

Carers Support Centre

If you care,
we care.

Wellbeing Service Evaluation Report

June 2022

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1. Introduction

This Evaluation Report reviews Carers Support Centre (CSC) delivery and strategic development of its Wellbeing Service. The service includes:

- **A counselling service**, sometimes called a ‘talking therapy’, providing up to 6 weekly sessions by phone, email or online i.e Zoom/Skype with a fully trained counsellor to give carers a safe, independent and confidential space to talk about any concerns, and feel listened to, respected and understood. Carers can have particular issues associated with their caring role that impact their mental and emotional wellbeing and with which they may require professional support e.g. stress, anxiety or depression, acute loneliness or bereavement, feelings of isolation, loss, exhaustion, guilt or resentment, conflicting demands and emotions or changing relationships or roles. Sessions are available between Monday and Friday, in the day or evening.
- **A volunteer befriending service** whereby carers are matched with a trained volunteer, who can provide conversation, companionship and emotional support. Volunteers contact carers by telephone fortnightly at an agreed convenient time for both. Support is offered for 6 months initially with a potential extension to 9 months if deemed appropriate.
- **A volunteer mentoring service** whereby carers are linked up with a trained mentor who has experienced a similar caring situation. Through regular telephone contact, the trained mentor will share their own experience and help the carer understand what support is available and how to access it. The Mentors assist the carers to set goals to help them better cope with their caring situation. The service is initially offered for 6 months.

The service is intended to provide added value to and be complementary to the wide range of other practical support offered to carers by CSC and seeks to address the impact on mental and emotional health experienced as a direct result of undertaking a caring role and its responsibilities.

The report specifically reviews the achievements of agreed outcomes of a National Lottery Community Fund (previously known as the National Lottery Reaching Communities award) received by CSC in October 2018 to fund the development of the Wellbeing Service for a period of 5 years.

The Reaching Communities outcomes are as follows:

1. 577 Carers will report lasting improved health and wellbeing resulting from counselling support.
2. Befriending, buddying/mentoring will make 759 carers feel less isolated and better connected to their community.

3. 1,336 carers will have improved resilience in managing the day to day challenges of their caring role.
4. 30 volunteers will gain greater skills, experience and confidence benefitting themselves and their local communities.

The purpose of this review is:

- To evaluate the achievement of these outcomes, as a measure of the impact of CSC Wellbeing services on the lives of Carers during the review period
- Capture the learning from this work to help inform, shape and influence future service design and strategic decision making
- Identify areas where services can be improved or strengthened in order to more effectively address the aims of the project
- Provide an evidence base of impact to support the longer-term sustainability of the project at the end of the initial Reaching Communities grant funding.

To achieve this, the evaluation process has included:

- Desk-based research of internal outcome and output monitoring data collected to date and any relevant external research evidence base materials.
- 6 key staff stakeholder interviews
- Independent Carers Discussion Group
- Independent Volunteer Discussion Group
- Carers Outcomes Questionnaire (see appendix one)
- Volunteer Outcomes Questionnaire (see appendix two)



2. Background

Carers Support Centre (CSC), an independent registered charity, has been delivering services to promote the rights and improve the quality of life of children and adult family carers in Bristol and South Gloucestershire since 1997. Their vision is to make sure carers are identified, recognised, valued, respected and supported in their caring role.

With more than 12,000 local carers registered they provide support to approximately 18% of the local carer population. They work in partnership with other voluntary sector organisations, employers, schools, GP practices, hospitals and health and social care professionals across health, social care, education and business sectors to better identify and support more carers and to influence health and social care decision making both locally and nationally. **A team of 40 (full-time equivalent) members of staff and over 170 volunteers deliver a broad range of services. This includes:**

- **CarersLine**, a confidential information, advice and support service available by telephone line and email service.
- **A team of Carers Support Officers** helping carers identify what help they need to maintain their wellbeing and what health and social care services they can access, for themselves and the person they care for e.g. support with Carers Assessments, help with form filling, applying for benefits and detailed casework such as support at formal meetings with health and social care professionals. The service includes telephone appointments and monthly one-to-one information, advice and support clinics for carers held in GP surgeries.
- **A team of Hospital Carer Liaison Workers** who work at the BRI and Southmead Hospital, providing one-to-one support for carers whilst they, or the person they care for, are in hospital.
- **A Team of GP Carer Liaison Workers** that support GP Practices to identify and support carers, support carers surgeries alongside Carer Support Officers and run an GP award scheme
- **A regular information service** including website news updates and publications, Carers News magazine produced three times per year, e-bulletins and a programme of training and workshops to help carers cope on a day to day basis.
- **Respite breaks for carers**, where a regular volunteer sitter keeps the cared-for person company so that their carer can take a break and Carers Emergency Card scheme in partnership with Local Authorities.
- **A Carers Emergency Card scheme** in partnership with Local Authorities.
- **Carer support groups**, quarterly open meetings and social activity groups, with a programme of activities including speakers, therapies and craft activities.
- **Specialist targeted support for carers** of adults with learning difficulties, and for parent carers with a child under 18 with a disability or life-limiting condition.

- **Training courses and workshops for carers** to help with their health, wellbeing and their caring situation.
- **A Young Carers Service** supporting children, and young adult carers aged 8–18, including individual and family support, peer support, training and activities.
- **Supporting Black, Asian and Minority Ethnic (BAME) carers** and those from underrepresented groups through the work of a diversity group.
- **Providing training and working with employers and training providers** to support carers into volunteering, training and paid employment.

The Needs of Unpaid Carers

There are currently over 9 million people in unpaid carer roles in the UK, with 25% of unpaid carers aged 65+. Of these more than 400,000 are aged over 80, of whom 37% are providing 20 hours or more of care a week, and 34% are providing 35 hours or more. Nationally over 1.3 million people provide over 50 hours of care per week, 5 million juggle carer responsibilities with work and 2 in 5 carers are forced to give up work altogether due to the significant demands of caring.

Despite extensive evidence highlighting that people providing high levels of care are twice as likely to be permanently sick or disabled and that nearly 15% of all carers will suffer mental and physical ill-health as a direct consequence of the stress and physical demands of caring, public sector funding for carers support continues to be limited and delivery heavily reliant on voluntary and community sector organisations, such as CSC.

In June 2018 the government published the Carers Action Plan (CAP). Research undertaken as part of this work highlighted that:

- Public services often don't engage effectively with carers, which leads to carer stress, unproductive use of carers' time and missed opportunities to ensure quality care and services for the people they look after.
- Many carers find it difficult to balance work, look after their own health and wellbeing and perform their caring duties.
- There is a need to raise awareness among employers, the public and professionals so that people are more aware of what carers do.
- There is a need for more carer-led and community-led support, with voluntary and community sector organisations providing a key role in supporting carers.

More recent research undertaken by the Office for National Statistics (ONS) in collaboration with the Centre for International Research on Care, Labour and Equalities (CIRCLE) indicated that unpaid carers' health had been more adversely impacted by the coronavirus pandemic than non-carers.

They were more likely to suffer from loneliness and isolation and to have experienced reduced health outcomes, including declines in mental and emotional health and ability to cope. Additional evidence from the National Institute for Health and Care Excellence (NICE) and by the Carers Trust suggests that the increased levels of isolation and loneliness experienced over the last two years have resulted in a stark rise in mental health problems affecting carers and a significant increase in the amount of time they spent caring each week.

As we emerge from the pandemic it is widely anticipated that many more people will find themselves in an unpaid carers role. Carers UK research indicates there are 4.5 million new carers since the Pandemic started (March 2020), 2.8 million of whom are juggling work and care. After 18+ months of people delaying seeking support the surge anticipated in the diagnosis of long term conditions will see many more people requiring care, often facing long periods on hospital waiting lists in considerable pain and unable to cope without support. In addition, the negative impact on the confidence, resilience and ability to cope with living independently for many older people, as evidenced by Age UK, will see many more older people having to care for their partner or elderly relatives.

At a local level, the 2011 census showed that:

- There were 40,138 carers in Bristol (13.5% of the Bristol population), 9,176 of whom provide care for more than 50 hours per week and 8,300 were over 65 years of age
- There were 27,639 carers in South Glos (14.7% of the South Glos population), 5,384 of whom provide care for more than 50 hours per week and 7,700 were over 65 years old.
- There were 1,384 young carers (children under 16) and 3,916 young adult carers (16 to 24 years old).
- 1 in 3 local carers (34%) provide unpaid care for more than 20 hours every week.

More recent projections indicate significant increases in the number of unpaid carers locally across all age ranges. Population projections also indicate a growing ageing population over the next 5-20 years as life expectancy increases and people from the post-war 'baby boom' reach old age. Longer-term ONS projections suggest that there will be an increase in those aged over 65 years by 66% in South Gloucestershire and 44% in Bristol by 2035. The number of people aged over 85 and over, who are the most likely age group to have a disability or acquired disability and need to receive care, is expected to nearly triple over the next 25 years. With the likelihood of being disabled and receiving care increasing with age, the assumption based on these projections is that there will be more people requiring care and therefore more unpaid carers requiring support from the Carers Support Centre.

3. Measuring Impact

Outputs

Comparable to the level of funding secured there were relatively high target numbers of beneficiaries over five years for counselling and befriending/mentoring support initially agreed as part of the Reaching Communities grant. It is recognised that achieving these targets even without the impact of the pandemic would have been challenging with the limited staffing resources that funding allowed. The additional external environmental challenges faced by the project since March 2020 as a result of the pandemic have undoubtedly contributed to the ability to achieve these target beneficiary numbers.

Service	Referrals as at 09/21	Supported as at 09/21	Target by 09/23	% of target achieved to date
Counselling	413	308	577	53%
Befriending / Mentoring	200	108	759	14%

Service	Number of new beneficiaries required to reach target by project end	Anticipated new target beneficiaries reached by project end	Anticipated % of total target achieved by project end
Counselling	269	250	97%
Befriending/ Mentoring	651	200	41%

It is noted that:

- **Difficulties in staff and volunteer recruitment** at the beginning of the project delayed the start of the befriending/mentoring support - befriending support only being operational from July 2019 and the mentoring support operational from early 2020.
- There has been an **unexpected turnover rate in staff** and counsellors during the project.
- The demand for befriending/mentoring support was slower to take off than pilot research had indicated.
- The initial marketing of mentoring support as a 'buddying' service created confusion about the role among both carers and volunteers.
- There was an initial target of 30 volunteers. 10 volunteers were to be recruited in year one and 5 each year following, a total of 30 by year five. So far to date, there have been 34 volunteers who have supported the service, exceeding initial expectations for recruitment and support. Of these 19 are still active and Befriending Coordinator capacity means **no**

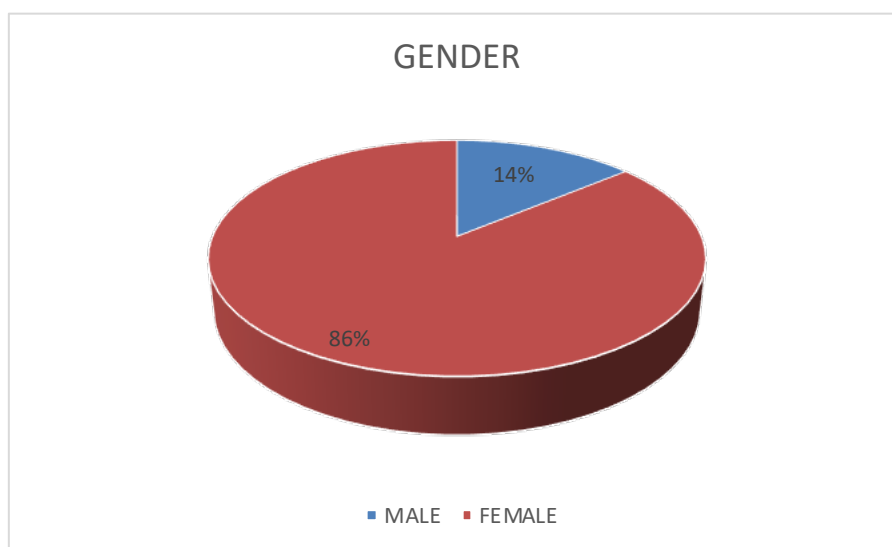
new volunteer befrienders are currently being recruited to replace those who are no longer volunteering, limiting additional anticipated delivery of volunteer led activities in year 4 to current active volunteers.

- **Lockdown measures have acted as barriers to new volunteers** being able to access face-to-face training opportunities and therefore impacted recruitment.
- **The average number of carers supported by each volunteer is lower than anticipated** - an average of 3 clients per volunteer compared to a target of 6 clients.
- Implementation of the agreed procedures and protocols required to deliver a high quality befriending/mentoring service require a greater input of staff time per client than initially calculated - 1,050 hours per annum required on matching/monitoring responsibilities to achieve an average target of 150 beneficiaries per annum. This excludes additional time required for marketing, administration, safeguarding, volunteer induction and training responsibilities. Based on current staffing levels therefore the achievement of target outputs for befriending/mentoring could only be achieved at the cost of reduced quality of service.
- Whilst **current demand for counselling exceeds capacity** and thus a waiting period of approximately 6 months from initial counselling service request to a counsellor being seen, not all carers on the counselling waiting list access the befriending/buddying service in the interim to receive volunteer-led mental or emotional support.

Beneficiary demographics

The Wellbeing Service aims to provide support for all carers aged 18+ years. As of September 2021, the breakdown of referrals to the service indicates:

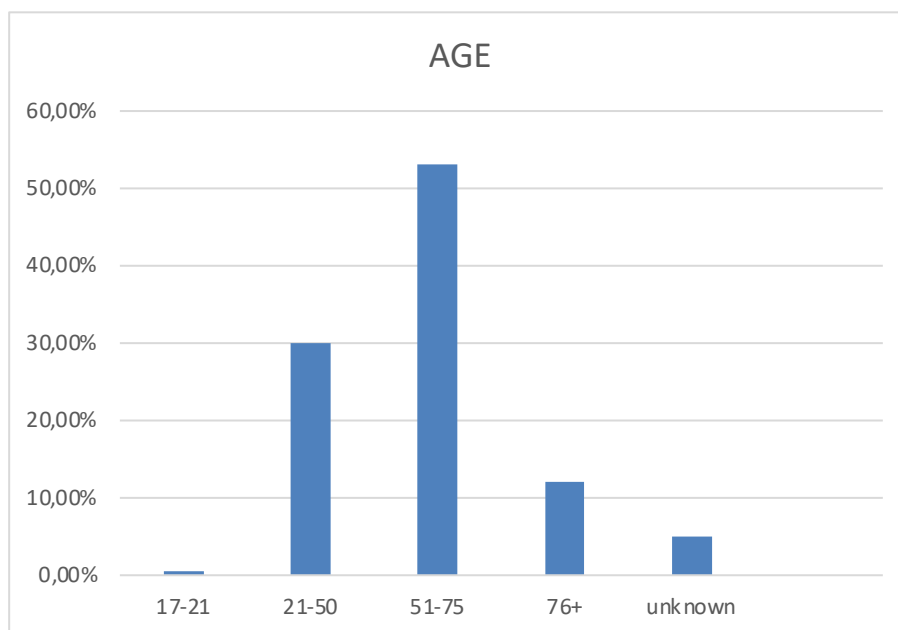
Gender



This is indicative of both the greater proportion of females in carers roles and the wider barriers experienced throughout the health sector in reaching male carers, who tend to be less

likely to reach out for support for their own health and wellbeing in general, particularly when accessing community or mental health support.

Age



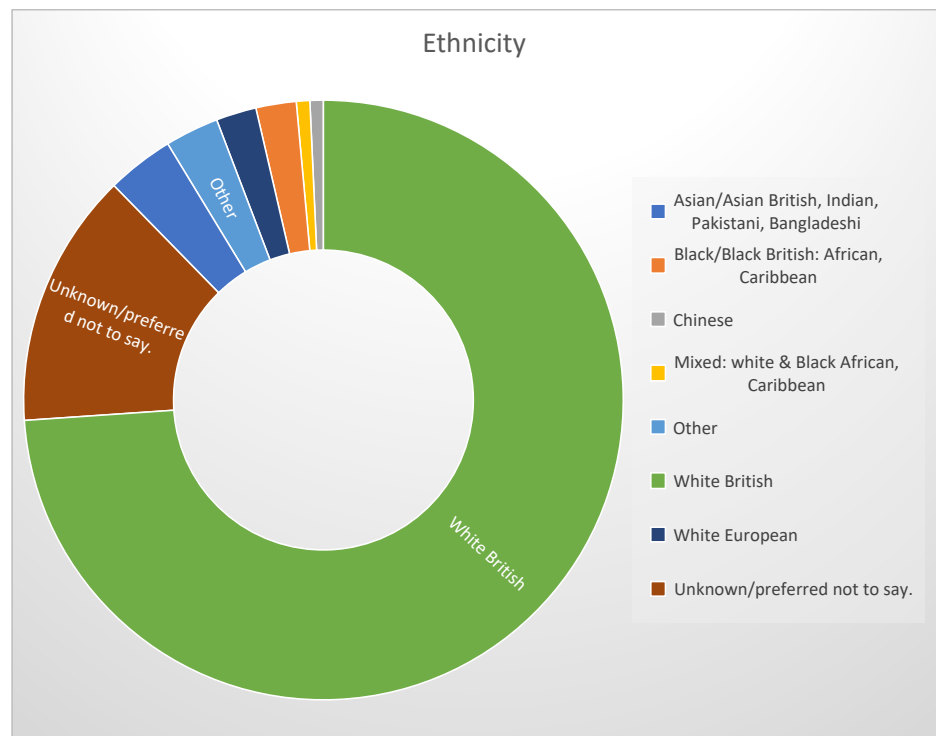
Whilst population demographics indicate that 25% of potential beneficiaries are likely to be aged 65+ years, the fact that over 65% of beneficiaries are aged 51+ years highlights that either older carers are more likely to be suffering poorer mental and emotional health and be willing to reach out to seek support or that the project is failing to reach carers aged less than 50 years old with appropriate support.

Whilst it is beyond the scope of this report to make a definitive conclusion on this aspect it is noted that older carers are more likely to struggle to balance their own increasing wellbeing needs as they age with their carer responsibilities and evidence indicates are more likely to have experienced a negative impact on their own mental and emotional wellbeing and ability to cope as a result of the pandemic.

