

LEEDS BECKETT UNIVERSITY

CARERS LEEDS HEALTH & WELLBEING PROGRAMME EVALUATION

Ann-Marie Bunyan

Dr James Woodall

Dr Gary Raine

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1. Context

There are over 6 million carers in the UK (Carers UK, 2014) with over a million of these over the age of 85 (NHS England, 2014). With the number of people aged 80 and over set to double in the next twenty years (Office for National Statistics, 2015) the demand for family members to assume caring responsibilities is likely to increase.

Evidence consistently demonstrates that the role of a carer can be both emotionally and physically demanding (Department of Health, 2014). As an example, unpaid carers are twice as likely to have poorer physical and mental health compared to non-carers (Office for National Statistics, 2013). This has also been highlighted in the 2013 GP patient survey with carers reportedly experiencing high blood pressure, back problems, depression and higher levels of arthritis compared to non-carers. Qualitative research has also shown that people with caring responsibilities experience feelings of being overwhelmed, stress, sleep deprivation and social isolation (Greenwood and Mackenzie, 2010). In the 'Survey of Carers in Households', almost half of all carers who took part reported that their social life and personal relationships 'had been affected' due to their caring responsibilities (The Information Centre for Health and Social Care, 2010).

The NHS 5 year forward view (NHS England, 2014) recognises the significant impact the role of caring can have on carers, evidencing the need for greater support to be in place. The document builds on the legislation set out by the new Care Act (Care Act, 2014) which places onus on local authorities to assess and support carers. Both documents emphasise the need to engage communities by working with voluntary organisations and GP practices in order to identify carers and better support them. A vast number of carers do not easily identify themselves as carers, making it less likely that they will prioritise their own health or seek support (Greenwood and Mackenzie, 2010; Argyle, 2016). Carers often tend to place most of their attention on the person they are caring for, neglecting their own health needs in the process (Lee and Bell, 2011; Ussher et al, 2011). As a result, carers often lose out on fundamental support entitlements such as carers allowance and carer's assessments (Argyle, 2016).

The health of carers is an important social policy issue, and could become even more critical as the population continues to increase (NHS England, 2014). Indeed policy documents emphasise carers "critical and underappreciated contribution not only to loved ones, neighbours and friends, but to the very sustainability of the NHS itself" (NHS England, 2014). Moreover, health and social care policy is focused more broadly on keeping people in their own homes by increased use of community services and support for carers (Department of Health, 2014). That said, if long-term care policies are to be reliant on unpaid informal care more support services need to be in place to keep up with the demand.

2. Carers Leeds

Carers Leeds is an independent charity providing information, advice and support to unpaid adult carers. Working in partnership with community groups, local businesses and third sector organisations, Carers Leeds is able to provide a holistic network of general and specialised support for carers within the North and South East CCG areas of Leeds. The charity utilises professional expertise as well as the assets of sixty five volunteers.

As part of service provision, Carers Leeds was commissioned to deliver a Health and Wellbeing programme, with the aim of supporting carers to take care of their own physical and emotional health. Through one-to-one support and raising wider awareness of issues, carers are encouraged by Health and Wellbeing Support Workers to eat more healthily, be more physically active, cut down on alcohol and smoking, manage stress and anxiety and be more socially connected. Carers are offered between six and eight support sessions as part of the one to one intervention, where a worker enables carers to establish and prioritise their health goals by providing them with the relevant tools and guidance to be able to make changes. Interactions and progress is captured using various monitoring tools such as the Carers Star, pre and post evaluation data, a confidence ruler and health checks.

In May 2016, The Centre for Health Promotion Research at Leeds Beckett University was commissioned to evaluate the Health and Wellbeing programme to establish its impact on the health and wellbeing of carers in the city (residents located in the North and South and East Clinical Commissioning Group boundaries). The evaluation had two aims:

- I. To gain an understanding of the experiences of individual service users engaged in the Health and Wellbeing programme and its impacts on their health and wellbeing.
- II. To provide training and support to the Carers Leeds staff to enable capacity building for future self-evaluation.

This report highlights outcomes and learning from the Health and Wellbeing programme, focussing particularly on the service user experience.

3. Gathering Evidence

This section provides oversight of how data was gathered in this evaluation. Drawing on multiple sources, a holistic view of the Health and Wellbeing programme was ascertained.

3.1 Overall approach

Data collection and analysis involved four phases:

- I. An initial workshop to develop an understanding of the programme's Theory of Change (ToC). The Theory of Change approach is a way of modelling how change will happen in a programme or intervention (Judge and Bauld, 2001).
- II. An analysis of routine monitoring data gathered by Carers Leeds including end of course evaluation forms completed by carers attending groups.
- III. Telephone interviews with service users to ascertain their experiences of the programme.
- IV. Analysis of Carers Leeds Health and Wellbeing Support Workers' reflections on delivering the programme.

3.2 Ethical considerations

All aspects of the study were scrutinised and approved by the Leeds Beckett University Local Research Ethics Coordinator.

4. Findings

This section presents the findings from the four data gathering elements. These are presented separately for each part of the project. However the telephone interviews and the staff reflections are presented together due to similar themes that emerged.

4.1 Theory of Change workshop

This initial section presents staff views on the programme. Seven stakeholders (Carers Leeds staff) were brought together in July, 2016 to discuss key aspects of Carers Leeds' approach to supporting the health and wellbeing of carers in the city. The aim was to develop and tease out the programme's Theory of Change. The approach followed a process of co-construction between the evaluator and partner agencies (Green and South, 2006) and the following stages to develop the Theory of Change were broadly followed:

- a) Identification of long-term goals and the assumptions behind them.
- b) Backwards mapping to connect to the preconditions or requirements needed to achieve the goal.
- c) Identification of the actions undertaken to achieve the desired change.
- d) Developing indicators to measure outcomes to assess the performance of the initiative.
- e) Writing a narrative explaining the logic of the initiative.

The facilitated discussion was audio recorded to capture accurately the views of staff.

Thematic summary of the workshop discussion

The following themes presented are those that emerged through the workshop discussion. Where quotations have been used to illustrate issues, these have been anonymised to protect the participants.

Keeping carers caring

The group were in agreement that the overarching goal of the programme was to improve the health and wellbeing of carers. Health and wellbeing was defined as improving the physical and/or mental health of carers by tackling a broad spectrum of health issues and determinants (e.g. poor diet, smoking, social isolation, anxiety) relevant to the individual:

"It's about recognising that they (carers) can care for their own health, adopting more positive behaviours and prioritising their own health."

The group discussed several other aims of the Carers Leeds service, including: reducing health inequalities and, reducing unplanned hospital admissions, but it was acknowledged that these aims are difficult to evidence. Nonetheless, participants intuitively felt that by supporting and maintaining the health and wellbeing of carers it would have wider health and social benefits:

“The end goal would be that X amount of carers have improved their health and as a result we will have contributed to the health inequalities work, keeping people out of A&E (Accident and Emergency).”

Established (and establishing) credibility

Raising awareness of the programme was important and Carers Leeds' track-record and well-regarded history in the city was deemed a critical attribute to the success of their health and wellbeing programme of work. Being recognised as a credible organisation was perceived as a crucial first step in the pathway toward increasing referrals and thereby improving the health and wellbeing of carers:

“It's being very clear about what we can give people, what Carers Leeds is about; explaining our credentials...we are credible because we've been going twenty years, we've responded to what carers needs are. Carers drive our agenda. So it's making sure we are credible.”

Although Carers Leeds has been an established organisation for two decades, staff recognised that continuing to build and establish relationships with other organisations was crucial due to the fast and dynamic nature of the community and voluntary sector in Leeds. As an example, connecting with new social prescribing services that were being developed across the city were considered crucial to future success and attracting referrals. Workshop participants cited strong evidence where engagement with partners and organisations in order to promote the health and wellbeing of carers had already been established. Participants, for instance, discussed well-established networks that would allow for Carers Leeds to be able to raise awareness around carer's health and wellbeing and therefore enable wider and more diverse audiences to be reached. Utilising face-to-face methods of engagement with organisations was seen as being important for this to take place:

“Not contacting through email, a personal approach is better.”

However, the relatively short time frame in which the programme is commissioned was acknowledged as being a barrier to building and sustaining new relationships:

“We need to acknowledge that twelve months is a short time.... To invest a lot of time investing in building relationships and then things change, so we just have to keep building on it.”

Referral processes

Participants articulated that a strength of the referral criteria for carers wishing to engage in the programme was its potential to support of individuals with a range of health issues. This enabled a very inclusive service with wide-ranging appeal.

However this also offered challenges in terms of managing complex needs and meeting service-user expectation.

The programme offers several referral options, including self-referral and referrals through organisations. However one participant suggested that it would be beneficial to have a wider spectrum of organisations 'on board' with the service. Carers are less likely to self-refer and so having a greater number of organisations engaged with the wellbeing service would undoubtedly increase referrals:

"We need more people on board. More organisations referring clients."

