

Camden Carers Health and Lifestyle Checks: a strength-based approach to reducing health inequalities in Camden

**Independent impact evaluation
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Produced by Civil Society Consulting CIC

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Executive summary

Unpaid carers are at risk of poor health, because of the barriers they experience to good health that make them less able to have healthy lifestyles and take preventative measures to promote their health:

- Mental health and emotional stability,
- Overwhelm and competing priorities,
- Depreciated self worth,
- Time and money - both of which are limited due to their caring role.

Given what we know about the barriers carers face to good health, and based on past attempts to support carers across the UK, research has identified that health interventions need to cover certain bases if they are going to successfully promote carer health. With funding from Camden Council and Camden Clinical Commissioning Group (CCG; now the Integrated Care Board, ICB), Camden Carers has developed a **strength-based health intervention for carers** in the borough - Health and Lifestyle Consultations (HLCs). HLCs cover all these bases thanks to its four key features:

- Strength-based 1-to-1 coaching makes the programme equally appropriate for all carers.
- Health advice is specifically adapted to carers.
- The HLCs are holistic, and delivered from within the Camden Carers service so that carers can be supported with other aspects of their life in synchronously.
- Delivery is relational, approachable, flexible.

Camden Carers started delivering HLCs in 2016 and, since then, Camden Carers' two HLC coaches have been collecting a mix of longitudinal qualitative and quantitative data. Based on **Civil Society Consulting's** (CSC) ability to be systematic and rigorous, whilst people-centred and action-oriented, Camden Carers commissioned CSC to co-produce a value-for-money independent evaluation. This evaluation makes use of this rich dataset to capture the impact of the service and identifies the active ingredients making it a success and the opportunities to strengthen the programme.

Over the last three years, Camden Carers has supported **560 carers** through HLCs. Upon starting their HLC, carers were all at different points in terms of their current health status and had different levels of awareness and understanding of health and health issues. This diversity of need is evidence for the value that HLCs can and do add in Camden. HLCs are particularly successful in engaging adult carers over the age of 46, but reach considerably fewer young adult carers. Demographically, HLC participants are reflective of the population of Camden.

These 560 carers have worked with a dedicated HLC coach to identify and address a personalised health goal over a three-month period. Personalised health goals fall across ten themes:

- Weight management and exercise
- Emotional health
- Accessing healthcare
- Pain management
- Wellbeing and vitality
- Smoking and alcohol management
- Social wellbeing
- Personal and professional development
- Sleep
- Blood pressure.

By the end of their three months, **88% of carers accomplished or were on track to accomplish their personalised goal**. Whether they had accomplished their goal or not, the vast majority of carers (84%) reported that the HLC had led them to make positive changes to their life and 97% of carers identified at least one positive knock-on effect from the HLC, including:

- Increased awareness and knowledge of their health,
- Increased resilience and self-worth,
- Improved access to or relationship with other services,
- Reduced health anxiety,
- Proud and happy in caring role,
- Feelings of empowerment,
- Carers become energised and motivated to be healthier and make other positive changes in their life.

Given these positive knock-on effects, HLCs aren't 'pass or fail'. Every HLC participant benefits. It's just a question of how and how much.

When we look after carers' health, it promptly triggers direct benefits not just for carers, but those they care for, the wider family and community and the local healthcare system. In terms of **wider impact**, 74% of carers felt that having the HLC had helped to improve their caring role, because they experienced: improved vitality, improved physical strengths and abilities to help with performing the caring role, improved relationship with cared for, better coping mechanisms, generally higher levels of happiness, better relationships with statutory services, gaining a sense of control, feelings of empowerment. These outcomes have a knock-on effect for the local ecosystem of health stakeholders too.

The HLCs are having a **lasting impact**: 87% of carers who receive a HLC still feel the effects one year later. In a survey of carers that had their HLCs over two years ago, 75% were still feeling the effects. In some cases, carers have come back for another HLC after one or two years, sometimes with the same health goal having lost their focus, other times with a new health goal. HLCs have particularly significant and transformative impact in these cases. Therefore, **this report recommends that HLCs could have more longer-term impact on measurable health outcomes if carers were encouraged to have multiple HLCs, focusing on different and/or incrementally challenging health goals each time.**

HLCs work well for all carers' individualised needs. Notably, carers respond well to having the opportunity to develop an authentic relationship with their HLC coach and the strength-based coaching led by the individual is successfully transferring ownership to each carer. It's evident from the impact that not only are HLCs doing the right thing, but also that Camden Carers are uniquely well-placed to deliver them, because of the organisation's ability to embody a carers specialist and a health expert and deliver the intervention in a relational and flexible way. The unique expertise of the two HLC coaches shines through in the impact data.

This said, health outcomes are good as the health system and affordable health services available locally, and some carers coming from a low base in terms of their understanding of health could benefit from getting more direction with their goal-setting. Also HLCs are most successful when the timing is right, and less so when the timing is not.

Following an analysis of strengths, weaknesses, opportunities and threats (SWOT), this report concludes that HLCs are meeting all six of the OECD's evaluation criteria, and identifies only minor opportunities for enhancements. Beside encouraging carers to have multiple HLCs year on year, these recommendations include:

- Increasing **reach** to carers from diverse backgrounds through the partnerships that Camden Carers has with **local grassroots organisations** and marketing HLCs towards young adult carers, who also have a lot to gain from HLCs and (theoretically) capacity for change;
- Bringing in advisory eligibility "criteria", to encourage carers to **get the timing right** on when to embark on their HLC journey;
- Connecting HLC participants with one another through **a buddy system** or peer support group;
- Small adjustments to **goal-setting**: putting a more explicit focus on identifying goals that have the highest 'return' when goal-setting (i.e. finding goals that are easy-to-implement and have the most impact rather than choosing health goals in a problem-oriented way); piggybacking on carers' life transitions when planning how they can develop healthier habits; and ruling out goals that work towards a specific weight loss target;
- Developing **resources** to support HLC coaches with delivery, e.g. a comprehensive directory of fitness activities and affordable health services available locally and a bundle of health resources;
- By being synergistic between coach and carer, coherent with Camden's health priorities and independent of , HLCs are sustainable/durable. By putting in measures to **celebrate and support HLC coaches**, to ensure retention of their unique expertise.
- Put in place measures to celebrate and support HLC coaches to retain their unique valuable expertise and ensure that HLCs are sustainable/durable over time.

HLCs could also be enhanced with **greater support from the local council** and **ICB**, who could consider:

- Proactively providing resources from Camden Public Health about affordable services available locally;
- Making Council facilities available across the borough so that HLC coaches can offer in-person HLCs to carers in different areas.

HLCs are a well-designed programme already in place and working effectively. With continuation, or better still, further investment, HLCs can be scaled and enhanced to produce even more significant outcomes for carers in Camden. HLCs could also be suitably replicated in other places and contexts.

Key definitions

Carers

An unpaid carer is anyone who cares for a friend or family member who due to illness, disability, a mental health condition or an addiction, cannot cope without their support.



Wider determinants of health

Health is determined by a complex interaction between a person's own characteristics, lifestyle choices and environment. The wider determinants of health are the social, economic and environmental conditions in which people live that have an impact on their health.



Population Health

Improving the physical and mental health outcomes and wellbeing of people within and across a defined local, regional or national population, while reducing health inequalities.



Holistic

When the parts of something are interconnected and can be explained only by reference to the whole.



Strength-based approaches to health

Strength-based approaches to health are about leveraging assets and strengths to promote an individual or a community's health. This entails developing initiatives that go with the grain of a person or community's interests. Applied in a 1-to-1 setting, strength-based approaches explore the entire individual's abilities and their circumstances rather than making the deficit the focus - and do so in a collaborative way,

The UK is rightfully moving towards strength-based approaches to health and social care. Strength-based approaches are key for promoting health in a sustainable way to reduce the country's widening health inequalities. Rather than taking a biomedical approach to addressing health issues in a reactive way, strength-based approaches pro-actively promote health, acknowledging its holistic nature. By promoting health holistically many preventable health issues can be avoided. The objective of the strengths-led approach is to protect the individual's independence, resilience, ability to make choices and wellbeing.



I. Context

The problem: poor health among unpaid carers

Unpaid carers are at risk of poor health. According to Carers UK's Carers Week 2022 research report, 1 in 5 adults in the UK are currently providing care. Across the UK, unpaid carers display high levels of anxiety, stress and depression as well as general health problems and minor injuries such as strained backs. Half of those providing care for 20 hours a week or more reported a long-standing illness. The discrepancy between carers and non-carers is alive and well in Camden specifically too (Ipsos Mori, GP Patient Survey, 2021).

Figure 1: % of carers and non-carers that have a long-term limiting health condition

National		Camden	
Carers	Non-Carers	Carers	Non-Carers
60%	50%	54%	42%



Carers are at risk of poor health because of the barriers they experience to good health.

Carers in Camden identified the following barriers to their health:

- Overwhelm and competing priorities, due to being a carer;
- Mental health and emotional stability, given the stresses associated with being a carer;
- Depreciated self-worth, which leads to self-neglect and the carer 'putting themselves last';
- Money and time;
- Awareness and understanding of health - e.g. the value of self-care/time to self and the connection between mental and physical health.

All of these factors make carers less likely/able to have healthy lifestyles and take preventative measures to promote their health (e.g. regular exercise, follow nutritious diets, social connection, self care), which puts them at a higher risk of experiencing poor health and health issues.

