



**BRISTOL  
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# Carers Support Centre Wellbeing Pilot

November 2016 - July 2017

# Carers Support Centre – Wellbeing Pilot

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Bristol Ageing Better (BAB) is a partnership of organisations working to reduce social isolation and loneliness among older people and help them to live fulfilling lives. It is funded by the Big Lottery Fund. In November 2016, five projects were commissioned to deliver pilot projects aiming to improve the wellbeing of older people and to tackle their loneliness and isolation.

This report provides an overview of the pilot project delivered by Carers Support Centre (CSC), including the outcomes achieved and lessons learnt. In line with BAB’s ‘test and learn’ approach, this report will highlight key points of learning and advice which may be useful for other projects within BAB’s Wellbeing Service and beyond.

## Project overview

Carers Support Centre (CSC) piloted a six-week telephone counselling service for older isolated carers. This pilot project involved a partnership between CSC and Dhek Bhal, an organisation which works to promote the health and social wellbeing of South Asian people living in Bristol and South Gloucestershire. The aim of this pilot project was to identify the effectiveness of telephone counselling, compared to face-to-face counselling previously delivered by CSC.

It provided a targeted service to support carers as an alternative to them being signposted by GPs to Improving Access to Psychological Therapies (IAPT) services. It provided solution-focused counselling support in order to identify strategies for the carers to better manage their own health and wellbeing, both during the project and in the future.

This pilot project supported 38 carers between February and July 2017. Each carer was offered weekly telephone counselling sessions of 50 minutes for a period of 6 weeks. The pilot project was targeted to those who would benefit from low-need mental health support; it was not designed to be suitable for those with more complex mental health issues.

## Participants

The vast majority of participants were female (90%) with only four men taking part in the pilot project. Ages ranged from 42 to 90, with an average age of 64.

76% of participants lived with family, a spouse or a partner, compared to 20% who lived alone and 4% who reported other living arrangements. Moreover 78% of participants reported having a long-standing physical or mental illness or disability.

In terms of ethnic background, participants reported the following:

Ethnic background	Number of participants
English/Scottish/Welsh/Northern Irish/UK	25
Irish	1
Any other White background	2
South Asian	6
Any other Black/African/Caribbean background	1
No ethnic background provided	3