In addition, it was also felt that outreach and health events were not to be dismissed as part of engaging potential clients and increasing referrals:

"We also have to think about other people we influence and not just those that attend one to ones (for example) outreach or health stalls we deliver."

The referral pathway was developing and it was evident that the Carers Leeds team were establishing the most efficient and effective ways to manage referrals into the service:

"Ideally we would like to put a flow chart together so that the referral process is clearer as a whole and the health and wellbeing service."

Several participants discussed some confusion in the current referral pathway and were keen to establish 'smoother' processes for those referring in. Targets had been set for the quantity of carers accessing the service and while some participants conceded that this figure may be ambitious, the team were clear in their emphasis that the quality of contact between Carers Leeds and carers across the city was key.

Tailored and bespoke client contact

The needs of carers once referred into the programme could cover a magnitude of health and social issues. These could vary from dietary advice and signposting and support, to more complex needs around social isolation, anxiety and confidence. Indeed, it was discussed by workshop participants that often the process of individuals talking through and sharing issues led to service-users 'opening-up' about their needs. This demonstrates the ability of the programme to establish and begin to tackle some of the root causes of ill-health that may have otherwise gone unnoticed:

"Sometimes flexibility of the service helps to drill down on what the real issues are with people that wouldn't otherwise have been recognised."

Several examples of success were provided:

CASE STUDY 1:
Female service user

Sue was referred to Carers Leeds with the initial goal of weight loss and improving energy levels. However after the Health and Wellbeing Support Worker was able to build up trust and rapport with the service user, it was apparent that there were a host of other issues including mental health preventing Sue from reaching her goal.

The Health and Wellbeing Support Worker supported Sue and together they created solutions to eradicate the barriers which were preventing her from eating more healthily. The Health and Wellbeing Support Worker provided advice and guidance allowing Sue to incorporate healthy meals into her day more easily. As a consequence, Sue reduced her fizzy drinks consumption substantially and started eating breakfast every day. Subsequently she lost weight, increased energy levels and is better able to manage her lifestyle.

CASE STUDY 2:
Female service user

When the Health and Wellbeing Support Worker initially visited Sabrina who has diabetes, Sabrina had very little knowledge around healthy eating, and her diet was heavily based around highly processed sugary foods.

The Health and Wellbeing Support Worker gave Sabrina the tools and support to help her to understand the impacts her diet is having on her health. As a consequence Sabrina has made changes to her diet and is committed to improving her and her family's lifestyle. She has made use of the resources she has been provided with; for example Sabrina has attached the Eat Well Plate to the fridge so that the whole family can understand what a healthy balanced diet is. She is now also able to plan her healthy meals on a daily basis.

One workshop participant stated that it can be difficult to document all of the service user's goals with barriers often surfacing several weeks into the programme. An example was provided where a service user aimed to lose weight but a multitude of secondary issues such as stress and social isolation meant that the individual needed a longer more intense programme of intervention. With this in mind, concerns were raised about gauging an appropriate time period to refer individuals back to another service:

“At what point do you refer them back to another service? (There's a) fine line. You have to work within your parameters. We need something that is measurable, we can't work with people indefinitely.”

Monitoring outcomes

A range of tools were utilised by the Carers Leeds team to document changes to the health and wellbeing of carers engaging with the programme. This included measuring individuals' health status at the beginning of any interaction and at the end of the 6-8 week engagement period. Issues such as dietary changes, levels of alcohol consumption, smoking status and levels of physical activity and wellbeing were all consistently and comprehensively gathered.

Capturing less tangible (qualitative) outcomes was viewed as much more challenging. Participants stated that it is often difficult to demonstrate the 'softer' outcomes of their work other than through observation followed by reflective note taking. There were concerns that evaluation data presented to commissioners would not demonstrate or reflect all of the work that had been delivered:

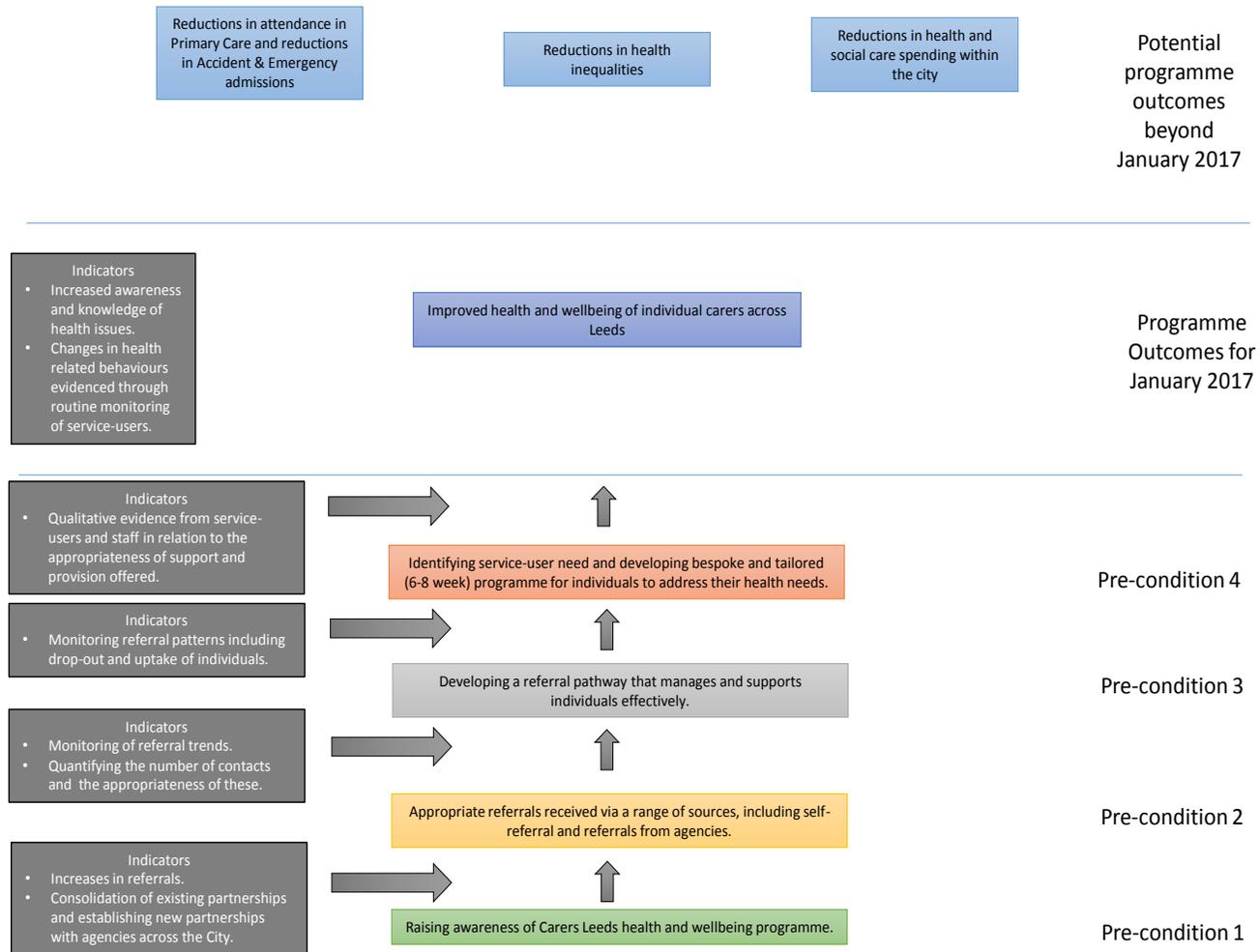
“Clients say I feel better after speaking to you, but how can you evidence that?”

Some members of the group suggested the use of case-studies, as well written or verbal diaries to document progress. It was also suggested that it would be helpful to invite a group of carers to take part in a focus group or telephone interviews toward the end of the project.

Carers Leeds health and wellbeing programme's theory of change

The following (Figure 1) is the theory of change, that was inferred from the workshop discussion. The Theory of Change suggests the preconditions necessary to achieve the programme aims for 2017.

Figure 1. Carers Leeds Health and Wellbeing Programme's Theory of Change



4.2 Quantitative monitoring data

This section presents data from April 2016 to February 2017 for a total of thirty one service users provided by Carers Leeds. The data included initial assessment which recorded goal setting, readiness to make a change and a mental wellbeing score. Mental wellbeing was calculated using the WHO-Five Wellbeing scale (World Health Organisation, 1998).

Demographic data

Between June 2016 to February 2017 nineteen individuals completed pre and post assessment. The following tables illustrate the demographic characteristics of the service users who took part in the programme. 14 (74%) of the service users were female, and 5 (26%) of the service users were male. It is worth noting that a higher percentage of females are likely to be unpaid carers compared to males in England and Wales (Office for National Statistics, 2013).