As well as increasing the likelihood of poor health/health issues, **these factors also affect carers' access to healthcare as/when health issues arise**, which means carers experiencing health issues are unlikely to have early intervention, allowing any health issues to deteriorate further. There are Government guidelines urging healthcare providers to proactively support carers to access their care. In practice, many carers feel marginalised by the doctors, social workers, health visitors etc that they encounter, and feel that their health needs are overlooked. As a result, carers often perceive GPs and medical professionals to be patient-focused - i.e. for their cared-for, not for them. This is **compounded by barriers at the individual level:**

- Carers' **help-seeking behaviours**, due to stress and low self-worth:
 - Carers **underplay** their health problems to themselves and others: many carers worry that, if they themselves become ill, the stress of this could trigger the mental illness of the care recipient - consequently they might try to **suppress** their own health problems.
 - Many carers struggle to perceive that they themselves have needs - or indeed rights - to their own health care. The caring role often leads to depreciating self-worth as carers do not take enough time for themselves and perpetually put themselves last. It is not unusual for carers to experience increasing social isolation that in turn could lead to a loss of focus on their own health needs. It's not uncommon for carers to see asking for help as an admission of failure, and believe they should be able to manage their care activities privately.
- Carers' capacity to be flexible and proactive, due to competing priorities, money and time limitations, which makes carers struggle to attend appointments.
- **Some carers are at particularly high risk of poor health, due to the wider determinants of health:** older carers and those from under-represented backgrounds or other marginalised groups.

- Over half (55%) of **carers aged 65 and over** who provide at least one hour of care have a long-standing illness or disability (Age UK, 2017).
- People from **under-represented communities** are less likely to receive the services they need, due to: culturally inappropriate advice; language barriers; racism (some minoritised carers don't feel safe interacting with the health and social care system – or of becoming known to the authorities – to the extent that they would not request health care even if they had a serious illness); this is especially inherent in mental health); internalised racism (which can result in carers being less assertive with healthcare professionals).
- Carers **experiencing poverty** are also at higher risk of poor health.

These various structural variables interact with one another to intensify the barriers to good health – this is called intersectionality (e.g. an older carer from an under-represented background that is also experiencing poverty). Carers' health is complex because it is layered – each carer has a different set of barriers, and clearly one size will not fit all when it comes to supporting them to good health.

Poor health makes carers more likely to reach 'crisis point' – the point at which they break down and require emergency intervention (and vice versa, the nearer that a carer gets to crisis point, the worse their health will be). Therefore, carers with ill-health are less able to cope, sustain their situation and less able to continue being a carer. **There is as much to gain from supporting carers to be healthy as is lost when we don't.** Despite the odds being stacked against carers in terms of their health, when we look after carers' health, it promptly triggers direct benefits for:

- Carers – who get all the benefits of being healthier.
- Those they care for – who also experience better health outcomes as a result.
- And indirect benefits for:
 - Their wider family and community,
 - Local healthcare providers.

All in all, **the health of unpaid carers is a priority** in population health.

Figure 2: wordmap of barriers to good health reported by HLC participants



The solution?

The health of unpaid carers is a priority. Given what we know about the barriers carers face to good health, and based on past attempts to support carers across the UK, research has identified that health interventions need to go about things a certain way if they are going to successfully promote carer health.

To be successful, health interventions for carers must:

✓ Take a strength-based approach:

The best health outcomes come about when people are positioned as 'partners' in their own provision of care. Health interventions for carers need to empower carers to look after their own health, focus on positives, rather than deficiencies (NCCSDO, 2003).

✓ Address the unique circumstances of each carer:

Each carer has a unique set of circumstances – i.e. different barriers to good health and different strengths/entry points for overcoming them. Camden is a diverse borough in terms of ethnicity, socio-economically and also in terms of the average age of carers. One size will not fit all, support needs to be tailored to each individual.

✓ **Reflect the holistic nature of health and wellbeing**, ensuring carers are supported in the areas of their life that are influencing their health to create an enabling environment for good health. A holistic view of health is an approach to wellbeing that considers how the individual functions in their environment, instead focussing on a singular competence, disability or pathology. Most health issues are linked to lifestyle choices. Carers often need help to understand the links between mental and physical health in order to practise self-care. Therefore, health interventions need to emphasise the holistic nature of health, and provide tangible support on the factors that influence their lifestyle decisions.

✓ Be preventative rather than reactive:

Given that many health issues are linked to lifestyle choices, preventing health issues before they arise is always best (ibid; and cost-saving!) Carers have a tendency to put themselves last. Therefore, if health interventions are reactive, they are unlikely to catch carers' health issues before they deteriorate.

✓ Be dedicated to carers:

- Carers are not prioritised in their own lives and being a carer is a unique experience. Health interventions need to be sensitive to the specific pressures that carers are under. Otherwise, there is a very real risk of unintended negative consequences (e.g. putting carers off engaging or prioritising their health and wellbeing).
- Many carers perceive medical professionals to be there for the person they care for, not there for them. By contrast, carers find carers specialists approachable so feel they can ask about concerns they wouldn't want to 'bother the GP with'.

✓ Be relational and sensitive:

- Social contact can help carers realise that they themselves have needs – or indeed rights – to their own health. What's more, help-seeking behaviours can be improved by educating carers about the benefits of implementing effective health promotion behaviours.
- Without being relational and knowing each carer's unique situation, it is difficult for those delivering the intervention to eliminate the risk of unintended negative consequences – e.g. challenging carers and providing structure, without putting too much pressure on them so that it causes more stress than it relieves. Therefore being relational and being sensitive go hand-in-hand.

✓ Be flexible and approachable:

- For carers to engage fruitfully with health interventions, they need flexibility (NCCSDO, 2003) – making it easy and low-pressure for carers to reschedule when carers have a last-minute change of plan (i.e. if a cared-for has a crisis and has to cancel an appointment, they don't have to wait many months afterwards to get a new one).
- Health interventions for carers should make it exceptionally easy for carers to self-refer over seemingly small minor health issues, in order to lower the threshold for talking about health issues (ibid).
- Interventions need to be just as accessible and approachable to minority ethnic carers, and carers with language barriers, as other carers.

With funding from Camden Council and Camden Clinical Commissioning Group (CCG; now the Integrated Care Board, ICB), **Camden Carers has developed a strength-based health intervention for carers in the borough** – Health and Lifestyle Consultations (HLCs) – which covers all these bases. The concept of HLCs was developed in partnership with a local GP and Professor of Primary Care Education at Barts and The London Medical School, Anita Berlin, following a pilot funded by the Department of Health and Social Care, in which Camden was one of six demonstrator sites. HLCs started being delivered in their current format in 2016. This report sets out the impact that HLCs have had to date and evaluates how the programme can be continued and enhanced further.

Camden Carers Health and Lifestyle Checks: a strength-based approach to supporting carers in Camden



Camden's approach to health

HLCs tie into a wider cultural shift in terms of how statutory services in Camden approach health.

Increasingly, the UK is developing a collective understanding/appreciation for the holistic nature of health (Public Health England, 2018). In line with this, statutory services in Camden and elsewhere are moving towards more holistic and preventative solutions, which confront the wider determinants of health. Camden, along with other North London Boroughs, is integrating care in places and neighbourhoods – establishing an Integrated Care System (ICS) across multiple boroughs and **community-based multidisciplinary teams** (MDTs; Health Foundation 2023) at the neighbourhood level. In the move towards neighbourhood approaches, **social prescribers** play a key role connecting individuals to the community, support and services around them. **To evaluate the future of HLCs, and in particular the potential opportunities going forward – it's important to note this wider landscape in which the Council-commissioned service sits.**



2. About HLCs: what are they and how does it all work?

What are HLCs?

Thanks to funding from Camden Council, **every carer in Camden is entitled to a Health and Lifestyle Consultation (HLC)** each year, through which they work with a health and wellbeing coach – specialising in carers – to leverage their strengths and achieve their health goals. Typically, carers are referred to the HLC coaches following a 'Carers Conversation' (i.e. a Carers Assessment). Other referral pathways include via social prescribers, the Camden Carers helpline. Each HLC entails:

- 1. An initial consultation** – in person, on Zoom or on the phone – to set a personalised and specific health goal, identify strengths and opportunities in their life that will help them to achieve it, and identify the potential barriers that will need to be overcome or circumvented. The carers that attend in person receive a head-to-toe assessment using a machine called a Tanita Body Composition Analyser, which estimates metabolic age, BMI and other key biomarker
- 2. Two follow up appointments or calls**, scheduled according to the personal needs of the carer and the nature of their goal and strategy for accomplishing it;
- 3. A wrapping-up session or call**, in which carers reflect on their accomplishments, establish their plans to keep up their new habits/ approach to health and are signposted to further support if they need it. In the wrapping up call, HLC coaches ask carers if they want to get another HLC next year and, if so, they can already agree to call them in a particular month.



In Table 1 below are some examples of personalised health goals and whether and how they were accomplished.



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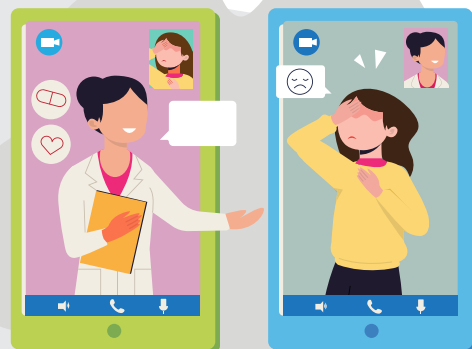


Image by Vecteezy.com

Key features of the HLC approach:

1. **Strength-based 1-to-1 coaching makes the programme equally appropriate for all carers.**

The personalised coaching technique means that HLCs work well for carers of all ages and stages, and those from different socio-economic, cultural and ethnic backgrounds. Before each HLC, coaches remind carers that the HLC is for them, they won't be told what to do; it is for them to identify things they want to focus on.

