International Journal of Care and Caring • vol XX • no XX • 1–16 • © Authors 2024
Print ISSN 2397-8821 • Online ISSN 2397-883X • https://doi.org/10.1332/23978821Y2024D000000064
Accepted for publication 19 June 2024 • First published online 12 July 2024

research article

Evaluating the role and impact of coaching for family carers: a pilot study

Wenjing Zhang, w.j.zhang@kent.ac.uk
Rasa Mikelyte, r.mikelyte@kent.ac.uk
Alisoun Milne, a.j.milne@kent.ac.uk
University of Kent, UK

This pilot study examines the role and impact of a coaching intervention on carers' lives and well-being, drawing on interview data with 12 carers and two coaches. It shows that carers highly value coaching. Reported benefits include: carers feeling listened to and treated as individuals; increased levels of self-awareness, self-care and confidence; and feeling more empowered, in control and able to make choices. Carers also reported improved relationships with their relatives and reduced feelings of hopelessness and anxiety. Further research is needed to capture the impact of coaching on a larger carer population, the sustainability of impact and cost-effectiveness.

Keywords coaching • caregiver • carer services • well-being

To cite this article: Zhang, W., Mikelyte, R. and Milne, A. (2024) Evaluating the role and impact of coaching for family carers: a pilot study, *International Journal of Care and Caring*, XX(XX): 1–16, DOI: 10.1332/23978821Y2024D000000064

Introduction

This article describes the findings of an evaluation of the 'Coaching for Carers' intervention, which was embedded in a carers support service in the south-east of England. It is the first time a coaching for carers intervention has been independently evaluated in the UK. The authors offer an overview of the national and local context for the project and discuss its design and methods before presenting and then discussing key findings. Limitations of the project and future directions for research are also explored.

Background

Family/friend carers (carers) play a critical role in providing care and support for relatives with dependency needs (Henwood et al, 2017; Brimblecombe et al, 2018).

Estimates suggest that there are at least 5.7 million carers in the UK; this represents 9 per cent of the total adult population (Office for National Statistics, 2023). As many carers do not identify as carers, it is very likely that this figure is much higher (Knight et al, 2023). Research done by Carers UK (2022) suggests that the total number is more likely to be 10.6 million. At least 60 per cent of UK adults will become a carer at some point in their lives (Carers UK, 2019); every year, 4.3 million people start caring (Petrillo et al, 2022). The economic value of family care in England and Wales has been estimated to be £162 billion per year, outstripping the total cost of the National Health Service (Carers UK, 2023).

The number of carers is increasing for a number of intersecting reasons. The ageing profile of the UK population is a key driver. Other significant trends include: the reduced use of institutional care; improvements in the lifespan of children and adults with lifelong disabilities; a continuing demographic shift to smaller dispersed families; and cuts to support services for the carer and the cared-for person. The relatives that carers support now tend to be older and much more dependent than they were 20 years ago; care tasks are also more demanding, time-consuming and complex (Larkin et al, 2019). The profile of the carer population is ageing, and carers are providing care for longer too. More than 50 per cent of carers are aged between 40 and 64 years, and 33 per cent are aged 65 years or over (Carers UK, 2019). Over two thirds (65 per cent) of carers have been caring for over five years, while almost a quarter (23.5 per cent) have been caring for 20 years or more (NHS Digital, 2019). Care intensity is also increasing; UK research shows that 48 per cent of carers provide care for 20 or more hours per week and 21 per cent provide care for more than 50 hours per week (Milne and Larkin, 2023).

The policy context is also relevant. Over the last 30 years, health and care policies have been underpinned by an assumption that people with dependency needs are 'best cared for by their family in the community' and that reliance on publicly funded care is to be avoided except in the most extreme of circumstances (Lloyd, 2023). This has inevitably placed additional pressure on carers. This pattern was amplified during the COVID-19 pandemic due to the partial or full closure of many care services; a number of services never reopened or only partially opened post-pandemic (Carers UK, 2020).

Support for carers

There is a very well-established tradition in the UK of third-sector agencies providing support, advice and interventions for carers (Milne and Larkin, 2023). They are mainly charities, which receive a mixture of funding from public sources, and are the backbone of support for carers in many areas. Most agencies are regionally or locally based and have strong partnerships with NHS providers and local authorities. Increasingly, carer organisations have been commissioned to provide statutory functions on behalf of the local authority, for example, 'assessments of need', a legal duty under the Care Act 2014 (Marczak et al, 2021).

Carers Support West Sussex funded the coaching service that is the focus of this article. The organisation is a gateway for carers to emotional, specialist, practical and peer support and learning in the West Sussex area (Carers Support West Sussex, 2023). A total of 30,394 carers were registered with the organisation in 2022; it employs the

equivalent of 90 full-time staff. As is the case for many carer agencies, the majority of its front-line staff are women who work part time. Carers Support West Sussex provides a wide range of services, including: a helpline offering information, guidance and practical support; a carer assessment team; a hospital services team; specialist leads in particular fields, such as learning disability, parent carers, mental health and long-term conditions; a benefits service; a counselling service; and an equipment service. Reflecting national trends, Carers Support West Sussex is experiencing increased demands for its services; the carers asking for help now tend to be older and involved in complex care tasks and are providing care for many hours a week. In 2021/22, Carers Support West Sussex commissioned a coaching service; it wished to explore the potential of coaching to offer additional help to carers.

