make decisions and take action"*

*"Being able to work in a more collaborative, outcomes-focussed way... providing opportunities for individuals to be co-producers, rather than solely consumers of services"*

*..."carers feel heard, understood, and validated..."*

### *How does a Coaching Approach differ from Coaching?*

The coaches reflected on how 1:1 coaching differs from adopting a 'coaching approach'.

*"they're (outcomes) obviously less pronounced if the carer hasn't had proper coaching"*

*"Being able to challenge is quite a big part of coaching. We originally had it in the training and I think we dialled it down... it's actually quite a skilled thing to do, we thought 'being able to challenge people well might be a next-level skill"*

*"That's one way that it is a bit different from coaching... at a sort of beginner level we're trying to take out areas where things could go wrong because you don't wanna put them in a situation where they're taking risks that are above their level"*

A key element of difference was the roles and tasks of a coach compared to a worker in Carers Support; time is a linked element of this too.

*"Generally, we (coaches) have at least an hour with people, you can go quite deep. Often, they (the staff) have got say... 10 minutes, so the amount that they can achieve with that amount of time is different"*

*"... the task, the brief that the staff have is different to that of a coach, the coaching stuff is just one thing they are doing alongside all of the other stuff that's in their jobs"*

*"Also, because they are a front-line service people are used to seeing them as - you know - where you go with your problems to get them sorted out so switching to a coaching approach is a challenge"*

*"The fact that for many of them (the staff) it's not a sort of ongoing relationship. When we (the coaches) work with someone, we build that relationship and we build that trust and so over time, the carer can open up and - you know - feel comfortable about kind of going to places that perhaps they've been avoiding"*

There is some recognition that the profile of carers who come forward for Coaching may not be in the same situations as carers seen by CSWS:

*"I suppose they may have a greater variance in the kind of people they're working with. Something that's characteristic of our group (1:1 coaching) is that they have attended the intro session about coaching, they knew what it entailed. We put a heavy emphasis on 'You need to be able to invest the time in making this work, you need to have space in your life for coaching... so the people that come forward, generally, they're in a place where they've got space and time to invest in working towards new goals"*

*"...some of the people the staff work with have been in this category, but some have just been in complete crisis - everything feels like a mess ... and so that's different"*

*"The starting point to think that you might want coaching is an awareness of something you want to change - something you want to be different - and I think for a lot of carers (the staff in Carers Support see), that doesn't even come into it, they're literally just managing"*

The coaches reflected on what can be achieved by staff in the time they have by adopting a coaching approach:

*"There is something about understanding that 10 minutes may well be enough, finding ways to make that interaction effective...If you ask just one good question, you'd have done a fantastic job... I don't know many situations where a good open question or listening to somebody using a coaching approach wouldn't be helpful"*

*"...when coaching skills are best used are in those moments where somebody is at a real sort of turning point in their life, when they really need something to change and that could be in a 10" window..."*

## For whom is coaching not appropriate?

Although a challenge to distil the coaches did consider that there were a number of situations in which coaching - or adopting a coaching approach - may be less, or not, appropriate:

*"Some people who have quite serious mental health problems whose grip on reality is not that great"*

*"Yes, I think there are people who we can't coach... they're just too chaotic, and can't even kind of hold an idea in their head or they're just too upset. Maybe they need something else, some counselling first or some therapy..."*

*... "if somebody's very traumatised, particularly around unprocessed trauma, we might recommend someone goes and gets therapy first"*

*... "what we've said to the staff members is that if people turn up in crisis that might not be the right time to use the approach"*

## Capturing Evidence for the Evaluation: Compelling Stories

A number of issues have been challenging for the evaluation. Capturing evidence about the impact of a coaching approach has been a particular challenge.

The coaches feel that there has not been enough time for staff to use the skills in their practice before they were being evaluated:

*"It seems to me they haven't had time to practise these new skills before it's being looked at (in the evaluation) and they're not confident yet"*

*"My reflection on the difficulty (lack of recruitment of carers receiving a Coaching Conversation) is that maybe it's too soon..."*

Another issue relates to the 'hidden' nature of the skills. In essence they should not be visible but embedded in the worker's day to day practice making them elusive to capture:

*"What we've been trying to teach them is that the skills need to become integral. When you're really using a coaching approach well, the carer doesn't know you're using anything because you're following the flow of the conversation... you're listening, you're asking really good questions. You're not saying 'Right...now I'm gonna go through the GROW model!'"*

At what stage in the process the 'impact' of coaching should be visible or quantifiable is a related issue:

*"The proof of the pudding is not necessarily going to be short-term, it's as likely to be - you know - 3 months later, or who knows when but often later. That's the whole challenge of evaluating change, isn't it? It may not be visible for a while and the things that are changing may be happening under the surface and not visible yet"*

In terms of outcomes for carers the coaches reflected on their own evaluation journey in relationship to coaching:

*"Our (own) evaluation process has evolved significantly over the years as we try to get to the heart of what coaching is actually doing. What do we think coaching really does, why it helps people, are a couple of different strands. One of them is that it improves peoples' self-esteem, and self-efficacy - the feeling that actually they are able to do something. Another one is around sort of validation - feeling like they have a place in the world, their viewpoint is valid, and they can expect things from other people"*

*"Also, and very importantly... clients feeling better about themselves"*

The coaches recognised that a service commissioner needs to have evidence upon which to base commissioning decisions:

*"We do need to be able to come up with some compelling stories but also ... a sense of 'This number of people have made this kind of change' and the consequence has been to stop X happening, X being a negative outcome..."*

### Coaching beyond the 'individual'

The coaches feel that the value of coaching extends beyond individual carers and workers:

*"For this approach to be really successful, it isn't just about individual workers becoming more skilled - that's part of it, but it's about the whole organisation embracing coaching as **the way** of working"*

*"A lot of coaching principles and skills are transferrable across all levels and layers of an organisation. Coaching is very empowering, right? That's good for the carer but it's also good for the staff. We think there are benefits for the carer, staff and the whole organisation"*

*"Embedding coaching will make the organisation a better place to work. They'll get a reputation for working in this really innovative way and achieving fantastic outcomes. The whole organisation could feel like 'this is how we work at Carers Support, West Sussex'"*

*"If staff feel like they're developing new skills, they're more likely to stick around. They also get more satisfaction from their job and my guess is that this would also increase staff resilience in the long-term"*

*"A lot of the people that were in my cohort weren't working on the frontline. They've been talking about how they've been using a coaching approach with the staff they manage and in their teams. For example, in supervision I've heard it's been used"*

*..."in our proposal, we did suggest that it would be really important for the management team and the whole organisation to kind of think about what coaching means and how they can embed it. I think that we've had a couple of very brief feedback sessions with managers...but to be honest it hasn't really happened"*

The coaches recognised that there had been a lot of change at Carers Support over the last year which is challenging for staff:



*"There seems to have been a huge amount of change in the organisation in the last year or so - peoples' jobs have changed, they've introduced the Carers Star... I think there's been a certain level of worry amongst some of the staff, 'How is this all gonna work? How can I do all of these things at the same time... and how will I be judged?'"*



## Discussion, Reflections & Recommendations: Coaching for Carers

In this section of the report we will distil the key findings of the evaluation; we will also offer a number of reflections and recommendations.

A number of key themes emerged from the findings. There is a great deal of consistency, coherence and shared terrain between the findings for all three groups of participants. Figures 1-3 illustrate clearly where outcomes and benefits are shared and where they are not for each group.