- It's all about the carer, whereas often the **carer's voice** gets lost when they're interacting with the health and social care system.
- Carers are positioned as **participants** (as opposed to recipients) in terms of their health.
- Health goals are **personalised**, as is the ongoing support and encouragement to achieve those health goals. All carers set goals, but set their own goals according to their priorities and capacity.
- The HLC coaches support carers to develop 'resolutions' or a strategy that makes the most of their strengths and interests, and which circumvent their respective barriers, following the Prochaska cycle of change model.
- This strength based approach also ensures that **preventative** measures are taken: the coaches are not trying to fix an arising health problem, but instead work on preserving carers' health to prevent issues from arising.
- Coaches support carers to ensure goals and strategy are specific and achievable, and carers are prompted to see the **positives** of their progress to motivate, rather than apply pressure. The Prochaska cycle of change helps carers to perceive that relapse is not a catastrophe and learn how to develop new habits. This coaching method energises carers, and encourages them to take ownership over their health.
- Since the individual leads their own HLC, the coaching is **equally as culturally appropriate for all carers**. Where there are language barriers, Camden Carers can bring in interpreters/translators.

2. **Health advice is specifically adapted to carers.** As well as being trained coaches, the HLC coaches are **health experts** - with the authority to provide health information and give health advice - and **carers specialists** - with a deep understanding of carers and their barriers with which to build rapport with them. Carers are supported to understand their health and how, as a carer, to approach their health.

- Throughout their journey, carers are educated about health, including holistic approaches ([NCCSDO, 2003](#)) and **signposted** to appropriate services and health activities locally.
- Carers are supported to develop a **new approach/attitude to health**. With specialist understanding of carers, HLC coaches build rapport with carers who might see health as unattainable to instead regard health and wellbeing as something that is within reach in spite of the many barriers. By the end of the HLC, carers have reconceptualised being healthy as something inclusive to them, with tips and tricks that make sense given their lifestyles.
- Carers have time and space that is **just for them** - so often carers' voices get lost in advocating for their cared-for, but HLCs are dedicated to them.
- HLC coaches show **sensitivity** and **appropriateness** to promote positive images of carers and disability ([NCCSDO, 2003](#)). Carers feel comfortable and 'amongst friends'.
- Carers are supported to **navigate the healthcare system**, and understand their rights within it.

3. **The HLCs are holistic, and delivered from within the Camden Carers service so that carers can be supported with other aspects of their life synchronously.** Whilst the coaching is oriented around one or two specific health goals, carers are supported to identify goals that do not isolate one particular competence, disability or pathology - as GPs and other medical professionals do. HLCs acknowledge that health and wellbeing is predicated on many other factors of a person's life situation, and support the carer to understand that. Being delivered by and within a charity dedicated to carers, HLC coaches are also able to tangibly ensure that carers get support on the areas of their life that are affecting their health or pose barriers to accessing healthcare - e.g. housing, benefits, legal affairs.



- Carers are supported to **understand health holistically**, and therefore the value of good health and wellbeing not just to feel good, but to thrive in other ways.
- Having made a strong initial connection with the carer, HLC coaches signpost and refer the carer to other support - including support not typically categorised as being related to health, but which can enable carers to be healthier. For example, if a carer is unsure what to spend her carer's allowance on, the carer's HLC coach will inform a support officer who can provide appropriate advice. The HLC coach is often the glue to support the carer to build the connections with other services, support and activities.
- Carers are proactively provided with **information** that will be useful to them as carers.

4. **Delivery is relational, approachable, flexible.** Whilst the HLC coaches have a high level of expertise (familiarity with working with carers and conversant with health concepts) the HLC method ultimately **non-clinical**, which empowers them to deliver coaching in a relational way, mirroring each individual to build rapport and relationships. As a result, the HLCs are approachable, which is reinforced by an accessible and flexible system.

- HLCs are oriented towards supporting carers to achieve their personalised health goals. However, positive outcomes are independent of whether carers accomplish their goal or not, because carers get **direct benefits from the relationship developed with the HLC coach**.
- Coaching is delivered in an **empathetic, low-pressure and non-judgmental way**, ensuring no unintended negative consequences. Carers comment that the coaches never make them feel bad for lack of progress or staying on top of their health, a feeling that can come from medical professionals.
- Carers are assigned a dedicated HLC coach, which is the person they see for every appointment. This consistency ensures **joined-up care**. In some cases, HLC coaches are 'like the glue' in an otherwise fragmented healthcare system.
- There is no **long waiting list**.
- The HLC coaches operate a **flexible appointment system**, through which carers can reschedule and move around appointments.
- Appointments can be carried out in a **variety of formats** - in person, on Zoom or on phone.

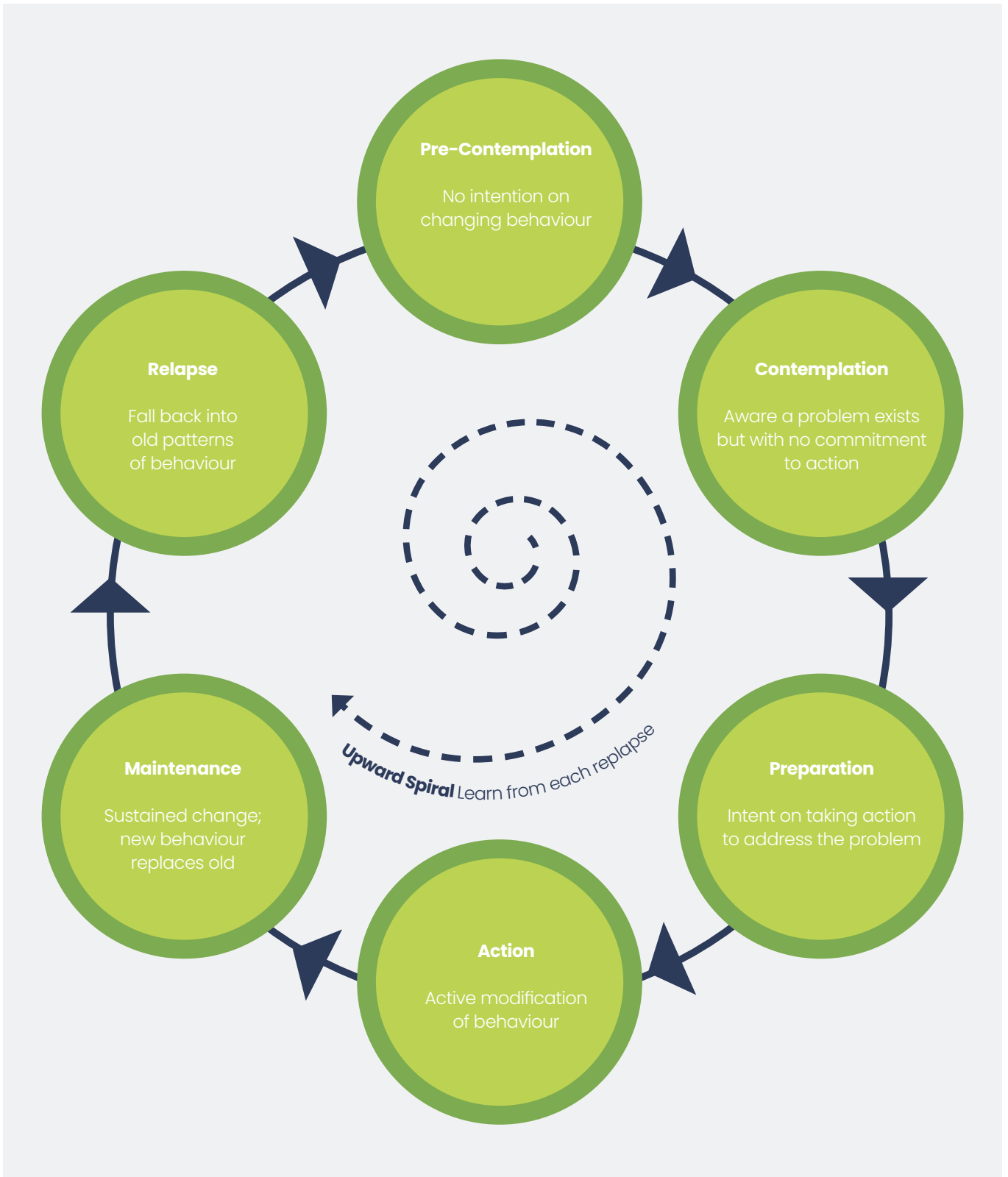
Table 1: Examples of carers' personalised health goals

Personalised health goal	Goal met?	Action taken
Develop coping strategies to stay positive and to keep my mental health intact	Accomplished	Abstinence from alcohol consumption, which means that despite the fact that the carer's dog had passed away, the carer still didn't go back to drinking.
Develop my physical and mental strength by doing yoga twice a week	Partially met	The carer had been doing yoga once a week, but having bought gym membership the carer has ended up swimming and/or gymming 2-3 times per week instead.
Feel better in my body by avoiding sugary foods.	Accomplished	The carer reduced sugary foods during Ramadan, and has carried on these good habits since Ramadan ended.
Make sure to swim regularly, by prioritising the 'me time' I need.	Accomplished	The carer received a direct payment in August and used it to sign up for gym membership; having a twice a week 'rule'.
Keep my alcohol consumption under control.	Accomplished	The carer now has a blanket rule to only drink with dinner.