The intervention: Coaching for Carers

Coaching is a model – or approach – that has been adopted in a number of different fields, including 'sports coaching', 'career coaching' and 'life coaching' (Ives, 2008). The essence of coaching is to empower people to develop in ways they wish (Bresser and Wilson, 2016). The person (client) chooses their own goals, as well as ways of attaining those goals; coaching builds awareness and confidence and facilitates choice and change. It represents a partnership between coach and client, with the coach acting as a facilitator rather than a problem solver (King et al, 2020). It is an increasingly popular model for working with individuals, groups and organisations that need support to make progress or overcome a challenge. Theoretically, it is situated at the intersection of counselling, motivational interviewing, mindfulness and neuro-linguistic programming (NLP) (NLP harnesses the power of language to break down the mental barriers we unknowingly create for ourselves) (Miller and Rollnick, 2012). It draws on the principles of self-help, empathy, compassion, reinforcement and hope (Macadam, 2018). It differs from counselling in that it is action driven and future oriented rather than focusing on self-exploration or past experiences. Coaching is delivered over a number of sessions (usually six to ten) agreed upon between coach and client at the first coaching session.

More recently, coaching has been developed for use with carers, focusing on the development of such skills as resilience, self-efficacy and problem solving (Dionne-Odom et al, 2016). Some coaching services in the US are open to all carers (Civil Society Consulting, 2023), while others have been developed for specific groups, such as dementia carers (van Mierlo et al, 2012; Chenoweth et al, 2016). Although some UK-based studies suggest a need for coaching-related interventions for carers (Backhouse et al, 2022), it has been the focus of very limited research attention.

The Coaching for Carers service that Carers Support West Sussex commissioned was provided by two accredited coaches on a one-to-one basis through the online platform Zoom. Coaching sessions typically lasted about one hour and were delivered on a weekly basis. Although carers were able to alter the frequency of the sessions if needed, most engaged in about six sessions. The coaches offered an introductory session that provided an opportunity for carers who were (potentially) interested in coaching to learn more about it as a model and the time commitment required.

Evaluation of the Coaching for Carers pilot project

In order to inform future investment decisions, Carers Support West Sussex commissioned an independent evaluation of the coaching intervention from a research team with expertise in carer-related work. The aim of the evaluation was to explore the impact of coaching on the lives and well-being of a sample of the carers who received it. A secondary aim was to capture the distinctive features of coaching compared with other types of support, as well as to identify the specific groups of carers for whom coaching may be more, or less, effective.

Design and methods

Qualitative methods were chosen, as they best suited the pilot project's aim of exploring a new intervention and understanding the experiences and perspectives of participating carers and coaches. We conducted semi-structured interviews to explore the perspectives of a sample of carers (n = 12) who received coaching and the two coaches who delivered it. The sample represented over half of the total number who received coaching (n = 20). The fieldwork took place between March 2022 and April 2023. The interviews were informed by topic guides, which were developed based on existing evidence relating to coaching, the aims of the coaching intervention for carers and frameworks to evaluate the implementation of service innovations. The interviews were recorded and transcribed.

A manager from Carers Support West Sussex provided the project team with a list of the carers who were in receipt of coaching and who had agreed to be contacted by the research team. The team then got in touch with these carers and invited them to take part in the evaluation. Potential participants were provided with an information sheet about the evaluation, consent forms and the contact details of the team. Carers Support West Sussex did not know which carers took part in the evaluation. At the time of the interview, most participants had had one or two coaching sessions. Ethical approval for the project was granted by the University of Kent (Ref: 0682: 180722).

Table 1 offers the profile of the participants. As can be seen, ten were female and two were male. One third were aged 65 years or older, while two thirds were of working age. The majority of carers (nine out of 12) were co-resident, that is, they lived with the person they cared for. In terms of the type of relationship: five carers were supporting older parent(s); four were parent carers supporting a son or daughter with complex needs (predominantly autism); one was a 'sandwich' carer who supported both a parent(s) and a child(ren); one was a friend carer; and one was a grandparent carer.

The interview data were analysed using framework analysis (Gale et al, 2013; Parkinson et al, 2016). An analytical framework was developed in Microsoft Excel and was based on the topic guide and inductive coding of the first three interviews. Following the review and finalisation by the research team, WZ and RM coded all interviews with carers. AM cross-checked all interview data coded into the framework database. Any discrepancies or queries were addressed through team discussion until a consensus was reached. The quotes from carers were anonymised using a numeric coding system, with key characteristics specified (for example, C01, female, partner carer). As the coaches were interviewed together, data from their interviews is presented as 'coaches' rather than one or other coach.

