

COACHING TO EQUIP AND EMPOWER CARERS TO MAINTAIN THEIR EMOTIONAL HEALTH AND WELLBEING

FOLLOW UP PROJECT TO EXPLORE SUSTAINABILITY OF BENEFITS – FEBRUARY/MARCH 2017

INTRODUCTION

The NHS Grampian Carers Information Strategy provided funding in 2014 for the project “Coaching to equip and empower carers to maintain their emotional health and wellbeing”. This was completed in June 2016 and a report was submitted. The evaluation demonstrated that all the carers who took part in the project gained significantly from the coaching they received. However, while the coaching was shown to be successful the question of sustainability of benefits remained.

Funding was provided to follow up the carers in the initial project in order to explore whether or not the benefits they had gained were maintained and if they were maintained what had led to that.

This report summarises the findings of the follow-up which took place in February and March 2017.

METHOD

Twelve carers participated in the initial project and 10 took part in the follow-up.

One carer had suffered a bereavement during the initial project. This carer continued with coaching even though he had lost his wife for whom he was the carer but he was not included in the follow-up project.

A second carer felt unable to commit the time to participate in the follow-up.

Two sessions were offered to the carers who agreed to take part. One session was planned to complete a questionnaire (Appendix 1) and a second session was offered as an opportunity to provide a “refresher” or to support the carer with new issues. In the event there was no requirement for second sessions. The process of completing the questionnaire provided sufficient opportunity for all the carers to raise and deal with areas they wished to address or explore.

SUMMARY OF FINDINGS

1. How are things generally?

For all the carers, it was notable how much change had taken place in their lives in the 6 to 9 months since their coaching sessions had finished. The changes they had been faced with ranged from crises in their house, redundancy and financial pressure, significant health issues for both themselves and the person they care for, major deterioration in the condition of the cared for person, the transition from being cared for at home to moving into very sheltered housing, as well as a number of other pressures which are part and parcel of normal life.

The picture for all the carers was of a degree of instability and turmoil in their lives often over and above the challenges associated with their caring role.

2. How have you been coping?

There was a mixture of responses to this question and where there had been a significant event eg redundancy, the ability to cope generally was diminished. Six of the carers were positive. One reported “coping quite well and I am optimistic that things will work out. I am putting things in place for the future

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so that things will run smoothly – that feels good.” Another said “I am coping pretty well depending on how I feel eg. if I have had enough sleep.” Another carer described how she had been more assertive with professionals which resulted in her feeling validated in her views.

3. How did the coaching help?

a) Anything specific

The use of tools offered during coaching was mentioned by all the carers and on several occasions, they described these tools very clearly. They demonstrated that they had a good understanding and were indeed genuine in their feedback rather than just attempting to please.

There was a very noticeable shift in attitudes to self, self-awareness and recognition of the need to take care of themselves. A few of the descriptions are listed below and are representative of many more statements:-

“I used to feel I was to blame for everything but now I realise I’m not. It helped me to start thinking about myself.”

“Having heightened self-awareness and recognition of the need to take care of myself”.

“The coaching made all the difference – I gained confidence in myself and what I was thinking.”

“I have become more assertive about what works for me for example when professionals say they are coming to do something”.

“I feel I may have avoided medication by the coaching and I haven’t needed my GP for some time.”

“It helped me to see what was inside me and that I hadn’t noticed. It showed me a path and helped me to identify what to do”.

Another described “taking more time for myself”. She had lots of fun with a group every week and had started volunteering 2 hours per week which she also enjoyed.

The ability to manage emotions and manage stress was also mentioned several times. One described “It’s OK to feel guilty and angry” and also knew how to deal with these emotions so they “don’t make things worse”. Trying to live in the moment and not dwell too much on what might happen in the future as well as not “getting drawn into negotiating or persuading” was how one carer described things.

Another carer described something similar in that she had learned to manage her hopes and expectations which in the past had often led to disappointment.

One carer who had faced some very difficult times talked about pausing and taking deep breaths enabling her to “step back and calm down before reacting.”