Both models of coaching are perceived as overwhelmingly positive. It is difficult to overstate how far coaching - as a model, approach and set of principles - is valued by carers. It is regarded as having a wide range of beneficial impacts on their lives and wellbeing, and for the adoption of a coaching approach on staff too.

### Coaching for Unpaid Carers

Engagement with coaching was experienced as 'really strong' by the coaches with some carers '*getting going really quickly*'. In terms of the impact of 1:1 coaching on carers, one carer summed up the views of many by describing it as 'transformative'. Carers felt recognised and treated as a 'person' not a carer, being listened to, given permission, time and space to consider their own needs, and being encouraged to engage in self-care including adopting a healthier lifestyle and carving out time for themselves. The term 'safe space' was specifically used; this referred to both physical space and psychological space. This space allowed carers to become more self-aware and able to be open and honest about their feelings about caring and to explore 'thorny' or more negative issues. Rather than putting on a 'good front', telling other family members about how difficult caring can be and how stressful was one clear example. Also being honest with the coach, and themselves, about how hurtful the cared for person can be.

Gaining confidence, feeling more hopeful and positive and increased self-worth are widely identified as benefits. This was linked to carers feeling more able to make changes to their lives, to set goals, and reframing - often long-standing - issues and challenges. This was often related to establishing boundaries and protecting the carer from being swamped or overwhelmed by care related demands. It was also, often, about laying down some key 'rules' relating to how the carer will be enabled to embed new healthier habits in their life, help the cared for person take ownership of some of their own issues or simply not tolerating rudeness.

Helping carers to shift their often rather negative mindset was a related benefit enabling them engage with a more positive 'can do' approach. Feeling that they had more choice and control over their situation was also mentioned by many carers. This was experienced as empowering and, for some, as reducing feelings of anxiety. The coaches talked about '*negative stories being rewritten*' and '*coming out the other end with a much more empowering narrative*'.

For some carers, the benefits of coaching also had a positive effect on the care relationship and other wider relationships. Being able to 'sustain my positive energy', the household

'feeling calmer' and relationships being 'good again' were all noted. For at least one carer coaching had had a negative effect on the cared for person who did not like him talking to 'other people'. Coaching also helped carers develop practical strategies to deal with problems such as adopting a new way to manage challenging behaviour in a person living with dementia or navigating the health and care system more effectively to get services for the cared for person.

The fact that coaching faced towards the future helped some carers 'prepare' psychologically for - usually - a post caring life after a bereavement. Considerations about re-entering the job market was highlighted by at least two carers as really helpful; this included the coach encouraging the carers to think about new directions and opportunities.

Interestingly, a number of carers reported that as a consequence of coaching - and the issues that coaching addressed - they were more likely to continue to care. Carers felt 'more empowered to keep going', as having more confidence to protect their own wellbeing and in turn being healthier which will 'help me to carry on with my role'. The coaches noted this too: *"...most of the carers who've been through coaching find ways of carrying on caring and doing so from a place... where their mental health and physical health is not suffering as much"*. But, the coaches emphasised that helping carers to keep caring is *not* the role of coaching; the focus is the whole person, a part of which is the fact that they are a carer. This does set it apart from most carers services; whatever a service may be called their agenda is usually - partly at least - to keep the carer caring.

The coaches were considered to have a wide range of skills; the importance of these in delivering benefits was emphasised. Particular skills and attributes noted were: engagement and communication skills; encouraging carers to express themselves; empathy and kindness; capacity to help carers articulate and define their needs - 'drawing things out of me' as one carer put it; help with planning and how to move forward; non-judgement; flexibility in terms of how to work with different feelings and issues; the use of empowering and facilitative language; and championing the carers own needs. The coaches were considered to skilfully tailor the coaching sessions to the needs of the carer at that time in that place with whatever issues they were bringing to the table. Carers overwhelmingly felt supported, understood, listened to, and empowered by the coaches. Only one carer did not find coaching particularly helpful; he found discussing what might happen after his mother's death 'too hypothetical' and not especially useful.

Concerns about coaching were few. Some carers worried they may not be 'selected' for coaching or reported feeling guilt about using a limited resource which may be needed more by carers in 'worse' circumstances. A small number of carers felt some initial apprehension at starting something new and unknown but felt that their concerns were addressed in the introductory session.

Whilst the carers felt strongly that *all* carers in *all* circumstances should be offered the opportunity to access coaching, they did identify that 'timing' was important. Coaching needs to be offered at the 'right time' for the carer; this is - in effect - when s/he is already beginning to think about making a change to their life or when they are feeling 'lost' or

'stressed' and need some extra help. Some carers had a priori knowledge or a positive experience of coaching.

Participants identified caring situations in which coaching may not be *as appropriate* such as carers in crisis. A number of personality traits were also considered to make coaching less effective as an intervention, for example, unwillingness to change, learn, share and/or listen. These were echoed by the coaches who also felt that people with serious mental health problems whose grip on reality is poor were not able to make use of coaching; also people who are very traumatised or living very chaotic lives.

The coaching was primarily delivered online. This mode suited most carers but a few would rather have face to face sessions. The coaches offered considerable flexibility in terms of times, length and frequency of sessions. Many carers appreciated the value of worksheets, homework, and resources shared by the coaches between sessions.

Participants identified a number of ways in which they considered that coaching for carers could be improved. Providing a more detailed introductory session including what coaching entails and how it differs from counselling was suggested; also some real-life examples of its potential benefits. As might be expected, a number of participants suggested providing in-person coaching instead of, or alongside, online options. Extra follow-up sessions with the coach after they had completed the six (usually) sessions were also proposed; carers felt that this would help them consolidate the learning and embed the benefits of the coaching over the longer term.

Thinking about extending the coaching offer, participants highlighted the importance of encouraging carers to take it up ensuring that every carer is given the message that they deserve to be supported. Also, they considered that CSWS needs to make carers aware of the role and value of coaching and how it may be of benefit in a range of different situations. They also recognised a number of practical barriers that certain groups of carers may face in accessing coaching online, such as limited access to IT equipment or no access to private space to have a coaching session.

### *Coaching (informed) Conversations*

Much more evidence about the value and role of *Coaching (informed) Conversations*, was captured from the staff, and to some extent the coaches, than from carers. Staff were clear that empowering carers was one the main aims for adopting this approach; focusing on carer strengths, encouraging carers to find their own solutions, and bolstering resilience were key dimensions too. Time and space for the carer to consider what changes they would like to make in their lives was seen as an essential prerequisite as was establishing trust between carers and worker. These benefits were echoed, and amplified, by the coaches who reflected that staff felt they were able to achieve a great deal with carers by using a coaching approach. Benefits include: "*carers feel heard, understood, and validated...*", "*clients achieve their goals, gain self-efficacy, resilience and independence, being able to grow*", "*...this person (carer) was suddenly able to see things in a different way and take control*" and "*I think the carers have more ownership over their situation and feel more empowered to make decisions and take action*".



There was general agreement that *all staff* in CSWS had a role to play in implementing *Coaching Conversations*, regardless of their specific job. Even one short coaching informed conversation has merit, the threads of which can be picked up by another worker later on down the line. The coaches reflected that: *'There is something about understanding that 10 minutes may well be enough, finding ways to make that interaction effective...if you ask just one good question, you'd have done a fantastic job'*. Staff preferred to use coaching skills on a face to face basis rather than online.