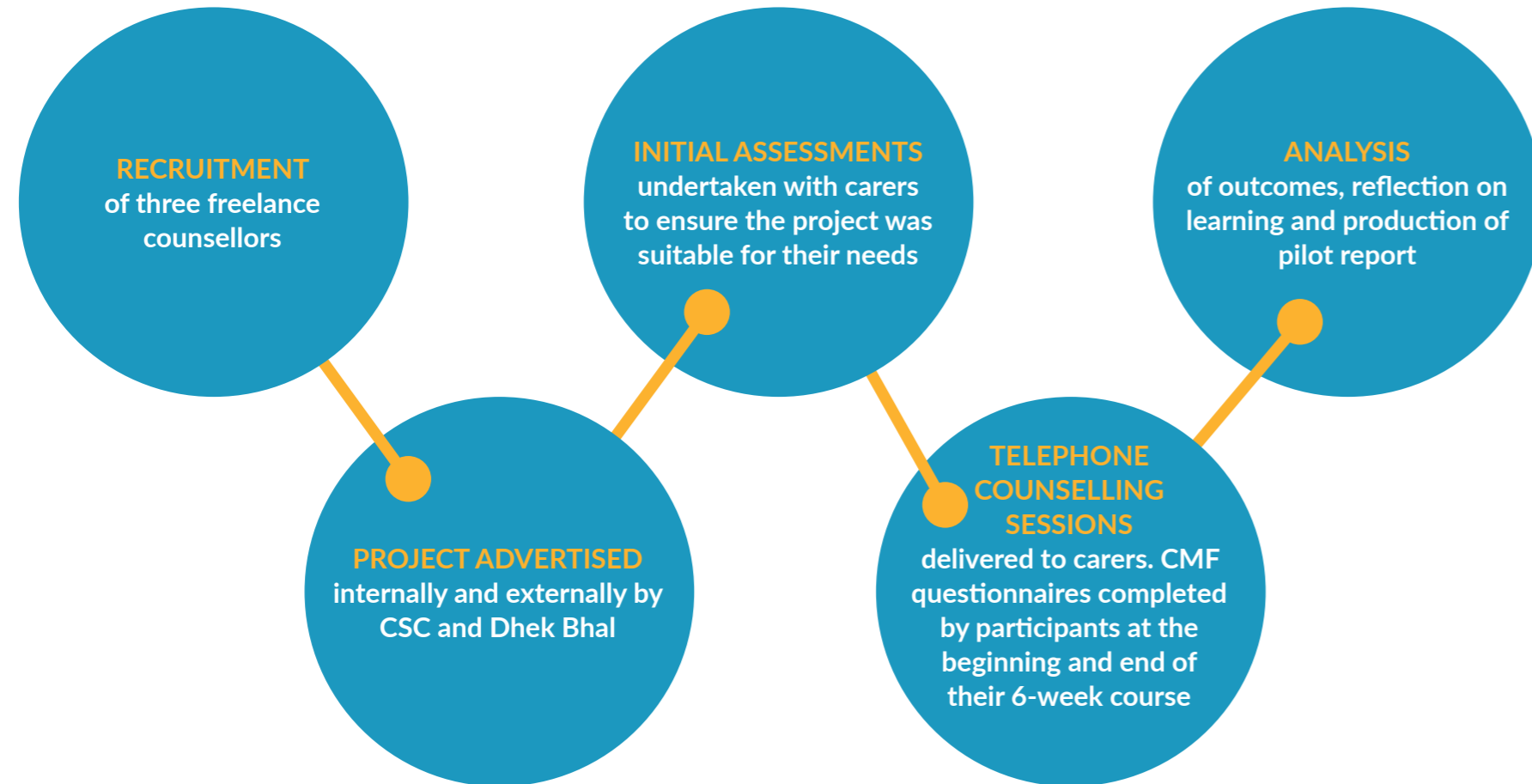


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The project involved the Carers Support Centre working with Dhek Bhal.

## Project process



## Outcomes for participants

Participants answered a set of questions at the start of their involvement with the pilot project, and then again at the end of their involvement. These were standardised questions in the form of BAB's Common Measurement Framework (CMF) – a series of questions completed by participants across the BAB programme as well as within the thirteen other Ageing Better areas funded by The Big Lottery Fund through the Fulfilling Lives: Ageing Better Programme.

CSC aimed to achieve the following outcomes for participants:

- reduced isolation
- reduced loneliness
- reduced feelings of anxiety
- improved self confidence and self-esteem
- acceptance and increased self-care

Due to the nature of the standardised CMF questions, outcomes were captured along two dimensions; 1) Social isolation and loneliness, and 2) Wellbeing (comprising: feeling optimistic, useful, relaxed, able to deal with problems well, thinking clearly, feeling close to others and able to make up their own mind).

The components of wellbeing outlined above by CSC (anxiety, self-confidence, self-esteem, acceptance and self-care) could not be directly measured using this tool.

29 participants (76% of the total who participated in this pilot project) answered the CMF questions at both the beginning and end of the project. The following outcomes are therefore based on the information provided by these 29 individuals:

At the end of 6 sessions of counselling:

- 79% of participants reported an improvement in at least one aspect of social isolation and loneliness.
- 79% of participants reported an improvement in at least one aspect of wellbeing.

The scales overleaf show the average scores relating to loneliness/isolation and wellbeing before and after participating in this pilot project.

More detailed outcomes information can be found in the appendices at the end of this report.

# 79%

reported  
loneliness improved



# 79%

reported  
wellbeing improved





## Social isolation and loneliness



**BEFORE pilot**  
3.93

**AFTER pilot**  
3.79



## Wellbeing



**BEFORE pilot**  
3.13

**AFTER pilot**  
3.31



## Other project successes

## Finding participants:

- Partnership working with Dhek Bhal meant that the project had a counsellor who could speak South Asian languages. Although difficulties with this recruitment process caused delays at first, eventually recruiting a multi-lingual counsellor enabled a wider range of carers to access counselling support, including those who did not have English as their first language. This contributed to increased trust because the counsellor had an understanding of their cultural background.
- Little promotion was needed as there was a high demand for the service, indicating that extending the service would benefit more carers.

## Participant engagement:

- There was a much lower participant drop-out rate than expected. Anecdotally the counsellors also reported that, had support been offered for a longer period of time, they felt this could have put off some carers from taking up the support. Therefore the timescale seems to have been suitable for the target group.
- There were a number of advantages to the project being telephone-based. This included carers not being required to leave the person being cared for as well as there being no transportation barriers. Moreover, a number of carers reported feeling more comfortable sharing their thoughts and feelings to a counsellor on the phone than they would have done in person.



Different cultural and religious holidays meant some participants did not wish to have a counselling session during this time.