Exploring what can be controlled and what can only be influenced was a tool that was remembered. One carer said she had realised that she couldn’t control everything and in a way, this led her to feel freer once she became accustomed to it.

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b) How did you retain the benefits?

It was clear that the carers in the project had made some effort to retain the benefits and one described a feeling of personal accountability by saying “How could I say I haven’t bothered after you have done so much for me?”

Various practical approaches were mentioned:-

“I practise running through the things I learned but they are pretty integrated into the way I do things now.”

“I now have a toolbox which I subconsciously use”

“Occasionally look at my notes”

“I remind myself about my limitations ie. what I can control, and the importance of looking after myself”.

“Everything we covered is now in my head”.

“Notes around the house, time alone thinking and looking at my notes”.

4. What methods/strategies do you use now to help you cope?

The increased self-awareness and understanding of the importance of taking care of themselves were the most prominent examples of coping mechanisms. Taking care of themselves took several forms ranging from having fun and doing things “for myself” to volunteering and social activities. One carer described how this taking care of themselves was now a habit and required little effort.

Specific examples of strategies were:-

“Remembering to bring in the boundaries ie. the stuff I can’t fix.”

“Learning acceptance has taken the pressure off me. Remembering to deal with now and not try to change things I can’t change.”

“I have learned assertiveness for example with friends so I don’t overcommit.”

“Continuing to work on self-awareness since it’s my reactions that can make things escalate.”

5. Impact of follow-up session

Those who attended a follow-up session described how it was a stimulant, reminder, encouragement, motivator and provided reinforcement of what had been learned.

6. In a few words, now that you are a year on what impact did the coaching have?

The impact one year on was significant. Not only did carers describe very clearly the difference they felt but there were also visible differences. While these are subjective and not easy to evidence, there were differences in energy, in general demeanour, in a sense of optimism about life and for one carer it was if a light had been switched on inside them.

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They described how :-

“It’s made me more me – instead of saying would it be OK if, I now say I’d like to..... “

“It’s shown me how to cope day to day and I also realise I am me, a person with needs as well.”

“Able to draw on all of it on a daily basis – its integral to me now.”

“The changes are internalised now”.

“I’m not driven by my emotions now”.

“More in command of situations and better able to manage them.”

“I am less anxious for example before hospital appointments.

“I stop and think first then choose what to say or do.”

“I have used the skills in other aspects of my life – I am less judgmental and see things from the other’s perspective.”

“The skills have stayed with me though if the situation is very difficult it’s not so easy”.

SUMMARY/CONCLUSION

As was mentioned in the report of the initial project, the coaching sessions led to very strong relationships with most if not all of the carers. Nevertheless, it was a surprise to learn how hard all the carers had worked and to what extent they had taken responsibility for their own well-being. While the process and the organisation/timing of sessions was intended to develop independence and sustainability it was noticeable how successful this had been.

There were spontaneous descriptions of how carers had developed new habits and how the approaches explored during the coaching had become internalised and integrated. During informal conversation two carers reported that they felt they had continued to improve even after the coaching sessions had been completed. They attributed this to their new habits and ways of “viewing the world”. This reinforces that the approach of working at the deep level of understanding their own attitudes and beliefs and perhaps adjusting them paid dividends.

The understanding of how to identify carers and to offer support at a time when they are likely to accept it remains a challenge. However, this aspect of timing was touched on by carers who reflected on their own experience. “It’s important to offer at the right time to help the carer admit they are struggling” said one carer. How to identify that “right time” is unclear unless we have a good knowledge of who our population of carers is and where they can be reached. For one, offering help at an early stage before patterns of behaviour become established was felt to be important. Another mentioned transition points such as a hearing a diagnosis or accepting the need for the help of carers in the home.

This conclusion would be incomplete without noting the huge difference that was visible in some of the carers. They looked well and confident and as if they valued themselves in contrast to the low energy people at the start of the project approximately 18 months earlier.

Elaine Mottram, June 2017

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