Table 1: Profile of carer participants

Demographics	Carers interviewed (*n* = 12)
Gender	Female (*n* = 10) Male (*n* = 2)
Age group	25–64 (*n* = 8) 65+ (*n* = 4)
Residence situation	Co-resident (*n* = 9) Extra-resident (*n* = 3)
Relationships with the people being cared for[a]	Filial carer (*n* = 5) Parent carer (*n* = 4) Friend carer (*n* = 1) Grandparent carer (*n* = 1) 'Sandwich' carer (*n* = 1)
Conditions of the people being cared for[a]	Dementia (*n* = 6) Autism (*n* = 4) Mental health issues (*n* = 1) No condition (*n* = 1) Physical conditions (*n* = 1)

Note: [a] Some carers support more than one person.

Findings

The findings focus on two main areas. The first area explores the impact of coaching on carers' lives and well-being, categorised into three intersecting subthemes: (1) being acknowledged as individuals and given a safe space to share; (2) increased self-worth, more choice and confidence to make changes; and (3) impact on relationships, future needs and sustaining caring. The second area examines the delivery of the coaching intervention, including: (1) the skills of the coaches; (2) the suitability of coaching for all carers; and (3) improvements going forward.

Impact of coaching on carers' lives and well-being

Overall, carers who participated in our interviews expressed high levels of satisfaction with coaching. Engagement with coaching was experienced as 'really strong' by the coaches, with some carers 'getting going really quickly'. Carers were clear that coaching had a wide range of – largely positive – impacts on their lives. Although we have presented these impacts in subsections, they inevitably overlap.

Being acknowledged as a person and given a safe space to share

One carer summed up the views of many by describing the experience as 'transformative'. Being recognised as a person – not a carer – was identified as fundamental by many participants:

> Well, the first one [benefit] is the fact that someone's caring about me, specifically. I think before, I would've felt a bit selfish about saying that, whereas now I don't … just the fact that you're being recognised…. I think that's invaluable. (C04, female, filial carer)

> Just to have another person sort of saying, 'I see you, and I see your experience and I think you're worthy of something' was just, like … revolutionary to me. (C03, female, parent carer)

Many carers identified being listened to and having the space and 'permission' to focus on their concerns in a supportive and safe environment as primary benefits. The term 'safe space' was specifically used; this referred to both physical space and psychological space. This space allowed carers to become more self-aware, to be able to be open about feelings about caring and to explore negative issues. Telling other family members about the difficulties and stresses related to caring was one clear example, as was being honest with the coach about how hurtful the cared-for person can be:

> There was this … psychological safety that allowed you to really look at quite thorny problems…. The coaching has been incredibly useful, partly in the 'giving permission' side of things. (C09, male, filial carer)

> I am more aware of how hurtful and how harmful he can be towards me now. (C03, female, parent carer)

Increased self-worth, more choice and confidence to make changes

Gaining confidence, feeling more hopeful and positive, and experiencing increased self-worth were widely identified as benefits: 'I've come out in a very different way to what I was expecting. I've come out feeling hopeful; I've come out feeling confident … alive, really' (C11, female, filial carer). Helping carers to shift their negative mindset was a related benefit enabling them to engage with a more positive 'can-do' approach. The coaches talked about 'negative stories being rewritten' and 'coming out the other end with a much more empowering narrative'. This was linked to carers feeling more able to make changes to their lives, to set goals and to reframe – often long-standing – challenges:

> So, it's helped me to, sort of, think … 'What do I want to change? What do I want to do?'. (C12, female, grandparent carer)

> We went through all of the things that she'd lost, and I said, 'And so, what have you gained?'. And her first response was, 'Nothing! I've gained absolutely nothing'…. By the time I saw her the second time, she'd done a huge amount of thinking. She said, 'No, I can see now that there are lots of gains and actually the life that I want is not the life I had before, it's doing different things and feeling entitled, having permission to do them!… Over the course of three sessions, she came up with a plan: she was going to apply to university to do a course in a new discipline, which was about using her skills and knowledge as a parent of a disabled child. (Coaches)

Goals were, inevitably, diverse. For some carers, change was focused on addressing physical health issues, such as getting fit or improving diet or sleep patterns: '[By the fifth or sixth week], I've noticed that I'm looking after myself in ways that I haven't done before. It kind of feels a little bit like magic; it's like a massive shift, just in a

few weeks – for an hour! Everything: sleep, exercise, food, social stimulation' (C11, female, filial carer). For others, the change process resulted in reframing the care-related 'problems' and setting some boundaries. It was often related to protecting the carer from being overwhelmed by care-related demands.

> I just remember the last conversation with him, I did put the phone down on him … because he was being really rude to me, and I have to give him the message that that's not acceptable. (C01, female, partner carer)

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

Greater ability to make choices and exert control over the care situation was a related and widely reported benefit:

> I'm choosing to do something different…. I could've chosen to do the same thing, but I think the difference is the feeling of choice rather than the feeling of powerlessness. (C03, female, filial carer)

> I'm the only one who can change it, and I think the coaching has made me more aware that I'm more in control. (C10, female, filial carer)

For at least one carer, having more choice reduced feelings of anxiety: 'I've felt as if I've got choices, which takes a lot of that anxiety away' (C01, female, partner carer).