Over two thirds (79%) of the service users were White British (Figure 2) and the majority of service users were aged between 55 and 74 (Figure 3).

Figure 2. Ethnicity of service users

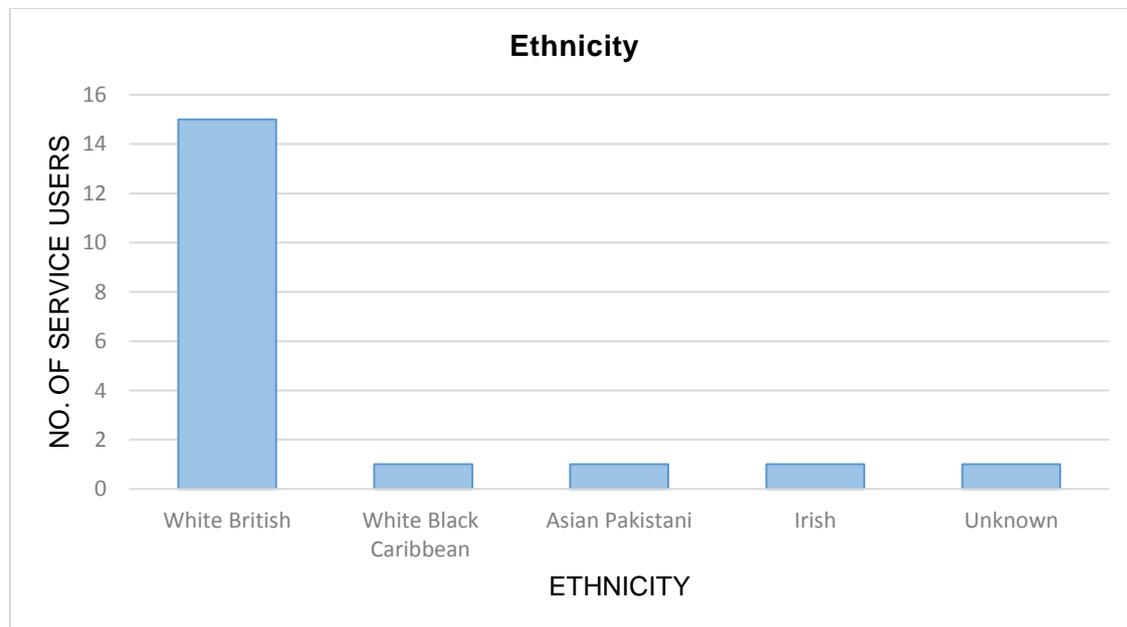
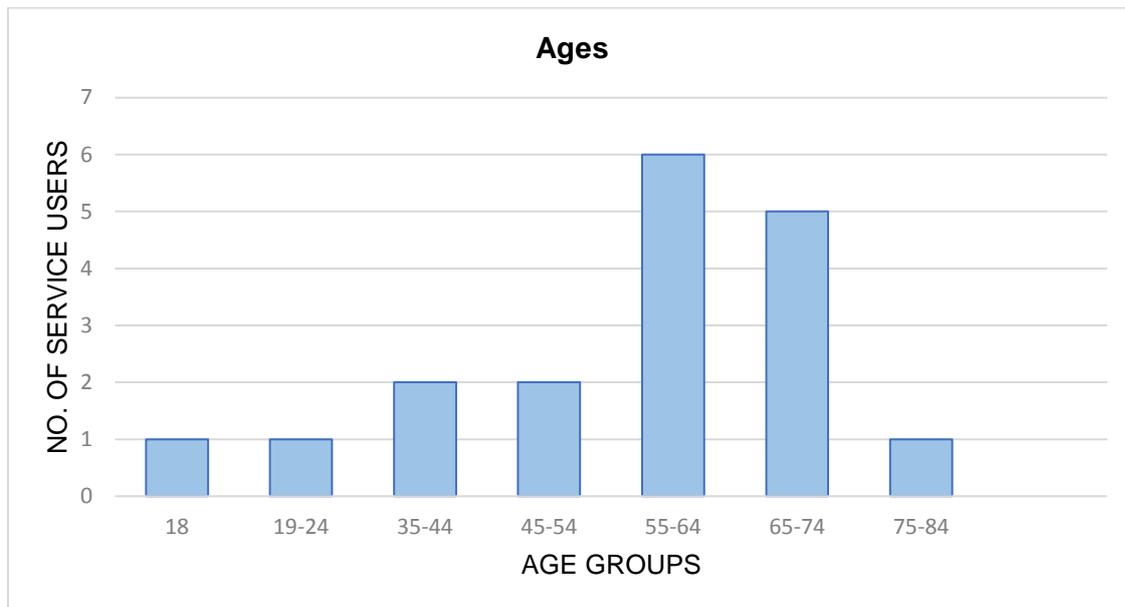


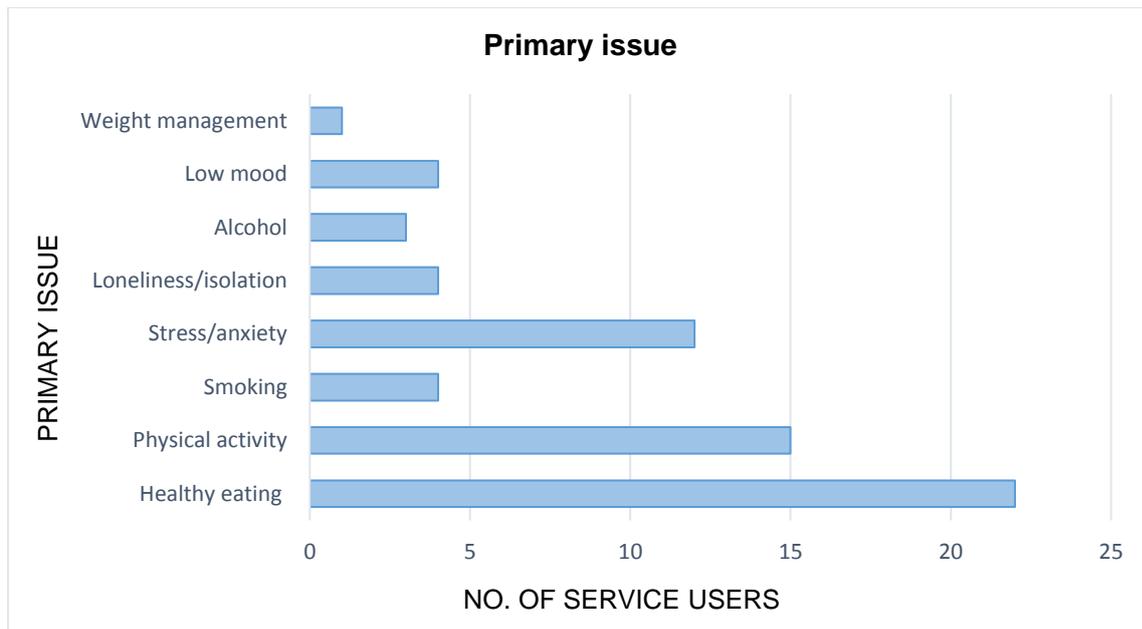
Figure 3. Age groups of service users



Goal setting

Service users were asked which primary issue/issues they wanted to receive support with or set goals around. As shown in figure 4, the issues with the highest proportion of individuals wanting to prioritise them were healthy eating, physical activity and mental wellbeing. Service users were able to select more than one priority, therefore individuals who selected healthy eating may also have selected mental wellbeing. Of the thirty one service users 22 (71%) individuals selected the primary issue as healthy eating, which was defined as an 'improvement in balance of food consumed/choices over average week'. 15 (48%) individuals selected physical activity as the primary issue, defined as an 'increase in moderate physical activity over average week' or an 'increase in vigorous activity over average week'. This was followed by 12 (39%) of the service users selecting mental wellbeing as a primary issue, which incorporated stress/anxiety, increasing access to social activities and increased confidence.

Figure 4. Primary issue of service users



Of the thirty one service users twelve of the individuals were still accessing the wellbeing programme during this evaluation (i.e. they had not completed the programme) and therefore could not be included in the pre (baseline initial assessment) and post (exit of programme) readiness to change scores or mental wellbeing scores. In total, nineteen service users provided complete readiness to change data and eighteen individuals provided complete wellbeing data at baseline and post stage.

Readiness to change

A readiness ruler from a scale of one to ten (one being low readiness, five to six being medium readiness and ten being high readiness) was used to assess the readiness of the service users in making changes. The readiness ruler was initiated at both baseline and post stage. Service users were asked 1) 'How important is it for you to make a change?' and 2) 'How confident do you feel that you can make changes to your lifestyle?'