It is observed anecdotally that carers are presenting with more complex and diverse needs.

This tends to demonstrate that carers are accessing support when they are 'at the end of their tether' rather than as an early-stage preventative intervention. It is also observed that older carers are less likely than those carers aged younger than 50+ to have other family and social support networks with whom they can turn to for support and as such have more complex needs. As a result, the beneficiary age demographic may be deemed a fair reflection of actual community need.

Ethnicity



Ethnicity diversity is reflective of the local population whereby population statistics indicate a White (White British, White Irish, Gypsy or Irish Travellers and other white) population of 84% in Bristol and 95% in South Gloucestershire.

There is little doubt that the experience of BAME carers may often differ from that of the white community. In addition to facing higher rates of economic deprivation and being more likely to experience health inequalities, it may seem obvious - despite a lack of specific evidence base - that racism and differences in social, religious and cultural norms within ethnic communities can create additional pressures and challenges and require specific knowledge and experience to understand. However, it is also noted that the profile of volunteers who provide befriending/mentoring support does not include a diverse ethnic mix within the current volunteer team (there currently is 1 Asian befriender/mentor and 1 Black Caribbean). As such it may be that Black, Asian and Minority Ethnic (BAME) carers and those from underrepresented groups are not able to get their needs met through an appropriately matched volunteer and are therefore not accessing this support despite a possible need.



4. Outcomes

CSC has in place an outcomes monitoring framework based on the Warwick-Edinburgh Mental wellbeing Scale tool. The impact measurement tool (see appendix three) is populated with baseline outcome indicator data prior to each participant receiving support. It is used again at the end of counselling support (6 sessions) and, for the befriending and mentoring at 3 monthly intervals and at the end of the service. This provides a baseline and monitoring framework to measure the success of the project and the achievement of individually agreed outcomes for each client.

A summary of recent impact data collected is given below.

Following completion of their counselling sessions, 89% of carers had an overall improvement in their wellbeing scores using the CSC measurement impact tool. The lowest scores were around their isolation, often this has been due to not being able to get out as they did before the pandemic, or people not visiting as often. It is also due to them feeling they did not want to mix with other people due to their own ill health or that of the person they care for. Despite the isolation scores being low, carers scored high on feeling good about themselves, relaxed, having the energy to spare and feeling optimistic about the future.

- 55% felt good about themselves more often and have felt more relaxed
- 38% felt they were better able to cope and had strategies to manage a crisis
- 36% reported thinking more clearly
- 35% felt less isolated and more connected to people
- 57% reported having more energy to spare
- 55% felt more optimistic about their future

‘The counselling was brilliant. Naomi was absolutely wonderful and a wonderful woman. I feel much better now, to be honest, I was falling to pieces. She pointed out that things are up to you – I can make my own rules, especially where family are concerned. It was really helpful and Naomi gave me back myself. She’s top-drawer’

‘Angela was very helpful. I have implemented some of her suggestions on how to manage situations without allowing them to overwhelm me. She has a lovely calm and peaceful way about her and I was sad to say goodbye.’

“I can’t tell you how amazing the support has been. This was my second time talking to Beth over the past 3 years. She had remembered so much from our initial sessions and it helped that she had that background so we could build our sessions from there. A lot has happened and she helped me work a few things out around the care I give my parents. My Mum lives with me already and is no trouble. My Dad has indicated he wants to move in with us when my children go to college. Beth made me realise that I don’t have to agree to this, it would be difficult and he would change the dynamic of family life too much. I have 3 other siblings who can also help with his care – I don’t have to take all the burden on myself. She guided me to see

I don't need to keep trying to please him and to set some boundaries in place, slowly and subtly. I am talking to my siblings and we are trying to work things out for a better future. Beth was such a good listener and so kind. I feel the sessions went deep, examining my childhood and parental dynamics. Her guidance and insight has been amazing. Thank you so much for all your help and support."

Following completion of accessing befriending or mentoring support, **58% of carers reported an overall improvement in their wellbeing**. The lowest scores related to being better able to cope in a crisis and may be reflective of the more in-depth mental and emotional health needs that a time-limited befriending or mentoring relationship does not seek to address.

Significantly, **100% of beneficiaries knew whom to contact if an emergency arose**, indicating that whilst feelings of being able to cope were lower this was not indicative of potential safeguarding risks.

- 59% felt good about themselves more often and have felt more relaxed
- 27% felt they were better able to cope and had strategies to manage a crisis
- 48% reported to thinking more clearly
- 69% felt less isolated and more connected to people or their community
- 48% felt more optimistic about their future
- 52% reported having more energy to spare
- 48% had people they could rely on if they had a problem

'Claire is absolutely lovely. She's very upbeat positive and supportive. It's been really nice to talk to her and even more welcome given that it's so hard to go out and meet anybody else at the moment.'

'I really look forward to my calls and they don't come soon enough. It's just nice to have an outsider looking in. We've built up a great rapport and talk about gardening and all kinds of things as well as myself. I've come to rely on the service especially since we moved into a flat in June as I don't know anyone here so any conversation at all is absolutely fantastic.'

'I can honestly say I really enjoy chatting to these carers. We always end up laughing, if only because sometimes, things are so bad, what else can you do? I believe they value my support, and I can honestly say it's good to feel needed, if only in a small way.' Volunteer befriender

In order to ensure that this evaluation was independent of this data collection, targeted satisfaction surveys were undertaken with both carers and volunteers to gather outcome data. The results of these surveys are as follows.

Carers Support Centre Wellbeing Services Client Feedback

A total of 68 responses were received. Equating to approximately 30% of annual beneficiaries the response rate is deemed to provide statistically relevant feedback. Furthermore, the age range of respondents was representative of total beneficiaries over the lifetime of the project.

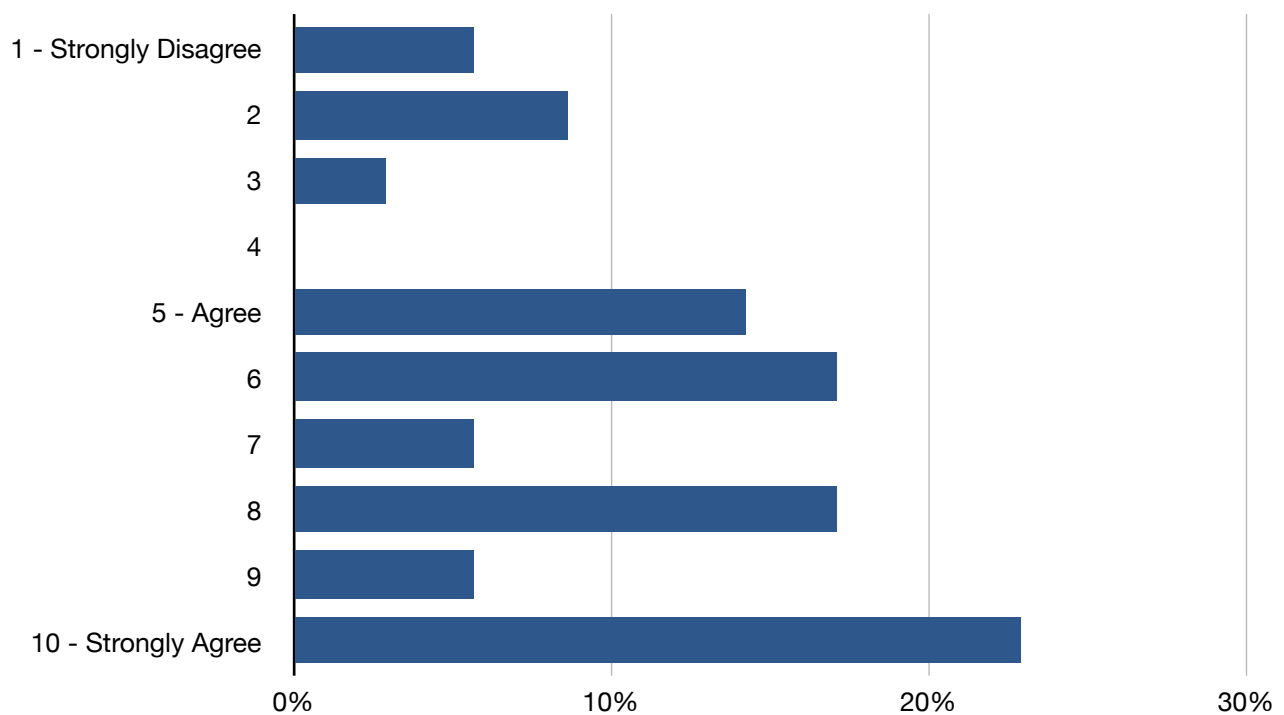
18 to 21	1.5%
22 to 50	20.6%
51 to 75	67.6%
76 to 99+	10.3%

Counselling service:

51.5% of respondents had benefited from the counselling service. When asked to rate agreement to the following statements **on a scale of 1 to 10 where 1= no improvement 10 = greatly improved.** responses were as follows -

Using the counselling service has helped me feel less anxious or stressed?

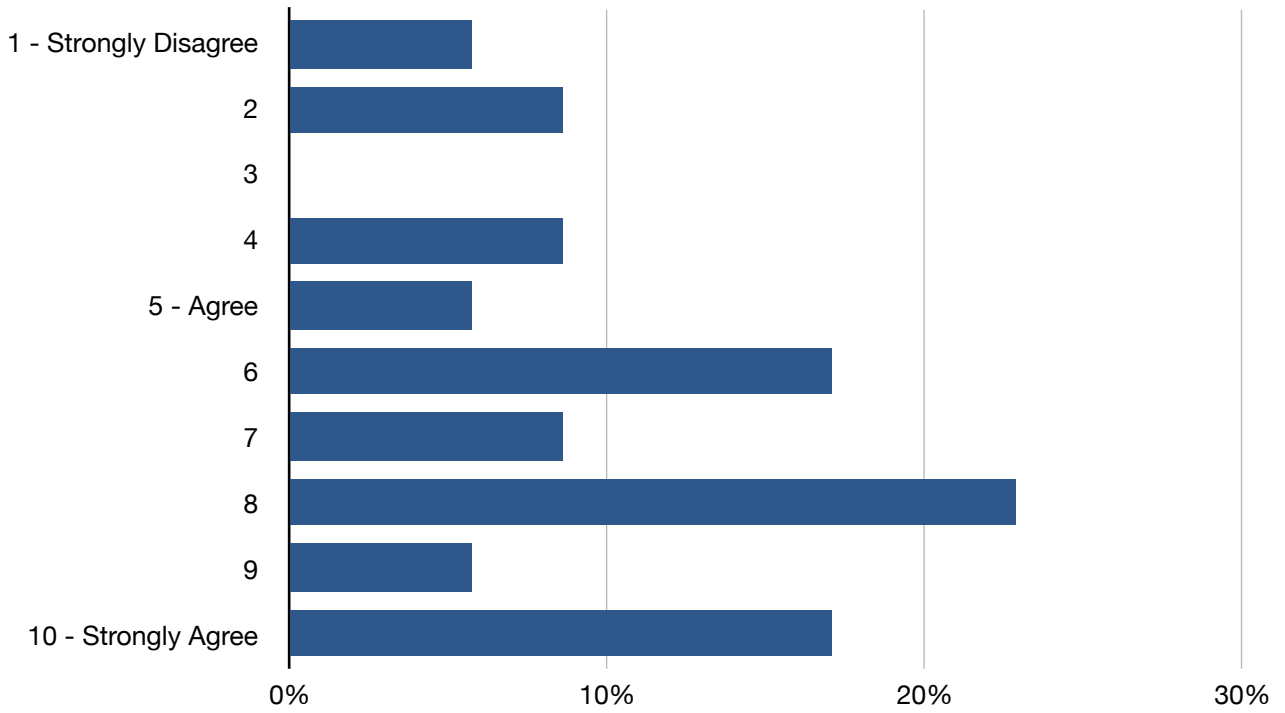
Average rating: 6.6



Responses show that in excess of 80% of beneficiaries reported a good improvement in levels of anxiety and only 5.7% no improvement. Anecdotal evidence collected from beneficiaries who participated in discussion groups highlighted that carers often have complex and emerging needs. The time-limited nature of the counselling service (6 sessions) may indicate that for some clients the complexity of need is such that more in-depth counselling support is required. It is therefore to be accepted that some clients may not show significant reductions in anxiety in the short time frame.

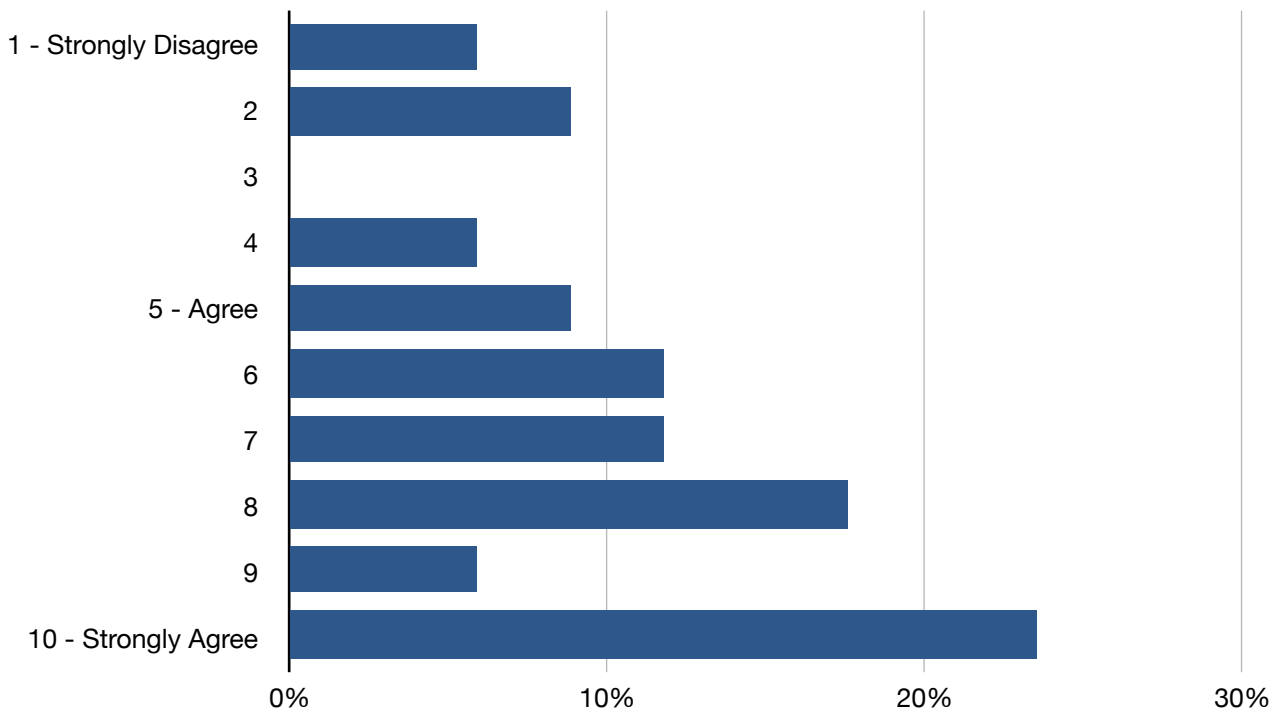
... helped me feel more optimistic about life.

Average rating: 6.5



... improved my feelings of personal health and wellbeing.

Average rating: 6.7



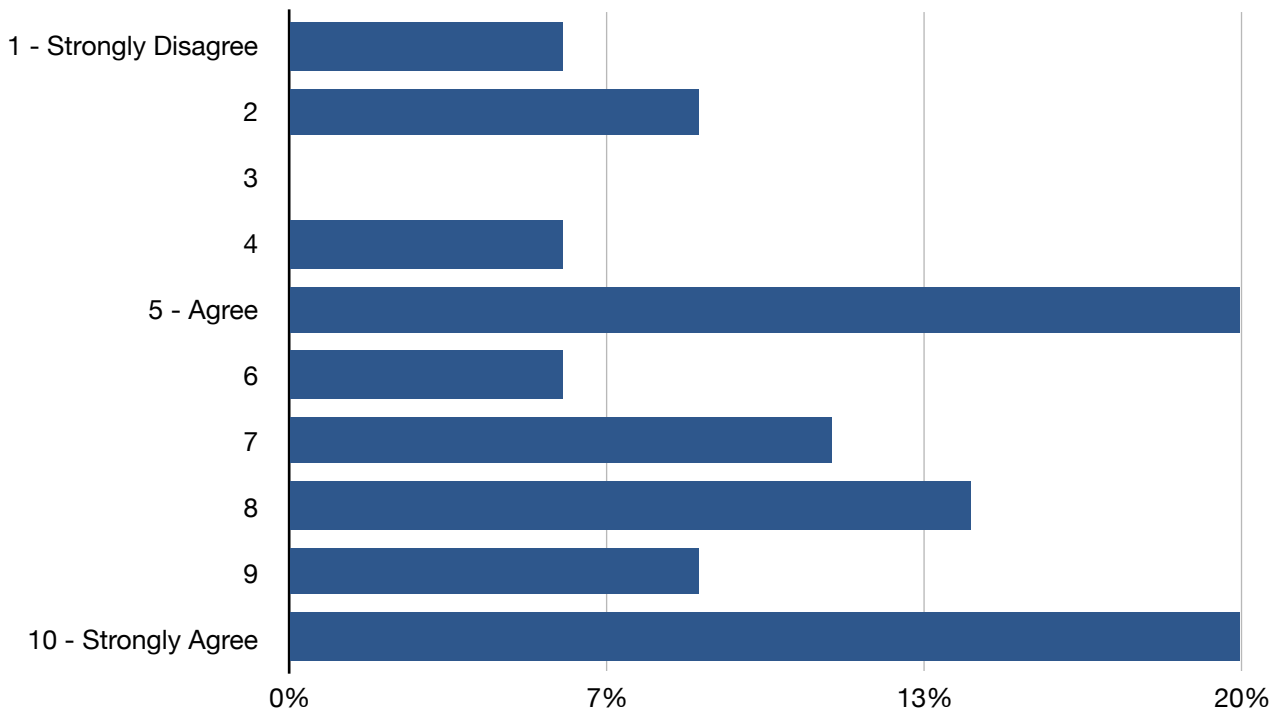
79.6% felt it had a good impact on personal wellbeing

‘I always feel lifted at the end of the conversation and I always look forward to our calls. With everything that is going on with Covid in the last year I’m not sure how I would have coped without her help. I could not be more grateful of the support I have received. ‘

‘I’m very grateful for the service it’s been amazing and I’m just appreciative to have been offered it although I’m gutted it will be coming to an end. He’s been like a proper friend and we talk about everything and I do mean everything. He’s been great to talk through worries with rather than just being stuck in my own head all the time.’