Image by pch.vector on Freepik

Figure 3: The Prochaska Cycle of Change



3. About this evaluation

Aims of the evaluation

To support the case for further commissioning HLCs through the local authority, decision-makers at Camden Council need an evidence base. Camden Carers started delivering 'Health and Lifestyle Checks' (HLC) in 2016. For much of this time, Camden Carers' two HLC coaches have been collecting a mix of longitudinal qualitative and quantitative data. Camden Carers were seeking a value-for-money independent evaluation, which makes use of Camden Carers' rich dataset to capture the **impact** of the service, as well as identify the **active ingredients making it a success** and the **opportunities** to strengthen the programme. Camden Carers commissioned Civil Society Consulting (CSC) based on its ability to be systematic and rigorous, whilst people-centred and action-oriented.



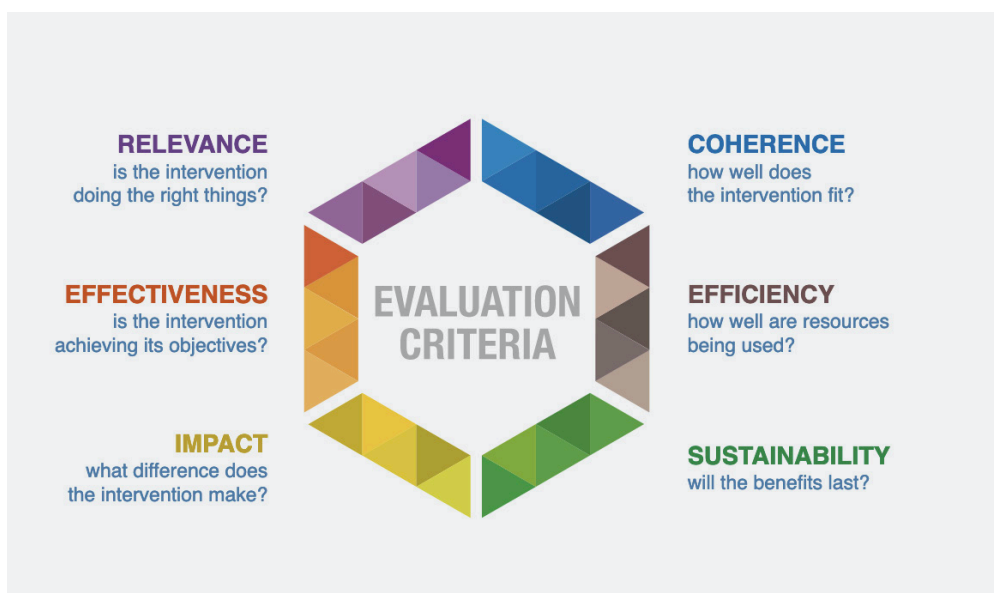
This report makes a strong case for continuation funding, demonstrating that HLCs are an **appropriate, cost-effective** way of producing **lasting** positive health outcomes for carers, which has a positive impact on the people they care for. Through a SWOT analysis, this evaluation demonstrates that Camden Carers is both learning and implementing the learnings. The evaluation has also provided an opportunity to review and refresh Camden Carers' M&E framework and approach. CSC has co-produced a refreshed M&E framework with Camden Carers' two HLC practitioners who will be utilising and leveraging it.

Methodology

Civil Society Consulting (CSC) took a **mixed-methods** approach: qualitative and quantitative data have complemented one another. To get the most out of the evaluation, CSC leveraged all the existing resources and strengths in the Camden Carers team (and in our own multidisciplinary team). To do so, CSC has worked with Camden Carers **co-productively**: working in a relational way to share and discuss learnings as we go. The evaluation has stimulated **new energy** and ideas among the Camden Carers delivery team.

To ensure a comprehensive evaluation of the Health and Lifestyle Consultations, CSC drew on a tried-and-tested framework – the OECD's six evaluation criteria – and drew on behavioural change theory.

Figure 4: the OECD's six evaluation criteria



Stage 1: calibrate and plan

CSC had an interactive, semi-structured briefing on HLCs with key members of the Camden Carers team to familiarise with the programme and go through existing data. We carried out desk research and a conversation with key persons at Camden Council.

Stage 2: interviews with key staff members

CSC carried out semi-structured interviews with Camden Carers staff, using OECD framework to develop questions, ensuring we cover all the pillars of success (not just impact).

Stage 3: analysis of existing data

Camden Carers have embedded impact data collection practices within the HLC programme, as the HLC practitioners collect key data about each recipient of HLCs during each consultation/follow up appointments. We leveraged all this raw data, grouping qualitative data into categories before analysing it. This report is informed by 560 carers' first appointment data from the last three years (2018-2022) and 275 entry points for follow up appointments data from the last two years (2020-2022).

Stage 4: collecting qualitative data and survey

CSC carried out five semi-structured interviews with five carers, using the 'Most Significant Change' (MSC) Technique.

At this stage, CSC identified a few key data gaps - e.g. the data captures the barriers that each carer has preventing them from achieving their personalised health goal, but did not capture what carers regard as the barriers to their good health in the first place. Based on the data gaps, we developed an additional survey to gather further data that 'answers' those remaining question marks.

Stage 5: synthesis

CSC analysed all data and identified strengths, weaknesses, opportunities and threats (SWOTs) to produce this report, and declare HLCs a success. Camden Carers will be launching and discussing these findings at a launch event in Carers Week in June 2023.

Stage 6: review M&E frameworks

Following the process of impact analysis and producing this evaluation, CSC will review the M&E framework and procedures collaboratively with Camden Carers, for the benefit of future impact assessments.



4. Impact Assessment

Evidence of need

Over the last three years, Camden Carers has supported **560** carers through Health and Lifestyle Consultations (HLCs) - exceeding its target of 170 per year.

HLCs are particularly successful when it comes to engaging adult carers over the age of 46, but reach considerably fewer young adult carers. Notably, only **18%** of carers who had a HLC were men, but this is reflective of the general carer population. There were no records of transgender carers.

In terms of ethnicity, **HLC participants are reflective of the population of Camden** (Census, 2021). There is a higher proportion of Black and Black British carers participating in HLCs than reflected in the general population. Given health inequalities, need is likely to be higher in minority ethnic communities. Therefore, aiming for a higher proportion of minority ethnic carers compared with the general population is appropriate. Camden Carers can work to improve its reach in other minority ethnic communities.

Demographics

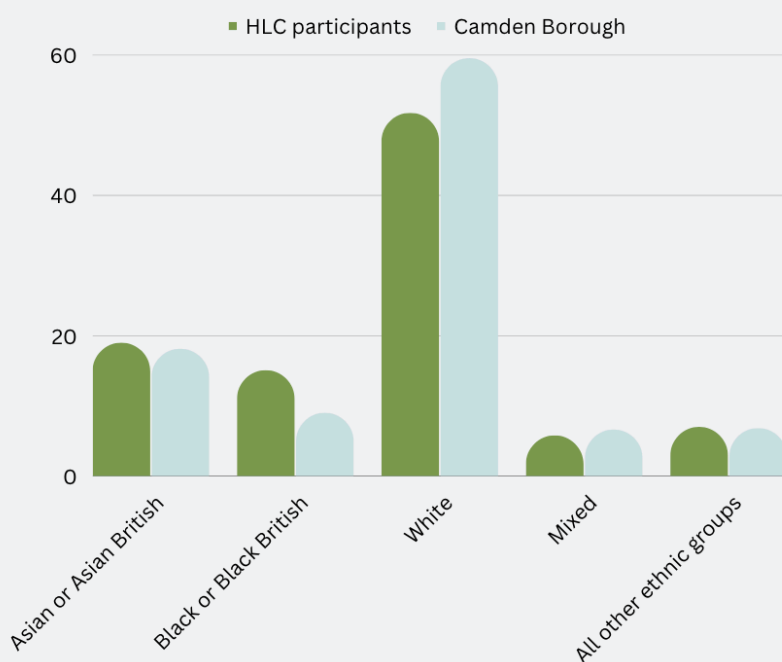
65% of carers who had a HLC were over 46.

Only **4%** were under 25.



Only **18%** of carers who had a HLC were men, which is reflective of a discrepancy in the general carer population.

There were no records of transgender carers.

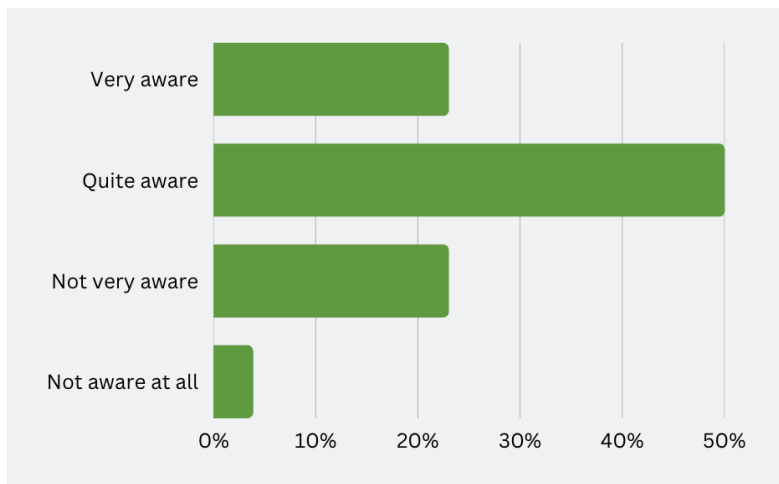


In terms of ethnicity, HLC participants are reflective of the population of Camden (Census, 2021). There are a higher proportion of Black and Black British carers participating in HLCs than reflecting in the general population.