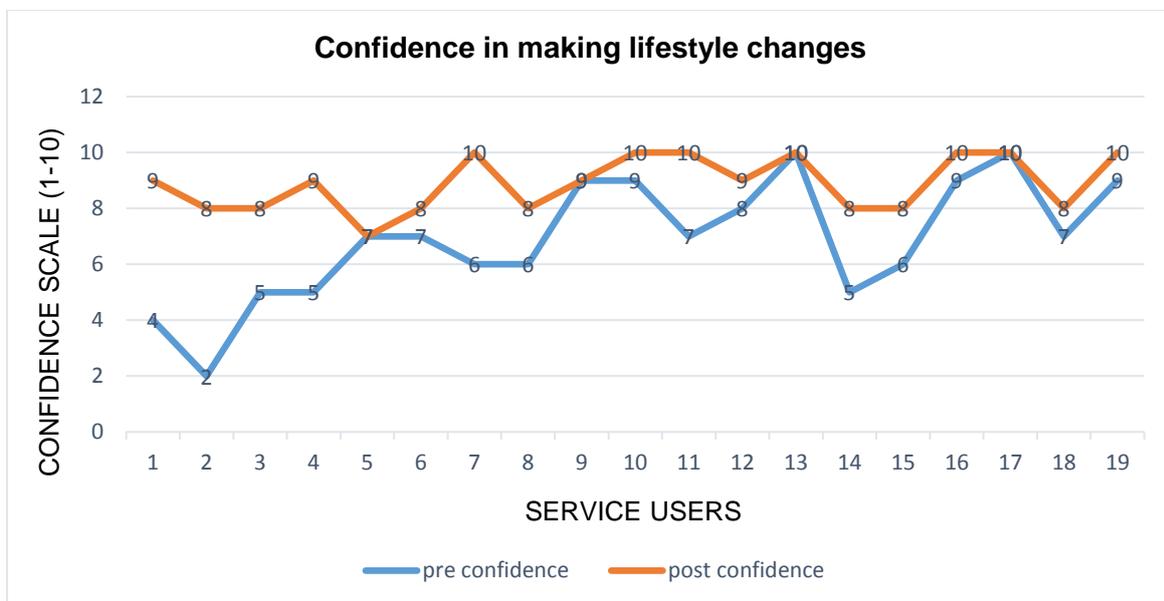
Question one: 'How important is it for you to make a change?'

All of the nineteen service users selected between 8 and 10 on the scale for question one at baseline. Of the nine individuals that scored below 10 at baseline, eight of those individuals selected a higher number (9 or 10) at post stage. One individual scored lower post stage by one point. These scores indicate that making a change was seen as high importance to the service users.

Question two: 'How confident do you feel that you can make changes to your lifestyle?'

Seven of the service users selected between 8 and 10 on the scale. The remaining twelve service users selected between 1 and 7 on the scale (63% of the service users). This indicates that although a higher proportion of service users felt it was highly important to make a change, over two thirds of the service users scored themselves a low to medium level of confidence in feeling they were able to make changes to lifestyle. Figure 5 shows that at the post stage all except one of the service users scored themselves between 7 and 10 in feeling confident to make changes. This indicates that at the post stage all of the service users had a high level of confidence in feeling that they were able to make changes to their lifestyle.

Figure 5. Confidence in making lifestyle changes (pre and post assessment)



Mental wellbeing score

Mental wellbeing was calculated using the WHO-Five Wellbeing (World Health Organisation, 1998) with five statements to indicate how an individual was feeling over the past two weeks. Each of the five items are rated on a 6-point Likert scale from 0 (= not present) to 5 (= constantly present). Scores are summated, with raw score ranging from 0 to 25. The scores are transformed to 0-100 by multiplying by 4, with higher scores meaning better wellbeing. In order to monitor possible changes in wellbeing, a 10% difference can be regarded as a significant change.

From the thirty one service users, twelve of the individuals were still accessing the wellbeing programme during this evaluation and therefore could not be included in the pre and post wellbeing scores. In total eighteen service users provided complete

wellbeing data at baseline and post stage. The average wellbeing score at baseline was 31.11 (SD=16.38). The highest score was 68 and the lowest was 8. At the post stage the average score was 48.89 (SD=13.48) with the highest score being 80 and the lowest 20.

The average change in score was 17.78 (SD=20.78) with a 95% confidence interval of 7.45 to 28.11, which is indicative of significant change. This is supported by the results of a paired t-test, which suggested there was a statistically significant improvement in wellbeing from baseline to post stage ($t=3.63$, $df=17$, $p=0.002$). The size of the improvement was large ($d>0.86$).

Out of the eighteen participants:

- Fourteen had an improved wellbeing score from baseline to post stage
- Four had a decrease in score

Out of the fourteen individuals that had an improved score, thirteen had a change in score of more than 10% which indicates a significant improvement in wellbeing.

The following results are based on those individuals who provided complete data at both baseline and post stage.

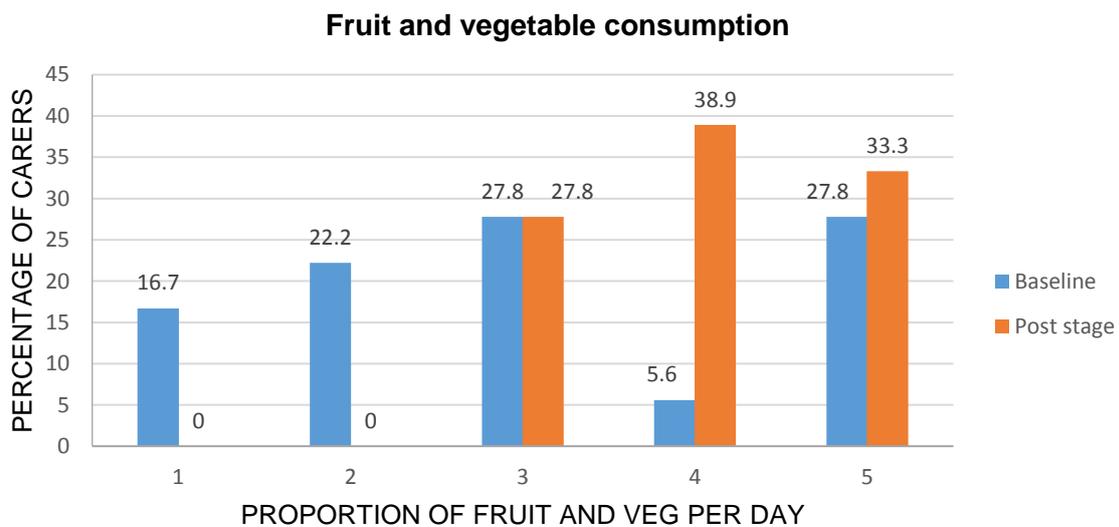
Daily fruit and vegetable consumption

Participants were asked how many portions of fruit and vegetables they ate each day, and 18 individuals provided both baseline and post stage data (30 provided baseline data only).

Figure 6 reveals that at baseline 39% (n=7) ate up to 2 portions of fruit or vegetables a day. At follow up, nobody ate less than 3 portions per day. The proportion of respondents stating they ate 4 portions increased from 6% (n=1) at baseline to 33% (n=7) after the programme. In total, 72% of respondents (n=13) ate fruit or vegetables either 4 or 5 times per day at post stage compared with a third at baseline (33%) (n=6).

Overall, fruit & vegetable consumption per day was significantly higher at post stage than at baseline (z=2.99, p =0.003).

Figure 6: Fruit and vegetable consumption (n=18)



Healthy eating

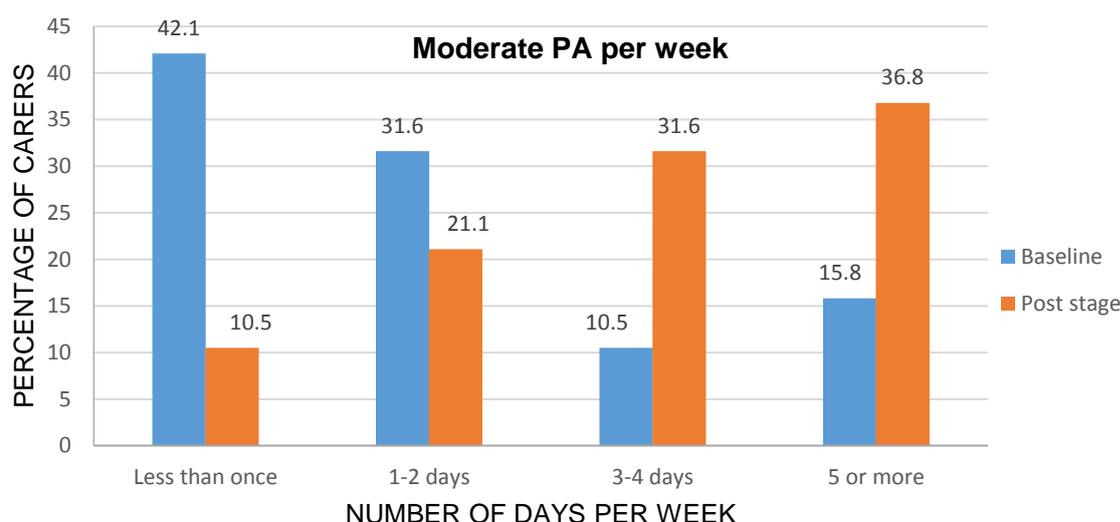
Out of 19 individuals who provided both baseline & post stage data, only 7 considered themselves to be a healthy eater when they started. However at post stage, a significantly higher number of participants (18 out of 19) said that they were a healthy eater (p=0.001).