... helped make me feel better able to cope and deal with day to day problems.

Average rating: 6.5



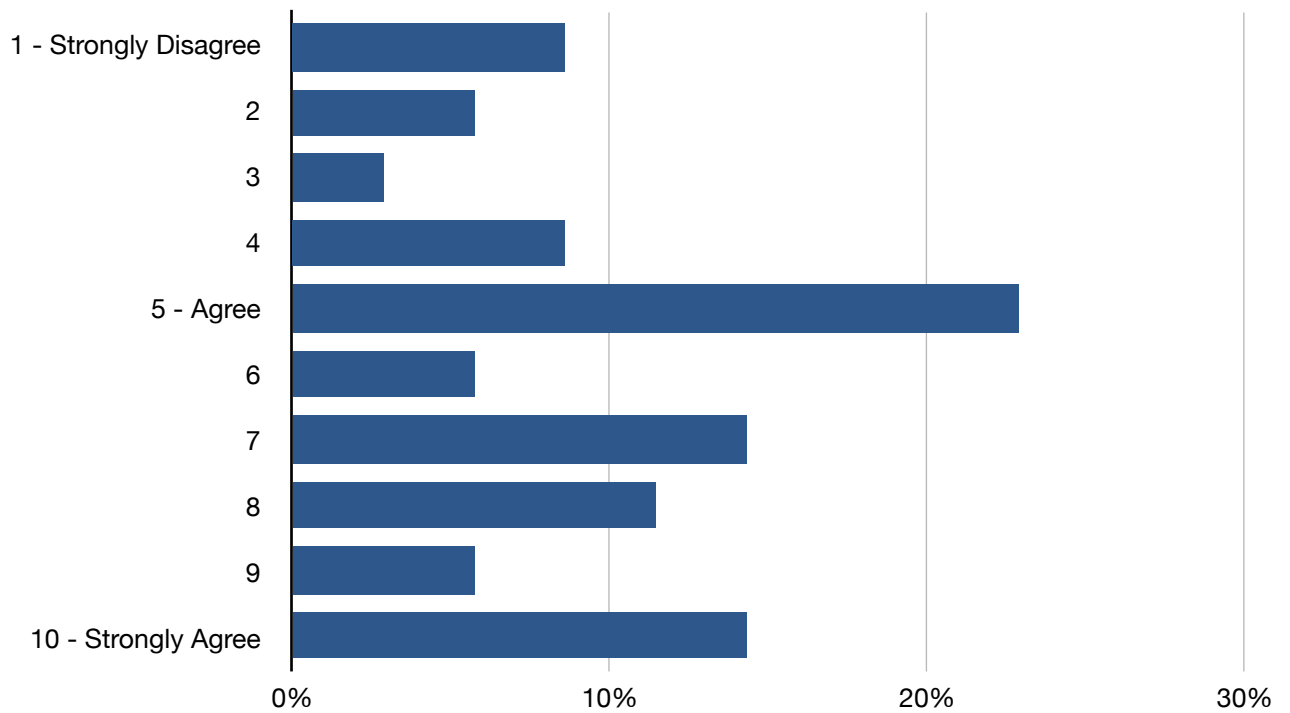
80% of respondents felt better able to cope

‘I have absolutely loved the service. It has made such a difference to me. Things vary so much from week to week and some weeks I feel like I can manage whilst others feel like they’re falling apart. Just having someone confidential to talk and offload to has made a real difference. It’s been a lifesaver. I feel very grateful and very fortunate to have received this service.’

‘Jane is a lovely lady and it’s been nice talking to her. Whenever I have been in trouble she helps me to think of a way through. She’s a very clever lady. I shall miss her.’

... has helped me feel less isolated and more connected to others in the community.

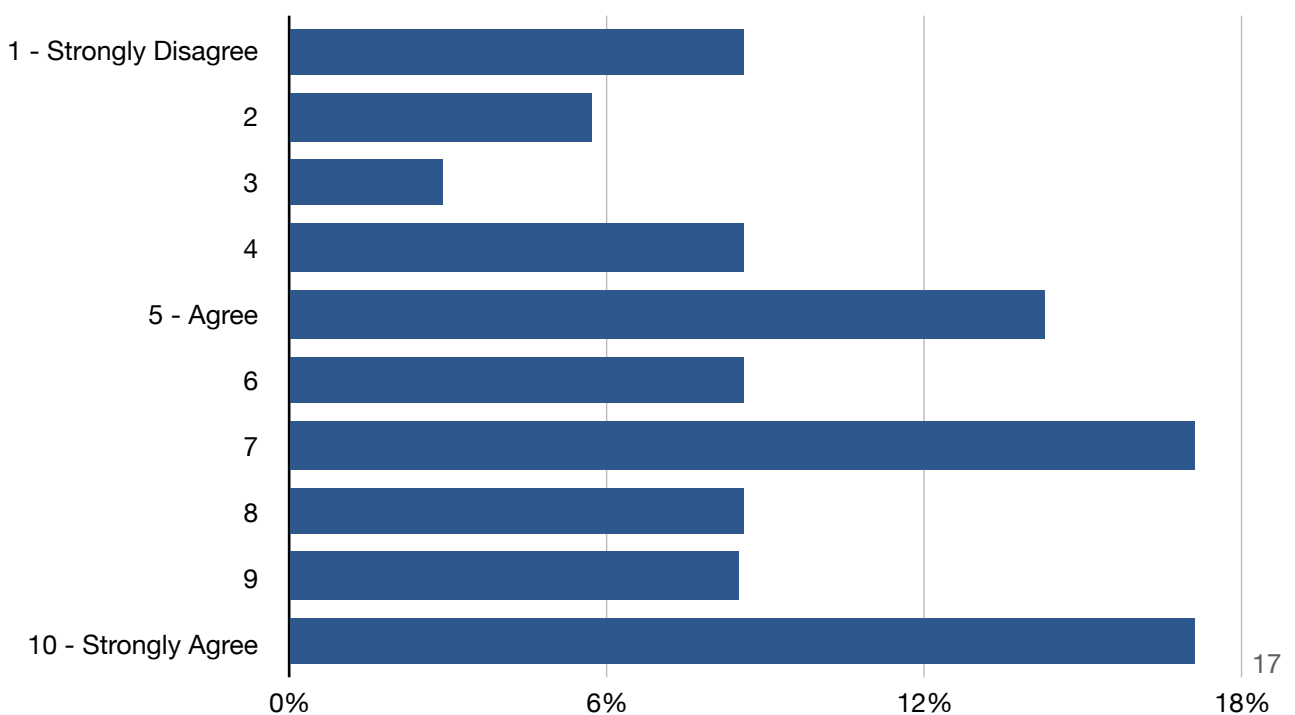
Average rating: 6.0



Of particular benefit given the impact of the pandemic on increased feelings of isolation and loneliness within the wider community and an inability for many to access other community or face-to-face support they may have accessed previously, 74.3% of respondents reported feeling less isolated from accessing the telephone support offered by the project.

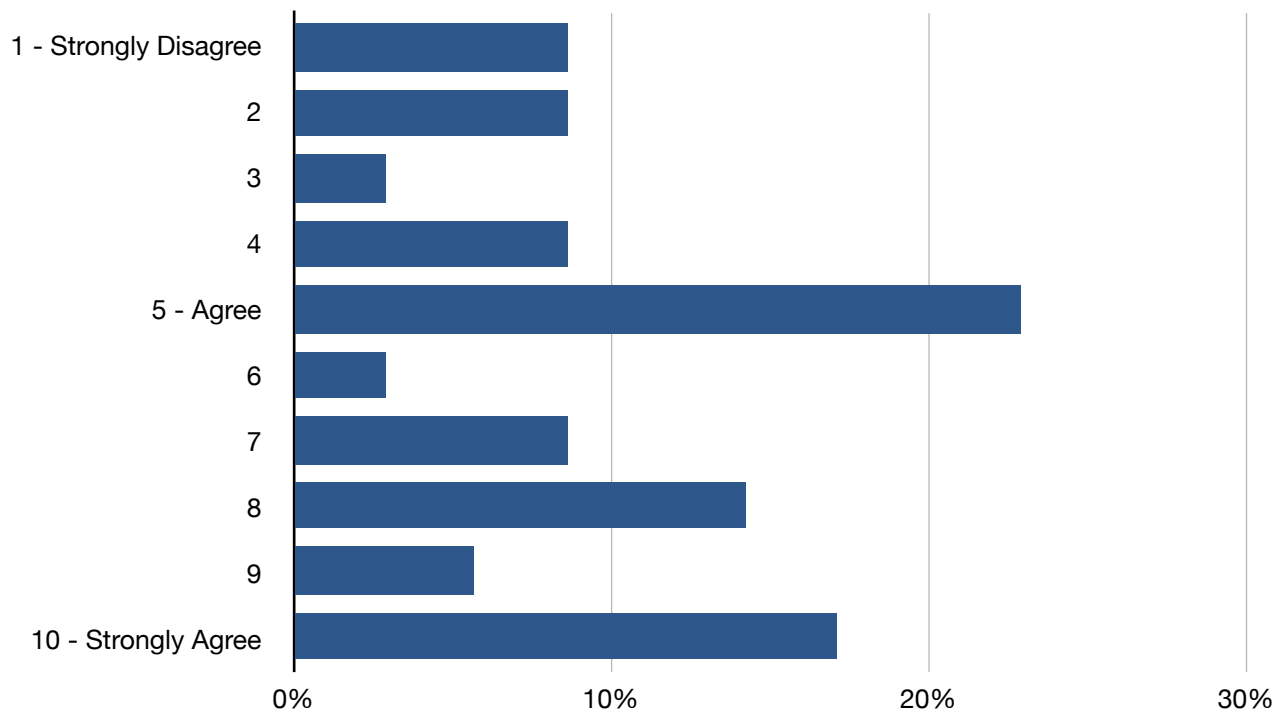
... has helped make me feel more confident about whom to contact for urgent support in an emergency.

Average rating: 6.2



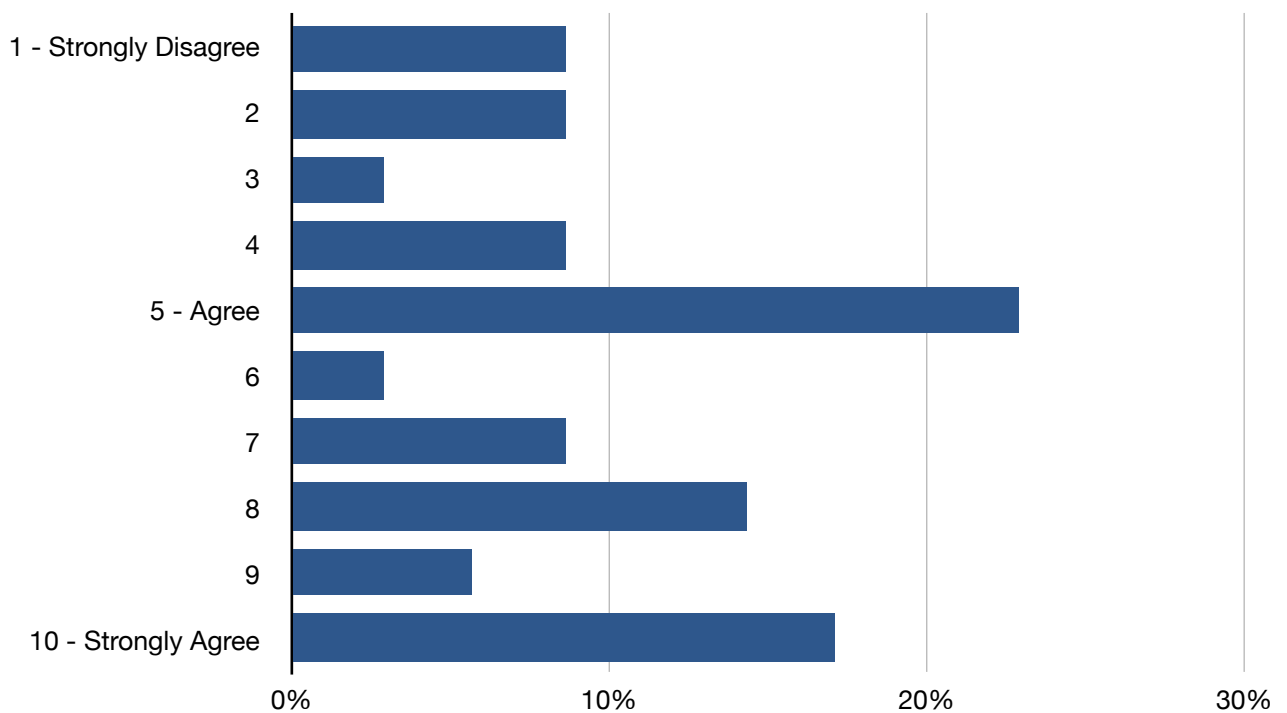
... was able to meet my needs in the number of sessions available.

Average rating: 6.0



... and finally, how satisfied were you with the time it took from your first enquiry until a counsellor was able to see you?

Average rating: 6.6



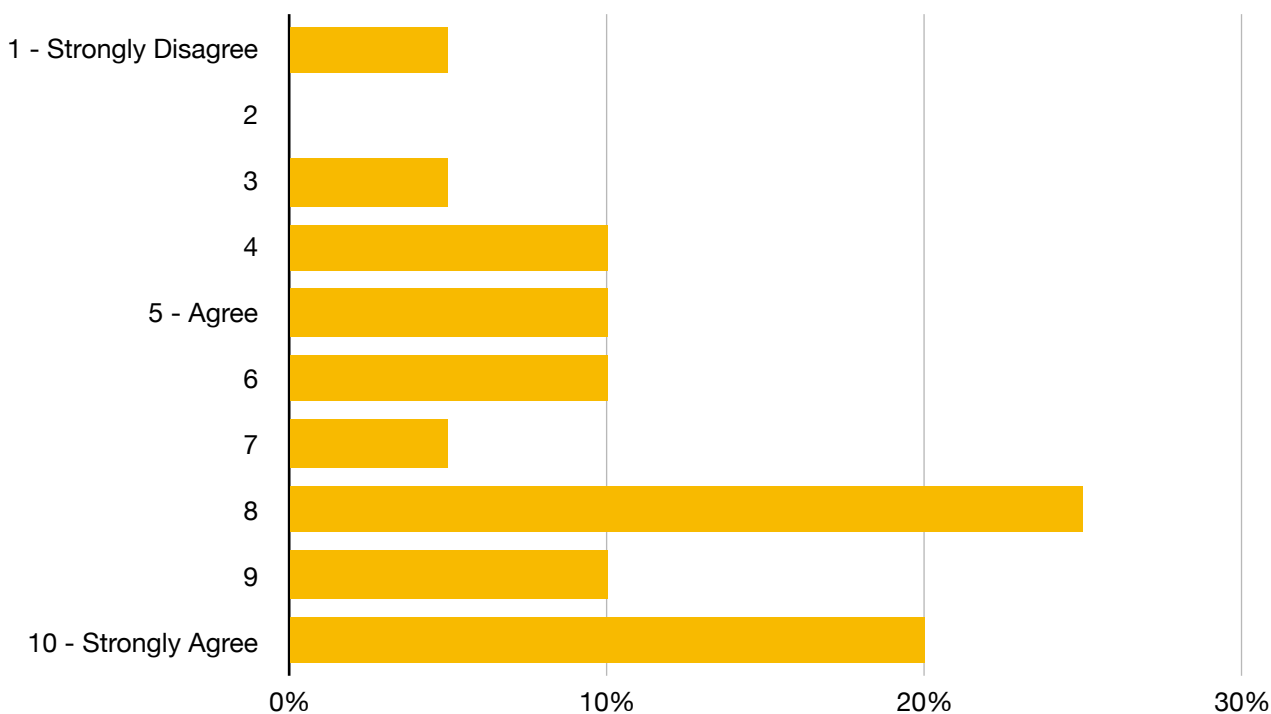
Given the level of demand for the service, the limitations on the number of counsellors able to provide support and the consequent increasing waiting list between the point of referral and the start of service, it is not surprising that nearly 30% of respondents were less than satisfied with waiting. This may also be indicative of an increase in carers who felt in crisis or 'at the end of their tether' and in need of more urgent care and support for mental and emotional health which was observed anecdotally through discussion groups and which is being seen within the wider community as a post-pandemic trend within mental wellbeing.