Impact on relationships, future needs and sustaining caring

For some carers, coaching had a positive effect on both the care relationship and other relationships. The household 'feeling calmer' and 'relationships being good again' were all noted:

> It has helped my relationships with people, with my family; it's really helped. (C06, female, friend carer)

> My mum's benefited from it. The changes in me are having a knock-on effect, not just with my mum actually but with most of my relationships, especially the ones with my kids and even my grandchildren. (C11, female, filial carer)

A small number of carers spoke about the way that focusing more on themselves had upset the cared-for person: 'She came into the room during it [coaching session] and said, 'Why are you talking so much? Why do you have to talk? Can't you talk to me?!'…. She will not see it as a benefit' (C07, male, filial carer). The fact that coaching faces towards the future helped some carers 'prepare' psychologically for a post-caring life following the death of the cared-for person. Considerations about

re-entering the job market were highlighted by at least two carers; this included the coach encouraging carers to think about new opportunities:

> One of my pieces of homework was to look at jobs that are out there, jobs that I wouldn't normally even consider, but to look at them anyway and get an idea of what they're about and try and look at my strengths … and see where they apply to what is wanted. And being able to come up with answers … it's opening my brain up a little bit [to opportunities]. (C11, female, filial carer)

Interestingly, a number of carers reported that as a consequence of coaching, they were more likely to continue to care. The coaches noted this too: 'Most of the carers who've been through coaching find ways of carrying on caring but doing so from a place where their mental health and physical health is not suffering as much.' However, both coaches placed a lot of emphasis on the fact that coaching is much more than helping carers to continue caring:

> We don't coach people to be better carers; our focus is on them as a whole person and being able to find the time to be successful in another bit of their lives. Getting pleasure and enjoyment out of another bit of your life is as important as managing care stuff. (Coaches)

> If I hadn't had the coaching, I still would've been sitting here thinking, 'What's the right thing to do?', not having the confidence to do it, and I think it actually makes you more able to do your caring role if you don't feel resentful. (C03, female, parent carer)

One of the elements of sustainability was carers paying greater attention to self-care: 'People have seen me come back but come back stronger, healthier, happier…. It can make you look after yourself … or include yourself' (C11, female, filial carer). Another aspect of sustainability was developing practical, proactive strategies:

> In the coaching sessions, we really focused in a quite laser-like way on the sort of stuff that would get me out of firefighting mode … quite practical things about how to prioritise. (C09, male, filial carer)

> Once I'd had the conversation with her [coach], I knew that I needed to reflect on my conversations with them [service providers], and then we made positive steps forward from that meeting in gaining more [healthcare] appointments, which resulted in getting some different medication to try, which is helping her [daughter]. (C08, female, parent carer)

Delivering the coaching intervention

Skills of the coaches

The coaches were considered to have a wide range of skills. Those highlighted included: engagement and communication skills; encouraging carers to express

themselves; empathy and kindness; capacity to help carers articulate their needs; help with planning and how to move forward; being non-judgemental; flexibility in terms of how to work with different feelings and issues; the use of empowering and facilitative language; and championing carers' needs. Carers expressed the following:

> She's very warm and very kind, and she's also very good at, sort of, summing up next steps and discussing where we want to go and drawing things out of me…. I've really appreciated having someone to talk to about what I want to do next. (C09, male, filial carer)

> The lovely thing about working with her [the coach] was that she never once questioned whether it was a priority … in fact, she was, sort of, a real champion and supporter of it being a priority. (C09, male, filial carer)

Carers highly valued the 'tailored' nature of support provided: 'She [the coach] has adapted to my current situation…. I couldn't really have asked her to do anything more…. I've got quite a complicated caring role, and she's adapted around that' (C08, female, parent carer). Carers felt supported, understood and listened to by the coaches; the coaches provided a 'safe space' (referred to earlier). A number of carers highlighted the empowering nature of the coach's language and approach: 'It wasn't a case of, "Right, [carer's name], you need to do that, that and that"; it's always been, really, "Well, these are the options really … what are your thoughts around that?"' (C06, female, friend carer).

Is coaching appropriate for everyone?