Staff emphasised how important 'appropriate timing' is for a carer to engage in a *Coaching informed Conversation*. Caring is not a static state; whether a carer can benefit depends on when they are receptive to it rather than on their specific situation. Some staff felt that *Coaching Conversations* were less suited to carers who were in a crisis, those caring for people with drug or alcohol difficulties, where there is a safeguarding issue, those supporting a person who is at the end of life, and carers who needed to prioritise their own health care needs. Also - much like the carers who received 1:1 coaching felt - those who were unwilling to share or who are simply 'closed down'. Additionally, for those carers who are obliged to prioritise meeting basic needs such as for food or heating, coaching informed conversations may not be appropriate. During the cost of living crisis there are a growing number of this group of carers.

In terms of impact on carers, staff felt that 'thinking about things differently' was a key benefit, as was 'carving out time and space' for themselves and to consider their own needs. The cumulative impact of using coaching skills was identified: *"You've started this conversation where they just think there is nothing in the world for them, everything's terrible... to go from that point to them having a plan in place for the short-term and the longer-term goals, is really good"*. Stress relief was also noted.

These benefits were, largely, considered to be 'not possible' in the business-as-usual model of support.

It is important to note that none of the three carers that were interviewed about *Coaching Conversations* reported being aware that a new or different approach was being used by CSWS staff. In light of this, rather than asking questions about *Coaching Conversations* specifically, the interviews focussed on CSWS input more broadly, with a specific focus on communication styles and approaches.

Although these findings need to be appreciated with this caveat in mind it is clear from evidence from all sources, that some of the terrain in relationship to 1:1 coaching is shared. Being seen as a person not just a carer, increased self-confidence and self-worth, being able to share problems with other carers and/or an empathic worker, being given space to consider his issues, being listened to and understood, and practical help with support for the cared for person. In terms of accessibility carers considered that CSWS services were appropriate for *all carers*; the support groups for example were felt to be useful for 'everyone'.

In terms of potential improvements, one carer felt that raising public awareness about the role and services of CSWS was important so that more carers can benefit from the support.



Other improvements noted were reduced waiting times to be assessed and getting access to equipment more quickly. Being able to get in touch with the same member of staff they had previously had contact with was also mentioned as desirable.

Obviously, there are also distinctions between the two models. *Coaching for Unpaid Carers* is offered on a 1:1 basis for an hour per week over a 6-week period (usually). The coach is an expert in coaching, has experience in delivering it, and carers offer time and commitment; they 'sign up' to the process. The carer sees the same coach each week. The *coaching informed approach* was embedded in a worker's 'day job'; staff still had all of their other roles and duties to perform. Staff were much more restricted for time and may not necessarily be seeing the same carer the following week. The coaches considered that a key distinction is being 'able to challenge'; this is part of coaching and is a skilled activity above the skill level of a coaching approach. They also thought that because CSWS staff are routinely viewed as problem solvers by carers "*switching to a coaching approach is a challenge*". There is some recognition too that the profile of carers who come forward for coaching may not be in the same situations as carers seen by staff as CSWS; some carers coming for help from CSWS are in crisis or are 'just managing' and need help before coaching could be considered.

In the first focus group staff were not clear whether adopting a coaching approach was a 'service' or a 'technique'. By the second focus group - nearly five months later - when they had had a chance to use the approach and gain some confidence, they felt it was more of a technique: a set of skills to be embedded in practice with carers. It had become part of their toolkit, their arsenal of skills. One issue that staff were very clear about was the fact that offering a hybrid model of coaching i.e. a delineated 'coaching conversation' as a part of their role did not work. This was what was originally proposed. As the project was rolled out it became evident to everyone that embedding coaching skills in their practice and utilising them when opportunities arose to do so was a much more effective way to work. Also, that it was *not* coaching but 'coaching informed': "*We're using tools, we're not being life coaches... we are using a tool in order to assist that carer to have an easier route towards a solution*".

Adopting a coaching approach offers staff a number of benefits; it had a multi-faceted impact. A key issue for staff was less emphasis on 'finding a solution' for the carer and a greater emphasis on the narrative of the carer and co-developing solutions. The coaches noted that staff felt were "*able to work in a more collaborative, outcomes-focussed way... providing opportunities for individuals to be co-producers, rather than solely consumers of services*". This was linked to less pressure and stress for staff. Engagement with a more person-centred approach had a positive impact on levels of job satisfaction, and potentially staff retention too; for some it also made the job more interesting and encourages a more reflective approach. Although some staff struggled to incorporate the coaching approach in their work initially over time they became more confident. Staff with managerial responsibilities also felt that coaching techniques have enabled them to support their staff better: "*I'm a team manager... I'd been sort of using it with my team... it's really just sort of trying to help them to feel more confident and empowered in their role*".

The coaches considered that the coaching approach helped staff to: step back from advice giving, allowing carers to develop their own solutions to problems, having an additional set of skills to manage difficult conversations, 'feeling ok' about not knowing the answer, and offering staff space, "*coaching can offer space... space that staff have been able to interact with, to think and reflect*". Some staff 'hit the ground running'; the training offered them an "*an element of validation.... building their confidence and self-esteem*". Also, echoing the staff it is likely to help with staff retention, "*Staff who feel like they're developing their skills are more likely to stick around*".

In terms of challenges regarding adopting a coaching approach more widely, staff identified that the time commitment needed was a principal barrier. As *Coaching Conversations* take up more time than business-as-usual, at least initially, it has a knock-on effect on waiting times and other Key Performance Indicators for CSWS. Staff felt that helping to promote wellbeing and empowering carers to sort out (some of) their own challenges would reduce the risks of them returning to CSWS for help in the future. There was a tension between delivering *Coaching Conversations* and meeting organisational targets. There was felt to be some pressure from commissioners to deliver a coaching informed approach. Staff strongly emphasised the importance of CSWS continuing to invest in the coaching approach, for the sake of its considerable benefits for both carers and staff: "*... it long-term positive outcomes for everybody*".

When reflecting on the training, staff were satisfied overall and remarked on the high quality of the trainers' skills; also their ability to change the training content in order to fit with staff needs on the day. The time required to complete the training was identified as the main concern. There was confusion about the different 'levels' of training for staff and what would be expected of the 'pilot group'; also some staff thought that the evaluation focus groups were the 'reflective sessions' (offered as part of the training package). When asked if they would like to be trained up to deliver *Coaching for Carers*, staff divided into two camps: those who were keen to become full time coaches and those who preferred to use coaching skills in their current role.

This is, of course, the first time the coaches has delivered training of this kind. In planning it they 'went back to basics' and considered what they would have found useful. Their aim was to focus on some key principles and skills, help them to develop a particular approach and '*get them (staff) to shift their mindset*' from a 'solution focused approach' to an approach that asks the carer to consider what the ways forward might be. The coaches felt they had a lot to achieve, "*... it's quite hard to get that balance of...teaching a skill, introducing it, practising it, reflecting on it... sometimes we've felt like we've had to squeeze things in*'. They emphasised the value of the reflective sessions for the pilot group.