Befriending service:

29.4% of respondents had benefited from the befriending service. When asked to rate agreement to the following statements on a scale of 1 to 10 where 1= no improvement 10 = greatly improved responses were as follows -

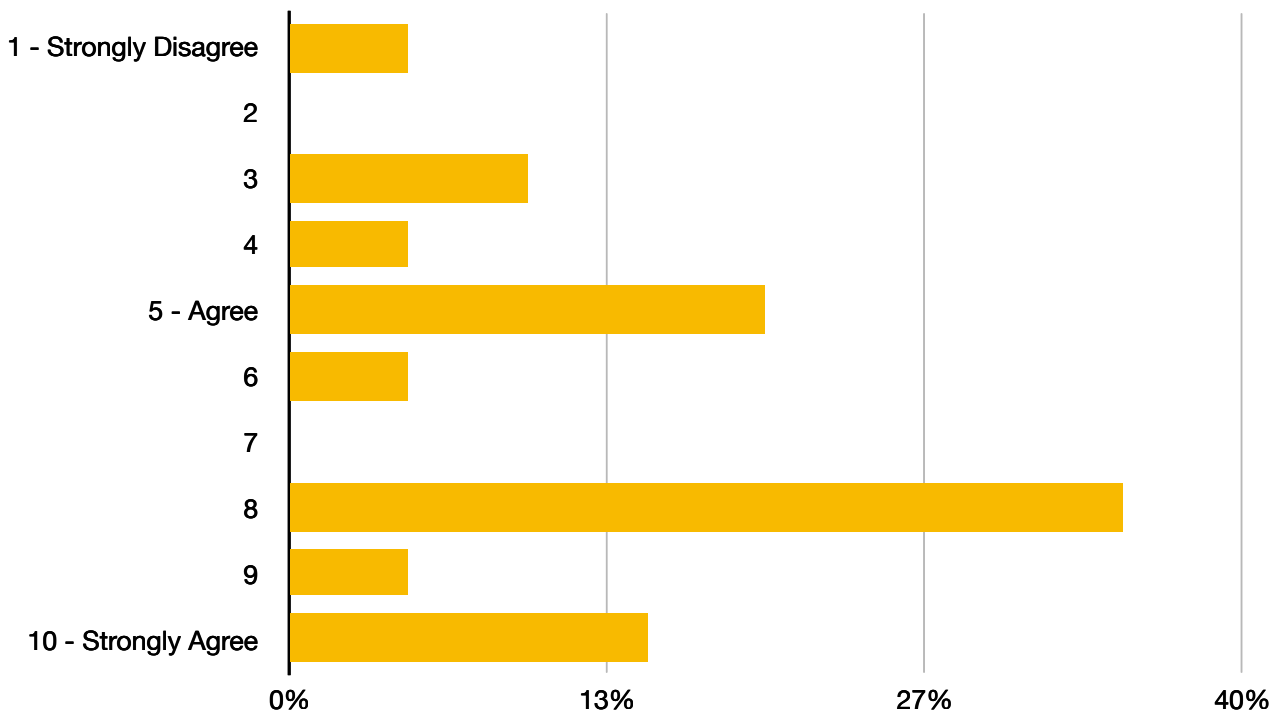
Using the befriending service has helped me feel less anxious or stressed?

Average rating: 7.0



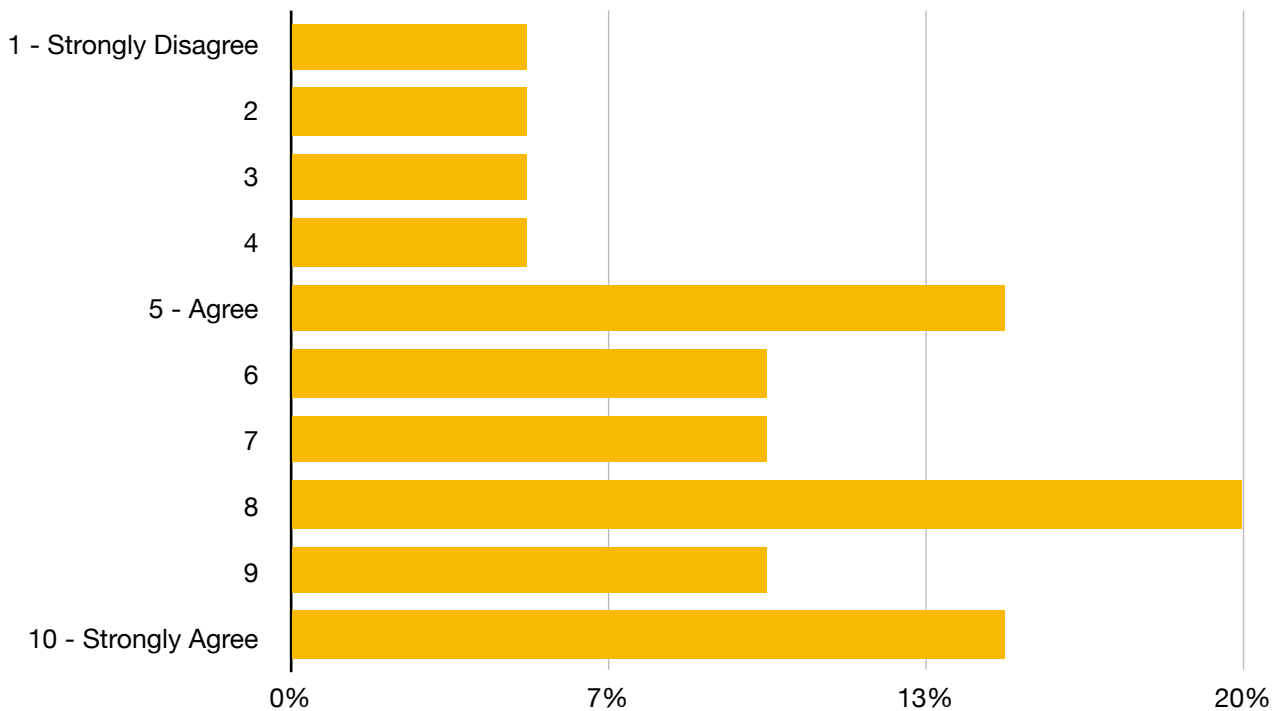
... helped me feel more optimistic about life.

Average rating: 6.6



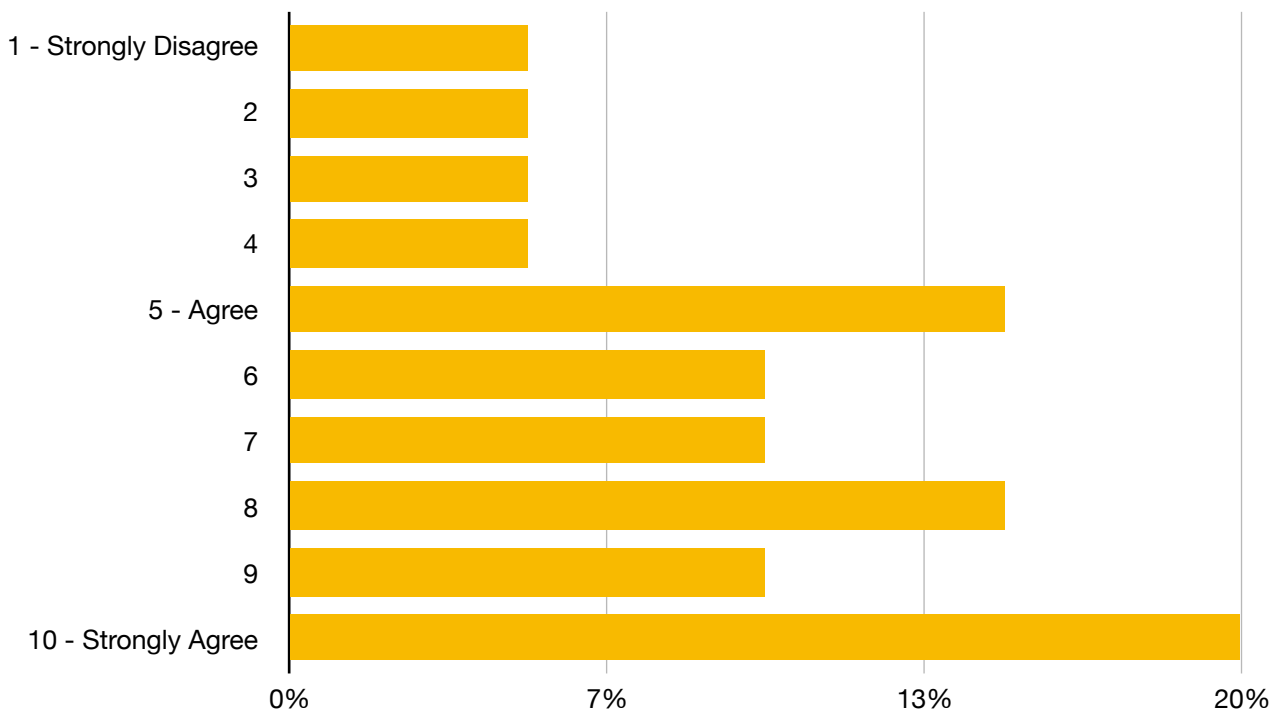
... improved my feelings of personal health and wellbeing.

Average rating: 6.5



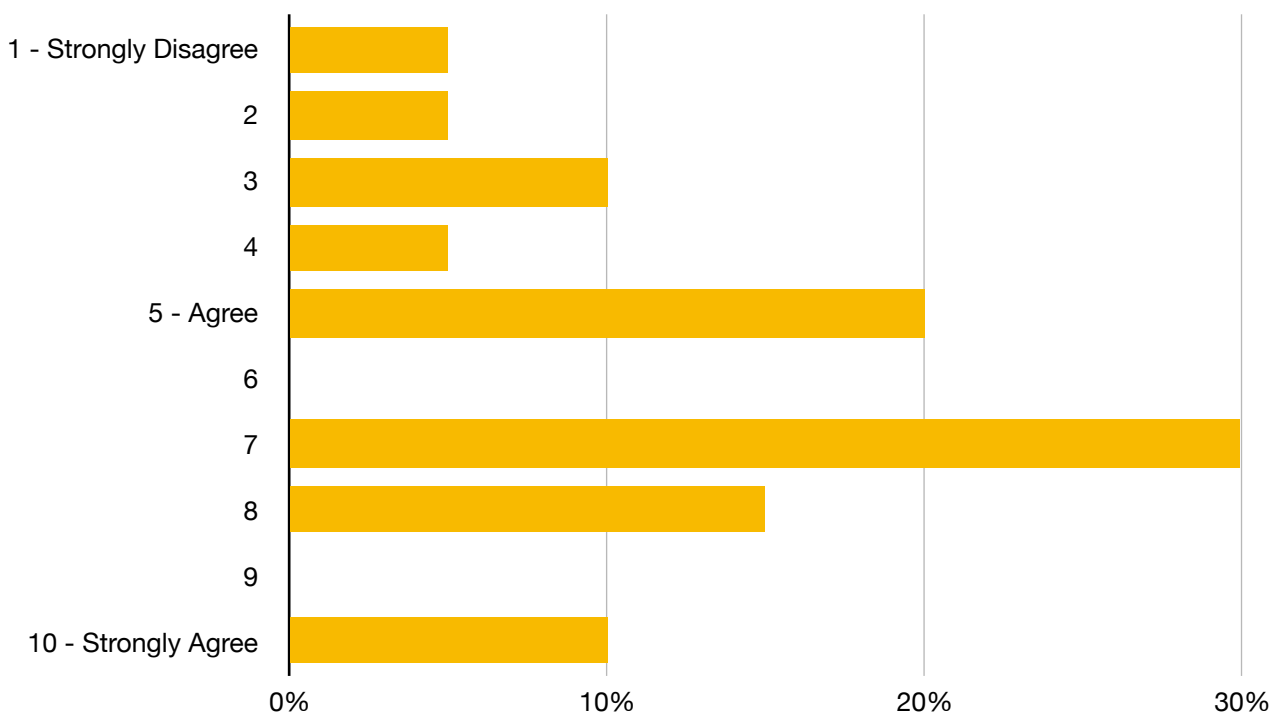
... helped make me feel better able to cope and deal with day to day problems.

Average rating: 6.7



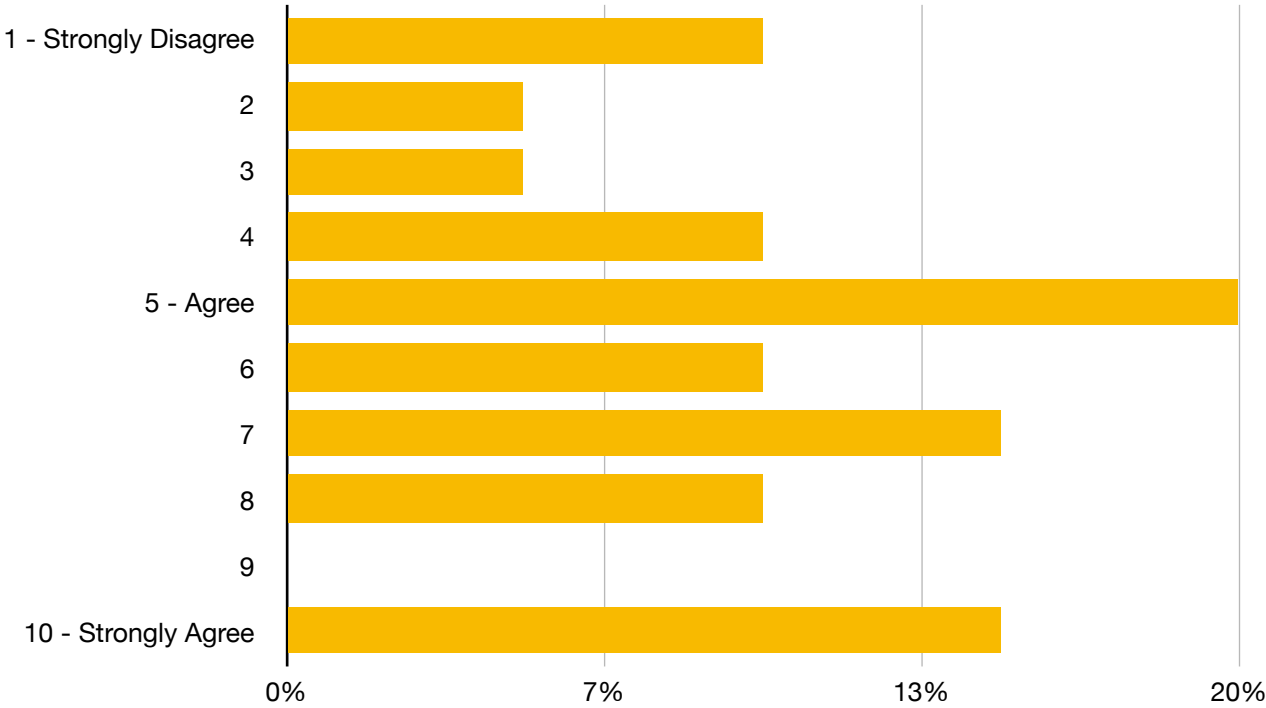
... has helped make me feel more confident about who to contact for urgent support in an emergency.

Average rating: 6.0



... has helped me feel less isolated and more connected to others in the community.

Average rating: 5.7



All of the above responses indicate an improved overall level of satisfaction than reported by internal evaluation methods. An average of 80% of carers reported an overall improvement in their wellbeing compared to 58% within internal data collection.

It is noted that this satisfaction decreases with regard to levels of isolation. Feedback from discussion groups highlighted the limitations of a telephone relationship in the building of trust and connection between a volunteer and carer. Whilst this is very much dependent upon a good match between the volunteer and carer, which evidence suggests is consistently being made by CSC, it is noted that doing so and getting to know each other can take time. The time-limited nature of the befriending/mentoring relationship therefore can limit how much a carer can feel more connected if the relationship of trust is short-lived.

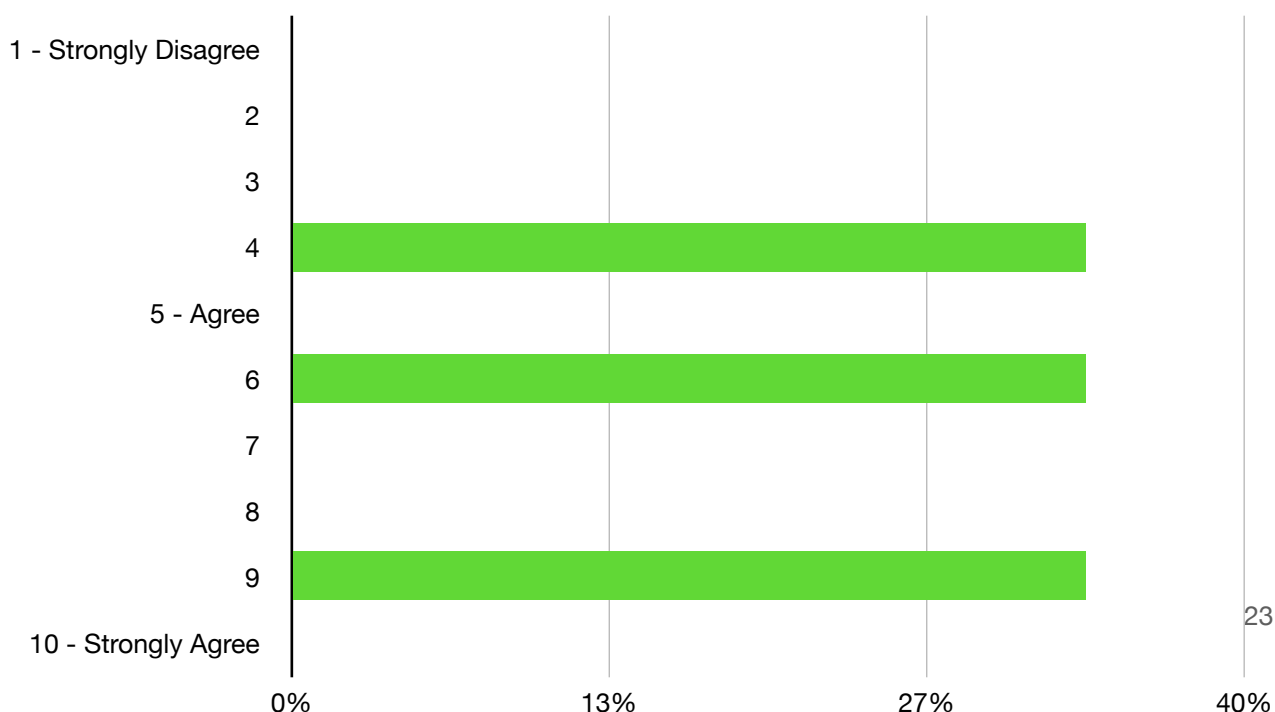
Significantly it was noted within discussion groups that societal changes as a result of the pandemic have made more people open to online connections and more comfortable and knowledgeable about zoom/skype calls as a means of communication. Carers and volunteers within the discussion groups both responded positively to the idea of making zoom calls rather than by telephone in order to have a greater sense of connection between carer and volunteer, noting that body language and being able to see each other supported the building of a trusted relationship.