Most participants considered that coaching could be effective for all carers, provided that it is delivered with skill and flexibility and is tailored to each carer's individual needs and circumstances. 'Timing' was viewed as critical, as coaching needs to be offered at the 'right time' for the carer. In effect, this is when they are already thinking about making a change to their life or when they are feeling 'lost' or need some help:

> I know a lot of people that are carers. It's 24/7. It's a partner or a family member … it's people that have got children with disabilities and things, but because it can be tailored, I think it could work for anybody, really, because, you know, there is the flexibility with how they work. (C06, Female, fiend carer)

Only one carer reported not finding coaching particularly helpful and decided to stop after four sessions. This carer felt that the focus of the sessions (that is, life after the cared-for person has died) was too hypothetical to be useful:

> I thought, it's nice to talk about it with someone, but … it felt very academic … to be working through how to deal with my mother's final days … but until you get to the final days, there's not a lot of planning that you can do for it in preparing yourself and thinking how you'll go from there. And so we parked it, and we ended up parking it all. In the middle of the fourth week, I said, 'There's no point carrying on'. (C07, Male, filial carer)

A number of personality traits were also considered to make coaching 'less effective', for example, unwillingness to change, learn, share and/or listen. This view was echoed by the coaches: 'If you think you know it all, then you're not gonna want to accept anyone else's advice, so that type of person.… They would think, "Oh, that coaching isn't something for me; that's something for some other poor soul! I don't need anything"' (C12, female, grandparent carer). The coaches also felt that people with serious mental health issues and people who have experienced significant trauma or are in chaotic life circumstances may be less able to make use of coaching. Experiencing a crisis is also not the right time for coaching; the immediate crisis needs to be resolved before coaching starts:

> I think there are people we can't coach … they're just too chaotic and can't even, kind of, hold an idea in their head or they're just too upset. Maybe they need something else, some counselling first or some therapy.… If somebody's very traumatised, particularly around unprocessed trauma, we might recommend someone goes and gets therapy first.… If people turn up in crisis, that might not be the right time to use the approach. (Coaches)

> If people are in, like, survival mode, how do you carve out anything for yourself? (C03, female, parent carer)

Improvements going forward

Considering the possible expansion of coaching as an intervention in the future, participants highlighted the importance of encouraging every carer in practically all circumstances to take up the coaching offer if it is available. Also, they stressed the importance of making carers aware of the role and value of coaching and how it can be beneficial in a wide range of situations:

> I think a lot of carers feel like they're … not worth it, they're worthless. And I think people who've been caring for a long time and carers who've had no choice about being in that role … you feel you don't deserve support. (C01, female, partner carer)

> They [carers] don't necessarily know why they might benefit from coaching; they need to be told. (C03, female, parent carer)

> I've got a friend who has four children. One has ADHD, and she just looks completely worn out, and I said to her that, you know, 'If they do this course again, you really need to sign up for it because it will just help you put your life in perspective – it will just help you make sure that you're looking after yourself, as well as the others'. (C05, female, parent and sibling carer)

Participants identified several ways in which they believed coaching for carers could be enhanced. They recommended a more detailed introductory session, encompassing a clear description of what coaching entails and how it differs from counselling. Additionally, they suggested incorporating real-life examples to illustrate

its potential benefits: 'If there was a way to have a more detailed introductory session, where it could be made clearer what coaching actually is … also where you got, maybe, a specific example?… "This is how coaching can help with this"' (C02, Female, filial carer). Coaching sessions were primarily delivered via Zoom. This mode suited most carers, as it enhanced the capacity of both coach and carer to be flexible. However, a number of participants felt that providing in-person coaching would improve the offer, either as an alternative or in conjunction with online options. Being able to speak in private was an issue for some carers: 'I think it would be something that I would need to think about privately rather than talking about things, you know, in the house. I'd prefer face-to-face contact' (C12, female, grandparent carer).

Most coaching sessions lasted between 45 minutes and 1 hour; some were shortened by mutual agreement between the coach and the carer. Similar flexibility was offered around the frequency of sessions. Some carers chose to have coaching once a week, while others opted for longer intervals between sessions:

> Having them weekly I found really helpful because I retained things and it made me focus on preparing for the next session. (C02, female, filial carer)

> We'd agreed for them to be a bit more ad hoc. The first ones, I think we agreed a, sort of, three-week to four-week time span, and then in the middle, we went for a two-week one because there was something that I really wanted to put in place quite quickly. (C09, male, filial carer)

Many carers appreciated the value of the worksheets, homework and resources shared by the coaches between sessions: '[Worksheets] really helped me focus, and it also meant the discussions continued more easily because we could both, sort of, keep track of what had been said the previous week' (C02, female, filial carer). A number of carers would have liked to have had 'follow-up sessions' with the coach after they had completed their allocated sessions. They felt that it would help them consolidate the learning and embed the impact of coaching over the longer term: 'It would be good to revisit things, maybe have a session after a month or something' (C01, female, partner carer).

Discussion

It is difficult to overstate how far coaching was valued by carers in this study. It was perceived as having an overwhelmingly positive impact on their reported levels of well-being. Coaching provided space for the carer to be listened to and treated as an individual; it also offered a chance to reflect and take 'time out' to consider their own needs. Coaching was reported as increasing carers' sense of self-worth and confidence, as well as empowering them to articulate goals and make changes based on these goals. Being 'given permission' to take control and manage care-related demands differently, including reframing the place of caring in their lives and establishing boundaries, was also a widely reported benefit. Coaching helped to reduce carers' feelings of hopelessness, burden and anxiety. The fact that coaching faced towards the future helped some carers prepare psychologically for a life post-caring too. Although the role of coaching is not 'to keep carers caring', it is noteworthy that

as a consequence of coaching, many carers identified new and more self-protective ways to continue to care. Coaching was also reported as (mainly) having a positive impact on the carers' relationships, both with the cared-for person and with wider family and social networks.