Figure 1: Impact on carers, by participant group

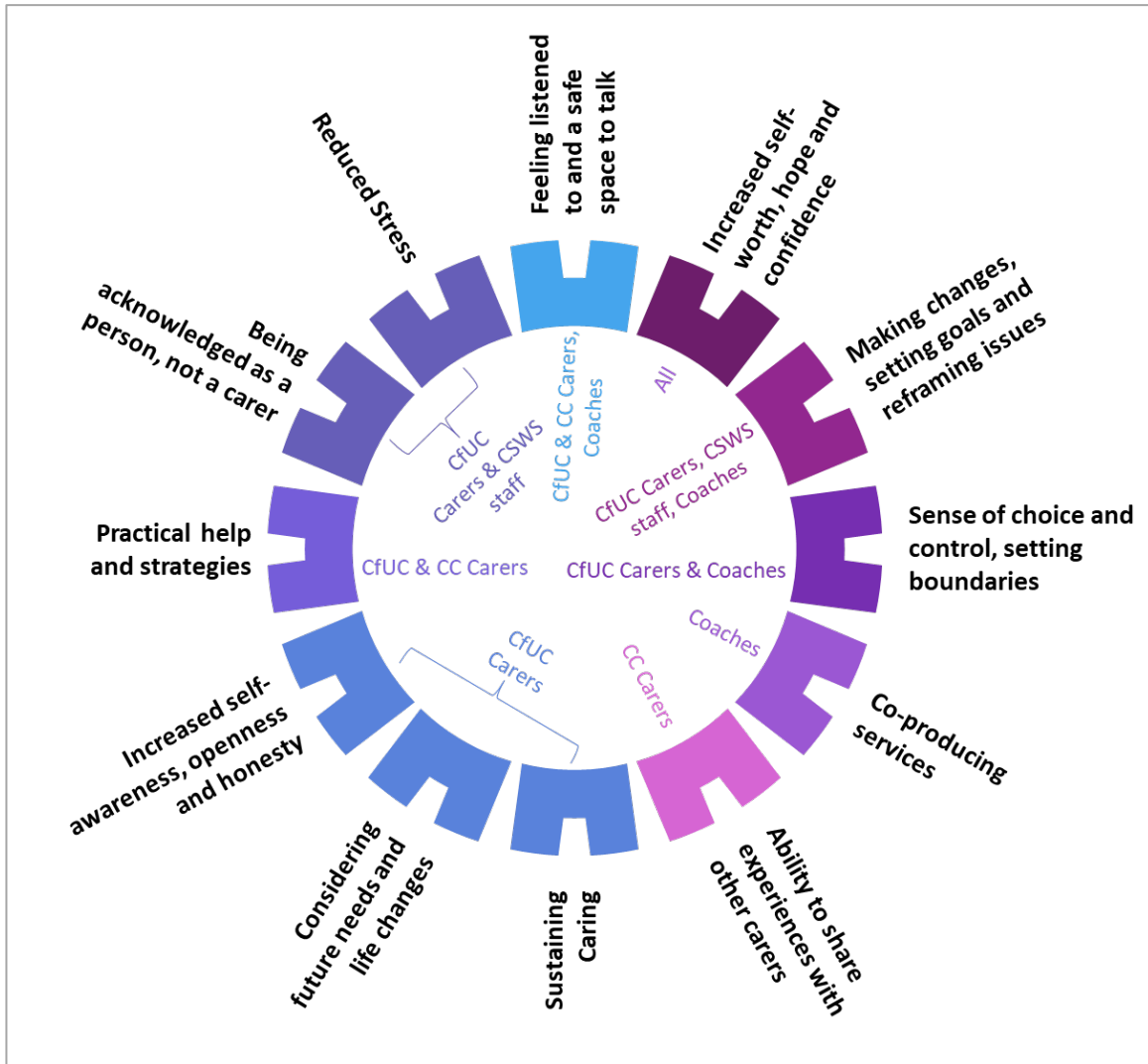


Figure 2: Impact on CSWS staff involved in Coaching Conversations, by participant group

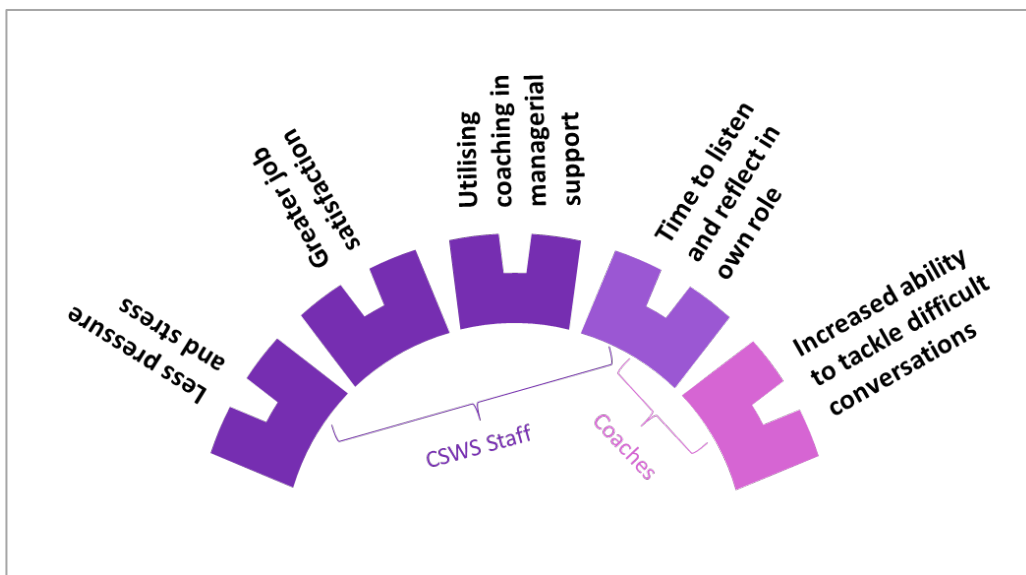
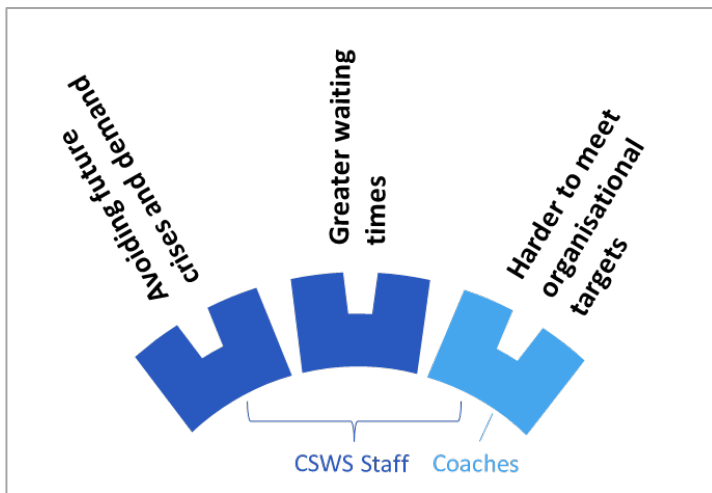


Figure 3: Impact on CSWS organisation as a result of delivering coaching input, by participant group



### Reflections

It is important to acknowledge that this evaluation took place during a challenging time for all of us: Covid was a prominent feature of all our lives, services were significantly disrupted and carers were facing additional demands. CSWS was also experiencing a number of changes that intersected with the coaching initiative, for example the *Carers Star* was introduced. This did create some confusion amongst staff.

It is also important to note that we did not capture the impact of either model of coaching over time; data was collected either just after or part way through the process. It would be instructive to evaluate whether the positive effects of coaching endured, for example did carers make the changes they identified, did they act on the issues they (newly) considered important? There are similar questions regarding staff. Did workers continue to develop their skills in using a coaching approach over time, what effects did the sustained adoption of these skills have on workers levels of confidence and on staff retention? Are reflective follow up sessions offered by the coach a key ingredient of effective adoption over time? Another limitation relates to the quality and expertise of the two coaches. Would all coaches delivering 1:1 coaching be able to replicate their level of effectiveness?