Upon starting their HLC, HLC participants were all **at different points in terms of their current health status**. As shown on in the chart below HLC participants report a mixture of:

- Failing to keeping on top of routine health check up (15% hadn't had any sort of health check up for at least five years);
- Poor emotional health (particularly high levels of anxiety);
- Issues with weight management due to both diet and exercise (62% are overweight according to their BMI);
- Chronic pain (with one in three experiencing joint pain);
- Smoking and alcohol dependency.

Upon registering for a HLC, carers **have different levels of awareness and understanding of health and health issues**:



There was also **variation in the barriers holding carers back in terms of their health**. As shown in Figure 2 on page 7 of this report, barriers to good health include the following:

- Mental and emotional stability (anxiety, grief, depression);
- Overwhelm and competing priorities;
- Depreciated self worth. Some carers described being so involved in caring and surviving that *“you don't even know how bad your health is”*, and not having the capacity to tackle the root causes of their health issues (e.g. the real reasons they experience insomnia). One said: *“I had never spoken in this much detail about my own health because there has never been a chance to”*;
- Time and money: for many carers, the bottom line is time and money - both of which are limited due to their caring role.

This data paints a picture of a diversity of carers, each with different intersecting barriers to health, and each with different health priorities. There is no doubt that there is further diversity when it comes to each carers' path to better health (as they each have different strengths and opportunities for lifestyle adjustments)”. **This diversity of need** is evidence for the value that HLCs can and do add in Camden.



Image credit: Camden Council

Health check-ups and screenings



One in five female HLC recipients did not get a cervical screening when appropriate



One in four female HLC recipients did not get a mammogram when appropriate



40% of HLC recipients had not had a dental check in two years

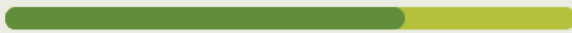


One in four carers could not remember the last time they had their blood pressure checked

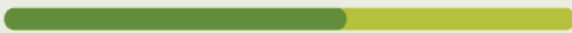
15% of all carers receiving HLCs haven't had any sort of health check with the NHS in the past 5 years

Mental Health

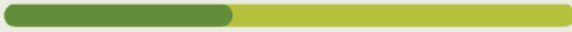
70% report feeling anxious



60% report having trouble sleeping



40% report feeling depressed



Weight, diet and movement

43% of HLC recipients have concerns about their diet

62% are overweight according to their BMI

87% did not do the recommended 150 minutes of weekly exercise, as recommended by the World Health Organisation (WHO).

Chronic pain

One in three experienced joint pain

One in four experienced issues with their feet

Psychoactive substances

20% of carers smoke (higher than the national average, 13%)

10% of carers were higher risk drinkers

100% of carers identified having more than one barriers to good health

Mental and emotional stability



"Bereavement, grief, depression"

"Not seeing myself as important"

Depreciated self-worth

"Lack of time for myself"

"Busy trying to juggle all the other problems! Housing, cost of living, family relationships etc."

"So many reasons."

Overwhelm and competing priorities

"I have no capacity to tackle the root causes of my health issues (e.g. the real reasons I experience insomnia)"

"Too busy caring for somebody else"



Money

Financial: I don't have enough money to make being healthy easy, small Carer Allowance amount.

"Time money and focus"

Time

"No Time, low motivation, low commitment, lack of energy, other priorities"

Not enough time, and nobody to suggest how to 'lighten the load'

Knowledge and understanding

"Being so involved in caring and surviving means that one doesn't even know how bad one's health is"



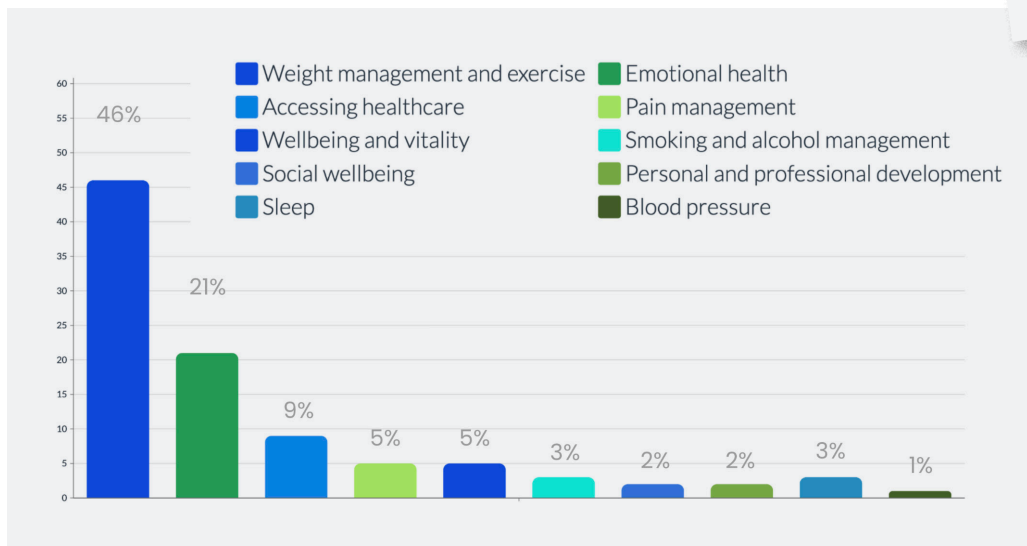
Impact

Over the last three years, **560 carers** have worked with a dedicated HLC coach at Camden Carers to identify and address a personalised health goal over a three-month period. Personalised health goals fall across ten themes, which, in order of prevalence were:

- **Weight management and exercise,**
- **Emotional health** (e.g. practising mindfulness daily for two weeks),
- **Accessing healthcare** (e.g. setting wheels in motion to get long overdue surgery),
- **Pain management,**
- **Wellbeing and vitality,**
- **Smoking and alcohol management,**
- **Social wellbeing** (e.g. having a 'family day' every a week),
- **Personal and professional development** (e.g. passing english and maths tests in order to find a part-time job),
- **Sleep,**
- **Blood pressure.** Some examples of strategies taken by carers to address their health priorities through the HLC are shown in Table 1 on page 11 of this report.

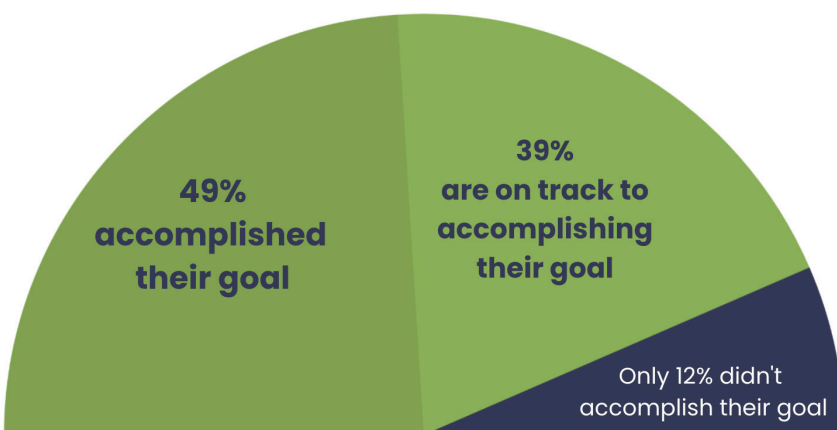


Figure 5: Personalised health goals by theme



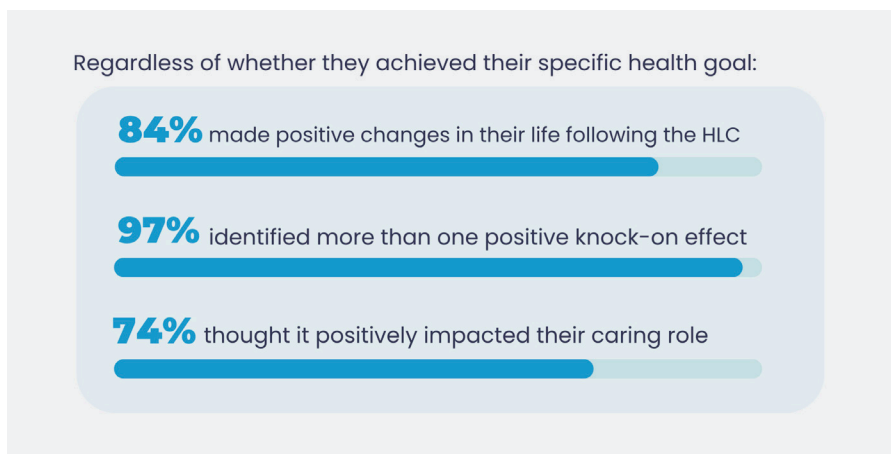
Only 12% of HLC participants hadn't accomplished their goal at the end of their three to six-month HLC period. The rest (88%) had either reached or surpassed their goal, or were on track to doing so having partially achieved it, leading to **improved mental health and wellbeing** or **improved physical health and vitality**, or **both**, depending on the goal.

Figure 6: % of HLC participants who accomplish their health goal



Different types of goals have a different success rate (see Appendix 1) and different carers identified different obstacles to accomplishing their health goal (see Appendix 2). HLC coaches report that carers who have their 'carers conversation' well in advance of the HLC have the most significant changes. When carers have a new routine, it creates opportunities for new lifestyle habits that are likely to stick. For example, a carer who has started using a new supermarket for reasons unrelated to health, could commit to making healthier choices when food shopping.

No carers reported having experienced any unintended negative consequences (such as finding the pressure of having a health goal stressful). Whether they had achieved their pre-set goal or not, **the vast majority of carers reported that the HLC had led them to make positive changes to their life (84%)**. One carer whose goal was to cut out her sweets intake from one bag daily to two bags a week, has also started walking her dog for an hour daily and goes to shows once in a fortnight.