Mentoring service:

4.4% of respondents had benefited from the mentoring service, indicative of the smaller numbers of overall beneficiaries of this service. When asked to rate agreement to the following statements on a scale of 1 to 10 where 1= no improvement 10 = greatly improved responses were as follows -

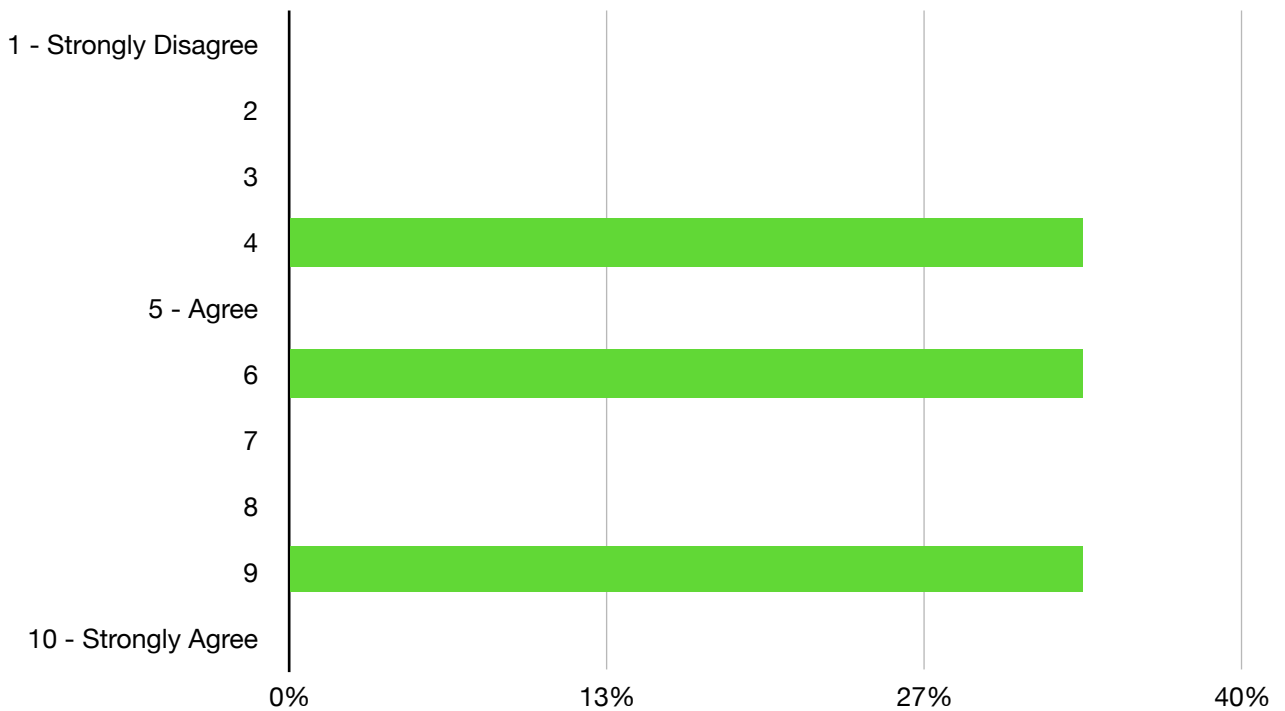
Using the Mentoring service has helped me feel less anxious or stressed?

Average rating: 6.3



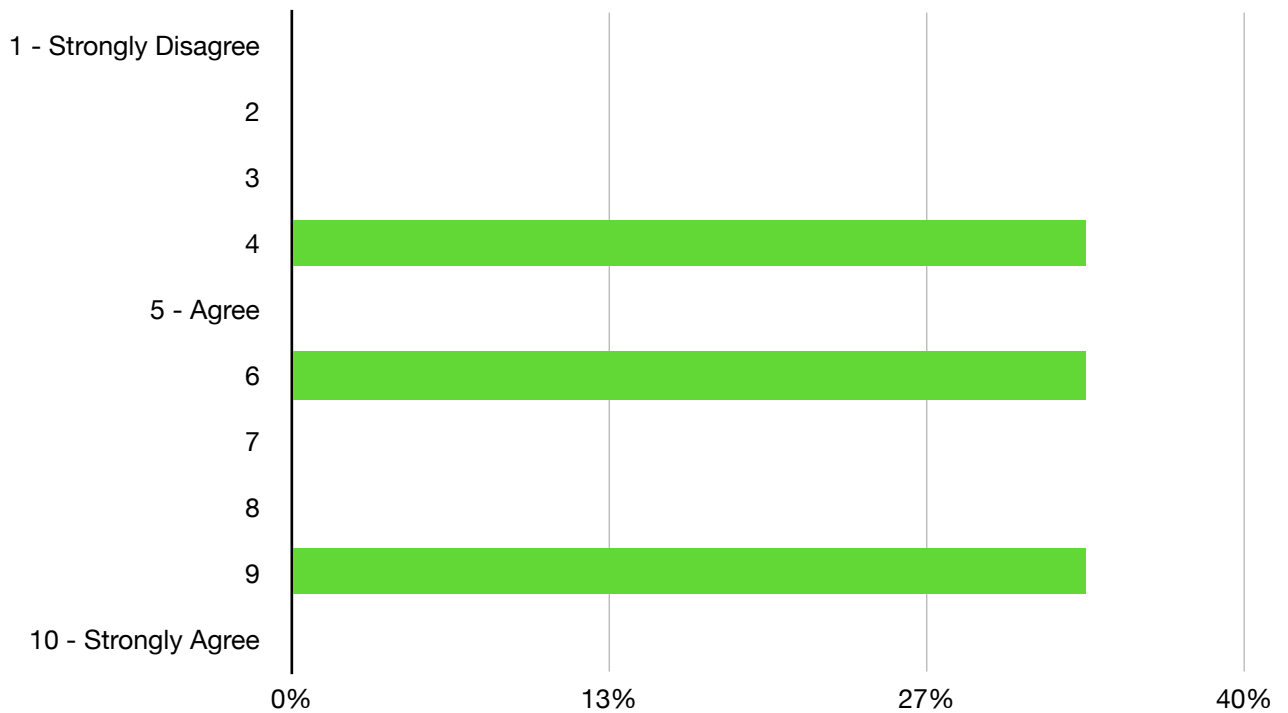
... helped me feel more optimistic about life.

Average rating: 6.3



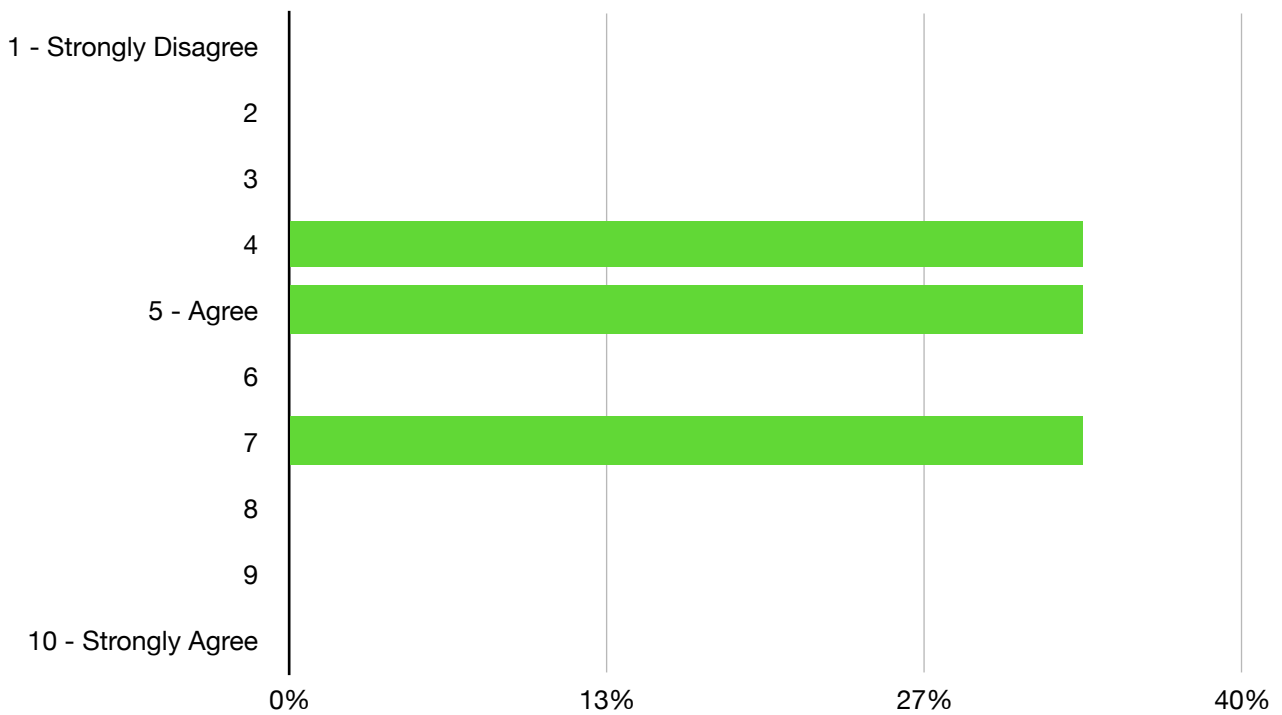
... improved my feelings of personal health and wellbeing.

Average rating: 6.3



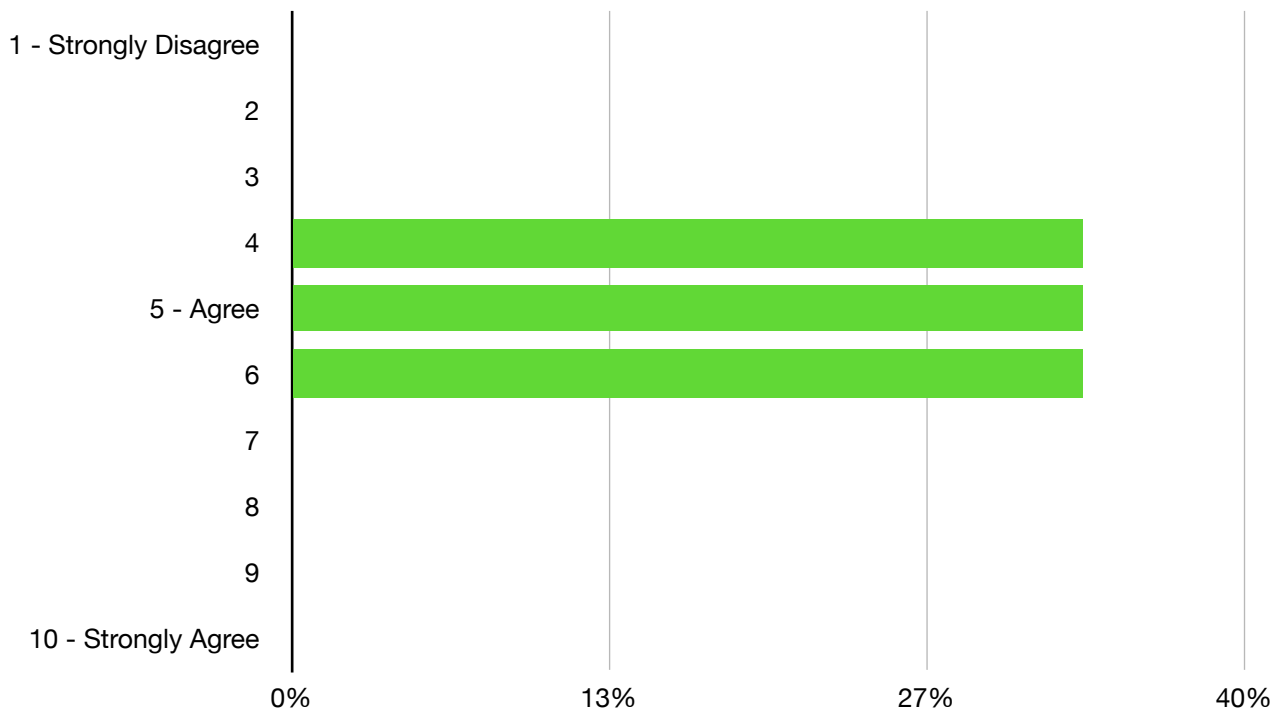
... helped make me feel better able to cope and deal with day to day problems.

Average rating: 5.3



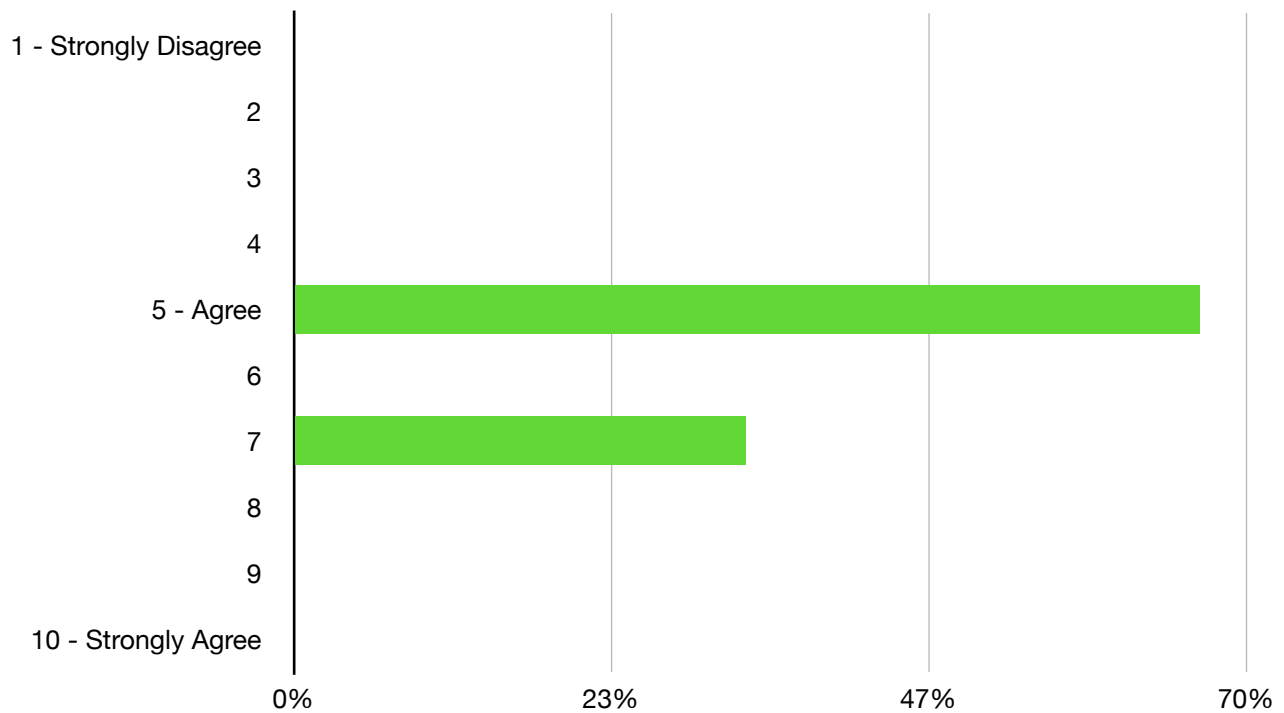
... has helped me feel less isolated and more connected to others in the community.

Average rating: 5.0



... has helped make me feel more confident about who to contact for urgent support in an emergency.

Average rating: 5.7

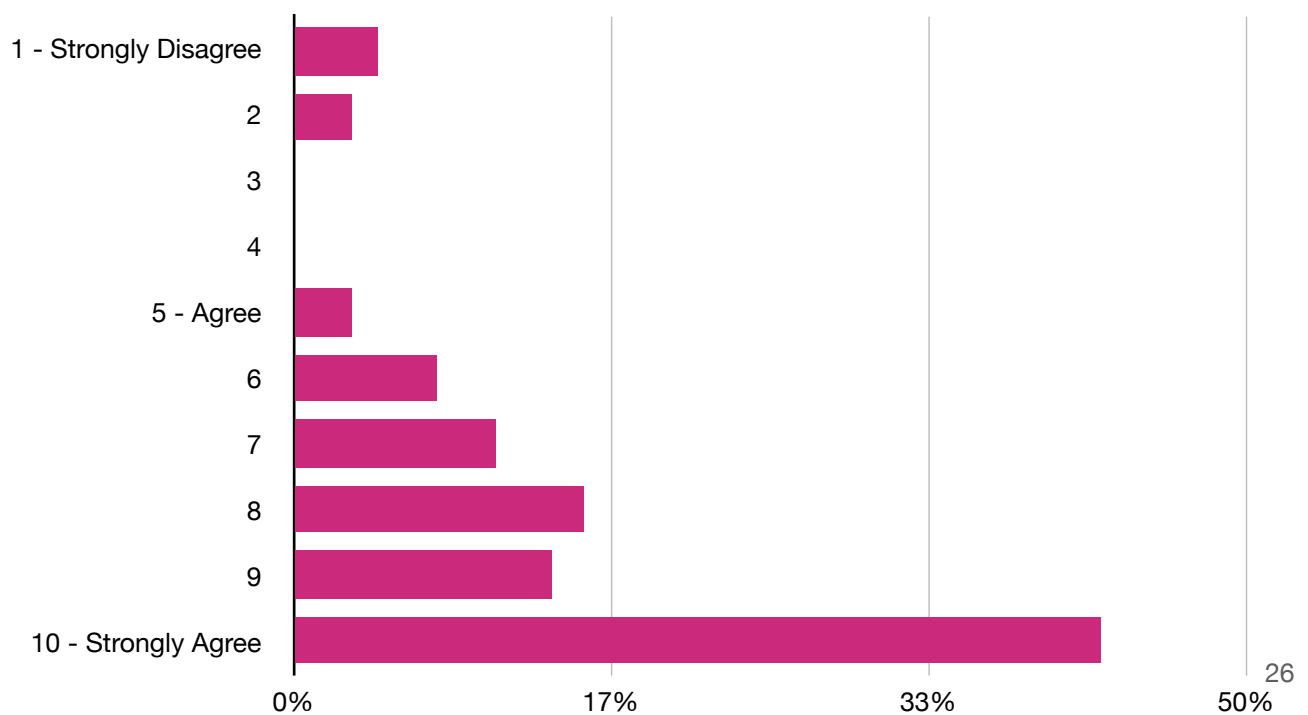


Staff and Volunteers

All respondents were also asked their experience of our staff and volunteers and in relation to the following statements on a scale of 1 to 10 where 1 = disagree and 10 = strongly agree.