### Key challenges and what would be done differently in the future

- **Varying understandings:** Therapy and wellbeing, including counselling, was less understood within some of the BME communities approached and therefore engaging participants was more difficult.
- **Recruitment delays:** At first it was difficult to recruit a qualified counsellor with the right language skills who could deliver counselling in the languages desired by some of the BME groups. Delays in this recruitment meant some carers could only access the project in the final cohort of the pilot.
- **Holiday constraints:** Different cultural and religious holidays meant some participants did not wish to have a counselling session during this time. In the future these considerations would be factored into the service plan from the beginning.
- **Prioritisation:** A very small number of carers forgot they had sessions booked in or did not prioritise the weekly phone call in the same way they would have done with a face-to-face counselling session. This was not an efficient use of counsellors' time as these sessions then had to be rescheduled. In the future the importance of prioritising the sessions would be emphasised more effectively during the initial assessment process.
- **Mobile reception:** Occasionally counsellors experienced problems with phone reception using mobiles. In the future consideration would be given to using landlines to conduct the counselling sessions.

### Case study:

M cares for his wife, mother and sister. Before starting the telephone counselling he reported feeling "extremely isolated at times" with "no one to speak to about my concerns". M was worried that "some of my concerns might feel trivial to others, but to me they are important". The counselling sessions with M began slowly at first as he described not knowing how to use the time and repeatedly told his counsellor he was "waffling on", an indication perhaps that he undervalued what he had to say.

Over the course of the sessions M found his voice and was able to make good use of the support offered by this project. M and his counsellor spent time exploring how he could look after himself better in the future, which he reported as being "extremely helpful". M said: "my isolation has improved because I am trying to get out more when the paid carers and cleaner are looking after my mum".

M said it made a difference to him to be able to get out, for instance to the gym, where he can talk to other people while also improving his physical and mental health. M also spoke to his wife about his counselling sessions and she is now supporting him to make positive steps to look after himself better, which he was not doing before the sessions started.

At the final session M told his counsellor: "having the ability to speak to you has helped tremendously. I feel like a weight has been lifted off my shoulders...(it) has made a tremendous difference".

### Learning, recommendations and advice for similar projects

#### Reaching BME communities:

- It worked well to reach BME communities through a person or organisation who already has a relationship with these groups. This helped with both access and trust.
- Culturally specific differences in awareness of therapy and wellbeing, including possible barriers created by mental health terminology, should be considered and addressed in advance.

#### Supporting counselling staff:

- Counsellors benefitted from having monthly group supervision together. They reported that it helped to reduce their own isolation of working remotely and by phone.

#### Using the Common Measurement Framework (CMF):

- It is important to plan in advance how to best fit in the CMF as counsellors reported that completing these sometimes got in the way of the counselling session.
- Arrange translated versions of the CMF in advance if needed for the participant group.
- Some counsellors felt the CMF was not specific enough. More information about the impact of the project could be captured by designing additional questionnaires and using these as well.

## Appendix 1

### Outcomes for Participants: Social Isolation & Loneliness

The Big Lottery Fund identifies 10 intersecting dimensions of social isolation and loneliness<sup>1</sup>. At the end of the 6-week course, 79% of the 29 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions.

The combined answers from these 29 participants can be seen in the table below:

	Before participating in the pilot	After participating in the pilot
There are plenty of people I can rely on when I have problems	24% yes	28% yes
There are many people I can trust completely	24% yes	24% yes
There are enough people I feel close to	41% yes	45% yes
How often do you feel in tune with people around you?	31% often	28% often
I experience a general sense of emptiness	38% yes	28% yes
I miss having people around	31% yes	34% yes
I often feel rejected	28% yes	24% yes
How often do you lack companionship?	24% often	24% often
How often do you feel left out?	28% often	34% often
How often do you feel isolated from others?	45% often	38% often



# Appendix 2

## Outcomes for Participants: Wellbeing

Similarly, the Big Lottery Fund identifies 7 intersecting dimensions of wellbeing<sup>2</sup>. At the end of the 6-week course, 79% of the 29 participants who provided both entry and exit outcomes data reported an improvement in at least one of these dimensions of wellbeing.

The combined answers from these 29 participants can be seen in the table below:

	1 None of the time	2 Rarely	3 Some of the time	4 Often	5 All of the time
	Before participating in the pilot (average)		After participating in the pilot (average)		
I've been feeling optimistic about the future			2.82		2.90
I've been feeling useful			3.72		3.72
I've been feeling relaxed			2.41		2.69
I've been dealing with problems well			3.24		3.57
I've been thinking clearly			3.17		3.45
I've been feeling close to other people			3.17		3.28
I've been able to make up my own mind about things			3.61		3.66

1 From the De Jong Gierveld 6-Item Loneliness Scale  
 2 From the Short Warwick Edinburgh Mental Well-Being Scale (SWEMWBS)











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Bristol Ageing Better (BAB) is a partnership working to reduce social isolation and loneliness among older people and help them live fulfilling lives.

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