HLCs are successfully supporting carers to identify their health priorities, and overcome barriers to address their health goals. The journey of working towards a personalised goal produces positive knock-on effects for carers. Regardless of whether they accomplished their health goal, **97% of carers identified at least one positive knock-on effect from the HLC**, including:

- **Increased awareness and knowledge of their health.** *"I needed to start taking care of me... having the HLC gave me a complete picture of how I was doing".* Greater awareness and understanding of health produces more positive attitudes towards it. In particular, once carers recognise the holistic nature of health, it is easier for them to see the value of early intervention to prevent health from deteriorating. The coaching teaches carers to prioritise their health and listen to their bodies, which makes them less likely to ignore and dismiss certain symptoms and instead seek proper treatment earlier on. What is more, carers are better equipped to identify the 'low hanging fruit' in their respective lives (e.g. nutrition tips that correspond to their natural food preferences).
- **Increased resilience and self-worth:** As well as reaping the various rewards of better health, HLC participants get some direct benefits from being supported and building human connection with their HLC coach. *"It's great to have a platform to be able to speak about my own physical and mental wellbeing."*
 - Simply having the allocated time during which the carer is the sole focus is a powerful thing for carers. It's not unusual for a carer to spend the first 10-15 minutes of their first HLC crying, because no one ever asks them to talk about themselves. This emotional realisation can be the first important step to building resilience and building back depreciated self-worth. *"So often I am seen as a mirror image of my cared-for, but in a HLC I am seen as an individual and that is EVERYTHING to me,"* said one carer.
 - Many carers described that through their HLC they began taking time for themselves as a way of regularly boosting their resilience and self-worth. *"I make time for myself and no longer feel so guilty about it."*
 - Carers' resilience and self-worth benefit from encouragement, attention, kindness from HLC coaches. And as one carer put it, *"having the knowledge that there is someone watching your back."*
- **Improved access to or relationship with other services:** Carers benefit from referrals and signposting to other services. 26% reported improved understanding of and relationship with statutory services. *"At the first follow up I asked [my HLC coach] about a letter I had received from the Council about my rent... [my HLC coach] helped me cultivate a relationship with my housing manager."*

- **Reduced health anxiety:**
 - Many carers feel relieved to know their blood pressure, Body Mass Index (BMI), cholesterol, etc, are 'normal', because they've been worrying about it for a long time, but couldn't get themselves to the GP – or didn't know how to get it checked. Finding out that they're actually well can have a hugely positive effect on health anxiety.
 - Similarly, knowing they have someone they can call if/when a health issue arises is a profound comfort for carers (many carers struggle to get in touch with their GP and feel more comfortable speaking with a HLC coach about minor issues that they're not sure warrant a GP visit). *"Just knowing there are people at the wonderful Camden Carers who understand the difficulties and circumstances of being a carer, which is never ending until the person passes. And that it is somewhere I can visit, or telephone, in need."*
- **Proud and happy in caring role:** Carers regain a sense of identity and perspective, which increases their level of contentment in their caring role. For some carers, the first step towards better health is feeling happier in their caring role and happier about themselves. Where carers feel defeated by their life situation, coaches shift the focus from health to finding opportunities for joy. *"Because someone has committed some time to helping me with my health and lifestyle issues, I have more tolerance for my caring role and am feeling less stressed, because I have developed a different attitude towards it and I am more self caring."* One carer even said that her HLC coach models a very loving and patient caring role, so it gives her the motivation to be more patient and loving in her own caring role.
- **Feelings of empowerment:** Carers feel in the driving seat of their own lives again. Having developed a blueprint for reaching health goals, carers feel other goals in other areas of their life are achievable. Carers that do accomplish their health goals develop a can-do attitude about forming new, healthier habits in general.
- **Carers become energised and motivated** to be healthier and make other positive changes in their life. *"My mind is set and I am doing gym."* Getting a detailed health assessment at the first consultation serves as a prompt or even a 'wake up call'. At the very least, carers made important first steps to identify a need for change in their lives. *"Knowing that I would be having another session, I agreed to a challenge at the first appointment and it has spurred me on."*

Carers that did not accomplish their health goal still experienced more than one of these positive knock-on effects.



Wider impact

When carers take care of their health, it has a positive impact on the rest of their life, as well as the people around them. In particular, HLC participants make for happier, more able carers which are less likely to experience carer breakdown. **74% of carers felt that having the HLC had helped to improve their caring role, because they experienced: improved vitality, improved physical strengths and abilities to help with performing the caring role**, improved relationship with cared for, better coping mechanisms, generally higher levels of happiness, better relationships with statutory services, gaining a sense of control, feelings of empowerment. Clearly this has a positive impact on the cared-for and the statutory services that support them, since they benefit from receiving a higher quality of care that is more likely to be sustained.

From interviews with carers, we learnt that cared-for don't only benefit indirectly. The health of cared-for and other family members directly benefits too. Outcomes include:

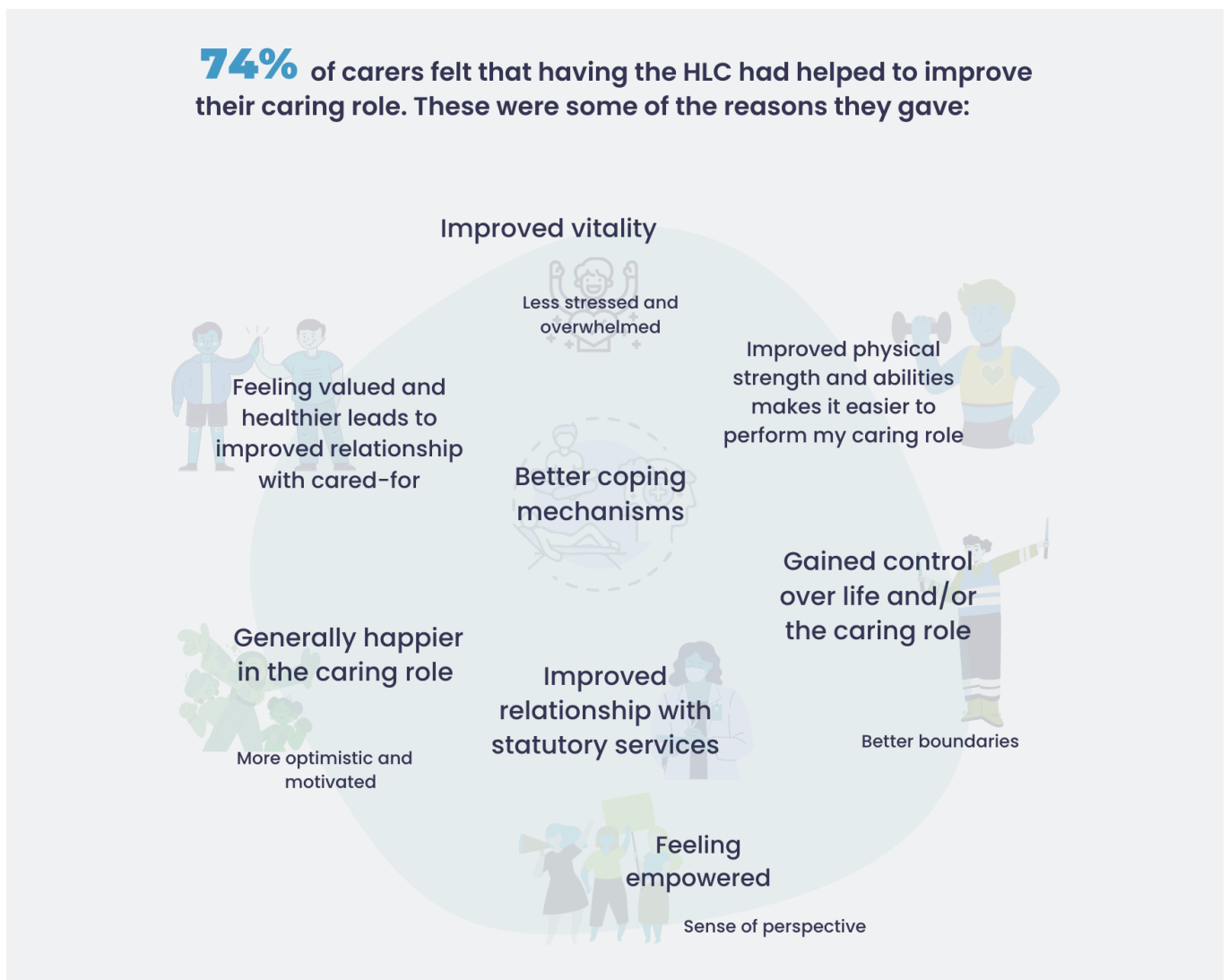
- Feeling happy and/or relaxed that their carer is happy;
- Improved relationship with carer;
- Encouraged to eat better and/or exercise with their carer.

The benefits for local healthcare providers are:

- Carers have better health, which means reduced pressure on the healthcare system (i.e. fewer carers health issues intensify to become harder to treat).
- Carers are more able to navigate the healthcare system, which improves relationships and interactions with carer patients.

Healthier, happier carers are better equipped to carry out caring role.

Figure 7: Reasons the HLC had improved the carers ability to care



Longer-term impact

The HLCs are having a lasting impact. According to a survey, **87% of carers who receive a HLC still feel the effects one year later**. In a survey of carers that had their HLCs over two years ago, **75%** were still feeling the effects. Regardless of whether they achieved their personalised health goals or not, the most common ways in which the impact lasted into the long-term were:

- The carer continues to benefit from the effects of resolved health issues.
- New healthier habits have stuck.
- Improved knowledge of and attitude to health, particularly understanding the role of time to self and self-care, has carried through well after the end of the HLC period. *"It's made me kinder to myself."* *"Learning more to prioritise my own health gives me more energy for my caring roles."*
- The carer feels they have someone they can call if/when a health issue arises (e.g. because they struggle to get in touch with their GP). *"Still I feel if something is wrong with my health there is someone who understands, as it has been a lonely suffering when no one exactly understands."*
- Accessing services and/or support to which they were referred by HLC coaches is continuing to benefit the carer.