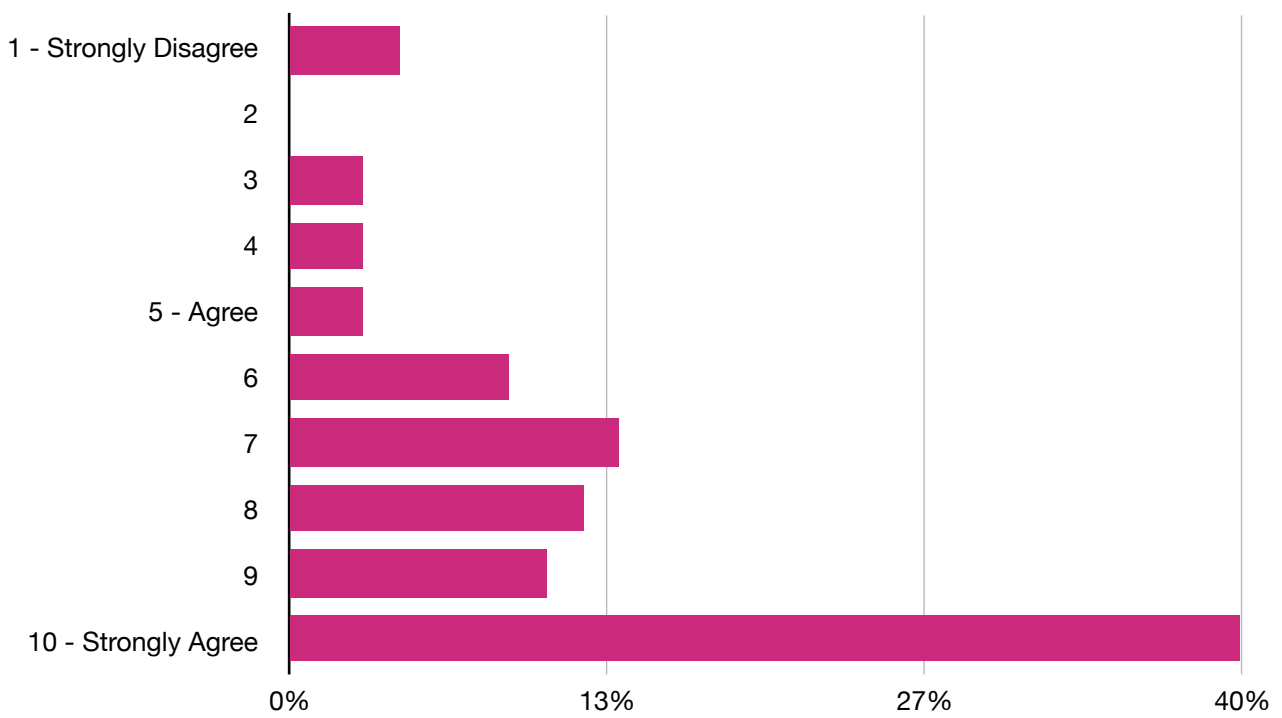
Staff and volunteers have made me feel welcomed?

Average rating: 8.1



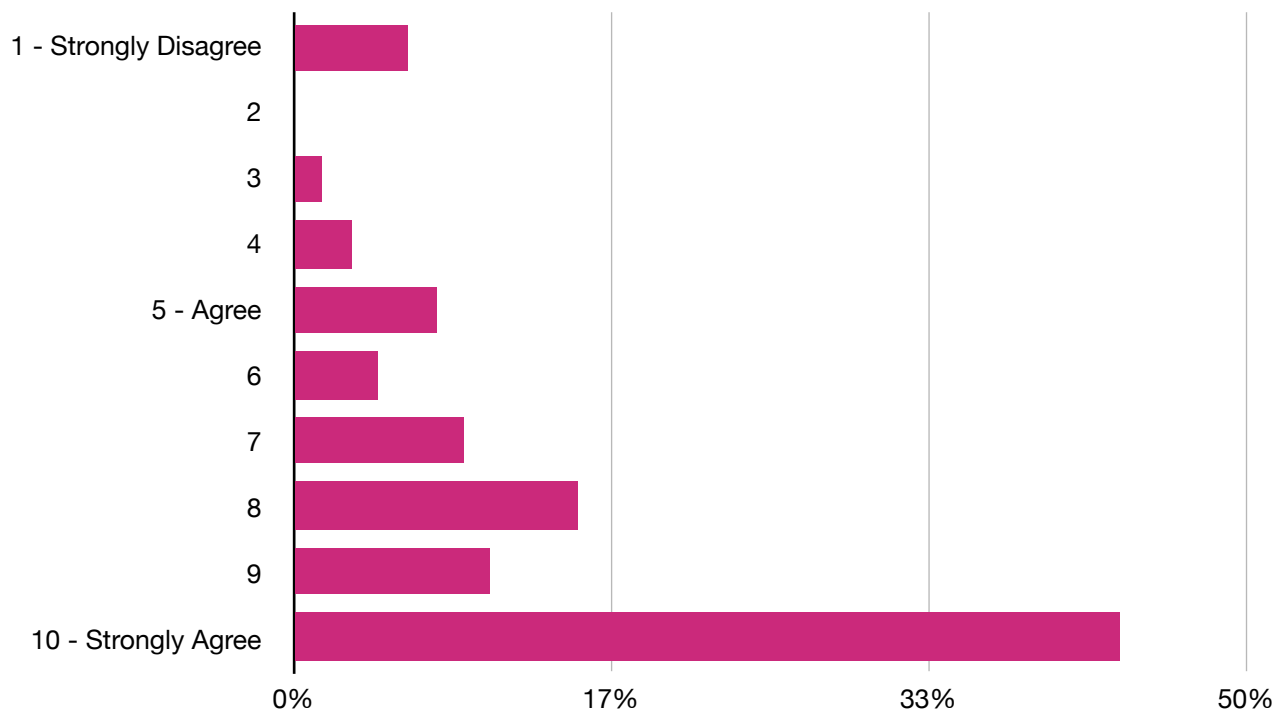
... have understood my needs and issues.

Average rating: 7.9



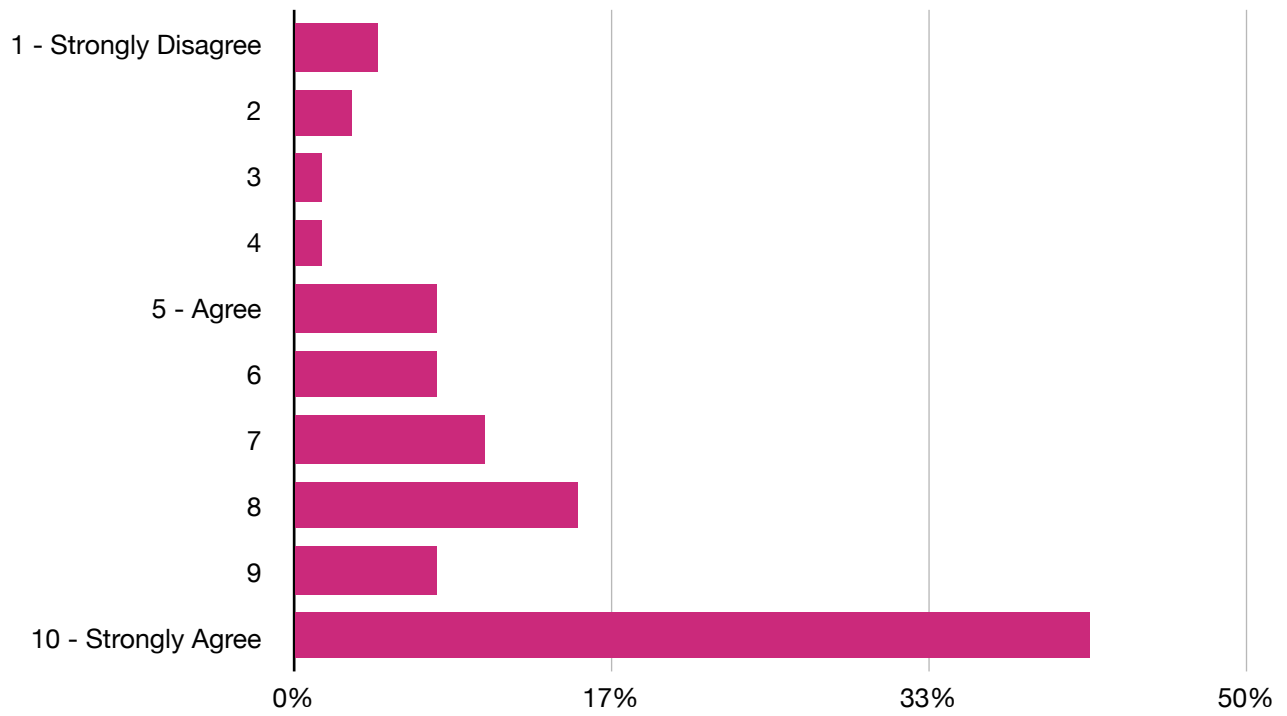
... have been well informed and knowledgeable.

Average rating: 8.0



... have been responsive to my requests and enquiries.

Average rating: 7.8



Overall 89.7% of respondents said they would recommend the Wellbeing Service to others.

It is imperative that the Wellbeing Service is integrated into the wider CSC service offer and provides a signposting service to additional support where necessary. The relationship building and development of trust that comes from a counselling or befriending/mentoring relationship can often highlight additional needs for carers that they would otherwise not access support. Therefore, it is a positive indication that awareness of other CSC delivered support is relatively high in most areas.

Are you aware of the following other services that Carers Support Centre provide?

Carers Assessments	89.1%
Carers Emergency Card	85.9
Carers Line Information Advice and Guidance	71.9%
Carers Training - courses and workshops	45.3%
Young Carers	34.4%
Carers Breaks (South Glos ONLY)	32.8%
Parent Carers	31.2%
Carers Voice	29.7%
Carers Peer to Peer Groups	28.1%
Employment and Training Support	28.1%
Hospital and GP Support	26.6%

Of note is the lower awareness levels of opportunities for peer to peer engagement through participation in support groups e.g Parent Carers, Carers Voice and Carers Peer to Peer groups. As these groups have been impacted by the pandemic and have only been able to meet via zoom for a prolonged time it is to be expected that to some degree marketing and advertising may be limited and attendance lower. However, **as we emerge from the pandemic and there are opportunities for support groups to meet both face-to-face and online there is potential that increased awareness may attract new participants to these groups**, providing peer-to-peer support to develop new community connections for those who may be new to a caring role and reducing isolation that many carers may have experienced during the pandemic.

This refreshed marketing and awareness-raising may also be more relevant than over the last two years of the project to other services that have low awareness levels amongst respondents - employment and training support and Hospital/GP support - both of which demand will have been heavily impacted by the pandemic due to isolation measures and lack of face to face to opportunities.

It is also noted that due to the pandemic restrictions, during a large extent of project delivery the intended Programme Development Steering Group that was initially envisaged has been unable to convene. Whilst many services delivered by CSC have been able to meet

or be delivered via zoom it is recognised that this is an adaption of existing services. A newly established group such as a project steering group, which may require and would benefit from face-to-face opportunities in the initial group development stages, would by its nature be harder to establish. In addition, attracting willing participants to the steering group may have also been harder during the pandemic, where many carers felt overwhelmed and consumed by providing 24-hour care with no personal respite during lockdown periods.

A final question for carers sought to elicit responses that would help inform potential project developments that could enhance the practical wellbeing support offered by CSC.

Are there any other services or support that would help you in your caring role?

Handyperson/Gardening	55.1%
Walk and Talk	53.1%
Social activities	49%
Benefits advice and advocacy	30.6%
Group holidays	30.6%
Shopping Services	12.2%
Other - More opportunities for personal contact	

Whilst the largest response was for practical handy person and gardening support it is interesting to note that increased social opportunities were a common theme. **As we slowly emerge from the pandemic it is to be expected that carers are more willing to participate in community activities. It is positive to note that plans are already in place for the development of a Walk and Talk Project and that peer-to-peer groups are already established** and could in partnership with a newly established Programme Development Steering Group undertake the development of a social activities programme to enhance the Wellbeing Service, providing a cost-effective expansion of volunteer peer-led support.

Volunteers:

In line with the agreed Reaching Communities outcome - 30 volunteers will gain greater skills, experience and confidence benefitting themselves and their local communities - it is noted that the project has continued to provide positive opportunities for support and opportunities for volunteers to get advice and share experiences with each other, including monthly peer support sessions and a programme of regular training and workshops such as :

Boundaries and Managing Expectations (x 2)

Loss and Change

Meditate and Move (x 2)

Stress Management

Mindfulness

Understanding Dementia

Stroke Awareness

'I can honestly say I really enjoy chatting to these carers. We always end up laughing, if only because sometimes, things are so bad, what else can you do? I believe they value my support, and I can honestly say it's good to feel needed, if only in a small way.'

'Mentoring has been going really well. I have 2 carers I support and the feedback from both has been very good. I appreciate caring is a hard job and how lonely it can be, and so I'm happy to help them. {The carer} is very appreciative. Being a mentor is very rewarding. I gain satisfaction that I'm helping somebody who is in a situation that I've been in. I've been a carer – I still am a carer – and over the years I've gained knowledge and experience that I can pass on.'

'A was so grateful for the difference that befriending made to him that he wanted to give back and return the favour. 'Having the calls myself made me realise that I was lucky to have a network of friends and that I wasn't as alone as I first thought. I thought about others who have no one to talk to and felt calls can be a real boost to someone and could help to lift someone's spirits.'



Carers Support Centre Volunteer Feedback

It is noted that a 100% feedback rate for all engaged volunteers is an indication that they feel connected to the project.

Anecdotal feedback from both carer and volunteer discussion group participants highlighted the importance of a 'match' between volunteers and carers so that there were common interests and experiences to share and connect over. This was also highlighted by staff members as a key learning when matching carers to volunteers to support a successful relationship between them. It is therefore positive to note that volunteers' ages were reflective of the carers being supported.

Age	
51 to 75	85.7%
22 to 50	9.5%
76 to 99+	4.8%
18 to 21	0%

It is also positive that volunteers had the experience of a carer role in order to have an understanding of the issues and challenges many carers may face.

Do you have lived experience of being an unpaid carer (e.g. looking after a family member, friend or neighbour)?

Yes	89.5%
No	10.5%

Despite any anticipated difficulties that may have been experienced by CSC in recruiting or training new volunteers during the pandemic it is noted that the project has continued to recruit new volunteers and that the questionnaire respondents reflect both long term volunteers who may have experience of pre-pandemic delivery and from those newer volunteers who will have experienced 'pandemic affected delivery' only.

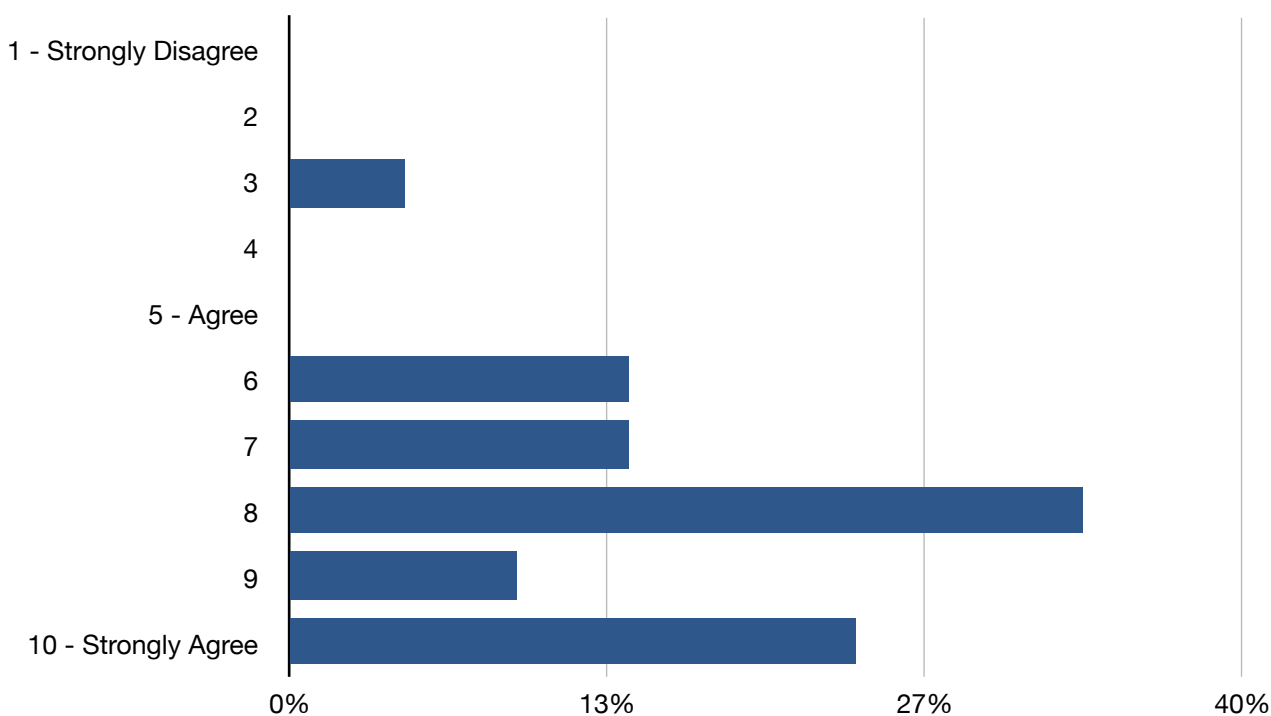
And how long have you been volunteering with us?

2 years +	57.1%
1 to 2 years	23.8%
Less than 12 months	19%

Again, in order to obtain independent feedback from volunteers on their role within the Wellbeing Service volunteer were asked to rate their responses to the following questions on a scale of 1 to 10 whereby 1= no improvement 10 = greatly improved.

Being a volunteer with Carers Support Centre has improved my knowledge of the needs and experiences of carers.