How far CSWS as an organisation adopted, or will subsequently adopt, the principles of coaching and embed these into its processes and practices e.g. supervision, is also relevant. There are implications for adopting a coaching approach for staff and the organisation. For example, it is clear that to work effectively utilising coaching skills demands more time to work with carers; this means that staff will have smaller caseloads and waiting times for new referrals will be longer. Will CSWS be able to accommodate this? These are questions for a subsequent project to explore and CSWS to consider going forward.

Where coaching is situated on the continuum between therapy and an intervention remains a key question. Our evaluation supports existing work which suggests that it shares some of the therapy territory: it relies on commitment from the user/client, it's based on a relationship of trust, uses some counselling skills such as empathic listening, and a number of mindfulness principles such as being aware of what you're feeling. It also has features of an intervention: it is time limited, is designed 'for' a specific problem or issue and is part of a package of commissioned support. Coaching is far less stigmatising than counselling or therapy and does not have any of baggage associated with help seeking. All of these features make it both acceptable and attractive for agencies and for carers.

A coaching approach is inevitably more oriented to the intervention end of the continuum as it is part of a worker's role and the worker is part of organisation with a focus on supporting carers. It occupies a hybrid space. It is not, like coaching, a distinctive

boundaried intervention. We consider that the coaching approach has significant potential beyond that identified by our evaluation. It needs more time to prove itself but, we do think that, in time it will offer a wide range of impacts some of which will be able to be measured such as reductions in carers returning to CSWS for help and support, delayed admissions to care homes of cared for relatives, and sustained improvements in carer wellbeing (as assessed by a research instrument).

We understand that CSWS is trialling group coaching with carers. It would be most interesting to evaluate the role and impact of this model on carers.

### *Recommendations*

We are aware that CSWS is keen to extend its *Coaching for Unpaid Carers* offer going forward. We think this will strengthen the organisation's overall service and will be of considerable benefit to a number of carers. It is also likely to be attractive to commissioners.

We would urge CSWS to (also) invest in coaching training for its staff and evaluate the impact of the training on carers - and staff and key outcomes - 6 months and a year post its introduction. As the coaches reflect: *"... the proof of the pudding is not necessarily going to be short-term, it's as likely to be 3 months later, or who knows when but often later. That's the whole challenge of evaluating change, isn't it? It may not be visible for a while and the things that are changing may be happening under the surface and not visible yet"*.

The coaches also consider that... *'the coaching approach can - maybe - be used more widely than 1:1 coaching because it's a less in-depth approach...'*. This less 'in depth approach' piloted so innovatively by the coaches and CSWS shows considerable promise. There is a strong case for investment in both 1:1 coaching and training staff in the adoption of a coaching approach. As the coaches state, *'there are some shared outcomes for carers from 1:1 coaching and coaching conversations...they may be dialled down from coaching but they are nevertheless there, issues can be addressed by a coaching informed conversation'*.

We consider that for a coaching informed approach to be effective it does need to be supported by (some) ongoing training i.e. training beyond the initial training, and also regular reflective sessions, preferably with the coaches who offered the training. These would need to be very clearly identified to avoid any confusion and offered to workers as part of the overall training package. The specific role played by reflective sessions could be captured in an evaluation were one to be conducted.

Once integral to workers' practice we also consider (as noted above) that coaching informed support is likely to have an impact on a number of measurable outcomes such as reductions in carers returning for help and support, delayed admissions to care homes of cared for relatives, and sustained improvements in carer health and wellbeing. Data could be collated and/or collected on all of these; some is collected already by CSWS. There are a number of validated measures to assess levels of 'carer burden' (e.g. the Zarit Burden Inventory), wellbeing (e.g. Caregiver Well-Being Scale) and social care related quality of life (e.g. the Carer-Adult Social Care Outcomes measure); also self-efficacy (e.g. Caregiving Self-Efficacy scale). Increased staff confidence and higher levels of staff retention are also measurable outcomes.

It is likely that CSWS will need to employ more staff to accommodate the extra demands and time required to make space for coaching informed support. However, it may well be that fewer overall demands may be made on workers by individual carers if coaching is effective. This is not, of course, the same thing as demands being made by the total group of carers that receive support from CSWS but distilling individual impact is certainly possible.



CSWS also needs to consider embedding coaching principles and approach across the whole organisation, as the coaches say: *“For this approach to be really successful, it isn’t just about individual workers becoming more skilled - that’s part of it, but it’s about the whole organisation embracing coaching as **the way** of working”*.

It is important to recognise that there are risks relating to staff in developing a coaching informed approach. One of the issues the coaches identified in their interview was that staff may find themselves being triggered by issues raised by using a coaching approach. How to protect staff and ensure that they were not getting involved in things beyond their skill level are important safeguards. Workers may also wish to train to be a coach if they enjoy using coaching skills in their work and thereby leave CSWS, or at least shift roles if the organisation employs coaches in the future.

## Conclusions

There can be little doubt about the positive impact of coaching on carers lives and wellbeing. This pilot evaluation captures a wide range of qualitative evidence about its profound benefits as a 1:1 intervention. There are also a range of benefits for both carers and staff of adopting a coaching approach in work with carers. This approach would benefit from further evaluation as - at the time of our research project - it was only beginning to become embedded in the work of the pilot group of staff. It would be extremely useful to capture benefits and outcomes over the longer terms for both models and to explore capturing quantitative outcomes alongside qualitative data. Coaching has significant potential to improve the lives, wellbeing and health, particularly mental health, of more carers more of the time. The coaching approach has the potential to improve the wellbeing and retention of staff too. The team would welcome further involvement in any evaluation work; it has been such an affirming experience to conduct an evaluation in a developing field which has so much to offer to carers.

## References

Age UK. (2019). Later life in the United Kingdom 2019, Factsheet

<https://www.ageuk.org.uk/our-impact/policy-research/policy-positions/>

Carers UK (2019) Juggling Work and Unpaid Care. London: Carers UK.

Carers UK (2020) Unseen and undervalued carers: UK pandemic paper. London: Carers UK.

Carers UK (2021) State of caring 2021: a snapshot of unpaid care in the UK. London: Carers UK

Centre for Care (2023) <https://centreforcure.ac.uk/commentary/2023/02/census-2021-unpaid-carers-england-wales/>

Department for Work and Pensions. (2020). Family Resources Survey: financial year

2018/2019. Office for National Statistics, <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-2018-to-2019>

Gale, N.K., Heath, G., Cameron, E. et al. (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research. BMC Med Res Methodology 13, 117 <https://doi.org/10.1186/1471-2288-13-117>

Lloyd, L. (2023) Unpaid care policies in the UK: Reflections on Rights, Resources and Relationships. Bristol: Policy Press

Macadam, C. (2018) Port in the storm: coaching unpaid carers, Coaching Today, Issue 28, p.7-11

Milne, A. & Larkin, M. (2023) Family Carers and Caring: what it's all about, Society Now series, Bingley: Emerald Publishing

NHS Digital (2019) Personal Social Services Survey of Adult Carers in England. <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers>

Office for National Statistics. (2023) Unpaid Care, England & Wales, Census 2021. <https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021>

Petrillo, M., Bennett, M.R., and Pryce, G. (2022) Cycles of caring: transitions in and out of unpaid care. London: Carers UK

# Appendix A: Coaching information provided by Coaching for Unpaid Carers



## Starting Coaching Pack

This pack contains instructions on what you need to read and do before your first coaching session.

Dear Carer,

We are Coaching for Unpaid Carers, a social enterprise set up to make good quality coaching accessible to as many carers as possible.