HLCs have particularly significant and transformative impact for those that have more than one. In some cases, **carers have come back for another HLC after one or two years**, sometimes with the same health goal having lost their focus, other times with a new health goal. Either way, the outcomes are positive and profound. In the words of one of the HLC coaches: "it's great when a carer comes back after achieving a first goal, because they have established a sort of a 'blueprint' of how to do it, so feel really good and confident about setting a new goal for themselves." One example is a woman carer who one HLC coach has been working with over the past six years or so. The carer has built up numerous sustainable small habits over time (cutting sugar in coffee, stopped drinking fizzy drinks, developed small tips and tricks for staying active). **Multiple HLCs can be beneficial whether the carer has accomplished their first goal or not:**

- For those that accomplish their first health goal: having a blueprint for successfully implementing new lifestyle changes enables carers to come back incentivised to 'take it up a notch' and complete even more goals (e.g. one carer managed to go for a walk three times a week for six months, now wants to try joining a running club). Often, carers which accomplish their personalised goals begin to develop a new self-image around health.
- For those that did not accomplish their original health goal, the relationship they've built with the HLC coaches is an asset that allows them to 'hit the ground running' a second time around. Carers who did not meet their first health goal may come back even more determined when they come back a second time. If/when they do come back, it's important not to see the 'first attempt' as a failure, but as an important first step in a longer journey.

Case studies

To add colour to the data collected by the HLC coaches during the initial consultations and follow ups, CSC collected the stories of five carers who had a HLC in the last three years. Three of these carers' stories make for excellent case studies to illustrate the impact data reported so far.



Case study 1 - Rui



Case study 2 - Alice



Case study 3 - Ruth

Conclusion

This impact data tells a **positive** story of **lasting change** for carers and their cared-for. Given the nature of the outcomes, we can be confident that these benefits have a knock-on effect for the local ecosystem of health stakeholders too. Because of the strength-based 1-to-1 coaching technique, HLCs aren't 'pass or fail'. Every HLC participant benefits. It's just a question of how and how much. It's evident from the impact that not only are HLCs doing the right thing, but also that Camden Carers are uniquely well-placed to deliver them, because of the organisation's ability to embody a carers specialist and a health expert and deliver the intervention in a relational and flexible way. The next section explores this further, through a SWOT analysis, to see how the success of HLCs can be sustained and enhanced.

5. SWOT analysis

The HLC impact data clearly tells a positive story of change. Next, CSC analysed how those successes can be 'locked in' by identifying and analysing strengths, weaknesses, opportunities and threats (SWOTs) of the HLC programme. Strengths and weaknesses are internal factors that set Camden Carers' HLCs up for success or failure. Opportunities and threats are the external factors - outside of Camden Carers' control - that could enhance or hamper the success of the HLC programme. We identified the following SWOTs through discussing the impact data and collecting insight on the HLC's progress against each of the six OECD criteria, through interviews with HLC coaches, carers and local stakeholders at Camden Council.

Strengths and weaknesses

Strengths	Weaknesses
<p>The strength-based coaching led by the individual is successfully meeting the needs of a diversity of carers. HLC coaches have participated in the Opening Doors training for working well with LGBT+ carers.</p>	<p>Health outcomes are as good as the health system and affordable health services available locally. HLC coaches would benefit from a wider directory of support available (e.g. affordable fitness classes). Currently, much of the coaches' knowledge of local activities is in their heads. It's possible that there are more activities out there than they are aware of (especially since the pandemic), and a tangible directory of services may help them carry out their work and be more systematic.</p>
<p>Strength-based coaching led by the individual is successfully transferring ownership to each carer - carers feel empowered, energised and motivated to take care of their health, and have a new approach and understanding to enable them to do so.</p>	<p>Some carers could benefit from getting more direction with their goal-setting:</p> <ul style="list-style-type: none"> The strength-based coaching technique helps the carer to identify their health priorities themselves, which means the process is led by the carer. However, without a basic understanding of health and wellbeing, carers are not necessarily well-placed to identify health priorities that will have the most impact. Some carers would like instructions, as well as the motivational coaching, to help them to identify their health goals. HLC coaches could have more confidence in their expertise and give more input and steer in helping carers to identify goals that have the highest 'return' - i.e. easy-to-implement and have the most knock-on effect. HLC coaches sometimes find it challenging to assert their expertise and communicate to carers that their goal is unrealistic or not the best use of effort. "If the carer is really adamant about doing something in a specific way, I don't know how to tell them not to."
<p>Because the HLC programme is embedded within a carers service, and because Camden Carers are consistently readily available for carers, the support is genuinely holistic. Signposting and referrals to other services are producing positive outcomes: HLCs don't just support carers to identify other factors in their life as posing a barrier to their health, but the rest of the carers service help them with those barriers too health.</p>	<p>HLCs are most successful (in terms of all six OECD criteria) when the timing is right, and less so when the timing is not:</p> <ul style="list-style-type: none"> Because there are not enough places to refer carers who are in a desperate state, people from the helpline sometimes refers carers who are in or approaching crisis stage. As much as these people benefit from support from the HLC coaches, they do not have the time/resources it takes to commit to health goals. When carers have had their 'carers conversation', and some time for the positive effects of that to set in, they are then in a better position to focus on their health because their other issues (financial etc) are being dealt with by their support officer.
<p>Carers respond well to having the opportunity to develop an authentic relationship with their HLC coach: HLC coaches successfully create a safe space in which carers feel comfortable and reassured, not judged. It is this relationship with the HLC coaches that ensures even carers who don't accomplish health goals still have positive outcomes. Notably, the HLC coaches are perceived as more approachable and reliable than GPs, because they know the carer's story, which means carers feel they can ask about concerns they have but wouldn't want to "bother the GP with". In not down-playing their health concerns, carers are more likely to address health issues before they get worse.</p> <p><i>"Much of the transformation comes from getting carers to take time for themselves and start caring about their health. I could give an example of a woman who has high blood pressure and wasn't taking any time to do breathing exercises, I had to work with her to make her realise that without taking care of herself she wouldn't be able to help her cared for so she would make time to do the breathing exercises."</i></p>	
<p>Unintended negative consequences are successfully being avoided: considered goal-setting, strength-based and relational delivery successfully mitigates the risk of unintended negative consequences.</p> <p>Meanwhile, positive outcomes are achieved with or without health goals being accomplished. HLCs are sustainable/durable:</p> <ul style="list-style-type: none"> There is no evidence that the effectiveness of the HLC approach will lessen in years to come. HLCs are synergistic with the rest of Camden Carers' work and with other health initiatives in the area. <p>Camden Carers Health and Lifestyle Checks: a strength-based approach to supporting carers in Camden</p>	

- Both HLC coaches find their work very rewarding. Camden Carers has retained their talent despite carers going through an exceptionally challenging time over the last 3+ years.

Carers are successfully engaging with HLCs, thanks to the **flexible format, proactive follow-up and open door policy**:

- Carers can choose when and how to carry out their appointments, so that they fit in around them and are not an added source of stress. HLC coaches are proactive with follow up – chasing people up when they miss appointments to get them back on track, which GPs also don't do. As a result, **drop-off is remarkably low** and carers feel valued and supported.
 - Some carers feel more comfortable over the phone, which has the added benefit of eliminating any preconceptions the HLC coaches could have that would bias the conversation (i.e. thinking someone needs to lose weight or that they have bad teeth).
- Carers feel they can turn to their HLC coach as/when health issues arise, even after the HLC has wrapped up. Therefore HLCs continue to support carers with early intervention even long after the HLC.
- First appointments that are carried out in person include a **medical assessment using the Tanita Body Composition Analyser** – which captures the attention of the carer to prompt a 'wake up call' and motivation and which is a strong appeal to young carers.

Though distinctly different from GPs and NHS healthcare providers, HLCs actively **complement the healthcare system** by supporting carers to understand and navigate it for themselves.

- Whereas medical professionals are there to eradicate health issues once they've arisen, HLC coaches have more time to co-develop preventative measures with carers, which will reduce the likelihood of GP appointments being needed – they have a full hour which GPs are not able to have!
- HLC coaches lay the groundwork for carers to engage more fruitfully/effectively with healthcare providers. HLCs give the non-clinical attention needed to engage the carer on their health, including chasing the carer up when they miss appointments to get them back on track.
- HLCs support carers to navigate healthcare systems. HLC coaches can also be here to validate people's worries about minor issues – e.g. having an unusual mole that a carer does not think justifies going to their GP for – and give them the required nudge to seek appropriate treatment.

As well as being experienced working with carers, HLC coaches are **experts in their field** – and have particular expertise in nutrition. Coaches describe and explain the transformative effects of diet and lifestyle (alongside medication where required) with authority and clarity.

As experienced professionals with other roles and duties at Camden Carers, the HLC coaches are able to use their HLC time exceptionally **efficiently** (e.g. scheduling other work around the appointments with carers to mitigate the costs of cancellations).

As a result of **excellent partnership working with Age UK Camden's 'Care Navigators'**, carers with complex needs or those nearing crisis are able to participate fruitfully in HLCs (although they are encouraged to work towards more achievable health goals).