Physical activity per week

Participants indicated how many days per week they usually took moderate intensity physical activity for 30 minutes or more. Nineteen individuals provided both baseline and post stage data.

Analysis revealed that the frequency of moderate physical activity per week was significantly higher at post stage than at baseline ($z=2.97$, $p=0.003$). As Figure 7 shows, the proportion of participants who reported taking moderate physical activity less than once a week decreased from 42% ($n=8$) at baseline to 11% ($n=2$) at post stage. In total, nearly three quarters of participants (74%, $n=14$) took moderate physical activity on 2 days or less at baseline compared to under a third at post stage (32%, $n=6$). In contrast, there was an increase between stages in the proportions of individuals taking physical activity on 3-4 days and 5 or more days. The proportion of participants who took moderate exercise on 5 or more days increased from 16% ($n=3$) at baseline to 37% ($n=7$) at the post stage.

Figure 7: Moderate physical activity per week (n=19)



Minutes of vigorous physical activity per week

Participants were further asked to give the number of minutes of vigorous exercise per week they took, and once again 19 individuals provided both baseline and post stage data. Table 1 shows that the number who 'Never' took vigorous physical activity decreased from 13 (68%) at baseline to 10 (53%) at the post stage. Conversely, 5 individuals took 50 or 60 minutes of vigorous physical activity at post stage compared to 2 individuals at baseline. However, analysis revealed there to be no statistically significant change in the number of minutes of vigorous exercise taken by participants between baseline and post stage ($z=1.80$, $p=0.07$).

Table 1: Minutes of vigorous physical activity per week (n=19)

Minutes of vigorous physical activity	Baseline N (%)	Post stage N (%)
Never	13 (68.4%)	10 (52.6%)
30	2 (10.5%)	1 (5.3%)
40	0	1 (5.3%)
50	1 (5.3%)	2 (10.5%)
60	1 (5.3%)	3 (15.8%)
70+	2 (10.5%)	2 (10.5%)

Smoking

Out of the 19 individuals who provided data at both stages, 4 were smoking at baseline compared to 3 at the post stage. Two other individuals had cut down the amount they smoked at the post stage.

Consumption of alcohol

Table 2 shows that 6 (out of 19) individuals (32%) drank 4 or more times a week at baseline compared to 1 person at post stage (5%). The number who 'never' drank alcohol increased from 3 (16%) at baseline to 6 (32%) at the post stage. Analysis revealed that participants drank alcohol significantly less often at post stage compared to baseline ($z=2.64$, $p=0.008$).

Table 2: Consumption of alcohol (n=19)

Drinking alcohol	Baseline N (%)	Post stage N (%)
Never	3 (15.8%)	6 (31.6%)
Monthly or less	6 (31.6%)	6 (31.6%)
2-4 times a month	2 (10.5%)	0
2-3 times a week	2 (10.5%)	6 (31.6%)
4 or more times a week	6 (31.6%)	1 (5.3%)

Units of alcohol

Participants also reported the number of units of alcohol they drank on a typical 'drinking' day. The results showed that participants drank significantly fewer units at post stage compared to baseline ($z=2.64$, $p=0.008$). As can be seen from Table 3, 5 individuals (36%) drank 7 or more units of alcohol on a typical 'drinking' day at

baseline compared to no individuals at post stage. The number drinking 1-2 units increased from 4 at baseline to 8 at the post stage.

Table 3: Units of alcohol participants drank on a typical 'drinking' day (n=14)

Units of alcohol	Baseline N (%)	Post stage N (%)
1-2	4 (28.6%)	8 (57.1%)
3-4	2 (14.3%)	4 (28.6%)
5-6	3 (21.4%)	2 (14.3%)
7-9	3 (21.4%)	0
10 or more	2 (14.3%)	0

Having 6 or more units on one occasion

Analysis revealed that participants drank 6 or more units on 1 occasion significantly less often at post stage compared to baseline ($z=2.55$, $p=0.01$). At baseline, 3 (out of 18) individuals (17%) were drinking 6 or more units 'daily or 'almost daily' compared to no participants at the post stage. The number of individuals drinking 6 or more units 'weekly' halved from 4 at baseline to 2 at the post stage (table 4).

Table 4: Drinking 6 or more units on 1 occasion (n=18)

Drinking 6 or more units on 1 occasion	Baseline N (%)	Post stage N (%)
Never	10 (55.6%)	13 (72.2%)
Less than monthly	1 (5.6%)	2 (11.1%)
Monthly	0	1 (5.6%)
Weekly	4 (22.2%)	2 (11.1%)
Daily or almost daily	3 (16.7%)	0

Awareness of the recommended maximum units of alcohol per week

The number of participants who were aware of the recommended maximum units of alcohol per week increased from 8 (out of 19) at baseline to 18 at post stage.

Social wellbeing

Participants reported how often they were socially active with family, friends or attended social activities. Out of the 19 individuals who provided data at both time points, the proportion who were socially active increased from approximately half (10) at baseline to nearly three quarters (14) at the post stage. Three individuals were socially active 'hardly ever' at baseline compared to 0 at post stage. Participants were social active significantly more often at post stage compared to baseline ($z=2.21$, $p=0.03$).

Table 5: Social activity of participants (n=19)

Socially active	Baseline N (%)	Post stage N (%)
Hardly ever	3 (15.8%)	0
At least once a month	2 (10.5%)	1 (5.3%)
At least once a fortnight	2 (10.5%)	1 (5.3%)
Once a week	2 (10.5%)	3 (15.8%)
More than twice a week	10 (52.6%)	14 (73.7%)

Mental wellbeing

Participants were asked a series of questions related to mental wellbeing. Findings revealed that:

- Participants felt cheerful and in good spirits significantly more often at post stage than at baseline ($z=3.29$, $p=0.001$) ($n=19$).
- Participants felt calm and relaxed significantly more often at post stage than at baseline ($z=2.63$, $p=0.008$) ($n=20$).
- Participants woke up fresh and rested significantly more often at post stage than at baseline ($z=2.65$, $p=0.008$) ($n=18$).
- Participants felt their daily life is filled with things that interest them significantly more often at post stage than at baseline ($z=2.03$, $p=0.042$) ($n=19$).
- However there was no significant difference between baseline and post stage in how often participants felt active & vigorous ($z=1.80$, $p=0.07$) ($n=18$).

Table 6 shows participants' responses to the mental wellbeing questions at baseline and post stage.

Table 6: Mental wellbeing of participants

	Cheerful & in good spirits (n=19)		Calm & relaxed (n=20)		Felt active & vigorous (n=18)		Woke up fresh & rested (n=18)		Daily life is filled with things that interest me (n=19)	
	B	P	B	P	B	P	B	P	B	P
All the time	0	0	0	1 (5%)	0	0	0	0	1 (5.3%)	0
Most of the time	2 (10.5%)	4 (21.1%)	3 (15%)	4 (20%)	3 (16.7%)	5 (27.8%)	1 (5.6%)	0	3 (15.8%)	4 (21.1%)
More than half of the time	3 (15.8%)	13 (68.4%)	1 (5%)	5 (25%)	1 (5.6%)	3 (16.7%)	0	5 (27.8)	2 (10.5%)	10 (52.6%)
Less than half the time	6 (31.6%)	2 (10.5%)	5 (25%)	6 (30%)	1 (5.6%)	2 (11.1%)	6 (33.3%)	8 (44.4%)	4 (21.1%)	0
Some of the time	8 (42.1%)	0	5 (25%)	3 (15%)	6 (33.3%)	7 (38.9%)	6 (33.3%)	3 (16.7%)	8 (42.1%)	5 (26.3%)
At no time	0	0	6 (30%)	1 (5%)	7 (38.9%)	1 (5.6%)	5 (27.8%)	2 (11.1%)	1 (5.3%)	0

4.3 Qualitative interviews

This section brings together the salient themes that emerged from the telephone interviews with the service users, as well as the Health and Wellbeing Support Workers reflections and conversations between the staff and carers. Quotations have been anonymised to protect the participants.