Carers Support West Sussex have commissioned us to support them to run a pilot project, offering 1-1 coaching for carers who are registered with them.

As coaches experienced in working with carers, we have seen time and time again that coaching can not only offer much-needed support to stressed out carers, but actually enable people to make positive changes in their lives. Through coaching you can create a better work/life balance, reduce your stress, and better look after your own health, relationships and goals- to name just a few of the things that coaching can help you with!

### Next steps

Before your first session with your coach please read this document and **then** complete the three online forms (Client Information and Consent, Coaching Goals, and Evaluation) by clicking on the links sent to you in your welcome email.

This document contains the following information:

1. What is Coaching (pages 2-3)
2. Contract (pages 4-5)
3. Evaluation Information and Consent (pages 6-7)

If you have any questions please do not hesitate to ask your coach, who will be happy to help you.

We look forward to working with you!

Thank you and best wishes,  
**Catherine Macadam and Katharine Collins**  
Directors, Coaching for Unpaid Carers

email: [catherine@cmacadam.co.uk](mailto:catherine@cmacadam.co.uk) [mail@katharinecollins.co.uk](mailto:mail@katharinecollins.co.uk)

[hello@coachingforunpaidcarers.org.uk](mailto:hello@coachingforunpaidcarers.org.uk)

web: [www.coachingforunpaidcarers.org.uk](http://www.coachingforunpaidcarers.org.uk)

co.no.: 12027345

© 2019 Coaching for Unpaid Carers CIC. All rights reserved. When sharing or using any part of this publication you must include this copyright statement or otherwise attribute the work to Coaching for Unpaid Carers CIC.



## What is Coaching?

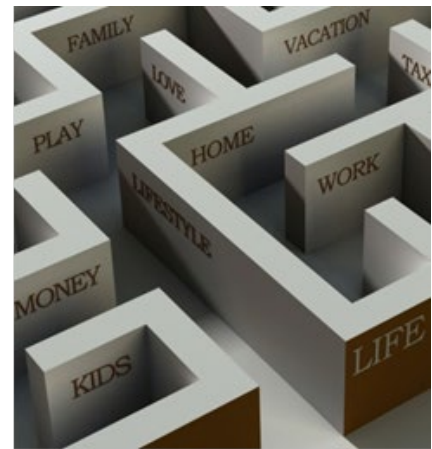
This section explains what coaching is and how coaching can help you as an unpaid carer

### What is Coaching?

- Coaching is like a conversation in which the coach helps you to identify something you would like to do or change, work out what is helping or stopping you achieving this, consider options for action and plan to take them forward.
- The emphasis is on supporting you to make your own decisions and take action; it's about helping you develop self-belief and realise your true potential.
- Coaching sessions normally last about an hour and can take place weekly, fortnightly or whatever suits you best, depending on what you want to work on.
- Sessions are confidential and may take place face to face, online or by telephone.
- While it there may be some similarities, coaching is not the same as counselling, therapy, advice, advocacy or training.

### What benefits can I expect from coaching?

- Time to focus on yourself – what you need/want
- Active listening – to help you achieve clarity and understanding and help you work out your own solutions and next steps
- Confidence-building, empowering you to take the decisions or the action that is needed
- Another perspective, an alternative viewpoint, challenging your self-limiting beliefs and assumptions
- Reinforcement and encouragement to stick with it, make changes positively



### How can Coaching help me as a carer?

Coaching can help you deal with the day to day reality of caring and things that makes it hard eg:

- Being in a difficult, isolated, unsupported situation, easy to get bogged down
- Tensions between different demands on your time e.g. work and caring, parenting and caring
- Decision-making can be fraught
- Easy to lose touch with who you are, what you want or need for a fulfilling life
- Change is often out of the blue; no time to reflect or plan for now – or the future
- Finding opportunities for work or volunteering that you can manage alongside caring
- Becoming a carer; you may need time to adjust and come to terms with the change and what needs to be done to make it manageable
- Life after caring; you may need time to recover and re-focus

Any questions? Please ask your coach or email us on [hello@coachingforunpaidcarers.org.uk](mailto:hello@coachingforunpaidcarers.org.uk)

© 2019 Coaching for Unpaid Carers CIC. All rights reserved. When sharing or using any part of this publication you must include this copyright statement or otherwise attribute the work to Coaching for Unpaid Carers CIC.



## Contract

This contract sets out how we will work and what we can expect of each other.

This contract is between the carer and their Coaching for Unpaid Carers (CfUC) coach and sets out how we agree to work together. By accepting this contract, we both agree that:

### Confidentiality

- What is discussed in the coaching sessions will be confidential between the carer and the coach. The carer can decide how much of the content of the coaching sessions they wish to share with others.
- The coach will make sure that any documentation that relates to our coaching work, whether on paper or online, is kept securely. (Please see CfUC Privacy Policy for more information about how we keep your information secure)
- If during coaching the coach becomes aware of anything that might constitute a serious risk to the carer, the person they care for, or anyone else, they will inform the carer if they consider there is a need to disclose this information to anyone else.

### Engagement

- We will engage fully with the coaching programme by attending all sessions that we arrange and doing our best to carry out any follow-up actions we agree.
- We will be open and honest in our dealings with each other.
- If either of us is unavoidably unable to make one of our sessions, we will notify the other person as soon as we know this and try and rearrange the session.
- More than one cancellation will incur penalties (e.g. losing a session). We will discuss this and how it will affect the coaching programme and the contract we have with each other.

### Meetings

- We will meet (in person, online or by telephone) for a set number of coaching sessions; we will agree the venue or other arrangements at the start of the programme and confirm at each session, for the next one.

### Problems

- If either party feels the coaching is not achieving its aims and objectives, we will first try to resolve the problem, or failing this, subject to agreement on terms, we will agree to call a halt.
- If the carer has a complaint about the coach or the coaching process they should contact the Directors of CfUC, Catherine Macadam, or Katharine Collins, in the first instance using [hello@coachingforunpaidcarers.org.uk](mailto:hello@coachingforunpaidcarers.org.uk).
- Should they wish to take the matter further, they can contact their coach's professional body (Association for Coaching: <https://www.associationforcoaching.com/page/ACComplaintsProc> or European Mentoring and Coaching Council: [https://emccuk.org/Public/1About/Complaints\\_Procedure.aspx](https://emccuk.org/Public/1About/Complaints_Procedure.aspx))

© 2019 Coaching for Unpaid Carers CIC. All rights reserved. When sharing or using any part of this publication you must include this copyright statement or otherwise attribute the work to Coaching for Unpaid Carers CIC.





## Evaluation Information and Consent

for participating in evaluation of Coaching for Unpaid Carers

### Evaluation

Carers Support is investing in coaching related support. To capture what impact this new service has on the lives and wellbeing of carers who receive it, Carers Support has commissioned an evaluation from a team of University based researchers.

- Carers will be invited to take part in an external, independent evaluation of the impact this new service has on the lives and wellbeing of carers who receive it.
- This is not compulsory and will not affect the service you receive.
- You do not need to make any decisions about whether or not to take part at this stage. You will be sent a flyer with more details before your final session.

Please do contact [Penni.Norris@carerssupport.org.uk](mailto:Penni.Norris@carerssupport.org.uk) if you have any questions, concerns, or wish to know more about this evaluation.

- In addition to this, Coaching for Unpaid Carers would like to send you an End of Coaching Reflection form, which would give us and you some idea about the initial impact the coaching has had.
- You do not need to make any decisions about whether you would like to take part in this, your coach will discuss with you at the end of your coaching sessions.