That the focus of coaching is on the individual, with no explicit emphasis on caring, marks it out as distinctive (Macadam, 2018). Unlike most other services for carers – including some joint coaching interventions for both carers and their relatives (for example, Kaambwa et al, 2015) – the focus of Coaching for Carers is on the carer as a person in their own right rather than as a carer. Many carer support organisations are commissioned by local authorities to, implicitly, 'keep carers caring'. However much a carer support group supports carers to consider their own health and a life outside caring, belonging to a group for carers inevitably engages with a narrative of expectation in relationship to caring (Milne and Larkin, 2023). There is also, perhaps, a reinforcing dimension to carers' services; the struggles and challenges of caring bind carers together. Being uncoupled from caring in coaching permits engagement with 'the self' and with caring as a part of the person's life and identity, not its totality (Montgomery and Kosloski, 2013).

The skills and expertise of the coaches were a significant dimension of the effectiveness of coaching. This finding aligns with existing evidence in the wider field of coaching, which emphasises the importance of 'coaching competencies' (Passmore, 2016). It seems unlikely that less experienced coaches would be able to replicate the outcomes of this study. This raises the question of whether it is the coaching model, the expertise of the coaches or a mixture of the two that achieves the outcomes. These are questions that further research into Coaching for Carers needs to explore.

A fundamental criticism of coaching is that the model is focused on the carer drawing (mainly) on their own resources and abilities to improve their situation. While this appears to be positive, it does nothing to address the structural deficits that exist in the care and support system. It is widely acknowledged that the neoliberal policy framework in which welfare services are embedded has contributed to a significant reduction in services for both carers and those they support over the last 20 years (Humphries, 2022; Muldrew et al, 2022; Milne and Larkin, 2023). This trend has been further amplified by so-called 'austerity' (Lloyd, 2023).

Limitations

This study has a number of limitations. It was small in scale, was located in one area of Southeast England and only collected data at one point in time during the period of the coaching intervention. The impact of coaching has not been evaluated over the longer term; we do not know if the benefits identified were sustained. No outcomes were quantitatively assessed. As is the case for all qualitative data captured in interviews, our findings relied on self-reported impact.

While our sample of carers was broadly representative of the carer population that uses the services of Carers Support West Sussex, it was not especially diverse, particularly in terms of ethnicity. The sample was also self-selecting; it is unclear how the participant group differed from those carers who received coaching but chose not to take part in the evaluation. It is also important to note that the evaluation took

place during the aftermath of the COVID-19 pandemic; services were significantly disrupted and carers were facing additional demands.

Future considerations

Going forward, it would be instructive to evaluate whether the positive impact of coaching endured; for example, how far did carers embed the changes they made and/or act on the issues they (newly) considered to be important? Future research also needs to employ quantitative methods; there are a number of validated measures to assess levels of 'carer burden', well-being and social-care-related quality of life (Rand et al, 2015; Cunningham et al, 2019). A bigger and more diverse sample of carer participants drawn from two or three different areas, including an inner-city area, would also extend the evidence base. Data such as reduction in re-referrals of carers who received coaching to Carers Support West Sussex or another local carer service also need to be collected to provide evidence of impact beyond the individual carer.

In terms of coaching itself, it is clear from this study that carers would value some 'top-up' sessions a few weeks after the initial coaching sessions have ended to review existing and set new goals. There is also a view in the coaching community that for coaching to be effective with 'clients', coaching principles need to be embedded in the infrastructure of the organisation, that is, a coaching culture needs to be developed. For carer organisations, this would mean coaching principles being adopted by support staff for use in their day-to-day work with carers, by managers (for example, for use in supervision) and by the senior management team. There are time and cost implications of doing this; its shape, nature and form in the carer arena are largely unknown. This is a development challenge for carer services.

What Coaching for Carers actually is in terms of its therapeutic status remains a key question. It is conceptually situated in the space between counselling and a service-related intervention. Our findings support existing work which suggests that it shares some of the counselling territory: it relies on commitment from the user/client; it is based on a relationship of trust; and it uses some counselling skills, such as empathic listening, and a number of mindfulness principles. It also overlaps with a number of dimensions of an intervention: it is time limited, engaged in behavioural change and (often) part of a package of commissioned support (Neuner-Jehle et al, 2014; Bresser and Wilson, 2016). Coaching is far less stigmatising than counselling or therapy (Owen et al, 2013) and seems not to have the 'baggage' associated with help seeking (Vogel and Wade, 2009). All of these features make it both acceptable and attractive for carers and carer support organisations; the fact that it is a relatively short-term and effective intervention is also a bonus (Grant, 2012; Theeboom et al, 2014).