A total of 6 service users (5 female and 1 male) were interviewed by telephone between November 2016 and January 2017 in order to gather their views of the Health and Wellbeing programme. Interviewees were identified from Carers Leeds Health and Wellbeing Support Workers who approached service users to find out if they were willing to be interviewed by the Leeds Beckett team.

All interviews were recorded and transcribed. Transcriptions were then analysed thematically by the research team to generate salient themes that emerged from the data. Findings are illustrated with direct quotations from clients and Carers Leeds staff. The quotations have been left anonymous to protect participants.

Finally, staff recorded their daily reflections to provide their perspectives on how the Health and Wellbeing programme has impacted service users. Recordings were also taken from service users who the workers came into contact with during group sessions (such as walking groups). Notes were taken systematically from these recordings by the research team in order to provide supplementary evidence alongside the telephone interview data.

Increased recognition of own health needs

Prior to accessing the Health and Wellbeing programme most of the carers were accessing regular primary care services such as GP's, cognitive behavioural therapy practitioners and counsellors. Nevertheless some of those interviewed were not accessing any services whatsoever. Indeed many carers did not readily identify themselves as a carer per se:

"I found it quite hard to accept that I was a carer because I just thought that I was just looking after my dad, and that's what I wanted to do and they said 'no, you are a carer, you're helping out, he's relying on you so you are.'" (Male service user)

"I'd been caring for my mum when my mum was ill, then when I lost my mum it just became a continuation of looking after my dad and I thought well I'm living at home and I'm doing what I should be doing what I want to do, so no, I never accessed anything else." (Male service user)

Equally, some carers did not realise the extent to which their health had suffered as a consequence of being in a caring role. Consequently, many of the carers had been less likely to recognise the importance of taking care of their own health and wellbeing until becoming involved with the Health and Wellbeing programme. Once

involved with the programme, it allowed carers to recognise the impacts that caring had on their physical and mental health and that it was important to recognise the implications of what they were doing:

“She [Wellbeing Support Worker] just got me to think about the effects it was having on me, this constant caring role... it was someone for me to off-load to and make me realise that I was probably making myself ill trying to do and be everything and keep a full time job.” (Female service user)

“She did really make me look at my own health, and I do feel much better.” (Female service user)

Practical tools, such as wellbeing charts utilised by the support workers during one to one meetings meant that the issues carers were facing appeared much more tangible, placing greater emphasis on the fact that support was needed:

“The scores were fed into this diagram and they were able to do that there and then, it was just a simple equation and they were able to say this is what you’re missing out on, so that was it really helpful in terms of that, cos it was literally in black and white by the end of the meeting, it was much harder to dismiss things then because it was like a third party saying, ‘this is what you’re saying and this is the gap between where you’re coping and where you might need some help’, and it was able to identify very clearly where the help was needed.” (Male service user)

However the health and wellbeing tools were also seen as a way of highlighting areas of achievement, further boosting a positive state of mind:

“It was a boost because it [the chart] also illustrated, well I wasn’t only coping I was actually doing very well, so I felt very positive having left that meeting, there was no negative side to that.” (Male service user)

The Health and Wellbeing programme had seemingly encouraged greater health consciousness, as carers were better able to recognise the link between staying healthy and being able to look after themselves as well as for the cared for person:

“It’s made me realise that I’m getting older and I’ve got to look after myself as well as doing my best for my son...it’s like a realisation that if I don’t stay well, then I go down, who’s going to look after him?” (Female service user)

This increased recognition for keeping well and self-care led some of the carers to make sizeable changes in other areas of their life. For example, one carer stated that she had requested for her hours be reduced in her full time employed role to reduce some of the strain:

“You do deal with situations better if you feel stronger and healthier, and just more in control of yourself, [so] I’ve reduced my hours at work.” (Female service user)

Although being involved with the wellbeing programme had raised awareness of their own health needs, some carers felt that the service itself needed to be promoted to a greater degree as most were unaware of its existence prior to being referred to the programme:

“I think it [Carers Leeds] still has a reputation of it’s just where you go for a bit of respite, bit of a chat and a bit of advice on benefits and things or things that you could be applying for or... which I think is all valid but I don’t think that would have attracted me to go, so if I hadn’t have been referred I wouldn’t have realised just how much it is about looking at the whole person.” (Female service user)

“Having spoken to them I think a lot of people will be like me, will think you only go there for, because I haven’t got this particular benefit and I think if people are like me, that they don’t view themselves as a carer, then they won’t be in that network...I don’t think a lot of people will go through the door because they don’t think it’s for them.” (Female service user)

A genuine source of support

As part of the Health and Wellbeing programme the Health and Wellbeing Support Workers can provide carers with up to eight one to one sessions which allows the workers to build a good rapport with carers, and to gain a full understanding of the carer’s needs and the challenges that they face. In addition, staff are able to work outside of the standard office hours and visit carers at their home or at neutral locations. Subsequently a more comprehensive support package can be put in place in comparison to Primary Care based services which often work under time constraints and other limitations:

“I wish carers got more support from the GP’s. I go if I really need to go, but I hate even having to just ring them...It’s a big difference. Because it’s [Carers Leeds] so personal and they seem to care about you as a person. And the surgery has got to do their job in ten minutes and that’s it.” (Female service user)

The accessibility of the Health and Wellbeing Support Workers was appreciated by carers. For many of the carers it gave them a sense that someone genuinely cared about them and that they had a reliable point of contact if they required further help and advice:

“It’s good you know, I’m still out there so somebody’s still keeping an eye on how I’m doing and I think if I did have a big relapse and I needed help then I would email and say this has happened, what can I do? She’s a good point of contact and really caring and helpful.” (Female service user)

“I just felt I had somebody, just somebody. Somebody that cared actually.” (Female service user)

One individual experienced a sense of relief in that by having time with a Health and Wellbeing Support Worker she was finally able to discuss how she was feeling and for those feelings to be validated:

“It was great to just off-load everything at first. It was nice to have someone that was really calm and just talked to me, telling me that it was normal to feel like I did.” (Female service user)

Carers also felt that the staff allowed them to discuss their issues freely without feeling that they were being a ‘burden’:

“It’s nice to have somebody there who isn’t known to you... I am lucky I have one or two really good friends, but the way I feel now, they are actually older than I am now, I’m 71, they’re older than me and they have their own problems, you don’t want to burden onto them and if it’s your family you don’t want to burden onto them either because they’re young and they have enough burdens to carry when we’re not around, do you know what I mean... and you just don’t want to burden.” (Female service user)

Something that appealed to the carers was the non-judgemental approach taken by the Health and Wellbeing Support Workers which made the carers feel like they were being supported and encouraged rather than being criticised or judged:

“...it was very supportive, there was no criticism it was more of helping hand than anything else.” (Male service user)

Feedback from carers who had attended group workshops also reflected this sense of not feeling judged:

“The session was very inclusive. I felt like I could share my experiences with [Support Worker] and the group and not feel judged. The session was relaxed but very informative.” (Workshop attendee)

“The session was really relaxed and informative. Sometimes when you go to groups like this you can feel like you are being judged. Being with people who share the same goals has helped me a lot. The facilitators have been flexible to the needs of the carers and also made examples of how as a carer your health and wellbeing can be affected.” (Workshop attendee)

Carers perceived that the time they were spending with the Health and Wellbeing Support Workers was about being guided in making better choices rather than having choices prescribed, or dictated to them. The approach was more holistic compared to visiting the GP for example, focusing on wellbeing overall. Carers felt less pressure than if they were to visit a GP, nutrition or fitness professional:

“I said the best thing was if I’d been going somewhere where my goal was to lose weight, that was where I was going, say a gym or a nutritionist or a doctor or whatever, I know it would have magnified the pressures that I was feeling and it wouldn’t have worked but because I was going to Carers Leeds

and it became a discussion about my general wellbeing that pressure didn't feel there." (Male service user)

One carer compared the support from the wellbeing team with that of a commercial personal trainer. The guidance provided by the support workers was experienced as being much more genuine without hidden agendas such as financial or career gains, and using more of a nurturing approach rather than forceful:

"It felt like guidance rather than booking a personal trainer who was... 'cos that doesn't work for me that kind of approach, almost bullying approach, but just going to talk things through with somebody and keeping the goals at the back of my mind and knowing that Carers Leeds had decided on this option rather than that being their job, they're a personal trainer and they're wanting to meet their own goals, it felt very much more organic and holistic." (Male service user)

Increased control

A reoccurring theme amongst the carers was that their involvement with the Health and Wellbeing programme had given them a sense of increased control over their life. The Health and Wellbeing Support Workers helped the carers to focus on one or two areas of their life rather than them feeling bombarded and overwhelmed. Almost all of the carers made reference to the fact that realistic and achievable goals were set during the one to one meetings. This is likely due to the fact that goals were negotiated together between the worker and the carer. This collaborative way of working made the carers more likely to adhere and make positive changes:

"[Support Worker] didn't set me big and unrealistic goals but instead gave me goals that were small and reachable but overtime made a huge impact. As [Support Worker] would always quote, I'm making small steps to achieve greater things." (Female service user)

"She set me like small realistic goals that I could achieve because I've also got this condition called Polycystic Ovaries Syndrome and it's a hormonal disorder and really affects me and my moods and I suffer with depression and she understood and she helped me like set realistic goals." (Female service user)

Rather than dictating to carers what they should or should not do, the workers facilitated change by suggesting simple practical solutions to everyday challenges:

"She said why don't you get a cleaner? Why are you doing it all? It was like a dah dah moment. Why have I not thought of this? Because it does take the pressure off me. I've got a house of my own to clean and a full time job, and I was going there and doing his. I used to get so angry with him. But the cleaner doesn't that's what they are paid for." (Female service user)

Reduced isolation

In the staff reflections, some of the staff reflected on the challenges that carers face in terms of not always being able to get out of the house due to the practical and financial implications of caring, consequently exacerbating feelings of social isolation and limiting access to various services. The wellbeing team provide home and GP surgery visits and are able to accompany carers to groups, classes and appointments which addresses access issues as well as increases the confidence of carers wanting to attend groups that they may not have otherwise done so:

“It’s made me think about me and given me that push to go out and meet other people, meet new people, if that’s another thing. And made me think a bit more about myself... I don’t think about myself like that, so this made me think a little bit more about that.” (Female service user)

“It’s opened a new network of...well I won’t say friends, but I have met other people there who I keep in contact with, and you can’t have too many people in the same circumstances.” (Female service user)

For many of the carers the wellbeing programme had indeed given them a sense of reduced isolation and greater independence by being able to make time for themselves and attend groups such as walking groups:

“I wanted to get out of the house. I needed to get out of the house...me and my husband used to dance... since he [husband] has been diagnosed with rheumatoid arthritis that’s all gone and he gets into a stage where he doesn’t even want to go out of the house and that’s very hard for me because I enjoy meeting people, I enjoy going out.” (Female service user)

“It’s important for a carer to have their own time and place to go where they haven’t got that pressure of caring all the time, twenty four seven.” (Female service user)

One lady eloquently described how by being able to attend a walking group she was able to maintain her identity, which she previously felt had somewhat been lost through her role as a carer:

“The walking group has been like a saviour to me because it has given me something to look forward to once a month. Where I know for those 2 hours, I can focus on me and I don’t have to worry about whom I care for. I often feel very lonely and trapped in the four walls of my home as my caring responsibilities takes over my life, but since starting this walking group, it has given me a sense of purpose and revived my identify that I thought I once lost.” (Female service user)

Improved confidence

A major theme that transpired from the service user interviews was that there had been a noticeable increase in confidence and a boost in self-esteem as a result of

being involved with the wellbeing programme. This was often as a result of other outcomes such as weight loss, changes in lifestyle or new found knowledge around healthy eating:

“Its brought back quite a lot of my self-esteem being able to wear clothes that I got too big for, being able to buy some new clothes, ...because I’m quite a confident person, I think on the outside people wouldn’t have been aware of that dip that I was under, whereas now it feels from the inside that I feel just much brighter, feeling less heavy emotionally and physically.” (Male service user)

Having their efforts of having made changes recognised only served to boost confidence further. In addition, the positive changes experienced by the carers only strengthened their determination to continue to modify behaviour and improve health:

“...but then they (the GP) noticed, last time I went they turned round and said to me, you look like you’ve lost weight, and that was good to hear.” (Female service user)

“I feel a lot more confident in my appearance now. I believe I’m a lot more capable to be able to uphold this lifestyle change. Having [Wellbeing Support Worker] motivate me and believing that I could achieve these goals, has given me the inspiration to believe in myself and work hard for what I want and now look at me.” (Female service user)

Many of the carers had increased their knowledge and awareness around food and nutrition allowing them to make better choices:

“It made me more aware of eating healthy and it’s really improved my confidence more and because I achieved my goals that she set, I’ve just been more determined to carry on with it.” (Female service user)

“That was another thing through this eight week course, the tracking system, I never even thought of that, I’ve seen it the tracking system on the packaging like bread and stuff like that, the greens and the reds, that’s very useful. That was something I wouldn’t have even have thought of...” (Female service user)

Having this increased knowledge also led to greater confidence around more practical elements of healthy lifestyle such as preparing healthy meals:

“Before, I used to eat ready meals, but since working with [Support Worker] I feel a lot more confident now to cook my own meals from scratch”. (Female service user)

“I really think I have the confidence now to cook this meal from scratch and on my own, and by doing this I can give my body the right nutrients it needs everyday”. (Female service user)

In addition, taking up activities often led to some individuals feeling confident enough to take up other health related activities that they previously felt unable to do:

“I was too self-conscious to join a gym but I said I did used to really like playing badminton...I did start playing badminton on a Sunday morning with my daughter and we just laughed the whole time, it was like a feel-good factor...I then I have actually joined [a gym] and it does loads of classes. Again, it’s the fun side of things and you get to know people and things...and I’m loving it, and I find the time now.” (Female service user)

Carers also felt more able to deal with life challenges:

“Obviously things at home haven’t changed, it’s got a little bit worse. But I feel more able to deal with it.” (Female service user)

For some carers the confidence that they had gained had led to more profound changes. For example one individual had been able to completely discontinue the use of her depression medication:

“I’ve come off medication. I’m now more positive. I’ve started going to yoga classes that I wanted to do, doing things that I wanted to do, making time for that....when I first went there I wanted some medication, something to help me get through it all. Which as it all turned out, everything’s totally turned on the other way, I’ve come off it. Yeah it’s fine now.” (Female service user)

Impacts on family members

The positive changes that carers have experienced since being involved with the Health and Wellbeing programme has also been reflected within their close relationships. For example, many individuals described how they have been able to pass on healthy lifestyle information to their family members potentially positively impacting on their family’s health too:

“From what you have taught me today with the ‘Eat Well Guide’, I can use that to educate my Dad, who I care for; so not only does this benefit me and my health, but it will benefit my Dad’s health too.” (Male service user)

“You’re teaching me and I’m teaching him.” (Male service user)

The Health and Wellbeing Support Workers referred to this as the ‘domino effect’ with the carers family members being more able to get involved with the health intervention due to the flexible nature of the Wellbeing team, ultimately allowing the carers to teach family members what they themselves have learnt:

“I’ve helped my mum as well cos like she never use to eat breakfast or lunch, because while I was out, she’s never had a big appetite, but we’ve really helped each other and encouraged each other, because while I’ve done lunch she’s eaten lunch so it’s helped us both.” (Female service user)

“We’ve also made recipes together because (Support Worker) introduced me to the Change4Life app and we’ve downloaded that and then we’ve made

quite a few recipes on there so me and my mum have actually worked together and enjoyed doing it together.” (Female service user)

Some carers stated that their involvement in the programme had also resulted in improved relationships. For example, better channels of communication between family members was evident as well as eased tensions due to carers being able to better prioritise their time with loved ones:

*“I mean I have a good relationship with my dad, I do, but it’s brought some more positive feeling into the house so that’s just bolstered everything.”
(Male service user)*

“A definite improvement with my husband, because it used to annoy him that that all my time was taken up with looking after [son]. He is happy that I am taking better care of myself which has eased a lot of the tension.” (Female service user)

CASE STUDY 3:

Male service user

David is a working carer who cares for his dad full time. David was previously classified as obese, smoked and in his own words, “lived a very unhealthy lifestyle.” David also struggled to manage his finances and found it difficult to budget for food shopping.

David approached the Health and Wellbeing team as he felt at a stage where he was ready to make positive health changes, but needed support and guidance. He decided that he wanted to lose weight and improve his diet.

David worked alongside the Health and Wellbeing Support Worker across 6 sessions. She provided him with the resources he needed to record food intake, plan his meals and educated him about healthy diet. The Support Worker also provided David with information about portion sizes as well as going along to the local supermarket with him to help him understand more about food labels and selecting healthier foods.

Since completing the programme David has reached his target weight loss goal. He has been able to apply what he has learnt about healthy diet into his day to day life and his confidence has increased greatly. Consequently David has joined a local gym and has become more physically active per se.

“Since working with David throughout this journey, I have seen his confidence grow week by week, from the way that he looks, the way he talks and how his attitude is thriving with positivity.” (Health and Wellbeing Support Worker)

The Wellbeing programme has also impacted David’s relationships:

“The programme that I am participating in is not only improving my weight loss and wellbeing but it is producing a very positive impact on my dad. Because when I go home and share my positive experience with him, he engages with me and for a short time a least, it lifts his mood.” (David)

Increased access to services through partnership work

The Health and Wellbeing team have worked in partnership with several other organisations which has allowed them to be able to respond to carers needs resulting in some extremely positive outcomes.