### Consent

Carers Support West Sussex have commissioned us to support them to run a pilot project, offering 1-1 coaching for carers who are registered with them.

- As such the information you provide on the Carer Coaching Information and Consent & Coaching Goals forms will be shared between Coaching for Unpaid Carers and Carers Support West Sussex
- Any information you provide on the End of Coaching Reflection form will also be shared with Carers Support West Sussex
- The conversation you have with us in your coaching session will not be shared without your consent unless it is in your best interest or that of the public. However in these instances we will always seek to obtain your consent.

© 2019 Coaching for Unpaid Carers CIC. All rights reserved. When sharing or using any part of this publication you must include this copyright statement or otherwise attribute the work to Coaching for Unpaid Carers CIC.

## Appendix B: Topic Guides for Fieldwork

### Interview Topic Guide (carers)

#### Demographic data

- Before we start the interview, it'd be very useful for you to tell me a bit about yourself and your situation?
  - age, gender, who do you care for (relationship with cared for person), what condition they have (condition/health problem of cared for person), how long been a carer, location (ie urban/rural/remote), what kinds of support you offer your [relative].

#### Experience with receiving the service (A or B)

<p><b>A</b> Tell me about your experience of CfUC:</p> <ul style="list-style-type: none"><li>• What interested you in putting yourself forward for CfUC?</li><li>• How did you hear about it?</li><li>• How long (approx.) did each of the CfUC sessions last? How many sessions did you have with the coach? How far apart were they? Were they F2F /phone/online? Any thoughts about the mode of delivery?</li><li>• Did you feel the coach was well informed about you and your situation?</li><li>• Tell me about how satisfied/happy you are with the CfUC sessions?</li><li>• Did you have any concerns about accessing CfUC? What were they? Did you consider <i>not</i> accessing the service? If so, why not?</li></ul>	<p><b>B</b> Tell me about your experience of CC</p> <ul style="list-style-type: none"><li>• How do you feel about having had the CC?</li><li>• How did you feel when you were told that you'd had a CC?</li><li>• How were the CCs delivered? F2F/phone/online? Any thoughts about the mode of delivery?</li><li>• Were you aware this was 'different' in any way from the 'usual service'? If so, in what way was it different?</li><li>• Tell me about how satisfied/happy you are with the CC?</li><li>• How did this service differ from other carers support services you do or have received?</li></ul>
--	---

#### Impact on Life and Wellbeing

- Tell me about how CfUC/CC has made a difference to you? What impact has it had on your life and wellbeing?
- What has CfUC/CC added to your life/wellbeing?
  - Tell me how the CfUC/CC has had an impact on your feelings?
    - Feelings such as reduced frustration, anxiety, stress, anger, sadness, grief; feel calmer, 'better/more positive' about being a carer; less trapped/restricted etc...
      - a. Has CC/CfUC made a difference to how supported and encouraged you feel? Give examples?
    - Has CC/CfUC made a difference to how much choice and control you have (i.e. having the choice to do things or have things done as you like and when you want)? Give examples?
      - a. Has CC/CfUC helped you achieve goals personal to you?
    - Has CC/CfUC made a difference to how well you are able to look after yourself (e.g. get enough sleep, eat well)? Give examples?
    - Has CC/CfUC made a difference to your ability to continue caring / stops caring situation from deteriorating?

- Has CC/CfUC made a difference to your ability to handle difficulties/ challenges around your caring role in the future?
- Has it changed the way you think about caring and the issues that challenge you? Which ones?
- Tell me about any impact CfUC/CC has had on the life and wellbeing of the person you support (either directly or indirectly)?
  - Has CfUC/CC has had an impact on key issues/feelings of the person you support? Give examples?

### Sustaining use

- Tell me about what you think worked well and what may need to be improved about CfUC/CC?
- Would you recommend CfUC/CC to other carers? Why/ why not?
- Are there groups of carers or carers facing particular challenges that you think would find it harder to make use of CfUC/CC?
- If a service like Carers Support decided to offer CfUC/CC to all carers what are the kinds of barriers it may face in doing so e.g. money, targeting?

**Final question:** Is there anything else you would like to tell me about regarding CfUC/CC or add? Do you have any questions for me?

Thank you very much for your help and time

## Focus Group Topic Guide (staff)

We'd like to cover 5 main questions in the time we have. We'd like to encourage ALL of you to contribute. In focus groups a number of key 'rules' apply – that we listen to each other respectfully, we do not interrupt one another and we engage with each other in constructive reflective conversation.

### 1. Understanding of CCs and experience of delivering them

---

- A. What are CCs? What are their aims and role?
  - What makes them different to other carers support services you deliver?
- B. Why did you sign up to deliver a CC?
  - What attracted you to do the coaching training?
  - What did you think it would add to your skills/knowledge & Carers Support portfolio of services?
- C. How did you pick/choose the carers to offer CCs to?
- D. What did you *actually do* in a CC? What is it made up of/what are its dimensions?
  - What has been challenging & what has been not so challenging?
  - What factors facilitated the success of CC and/or got in the way?
- E. Is CC what you expected it to be?

### 2. What is its impact on carers?

---

- A. Tell us about the impact you think CCs have had on carers' lives, needs and wellbeing.
  - What specifically has it had an impact on? e.g. feelings, sense of self, role as a carer, the wellbeing of the person they support etc. Give examples.
- B. How does the impact compare to 'business-as-usual' re supporting carers? What does CC add? Give examples.
- C. Tell us about those carers for whom CC may *not* be appropriate. Why not? Do they lose out in some way?

### 3. How has delivering CCs impacted on you & your colleagues?

---

- A. Tell us about how delivering CC has impacted on you and/or your colleagues?
  - Prompt: wellbeing, job satisfaction, morale, feelings of effectiveness, status/professionalism, sense of identity, future, feelings of hope, positivity re carers etc.
- B. Tell us about how CC may have played a role in your role as a carers support worker overall.
  - Prompt: feel more empowered, have impact on carers lives, higher status compared to non CC colleagues, will stay in job longer
  - Tell me how it may have had an effect on your practice overall?

C. Tell us how delivering CC has affected the way that you work as a carers support worker?

- Has it had an impact on your approach/way of being as a worker? (empathy, directedness, style of working etc)
- How? Give examples.

#### 4. Training to deliver CCs

---

A. Tell us about the training provided by Catherine & Katharine.

- Did you enjoy it? Why?
- What was challenging. Why?
- If there was too much of anything what was it?
- If there was too little of anything what was it?

B. Tell us about your satisfaction with the training and the support you got/get from the coaches?

#### 5. Impact of CCs on Carers Support

---

A. Has CC impacted on your organisation? If so, in what ways?

- Has CC influenced staff caseloads and workload management?
- Are staff delivering CC allocated a different 'group'/type of carers/with certain difficulties than those staff who do not deliver CC?
- As far as you can tell does CC require additional staffing cover and/or funding?

B. Are there any changes to the way that carer needs are now being met compared to *before* CC was introduced?

- Changes in agency practices? Overall services provided by Carers Support?

C. Do you think CC should become an ongoing part of Carers Support service 'offer'?

- How might you make a case for it to get further funding?
- What might an LA commissioner be impressed by in terms of impact on carers wellbeing and outcomes? Examples (such as delay of need for more intensive services).

D. What are the barriers to it being adopted as a part of Carers Support's 'usual' portfolio?

- e.g. workforce issues; waiting lists being longer; environment /culture; other agencies offer it; funding; other

**Final question:** Is there anything else you would like to tell us about regarding CC or add? Do you have any questions for us?