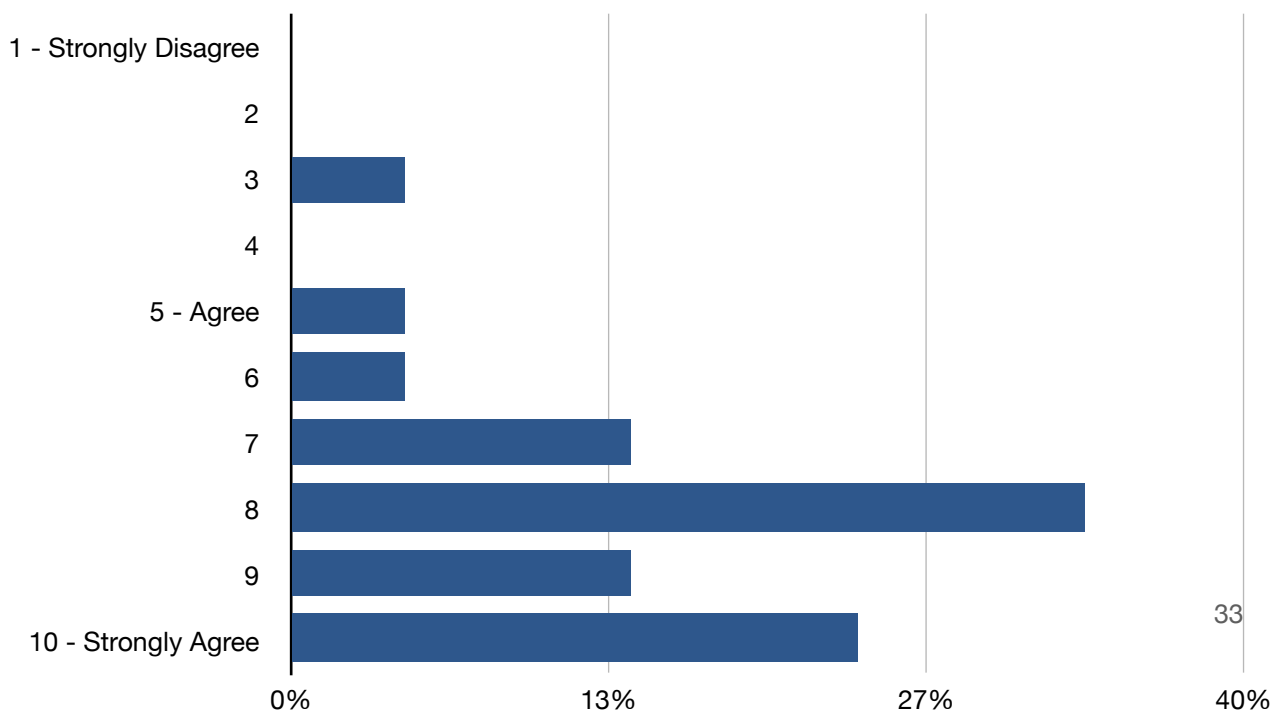
Average rating: 7.9



Significantly **over 95% of respondents felt more knowledgeable as a result of their volunteering role.** This implies that induction, regular training opportunities, peer knowledge-sharing opportunities and practical experiences as volunteers are providing the in-depth knowledge required to provide a high-quality service to carers.

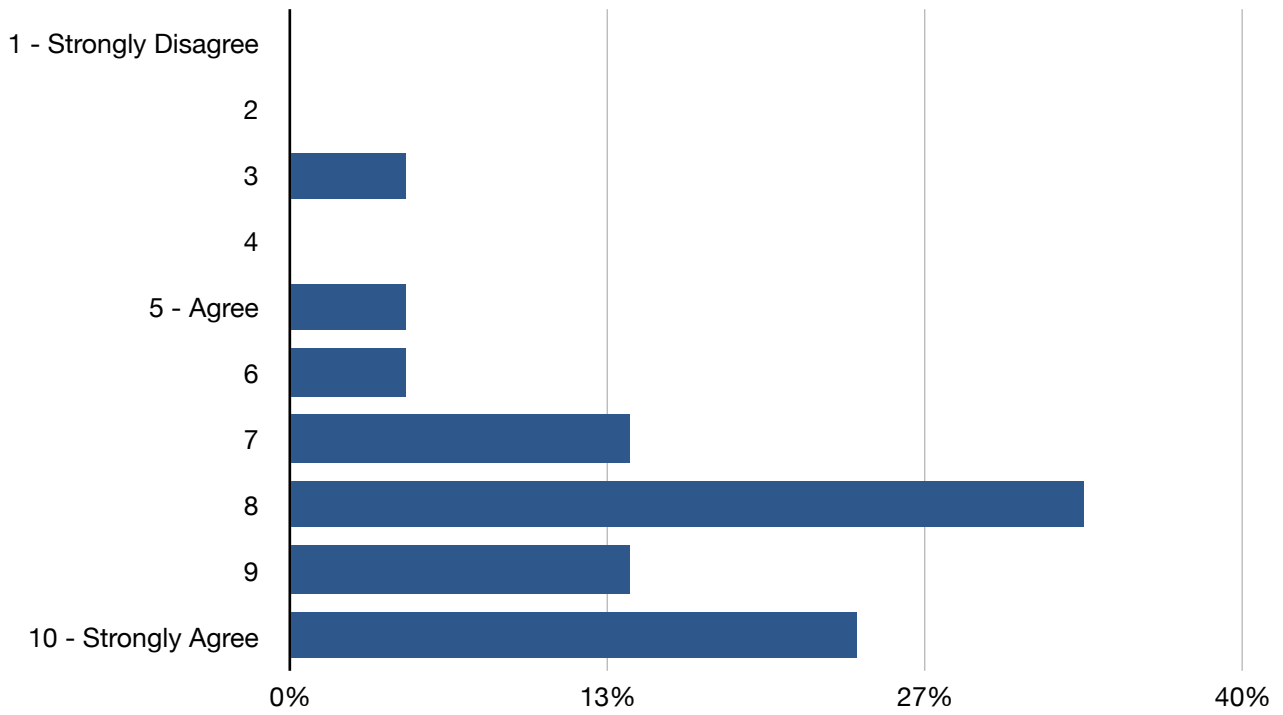
... improved my feelings of involvement and connection with the community.

Average rating: 8.0



... improved my feelings of personal wellbeing and confidence to proactively reach out and help others.

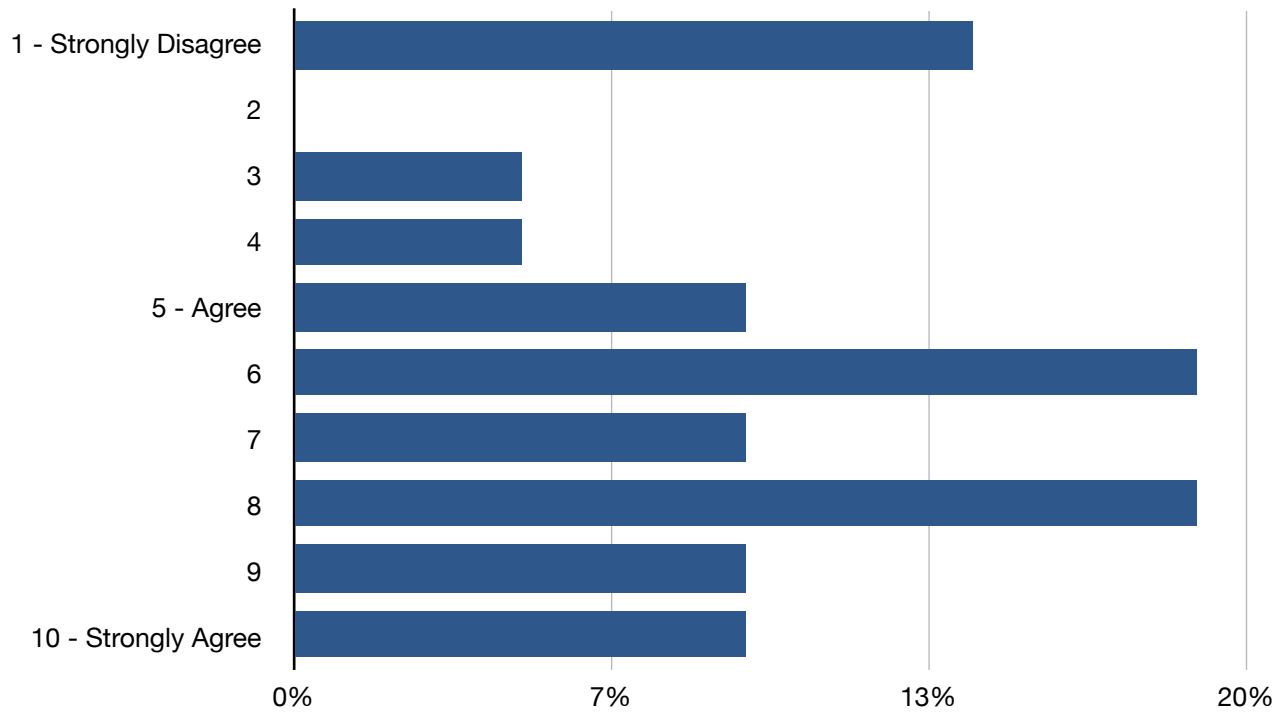
Average rating: 7.7



This is a **clear indication that the support offered when volunteering with the Wellbeing Project enables volunteers to be more confident to develop community connections.** This may be particularly relevant in a post-pandemic environment where potential new volunteers may be experiencing isolation or lack of confidence e.g. someone who was previously in a carer role and who may now benefit from volunteering and sharing their knowledge and experiences with others.

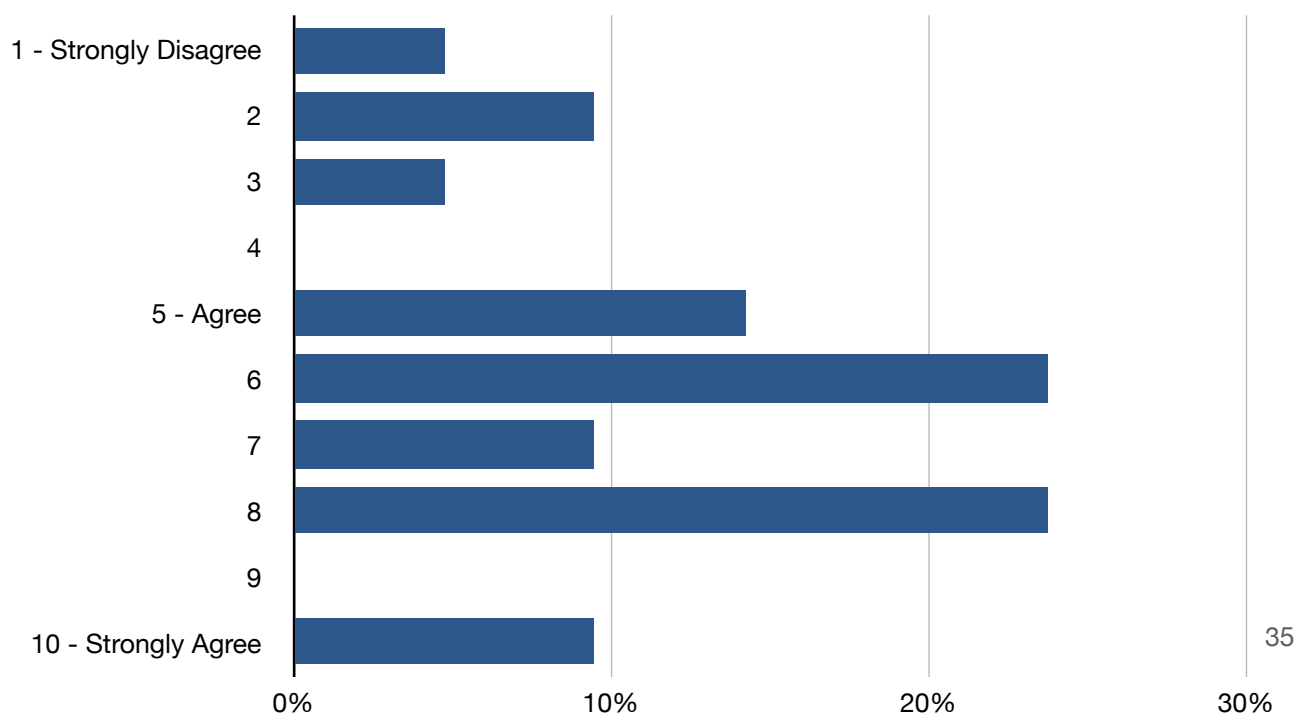
... has helped me make new friends.

Average rating: 6.1



... has helped keep me active.

Average rating: 6.0



As a reflection of the expected 'professional boundaries' to be maintained between volunteers and carers and the sedentary based telephone support provided by volunteers, responses to developing friendships and keeping active are as anticipated but do indicate a positive impact from volunteering.

It is also noted that even though only 33% of volunteers felt that gaining experience and skills was deemed important in helping them to find employment or access further training, of these over 70% felt that volunteering with Carers Support Centre helped in this regard.

When asked if the training and induction received adequately prepared them for their role as a volunteer respondents indicated:

Yes	76.2%
No	23.8%

This may be indicative of anecdotal evidence collected in discussion groups with volunteers whereby it was noted that an additional 'check in' call from staff at the start of a volunteering role to check understanding and satisfaction after a few calls to a new carer would have been advantageous. Many volunteers may initially lack confidence in a new role and feel they 'should know' or 'don't want to be a burden' and therefore do not proactively ask for help.

Other anecdotal evidence included that the emotional impact on volunteers from supporting carers in difficult and challenging situations could often lead to feelings of helplessness and challenges to maintaining boundaries. Nevertheless, **it is positive to note that 76.2% of volunteers felt prepared and 80% adequately supported** when the often complex challenges faced by carers who are accessing wellbeing support would make it virtually impossible to anticipate and prepare volunteers for all issues they may face in their role.

Have you felt adequately supported by staff in your volunteer role?

Yes	80%
No	20%

'Being a mentor doesn't take up too much time and you've always got the help of the staff at Carers Support Centre. You just need to be a good listener. '

'I would definitely recommend mentoring to other carers. It's positive and encouraging and gives you incentive and motivation.'

'It has been interesting to learn about other peoples' situations and to share in what they are going through. I'm realizing some people have so much on their plate and that services like this provide an essential outlet'

As a reflection of the positive impact and experience of volunteer training opportunities highlighted within discussion group feedback 76.3% of respondents replied that they would be interested in additional training. This reflects not only the satisfaction with training already received but the diverse and complex nature of the volunteer befriending and mentoring roles requiring substantial and in-depth knowledge to meet the individual needs of carers.

If more opportunities for training were available would you be interested in attending?

Mental Health Awareness	52.6%
Bereavement Support	42.1%
First Aid	31.6%
Not interested in additional training	26.3%
Later Life Planning	15.8%
IT training	10.5%

When asked if they would like to have more opportunities to meet with other volunteers either online or in-person to share their experiences and learn from each other:

Maybe	47.6%
Yes	33.3%
No	19%

This indicates that over 80% of volunteers may participate in additional peer-to-peer opportunities and may benefit from a fresh reminder of existing monthly peer networking opportunities or be willing to participate in organising additional volunteer-led social opportunities organised within these existing networks.



5. Project Management

Overall it appears that the Wellbeing Project is well integrated into the wider CSC delivery and has developed strong pathways both internally and externally. There is a good awareness amongst other CSC staff and regular inward referral to the project, supporting the One-Stop shop approach for carers.

Policies, procedures and protocols are all fit for purpose, with both volunteers and carers aware of and understanding of issues around confidentiality, professional boundaries and safeguarding. No issues appear to have arisen with regard to relationship management between volunteers and carers, a testament to the effort of staff to identify a strong volunteer 'match' for carers and an understanding of the carer's needs.

Monitoring and evaluation procedures are comprehensive and collect relevant data to enable staff to adopt a learning process to any project changes that may be required. This is particularly important to observe in our current post-pandemic environment where societal changes and the impact of the pandemic on overall wellbeing and mental health is uncertain and may lead to additional needs that the Wellbeing service can and could meet effectively.

Training for volunteers is also deemed fit for purpose and provides a comprehensive induction for new volunteers so that they feel confident in their role and able to reach out for support with any issues that may arise. Anecdotally the only concern raised by volunteers with regard to training and support related to an additional 'check in' call for new volunteers after a first couple of calls to carers to check that they were confident and understood their role having had practical experience. Some volunteers interviewed felt that there may be a reluctance for a volunteer to call staff if their concerns were minor given the awareness of how busy staff were dealing with carers.

Volunteers and staff also appear to have in-depth knowledge of internal and external services that may provide additional support to carers. Networking and partnerships with other specialist organisations appear to be strong in many areas.

External agencies with whom the project works include:

- Cruse Bereavement Support
- Southmead Development Trust
- The Harbour - death, dying and bereavement counselling
- WomanKind - Bristol women's therapy centre Home
- Bristol Dementia Wellbeing Service
- Parkinsons UK Homepage
- Bristol Black Carers
- Carers Trust

- Bristol City Council
- South Gloucestershire Council
- British Association for Counselling and Psychotherapy
- Counselling Directory
- IAPT Service for Bristol, North Somerset and South Gloucestershire
- Hope again - young people living after loss Hope Again
- Well Aware Service search



5. Conclusions

1. Project beneficiaries are reflective of the local population with regard to ethnicity. The project has a range of local partnerships with BAME community groups with whom they work to raise awareness of the project and ensure that it is meeting the cultural needs of minority communities. However, it is noted that there is a lack of diversity within the volunteer team that may impact take up and ability to provide suitable volunteer matches for BAME carers who wish to access the befriending/mentoring service. The project may therefore benefit from a volunteer recruitment strategy that targets BAME communities.

2. Carers UK estimates that there are around 9,000,000 unpaid carers in the UK. While exact numbers of LGBTQ+ people are unknown, and the older generation who are more likely to be in carer roles, as evidenced by this project, are the least likely to come out for fear of poor treatment, most statutory bodies work to the estimate of 5% to 7% of the general population. This equates to between 450,000 and 630,000 unpaid carers from within the wider LGBTQ+ community nationally. Whilst it is noted that project datasets do not hold LGBTQ+ related data, as has been common with wider national and administrative datasets, this limits the ability to understand how LGBTQ+ carers are accessing support and if their specific wellbeing needs are being met.