For example, Carers Leeds worked alongside the IAPT service (Improving Access to Psychological therapies) to deliver a Stress Control and Mood Management course. For some of the carers the opportunity or inclination to attend such courses may not have otherwise arisen:

“Haven’t had anything like this before from Carers Leeds, when I received this in the post it made me smile to know that I have the opportunity to attend sessions like this.” (Female service user)

Courses such as the Stress Control and Mood Management Course have been a welcome addition to the Wellbeing programme offerings, and many of the individuals hugely appreciated the space the course gave them to learn how to better manage their mental health, spend time and share experiences with other individuals who are experiencing similar challenges and to feel more able to cope with their role as a carer:

“This has given me the chance to come and learn new techniques of coping with stress and anxiety, I suffer from panic attacks so this has been quite influential to my learning. It’s nice to also come to a group where I don’t always have to speak about my personal problems yet know that I am surrounded by people who share the same feelings, thoughts and emotions.” (Female service user)

“I’m finding it hard to cope. Coming to sessions gives me a route of escape and time to look after my own mental health which I haven’t had before in the past. Knowing that I have the support allows me to think positively and see that there is a light at the end of the tunnel. Change won’t happen overnight but I know I have the tools to help myself.” (Female service user)

Evaluation feedback from service users who attended groups

“I feel that there are a lot of improvements I can make to improve my mood and have a healthier balanced diet. I feel that I do drink too much caffeine and now I realise that isn't going to help with my anxiety. I also skip meals which ultimately leave me feeling low and lacking of energy. Understanding what foods will promote energy boost has been really helpful.” (Food and Mood workshop participant)

“My husband sometimes won't get out of bed and have breakfast but sometimes when he does have breakfast he feels in a better mood. I understand the knock on effect not having breakfast now has and I will be making sure that I have some 'brain boosting food' to include into his daily diet.” (Food and Mood workshop participant)

“I like the healthy eating advice but also the fact that there was mindfulness included. Sometimes when you are caring it is quite easy to get wrapped up in negative thoughts and feelings. This session allows me to try to be more mindful of that and think slightly more positive.” (End of course evaluation)

“I found that the stress and anxiety session really helped me to understand my triggers and make adjustments. I always feel very negative when I am at home and I do a lot of negative self-talk. I am now setting myself a goal to think more highly of myself and say more positive affirmations.” (Parent Carer course participant)

“At times of stress, I use the CBT methods to put things into perspective. I am going to not let stress run away with itself and look back at my information that has been provided and reassure myself if I feel that I am over thinking things.” (Stress Control and Mood Management participant)

As a result of partnership working, Carers Leeds is now able to offer such sessions more widely allowing for greater uptake, as those living on the outskirts of the city centre (e.g. Wetherby) had previously been reluctant to attend city centre based sessions due to travel time and cost:

“It's [City Centre] too far in the time I've got available.” (Female service user)

In addition the partnership work allows for a greater range of days and times to be available to carers making attendance easier for them:

“I'm a carer for someone with Alzheimer's and last year I had a heart attack. The consultant said it was mainly stress induced. And it's on a Tuesday when my husband is in day care, so it was easy for me to come, I didn't have to get any care.” (Female service user)

Carers Leeds has also worked in partnership with the Leeds Ministry of Food to access practical cooking sessions. The sessions have been particularly useful for male carers who had not previously been the primary cook within the household:

“The general response from men has been that their wives used to be the primary cook, and they never used to really cook, so it was always down to the wife and that was their responsibility. And now that they are now the primary carer they need to learn new skills. They need to build confidence and learn new recipes so that they can have a decent meal as well as provide their cared for person with a decent meal. He wants to keep his wife healthy but also himself healthy so that he can keep caring.” (Health and Wellbeing Support Worker)

5. Conclusion and learning

This evaluation report provides evidence that shows tangible and meaningful support being provided to carers, and that this is positively impacting on their own health and wellbeing. The impact of the Health and Wellbeing programme was confirmed through both the qualitative and quantitative information that was gathered. The evaluation has sought to provide both a viewpoint of the Health and Wellbeing programme from the perspective of those directly involved in delivering and those receiving support from the service. As an evaluation team, we feel that the evidence gathered from this report demonstrates the valuable contribution of the service to improving the health of carers within the North and South East CCG areas of Leeds.

The evaluation commenced with generating a programme logic or Theory of Change which was used as an evaluative framework and to guide questioning and enquiry. While it was beyond the scope of the evaluation to measure longer-term changes in, for example, carers' level of access to A&E services or reductions in health and social care spending, the data we have gathered supports the Theory of Change and therefore direction of travel toward these longer-term aspirations. Further longitudinal assessment will be needed however to verify this.

The findings have highlighted many positive health and social outcomes for individuals engaged with the Health and Wellbeing programme, ranging from reduced social isolation to increased confidence. The major goals of the carers involved with the wellbeing programme included making changes to improve diet and physical activity levels as well as mental wellbeing. Indeed the monitoring data showed that there was a statistically significant improvement in individual's health and wellbeing from baseline to exiting the wellbeing programme and the shift in improvements was sizeable. For example, in relation to dietary intake fruit and vegetable consumption was significantly higher amongst carers on exiting the Health and Wellbeing programme compared to baseline. The available data showed that on exiting the programme none of the carers consumed less than 3 portions of fruit and vegetables per day, compared with 39% of the carers consuming only up to two portions at baseline. In addition, the number of carers eating fruit and vegetables four or five times per day more than doubled from baseline to exit.

Changes in physical activity were also apparent amongst the carers. For example 37% of the carers reported taking part on moderate physical activity for thirty minutes or more, five or more days per week compared with only 16% of the carers at baseline, which was a significant increase. In relation to smoking habits and alcohol intake, the available data indicated that the Health and Wellbeing programme led to the cessation of smoking for one individual, and a further two individuals reduced the number of cigarettes they smoked per day. With smoking being an incredibly difficult habit to quit this is a momentous outcome within a short period of time. Similar positive outcomes were also seen in alcohol consumption with the carers drinking

alcohol significantly less times per week and significantly less units of alcohol on a 'typical drinking day'.

The monitoring data showed that carers reported being significantly more socially active on exiting the programme compared with baseline. Carers also reported better mental wellbeing; for example carers felt cheerful and in good spirits, calm and relaxed significantly more often. The qualitative data showed that for many of the carers being involved with the Health and Wellbeing programme had resulted in wider social networks, feelings of reduced social isolation, increased confidence and healthier lifestyles often due to improved access to services and increased knowledge around nutrition and healthy lifestyle. Clearly the themes that transpired here are inextricably linked in that the improvements in mental wellbeing have led to healthier lifestyle and vice versa, which highlights how imperative a holistic service is when making any kind of impact on the health of carers.

One of the more notable outcomes of the evaluation was that individuals who were previously unable to distinguish themselves as a carer had been able to recognise how vital it is to take care of their own health. This can be largely credited to the bespoke nature of the wellbeing service in that workers are able to establish purposeful relationships with the service users allowing them to tackle issues that may otherwise have been unrecognised by other services.

The readiness for change ruler showed that carers had a low level of confidence in making lifestyle changes at the initial assessment stage and this greatly increased after being involved with the Health and Wellbeing programme. This indicates that while many carers may not initially have the tools, resources and knowledge to be able to implement changes, services such as the one evaluated here are clearly able to provide a wide range of expert support to help them to do so. The interviews with the carers reflected this, in that many individuals experienced an increased sense of control over managing their situation as a result of the guidance provided by the Health and Wellbeing Support Workers. In addition, confidence levels improved due to other health outcomes that the programme induced. That is that individuals were able to make changes within many areas of their lives (healthy eating, social isolation) ultimately serving to increase confidence and wellbeing as a whole.

Learning from the Health and Wellbeing programme

The Health and Wellbeing programme has successfully established and developed an effective programme to engage carers with a range of complex needs. From that there are some learning points for consideration for future projects. These are discussed below:

- The Health and Wellbeing programme has been delivered by experienced and highly skilled workers who have been able to develop trusting

relationships with carers with complex multiple needs. The quality of workers should continue to be of paramount importance to continue delivering a successful programme such as the Health and Wellbeing programme evaluated here.

- The partnership work undertaken by Carers Leeds has been a key factor in being able to interact with carers more widely from a locality perspective and those carers who may be initially harder to engage. Carers Leeds should continue to foster solid relationships with other organisations. In addition, the service should be more widely promoted to attract on-going referrals.
- Although Carers Leeds currently provide support for Black and Minority Ethnic communities (BME) through partnership work, the majority of service users utilising the Health and Wellbeing programme were white British females. Carers Leeds may wish to develop strategies to engage other organisations in order to increase referrals from BME communities.

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