Thank you very much for your help and time



## Interview Topic Guide (coaches)

### Coaching Conversation (CC) VS Coaching for Unpaid Carers (CfUC)

- Tell me how you came to be offering training to staff at Carers Support West Sussex re what we are calling 'Coaching Conversations'? Is this a new idea/concept? Who developed the idea?
- Tell me about the aims of CCs and how they might differ from the aims of CfUC?
  - Is it a matter of CfUC for Group A (define) and CC for Group b (define) or is CC really a less intensive version of CfUC?
- Tell me how you think the two interventions differ in terms of style (one is part of 'usual' service, other is delivered by a separate person), approach and outcomes?
- How do you feel about this new initiative of CCs? What might its potential be?
- Which groups/types of carers do you think CCs are best suited and why? How might this group differ from those carers who may benefit from CfUC?
- For whom might CCs be less effective? Why?
- For whom might CfUC be more appropriate? Why? Who may be missing out if there is no CfUC just CCs?

### Training of staff at Carers Support W Sussex re CC

- Tell me how you developed the training and what it entails? What models/ frameworks/ concepts did you draw on in developing it and delivering it? (apart from coaching)
- Tell me how it was received by staff? How did you feel the training went?
- Overall, what has been successful and why? (number of sessions, timing of sessions, content of sessions – see later Qns - methods of delivery, size of group etc)
- How many staff have been trained? Was this the number you were expecting? Did you 'choose' the staff or were all the staff that came forward accepted onto the training? Who might not be suitable and why not?
- Are you rolling out this training/model with other third sector organisations?

### Delivery of training to staff

- Tell me about how you found delivering the Introduction session? Challenges?
- How did you find providing the 1-2-1s? Issues?
- Tell me about how you found the Reflective session? What kinds of issues came up for staff? What kind of issues did staff raise about impacts on carers?
- Its early days but.... In your view what works well and what needs to be worked on with the delivery of CC at Carers Support?

### Sustainability of CC

- Tell me about the costs of training and delivering CC. Do you think CC requires more or fewer resources?
- Why might a commissioner offer funding for CC? What 'value for money' – wellbeing and other - outcomes can it facilitate?
  - In your view does CfUC offer greater value for money? In what ways? Give examples?
- Are there any obstacles that still need to be overcome? By Carers Support, by staff, by coaches, etc.
  - e.g. *politics, workforce changes, working environment, culture, relationships, resources.*

**Final question:** Is there anything else you would like to add? Do you have any questions for me?

Thank you for your time

## Appendix C: Information Sheets

### Information Sheet: Coaching for Carers

Carers Support is investing in coaching related support, including Coaching for Carers, a service that has been commissioned by them from an external coach. To capture what impact this new service has on the carers who receive it, Carers Support has commissioned an evaluation from a team of University-based researchers.

#### *Why have I been invited to take part in the study?*

You have been invited to take part in this study because you have received, or are currently receiving, coaching for carers. We would like to speak to you - and other carers who have received this type of support - to hear about your experiences of it and how it has impacted on your life and wellbeing.

#### *If I wish to take part what will happen next?*

If you decide to take part, you will be invited to be **interviewed** by a member of the research team. The interview will last **between about 45 minutes and an hour**; it will be conducted via **Zoom or over the phone** (whichever suits you best). It will be recorded to enable us to write up the interviews.

It is entirely up to you whether you wish to be interviewed or not; it will make absolutely no difference to the service(s) you receive from Carers Support. Although Carers Support will let us have your contact information, they will *not know* whether you participate in the study or not. All the information collected from you and other carers will be anonymised; this means any identifying information about you or your family (or any staff or services) will not be revealed in our evaluation report.

If you agree to participate in the study, you will need to sign a consent form.

During the interview, you may tell us something that indicates that you, or someone else, is at risk of harm. If so, we will talk to you about the best thing to do, which might include telling someone else outside the research team about that concern.

#### *How will my information be stored?*

The University of Kent is the Sponsor (i.e. the organisation that supports the study). All study materials will be kept on University computers; these will be password protected. No one apart from the researchers will have access to what you discuss in the interview. All interview recordings will be destroyed at the end of the study.

The study is compliant with the Data Protection Act 2018 and the General Data Protection Regulations. University of Kent's privacy notice explaining how your personal information is used for research, is here: <https://research.kent.ac.uk/researchservices/privacy-notice/>

#### *What will happen to the results of the study?*

The research team will write up a report of the study findings. It will be shared with Carers Support. Whilst quotes from the interviews will be used in the report these will not be linked to any specific individual or interview. In place of actual names we will always use false names. The report may help to inform a larger bid for research funding from the Big Lottery.

#### *Contact*

For further information about the study, or if you have any questions about it, please contact Prof Alisoun Milne [a.j.milne@kent.ac.uk](mailto:a.j.milne@kent.ac.uk). If you wish to make a complaint about the conduct of this project (at any time) please contact Professor Karen Jones, email: [k.c.jones@kent.ac.uk](mailto:k.c.jones@kent.ac.uk)

Thank you for taking the time to read this information sheet.

## Information Sheet: Coaching Conversations

Carers Support is investing in coaching related support, including Coaching Conversations. To capture what impact this new service has on the carers who receive it, Carers Support has commissioned an evaluation from a team of University-based researchers.

### *Why have I been invited to take part in the study?*

You have been invited to take part in this study because you have received a Coaching Conversation. We would like to speak to you - and other carers who have received this type of support - to hear about your experiences of it and how it has impacted on your life and wellbeing.

### *If I wish to take part what will happen next?*

If you decide to take part, you will be invited to be **interviewed** by a member of the research team. The interview will last **between about 45 minutes and an hour**; it will be conducted via **Zoom or over the phone** (whichever suits you best). It will be recorded to enable us to write up the interviews.

It is entirely up to you whether you wish to be interviewed or not; it will make absolutely no difference to the service(s) you receive from Carers Support. Although Carers Support will let us have your contact information, they will *not know* about whether you take part in the study or not. All the information collected from you and other carers will be anonymised; this means any identifying information about you or your family (or any staff or services) will not be revealed in our evaluation report.

If you agree to participate in the study, you will need to sign a consent form.

During the interview, you may tell us something that indicates that you or someone else is at risk of harm. If so, we will talk to you about the best thing to do, which might include telling someone else outside the research team about that concern.

### *How will my information be stored?*

The University of Kent is the Sponsor (ie the organisation that supports the study). All study materials will be kept on University computers; these will be password protected. No one apart from the researchers will have access to what you discuss in the interview. All interview recordings will be destroyed at the end of the study.

*The study is compliant with the Data Protection Act 2018 and the General Data Protection Regulations. University of Kent's privacy notice explaining how your personal information is used for research, is here: <https://research.kent.ac.uk/researchservices/privacy-notice/>*

### *What will happen to the results of the study?*

The research team will write up a report of the study findings. It will be shared with Carers Support. Whilst quotes from the interviews will be used in the report these will not be linked to any specific individual or interview. In place of actual names we will always use false names. The report may inform a larger bid for research funding from the Big Lottery.

### *Contact*

For further information about the study, or if you have any questions about it, please contact Prof Alisoun Milne [a.j.milne@kent.ac.uk](mailto:a.j.milne@kent.ac.uk).

If you wish to make a complaint about the conduct of this project please contact Professor Karen Jones, email: [k.c.jones@kent.ac.uk](mailto:k.c.jones@kent.ac.uk)

Thank you for taking the time to read this information sheet.