

Coaching for Carers

Pilot Evaluation, April 2023

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.



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.

Reference:

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