Conclusion

As far as the authors are aware, this pilot study represents the first independent evaluation of a coaching for carers intervention in the UK. Its findings suggest that coaching has significant potential to improve the lives, well-being and health, particularly mental health, of carers. There is a strong case for investment in coaching

for carers by support agencies and their funders and commissioners. Coaching also has a place in wider 'well-being services', such as social prescribing and services with a mental health promotion remit, for example, mindfulness projects, which carers regularly access (Hamilton-West et al, 2020). Further research needs to build on the emerging evidence base. Cross-fertilisation of models and methods, for example, appreciative inquiry and integrative approaches, used in other fields that routinely adopt coaching as an intervention, such as life coaching, into the field of coaching for carers would be particularly useful (Passmore, 2016). We are at the beginning of a journey to meaningfully capture the role and impact of Coaching for Carers; the obvious next steps include an evaluation of its cost-effectiveness, its sustainable impact and its benefits and value to a wider and more diverse population of carers.

Funding

This work was commissioned by Carers Support West Sussex.

Acknowledgements

The authors would like to thank the carers and the coaches who took part in the study, as well as the staff at Carers Support West Sussex, particularly Amy Weaver and Caroline Pope.

Conflict of interest

The authors declare that there is no conflict of interest.

References

Backhouse, T., Jeon, Y.H., Killett, A. and Mioshi, E. (2022) How do family carers and care-home staff manage refusals when assisting a person with advanced dementia with their personal care?, *Dementia*, 21(8): 2458–75. doi: 10.1177/14713012221123578

Bresser, F. and Wilson, C. (2016) What is coaching, in J. Passmore (ed) *Excellence in Coaching: The Industry Guide*, London: Kogan Page Publishers, pp 9–20.

Brimblecombe, N., Fernandez, J.L., Knapp, M., Rehill, A. and Wittenberg, R. (2018) Review of the international evidence on support for unpaid carers, *Journal of Long-Term Care*, 25–40. doi: 10.31389/jltc.3

Carers Support West Sussex (2023) Learn about what we do, www.carerssupport.org.uk/who-we-are/.

Carers UK (2019) *Juggling Work and Unpaid Care: A Growing Issue*, London: Carers UK.

Carers UK (2020) *Unseen and Undervalued: The Value of Unpaid Care Provided to Date During the COVID-19 Pandemic*, London: Carers UK.

Carers UK (2022) *State of Caring 2022: A Snapshot of Unpaid Care in the UK*, London: Carers UK.

Carers UK (2023) *Valuing Carers: England and Wales*, London: Carers UK.

Chenoweth, L., Stein-Parbury, J., White, D., McNeill, G., Jeon, Y.H. and Zaratan, B. (2016) Coaching in self-efficacy improves care responses, health and well-being in dementia carers: a pre/post-test/follow-up study, *BMC Health Services Research*, 16(1): 1–16.

Civil Society Consulting (2023) *Camden Carers Health and Lifestyle Checks: A Strength-Based Approach to Reducing Health Inequalities in Camden*, Camden Carers, https://static1.squarespace.com/static/64ad2037ea751b42b9af6a66/t/64be82cbb08bfc16bf6eb93b/1690206932595/Camden+Carers+HLCs+-+a+strength-based+approach+to+reducing+health+inequalities+in+Camden+%281%29.pdf.

Cunningham, N.A., Cunningham, T.R. and Roberston, J.M. (2019) Understanding and measuring the wellbeing of carers of people with dementia, *The Gerontologist*, 59(5): e552–64. doi: 10.1093/geront/gny018

Dionne-Odom, J.N., Lyons, K.D., Akyar, I. and Bakitas, M.A. (2016) Coaching family caregivers to become better problem solvers when caring for persons with advanced cancer, *Journal of Social Work in End-of-Life & Palliative Care*, 12(1–2): 63–81. doi: 10.1080/15524256.2016.1156607

Gale, N.K., Heath, G., Cameron, E., Rashid, S. and Redwood, S. (2013) Using the framework method for the analysis of qualitative data in multi-disciplinary health research, *BMC Medical Research Methodology*, 13(1): 1–8. doi: 10.1186/1471-2288-13-1

Grant, A.M. (2012) The efficacy of coaching, in J. Passmore, D.B. Peterson and T. Freire (eds) *The Wiley-Blackwell Handbook of the Psychology of Coaching and Mentoring*, Chichester: Wiley-Blackwell, pp 13–39.

Hamilton-West, K., Milne, A. and Hotham, S. (2020) New horizons in supporting older people's health and wellbeing: is social prescribing a way forward?, *Age and Ageing*, 49(3): 319–26. doi: 10.1093/ageing/afaa016

Henwood, M., Larkin, M. and Milne, A. (2017) Seeing the wood for the trees. Carer related research and knowledge: a scoping review, Melanie Henwood Associates, https://oro.open.ac.uk/52784/.