The government's LGBT Action Plan 2018 and numerous research projects undertaken in the last ten years highlight that mainstream provision often fails to meet the needs of LGBTQ+ people - health and social care professionals admitting they lack confidence in working with LGBTQ+ communities; many studies indicating that the anticipation of homophobic, bi-phobic, or transphobic abuse from staff and/or other service users was a significant barrier to accessing services; and recent research (Unhealthy Attitudes, Stonewall) identifying that the majority of health and social care professionals acknowledge that they lack awareness and confidence working with LGBTQ+ people and have had no or very little training about the lives and health/care needs of LGBTQ+ people.

It is therefore clear that whilst there may be a substantial LGBTQ+ population of unpaid carers within the Bristol and South Gloucester area, estimated between 3,300 and 4,700, they will undoubtedly face additional barriers to accessing support and may not be having their individual needs met by service providers. Added to the compounded impact of the pandemic on carers and the increased levels of isolation and health inequalities already experienced by the LGBTQ+ community, this represents a potential beneficiary group who may be suffering higher levels of anxiety and less access to family or social support networks in their role as a carer.

In order for the project to therefore ensure it is meeting the needs of the LGBTQ+ community new key partnerships could be developed with specialist community groups to enhance existing service provision and improve marketing within the LGBTQ+ community e.g. GayWest LGBTQ+ Network, Chronic Illness Queers, Pink Therapy, REGARD UK, Bristol

Independent Mental Health Network LGBTQ+ Mental Health Lived Experience Steering Group, Opening Doors Rainbow Dementia Support Services and professional training and consultancy support.

3. The pandemic has undoubtedly had a negative impact on the mental and emotional wellbeing of the wider population and not just carers. The increased demand for more professional mental and emotional well-being support indicated by the current waiting list for counselling and an inability to refer on to other providers for immediate or interim counselling support may indicate that many more carers are at a 'crisis' point with regard to personal mental health and that wider mental health support services are already overstretched in meeting demand.

The pandemic may therefore have changed the landscape of the need for well-being support. Initial project plans for a balance between professionally delivered counselling and volunteer-led befriending/mentoring support may no longer be meeting identified needs. Consideration therefore may need to be given to a redistribution of budgetary resources between these elements of the project. Acknowledging an acute need within counselling and a lower than expected level of demand for befriending/mentoring support may support an increase in staffing hours for the counselling service to meet emerging wellbeing needs.

4. Additional delivery of befriending/mentoring support for carers within a reduced budget allocation and staffing resource may be supported by the development of new partnerships and collaborations. The successful training provided to CSC volunteers to prepare them for a volunteer role could be offered as a paid-for service to other befriending services across Bristol and South Gloucestershire e.g. Age UK and local community groups. This would enable CSC to have confidence in signposting or referring potential carers who request befriending support to other providers if CSC reaches capacity as a result of a reallocation of resources to enhance counselling support during the remainder of the project.

5. Staff interviews conducted as part of this review highlighted a number of issues internally that, although they do not appear to have had a negative impact on satisfaction levels of either carers or volunteers, if addressed could provide improvements to the effectiveness of the Wellbeing Service overall.

- This included concerns over unachievable targets as a result of an over-ambitious project proposal in the first instance and the unexpected impact of the pandemic upon delivery plans. Staff noted that whilst they recognised externally agreed targets existed that not taking into account these issues and seeking to amend annual targets to more be realistic and achievable had a negative impact on staff morale. It is noted therefore that the resources available within the last two years of the project funding will not realistically enable these agreed 5-year targets to be met and that undertaking work to develop new and achievable targets for befriending/mentoring based on project learning to date would

improve the effectiveness of both impact measurement tools for the remainder of the current funding period and improve staff morale.

- Although staff highlighted the impact of non-attendance at scheduled appointments with counsellors or volunteers it was not felt that the rate of non-attendance was unjustified or unexpected given the demands on carers' time and the nature of a volunteer role. Therefore although a suggestion was made to impose a small nominal charge for counselling, as this was shown to increase the value placed upon the service and improve attendance rates, it is felt that this would be an unnecessary barrier for a carer to access support for themselves. Recognising that many carers continue to face economic pressures due to their caring role and would often put the cared-for persons' welfare above their own, adding a financial barrier is not deemed an appropriate response to resolving non-attendance rates.
- An additional issue raised by staff related to the lack of administrative coordination between the counselling and befriending/mentoring service. This could often lead to inappropriate referral to an individual wellbeing team staff member by other CSC staff or multiple client conversations to determine their individual needs, and as a consequence reduced quality of service to the client and wasted staff time. It was also noted that this lack of coordination and joint working protocols could also lead to a failure to communicate effectively and timely between carers and counsellors/volunteers when any last-minute changes were made to appointments. Due to administrative separation between the projects and the part-time nature of staffing roles and therefore lack of availability 5 days a week, messages may occasionally be delayed despite the best efforts of staff. It was agreed by staff interviewed as part of this evaluation that a one contact 'triage process' for all referrals to the wellbeing project would potentially provide operational improvements. Having a one-point contact 5 days a week with a manned Wellbeing Service contact number for both projects, responsibility divided between projects, would both improve the capacity to respond timely to carer and counsellor/volunteer contacts and enable the development of protocols for a 'triage service' for all initial referrals.

6. Recommendations

- **Improved networking and partnership development with local BAME community groups** to enhance volunteer recruitment and improve the diversity of skills and experience of the volunteer team to better serve BAME carers.
- **Develop an action plan in consultation with LGBTQ groups** to improve the suitability and accessibility of wellbeing support offered to LGBTQ+ carers, including potential development of joint initiatives funded separately and/or signposting to targeted specialist support offers by others that CSC is satisfied will meet carers needs to a high standard.
- **Undertake a refreshed marketing campaign** of the various peer support groups and any other opportunities for carers to meet in-person or online with other carers to offer mutual support and share experiences.
- Develop protocols and procedures for a Wellbeing Service **triage service** at the point of first contact.
- Ensure **appropriate marketing and advertising of the new Walk and Talk project** and work with peer support groups to identify potential for additional peer-led volunteer activities e.g a regular social activities programme.
- Investigate **opportunities for signposting** to locally available handy person and gardening services provided by other community groups.
- Develop an Action Plan for starting and supporting a **Programme Development Steering Group** with a view to informing longer-term delivery and fundraising plans for the project.
- Work with other befriending service providers to identify best practices and develop training, confidentiality, operational and delivery protocols to support a **pilot project of online 'Zoom' befriending** relationships with a view to building an evidence base to support external funding from trusts and foundations.
- Consider the possibility of a **reallocation of resources** to enable a greater staffing resource to expand counselling provision over the final year of the project given the identified increase in demand for professional mental wellbeing support and lower uptake of volunteer-led services.
- Identify a suitable **'training package' for volunteer befrienders** that could be offered to other providers of befriending services to improve the provision of support for carers by external organisations e.g. local older peoples service providers.

- Given the age range of existing beneficiaries of the project and the need to provide volunteers with an appropriate match of experience and age range, **enhance links with local older peoples groups** to promote volunteer opportunities.
- The external fundraising environment is extremely competitive and the demand on funds from the National Lottery, trusts and foundations at unprecedented levels since the pandemic. Demand for support from charities and the voluntary sector is increasing at the same time as the sector is facing increasing operational costs. It is therefore considered imperative to the long term sustainability and continuity of the project that **a fundraising plan is developed and initiated as soon as possible**. Given the increasing competition for funds, longer decision making timelines for many potential funders and the end of current funding in September 2023, long term funding proposals for continuation funding from the National Lottery and other funds from charitable trusts and foundations should be being developed from mid-2022 in order to mitigate risk.



With the shifts we are seeing in society, including our ageing population, caring will increasingly become a core part of family life for all of us. CSC already plays a vital role locally within Bristol and South Gloucestershire in meeting the often unrecognised needs of a large community of unpaid carers.

The Wellbeing Service is a vital element of this work, recognising that carers need support not only to assist them with their caring role but also to maintain and manage their own wellbeing. The service provided is based on evidenced need, of a high quality and achieving high satisfaction rates from both carers and volunteers. In addition it provides a value for money intervention that is reasonable to assume reduces demand on more costly mental health and social care interventions that carers may otherwise require were they not to receive this invaluable wellbeing support.

The diverse range of services provided by CSC, established connections and reputation within the local community and with health and social care professionals and depth of knowledge of the issues and experiences that can impact carers health and wellbeing, alongside societal changes increasing the likelihood of more people becoming unpaid carers, supports the continued delivery of the Wellbeing Service and its expansion in the longer-term in order to meet existing and emerging needs within the local community.

“I couldn't recommend the Wellbeing Service enough. The staff are lovely and always helpful. Volunteering has given me a sense of connection with people who face similar challenges.”



7. Appendices

- Appendix One: Carers Questionnaire
- Appendix Two: Volunteers Questionnaire
- Appendix Three: Outcome Monitoring Form

APPENDIX ONE: CARERS QUESTIONNAIRE

Carers Support Centre Wellbeing Services Client Feedback

Firstly, THANK YOU for taking the time to look at our questionnaire.

As an independent charity Carers Support Centre needs to raise funds from a variety of sources to help support our activities.

Our Wellbeing Services are currently funded by the National Lottery. Part of our commitment to them is that we evidence the impact of our work to ensure what we are doing is meeting the needs of Carers in Bristol and South Gloucestershire.

To help us achieve this we would really appreciate if you could spare a few minutes to answer the following questions.

The responses you give to the following questions will be kept anonymous.

Please feel free to give honest feedback. If there are ways we can improve our services then we are keen to learn and hear from you what works well and what doesn't work well.

1. What's your **first name**?

2. We hate to be rude, but **how old are you**?

We need to show funders the age range of our clients.

18 to 21

22 to 50

51 to 75

76 to 99+

3. Have you used our Counselling Service?

Yes

No (please jump straight to question 12)

COUNSELLING SERVICE

Now, how would you rate your agreement to the following statements on a scale of 1 to 10?

1= no improvement
10 = greatly improved

4. Using the Counselling Service has helped me feel **less anxious** or stressed.

1 2 3 4 5 6 7 8 9 10

5. It has helped me feel more **optimistic** about life.

1 2 3 4 5 6 7 8 9 10

6. It has improved my feelings of **personal health and wellbeing**.

1 2 3 4 5 6 7 8 9 10

7. It has helped me feel **better able to cope** and deal with day to day problems.

1 2 3 4 5 6 7 8 9 10

8. It has helped me feel less isolated and more connected to others in the community.									
1	2	3	4	5	6	7	8	9	10

9. It has helped me feel more confident about who to contact for urgent support in an emergency.									
1	2	3	4	5	6	7	8	9	10

10. It was able to meet my needs in the number of sessions available.									
1	2	3	4	5	6	7	8	9	10

11. How satisfied were you with the time it took from your first inquiry until a counsellor was able to see you?									
1	2	3	4	5	6	7	8	9	10

12. Have you used our Befriending Service?									
		Yes							
		No (please skip ahead to question 18)							

BEFRIENDING SERVICE

Now, how would you rate your agreement to the following statements on a scale of 1 to 10?

1= no improvement
10 = greatly improved

13. Using the Befriending Service has helped me feel less anxious and stressed.									
1	2	3	4	5	6	7	8	9	10

14. It has helped me feel more optimistic about life.									
1	2	3	4	5	6	7	8	9	10

15. It has improved my feelings of personal health and wellbeing .									
1	2	3	4	5	6	7	8	9	10

16. It has helped me feel **better able to cope** and deal with day to day problems.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

17. It has helped me feel **less isolated and more connected** to others in the community.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

18. Have you used our Mentoring Service?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No (please skip ahead to question 25)

MENTORING SERVICE

Now, how would you rate your agreement to the following statements on a scale of 1 to 10?

1 = no improvement
10 = greatly improved

19. Using the Mentoring Service has helped me feel **less anxious** or stressed.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

20. It has helped me feel more **optimistic** about life.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

21. It has improved my feelings of **personal health and wellbeing**.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

22. It has helped me feel **better able to cope** and deal with day to day problems.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

23. It has helped me feel **less isolated and more connected** to others in the community.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

24. It has helped me feel more confident about who to contact for **urgent support** in an emergency.

1	2	3	4	5	6	7	8	9	10
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STAFF AND VOLUNTEERS

Please now tell us a little about your experience of our staff and volunteers, in relation to the following statements.

12. Staff and volunteers have made me feel welcomed.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

13. They have understood my needs and issues.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

14. They have been well-informed and knowledgeable.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

15. They have been responsive to my requests and enquiries.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

16. Would you recommend our Wellbeing Service to others in the community?

Yes (skip to question 18)	No
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17. We are sorry to hear that. Could you let us know why this is, to help us improve the service?

18. Are you aware of the following other services that Carers Support Centre provides?

Please tick as many as you like.

	Employment and Training Support
	Carers Line Information Advice and Guidance
	Carers Assessments
	Carers Emergency Card
	Carers Peer to Peer Groups
	Carers Breaks (South Glos ONLY)
	Carers Training - course and workshops
	Hospital and GP Support
	Parent Carers
	Young Carers
	Carers Voice

19. Are there any other services or support that would help you in your caring role?

Please tick as many as you like.

	Walk and Talk		Group Holidays
	Benefits advice and advocacy		Handyperson/Gardening
	Social activities		Other
	Shopping Services		

20. In a few words, if you had to tell someone what the **benefits** of using our Wellbeing Service have been, **what would you say?**

21. And finally, we are planning on holding a discussion group with Carers to give you greater opportunity to share your views on the Wellbeing Service.

To ensure as many people as possible are able to join the meeting it will be held with options to join in person or online via zoom link. To help us plan, if you would like to join this meeting can you indicate if you would be available on the following dates?

Tuesday 3rd May AM	Wednesday 4th May AM
Tuesday 3rd May PM	Wednesday 4th May PM
I'm not available to join	Thursday 5th May AM

22. **Thank you.** If you have indicated that you are interested in further information on other services we provide, or that you may be available for a Discussion Group, please provide an email address and/or a phone number we can contact you on:

Email	Phone

Thank you! Your help is very much appreciated.

Your responses will help improve the service and hopefully help us secure the charitable funds we need to continue to deliver our Wellbeing Service in the future.



Carers Support Centre

Carers Support Centre Wellbeing Services Volunteer Feedback

Firstly, THANK YOU for volunteering with us!

As an independent charity Carers Support Centre relies on volunteers like yourself to deliver our much-needed services. We also need to raise funds from a variety of sources to help support these services.

Part of this process requires that we evidence the impact of our work, including for you our wonderful volunteers.

To help us achieve this we would really appreciate if you could spare a few minutes to answer the following questions.

The responses you give to the following questions will be kept anonymous.

Please feel free to give honest feedback. If there are ways we can improve our volunteering activities then we are keen to learn and hear from you what works well and what doesn't work well.

1. What's your **first name**?

2. And your **last name**? (Optional)

3. We hate to be rude, but **how old are you**?

We need to show funders the age range of our volunteers.

	18 to 21
	22 to 50
	51 to 75
	76 to 99+

4. Do you have lived experience of being an unpaid carer (e.g. looking after a family member, friend or neighbour)

	Yes
	No

5. How long have you been volunteering with us?

	Less than 12 months
	1 to 2 years
	More than 2 years

Now, how would you rate your agreement to the following statements on a scale of 1 to 10?

1= no improvement
10 = greatly improved

6. Being a volunteer with Carers Support Centre has improved my **knowledge** of the needs and experiences of carers.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

7. It has improved my feelings of **involvement** and **connection** with the community.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

8. It has improved my feelings of **personal wellbeing and confidence** to proactively reach out and help others.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

9. It has helped me make new **friends**.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

10. It has helped keep me **active**.

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

11. We know that for some volunteers gaining **experience and skills** is important in helping to find employment or access training. If this applies to you, has volunteering with Carers Support Centre helped you in this regard?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Not applicable

12. Do you feel that the **training and induction** you have received adequately prepared you for your role as a volunteer?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

13. Have you felt adequately **supported by staff** in your volunteer role?

<input type="checkbox"/>	Yes (skip to question 15)
<input type="checkbox"/>	No

14. We are sorry to hear that. Could you let us know why this is, to help us improve the service?

15. Would you like to have more **opportunities to meet** with other volunteers either online or in person to share your experiences and learn from each other?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No
<input type="checkbox"/>	Maybe

16. If more opportunities for **training** were available would you be interested in attending?

Please tick as many as you like.

<input type="checkbox"/>	First Aid	<input type="checkbox"/>	Bereavement Support
<input type="checkbox"/>	Mental Health Awareness	<input type="checkbox"/>	IT Training
<input type="checkbox"/>	Later Life Planning	<input type="checkbox"/>	Other
<input type="checkbox"/>	Not interested in additional training		

17. **Thank you.** Would you mind giving us an email address we can contact you on about any training opportunities in the future?

If you prefer not to be contacted please leave blank.

18. And finally, in a few words if you had to tell someone what the **benefits** of volunteering with Carers Support Centre have been **what would you say?**

Please give as much or as little detail as you wish.

Thank you! Your help is very much appreciated.

APPENDIX THREE: OUTCOME MONITORING FORM

Carer Wellbeing Service Monitoring

Carer Name

Charity Log number

Completed by (Staff name)

To be completed: At the start and end (for counselling) + sample of carers followed up after 3 months

At the start, bi-monthly and at the end (for befriending and buddying) + sample of carers followed up after 3 months

Is the carer receiving support from a:

Befriending volunteer

Carer Mentor

For all services

Date:

Evaluation code:

<i>What best describes your experience of each over the last 2 weeks?</i>	None of the time 1	Rarely 2	Some of the time 3	Often 4	All of the time 5
I have energy to spare					
I have been feeling optimistic about the future					
I have been feeling relaxed					
I have been feeling good about myself					
I have been dealing with day to day problems well and have strategies to manage in a crisis					

I have been thinking clearly						
I have been feeling close to other people						
There are people I can rely on when I have problems						
I have been feeling resilient and able to cope with my caring role						

For Mentoring and Befriending services only

<i>What best describes your experience of each over the last 2 weeks?</i>	None of the time 1	Rarely 2	Some of the time 3	Often 4	All of the time 5
I know who I can contact if emergencies arise					
I feel engaged with the local community and don't feel isolated					

Other comments

"The calls have been wonderful. It's been really nice having something to look forward to especially over the last year."



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