Humphries, R. (2022) *Ending the Social Care Crisis: A New Road to Reform*, Bristol: Policy Press.

Ives, Y. (2008) What is 'coaching'? An exploration of conflicting paradigms, *International Journal of Evidence Based Coaching & Mentoring*, 6(2): 100-13.

Kaambwa, B., et al (2015) Costs and advance directives at the end of life: a case of the 'Coaching Older Adults and Carers to have their preferences Heard (COACH)' trial, *BMC Health Services Research*, 15(1): 545. doi: 10.1186/s12913-015-1201-9

King, G., Baldwin, P., Servais, M., Moodie, S. and Kim, J. (2020) Exploring relational dialogue in solution-focused coaching sessions: an analysis of co-construction and reflection, *Developmental Neurorehabilitation*, 23(6): 390–401. doi: 10.1080/17518423.2020.1711542

Knight, H., et al (2023) *Can You Tell We Care? Identifying Unpaid Carers Using Local Authority and GP Data*, The Health Foundation, https://www.health.org.uk/publications/long-reads/can-you-tell-we-care.

Larkin, M., Henwood, M. and Milne, A. (2019) 'Carer-related research and knowledge: findings from a scoping review', *Health & social care in the community*, 27(1): 55–67. doi: 10.1111/hsc.12586

Lloyd, L. (2023) *Unpaid Care Policies in the UK: Rights, Resources and Relationships*, Bristol: Policy Press.

Macadam, C. (2018) Port in the storm: coaching unpaid carers, *Coaching Today*, 28: 5.

Marczak, J., Fernandez, J.L., Manthorpe, J., Brimblecombe, N., Moriarty, J., Knapp, M. and Snell, T. (2021) How have the Care Act 2014 ambitions to support carers translated into local practice? Findings from a process evaluation study of local stakeholders' perceptions of Care Act implementation, *Health and Social Care in the Community*, 30(5): e1711–20. doi: 10.1111/hsc.13599

Miller, W.R. and Rollnick, S. (2012) *Motivational Interviewing: Helping People Change*, New York, NY: Guilford Press.

Milne, A. and Larkin, M. (2023) *Family Carers and Caring: What It's All About*, Bingley: Emerald Publishing.

Montgomery, R.J.V. and Kosloski, K.D. (2013) Pathways to a caregiver identity and implications for support services, in R.C. Talley and R.J.V. Montgomery (eds) *Caregiving across the Lifespan: Research, Practice and Policy*, New York, NY: Springer, pp 131–56.

Muldrew, D.H.L., Fee, A. and Coates, V. (2022) Impact of the COVID-19 pandemic on family carers in the community: a scoping review, *Health & Social Care in the Community*, 30: 1275–85. doi: 10.1111/hsc.13677

Neuner-Jehle, S., Grüninger, U. and Schmid, M. (2014) Health counseling in primary care doctors' offices: a new wind! The Health Coaching Program of the Swiss College of Primary Care Medicine, *Revue Medicale Suisse*, 10(430): 1057–61.

NHS Digital (2019) Personal social services survey of adult carers in England, https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/england-2018-19.

Office for National Statistics (2023) Unpaid care, England and Wales: Census 2021, www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/unpaidcareenglandandwales/census2021.

Owen, J., Thomas, L. and Rodolfa, E. (2013) Stigma for seeking therapy: self-stigma, social stigma, and therapeutic processes, *The Counseling Psychologist*, 41(6): 857–80. doi: 10.1177/0011000012459365

Parkinson, S., Eatough, V., Holmes, J., Stapley, E. and Midgley, N. (2016) Framework analysis: a worked example of a study exploring young people's experiences of depression, *Qualitative Research in Psychology*, 13(2): 109–29. doi: 10.1080/14780887.2015.1119228

Passmore, J. (2016) *Excellence in Coaching: The Industry Guide*, London: Kogan Page Publishers.

Petrillo, M., Bennett, M.R. and Price, G. (2022) *Cycles of Caring: Transitions in and Out of Unpaid Care*, London: Carers UK.

Rand, S.E., Malley, J.N., Netten, A.P. and Forder, J.E. (2015) Factor structure and construct validity of the Adult Social Care Outcomes Toolkit for Carers (ASCOT-Carer), *Quality of Life Research*, 24(11): 2601–14. doi: 10.1007/s11136-015-1011-x

Theeboom, T., Beersma, B. and van Vianen, A.E.M. (2014) Does coaching work? A meta-analysis on the effects of coaching on individual level outcomes in an organizational context, *The Journal of Positive Psychology*, 9(1): 1–18. doi: 10.1080/17439760.2013.837499

Van Mierlo, L.D., Meiland, F.J. and Dröes, R.M. (2012) Dementelcoach: effect of telephone coaching on carers of community-dwelling people with dementia, *International Psychogeriatrics*, 24(2): 212–22. doi: 10.1017/S1041610211001827

Vogel, D.L. and Wade, N.G. (2009) Stigma and help-seeking, *The Psychologist*, 22(1): 20–3.