Though the HLCs do an excellent job of **wrapping up the support, wrapping up can still be a challenge**: when carers have issues that remain unresolved, it can be challenging to wrap up the support, because really what they need is further support. HLC coaches firmly communicate that the last check-up is the last appointment, take time to reflect on progress and signpost the carer to other services from which they can get support for longer (e.g. care navigators, Mind programmes...)

Many of the personalised health goals are oriented towards weight loss. Whilst this is in response to a genuine need for carers to reduce their weight according to their BMI, HLC coaches expressed concerns that focusing on weight loss as the goal can lead the carer to feel disappointment.

- A health goal that focuses on weight loss can put the focus on the symptom (rather than the cause), and it can put the carer under pressure in a way that encourages negative rather than positive thinking.
- Carers putting too much focus on weight loss are unlikely to be understanding health as holistic.
- People tend to set unachievable goals where weight is concerned – some carers are setting goals of 10kg in 3 months, which is unattainable using healthy or sustainable methods.

There is some **variation in how precise the goals are or whether they are about outputs or outcomes** (e.g. 'walking 20 minutes a day' vs 'feel generally healthier'). Specific, measurable goals are best for habit formation.

There is **no record of any transgender carers** getting a HLC, which suggests the initiative could do more to ensure it is appealing to this demographic.

HLCs are somewhat restricted by only having **one premises on which to conduct HLCs**, but the initiative could do more for more people if it had facilities to offer HLCs in various locations across the borough.

Opportunities

The HLCs tie into a **wider cultural shift** happening in Camden, and across the UK health sector. Therefore, HLCs have potential to complement new health initiatives that Camden Council and others are developing.

Carers have a positive experience of the HLCs, which creates the opportunity for them to want to come back.

Coming back for a second or third HLC can produce even more meaningful long-term change:

- Once carers have a 'mental blueprint' for overcoming health goals, a sense of accomplishment from having achieved them, and a good sense of their own individual barriers to good health, they are in the optimum position to take on more ambitious health goals next time around.
- Carers have come back after one or two years with the same health goal having lost their focus - or with a new goal with their first health issue now addressed. Either way, the outcomes are positive and profound: carers can build up quite a few sustainable small habits if the transformation is allowed to take place over a longer period of time.

As it stands, coming back for a second, third or fourth is permissible/possible, but not highlighted as an option in the way that HLCs are framed to recipients during their HLC.

HLCs are appealing to a wide range of carers, and there are **many more carers** out there with intersecting health needs who would benefit hugely from the support, if they knew the support was available.

In particular, HLCs could be **reaching more young people**: Young people experience significant physical, psychological and behavioural changes as they progress into and through early adulthood. In short, good habits start when we're young. Therefore, appropriate and timely support for young adults can lead to even greater impact over a whole lifetime.

Zoom calls are a sweet spot: There are pros and cons to coming in in-person versus over the phone. Phonecalls can be more efficient, but in-person is better for buy-in and therefore securing the carer's commitment to behavioural change. Zoom calls could be advocated for as the 'best of both', as HLC coaches report Zoom delivery works well.

Timing: HLCs appear to be most transformative if the carer is going through a transitional period. The HLC can ride the wave of new habits being formed. HLCs also work well if the carer is being supported with other areas of their life (laying the groundwork). Getting the timing right for each carer is an opportunity to get the most out of each HLC.

Threats

Tight capacity restricts the HLC coaches' ability to reach a greater number of carers, particularly the furthest behind or most vulnerable.

- There are 14,600 carers in Camden. In the last three years, 560 carers have had a HLC. The HLC programme has potential to be scaled up, but this would not be possible at current levels of capacity.
- The HLC coaches would like to take steps to ensure LGBT people are comfortable coming forward and engage more men and young adults.
- The HLC coaches aim to go the extra mile with each carer to ensure positive outcomes. However, some of the carers experiencing the most barriers to good health need more attention and encouragement to get the same outcomes. With more resource/capacity, more positive outcomes would be possible with these carers.

- As much as the HLC coaches require a directory of services they can refer carers to, there is **an outright lack of services (e.g. free/affordable fitness classes and community social activities)**. Whereas pre-pandemic there was a range of free/affordable services in Camden, now the HLC coaches report that their monthly calls to the council rarely yield many new discoveries. Other charitable organisations have also cut back (e.g. British Heart Foundation used to make pamphlets that you could distribute to people, but now you have to print them yourself which is impractical.) Given a lack of services, there is **pressure to have impeccable information-sharing** between Camden Carers HLC coaches and other health stakeholders, which is challenging.

Coordination and follow-up can be time-consuming. Booking appointments takes too long because sometimes carers forget, so you have to chase them up, and each have their preferred form of communication, so that takes a while to navigate. Following up also takes considerable time. This said, the flexible format and proactive follow up is what makes the programme what it is.

Post-pandemic, mental health is a priority for carers, and many of the carers participating in the programme report high levels of anxiety and depression, but **HLC coaches feel they would benefit from some formal training on mental health.**

In the last three years, delivery of HLCs has been affected and shaped significantly by the **pandemic**.

HLC coaches are highly-skilled coaches. **Further training** could help them enhance their strength-based 1-to-1 coaching:

- The behavioural change wheel could be a helpful prompt for HLC coaches and carers to map out an obstacle-free journey towards their health goal. For a goal to be accomplished, the carer will need motivation, opportunity and capability (physical and psychological).
- The HLC coaches have their mental health first aid, but both mentioned that with a better knowledge and confidence of mental health – key theories and frameworks – they could support more with mental health issues.
- HLC coaches expressed they would like to have more understanding and confidence to work with transgender carers appropriately and to the best of their abilities.

Easy access to resources that are useful to carers could enhance delivery of HLCs..

Greater collaboration and knowledge-sharing with other stakeholders: HLC coaches have a lot of knowledge, insight and data that is valuable to local health providers.

Given the trust that carers place in their HLC coach, HLCs are well-placed to disseminate health messaging from other stakeholders too.

Build a list of good practices: HLC coaches could begin jotting down good practices to ensure knowledge and learnings are stored and shared internally.

Camden Council has premises, which could be an opportunity to gain access to a second or third premises from which to conduct HLCs.

Many Council staff are carers who would benefit from a HLC, which could be an opportunity to develop a closer relationship between those at the council and the HLC coaches.

Camden Carers has been building **more links with grassroots organisations supporting marginalised communities** (and strengthening existing links), which presents an opportunity to make connections with carers with intersectional needs.

Post-pandemic, there are **new initiatives starting up again that HLC coaches can connect with**, for example More Life and Physical PCNs provided by some local GP surgeries. Camden Carers community engagement team has already gathered many new resources to signpost carers to.

HLC coaches **collect meaningful and rich impact data**, and the data collection processes are **embedded** in the programme. By categorising some of the data upon entry (e.g. classifying the health goals according to theme) could make it easier for the coaches to investigate data trends themselves.

6. Evaluation

Assessing the success of the HLC programme against six evaluation criteria

Having carried out the impact assessment and SWOT analysis, CSC assessed the HLC programme against the OECD's six evaluation criteria.

Relevance: is the intervention doing the right thing?

Relevance is the extent to which the intervention objectives and design respond to beneficiary needs and partner/institution needs, policies, and priorities. This evaluation has not identified any opportunities for the HLC programme to improve in terms of its relevance, recognising four key features of the HLC approach:

- **Strength-based 1-to-1 coaching**, which ensures a diversity of carers are empowered to take greater care of their health, whilst ensuring no unintended negative consequences.
- **Delivered by health experts and adapted specifically for carers.** As well as being trained coaches, the HLC coaches are **health experts** - with the authority to provide health information and give health advice - and **carers specialists** - with a deep understanding of carers and their barriers with which to build rapport with carers.
- **Holistic and attached to a carers service.** Whilst the coaching is oriented around one or two specific health goals, HLCs acknowledge that health and wellbeing is predicated on many other factors of a person's life situation, and, being delivered by and within a charity dedicated to carers, HLC coaches are also able to tangibly provide meaningful 360° support on factors affecting the carer's health.
- **Relational, approachable and flexible.** Thanks to their relationship with their HLC coach, carers experience positive outcomes without necessarily accomplishing their personalised health goals.



Coherence: how well does the intervention fit?

Coherence refers to the compatibility of the intervention with other interventions and the general context. As far as this evaluation could tell, there is little the HLC programme could do to complement public health services and carers' lifestyles any more than it already does.

- **The HLC programme complements healthcare providers:**
 - Whereas NHS services are there to address health issues when they arise, HLCs are producing preventative measures that reduce the likelihood of GP appointments being needed.
 - HLCs support carers to navigate healthcare systems and lay the groundwork for them to engage more fruitfully/effectively with healthcare providers.
- **HLCs fit with carers lifestyles:**
 - Each HLC is personalised to the individual and strengths-based.
 - Flexible formats and appointment system is more accessible to carers because they can do it from home if needed, move appointments if circumstances change and don't have to make arrangements for their cared-for.

This said, HLC's health outcomes are only as good as the health system and fitness classes available locally. If there were more free/affordable fitness, nutrition and social activities available in the borough, the HLCs could be having even greater impact.

Effectiveness: is the intervention achieving its objectives?

Effectiveness refers to the extent to which the HLC initiative achieves its objectives and produces results, including any differential results across groups. Thanks to the relevance of the HLC programme (i.e. the fact that the intervention is doing the right thing) carers are effectively being coached to accomplish health goals - with 88% having accomplished or on their way to accomplishing their self-set goal. The HLC programme is particularly effective in that it produces positive outcomes independently of whether personalised health goals are accomplished: **even when self-set goals aren't met, other positive outcomes have been produced for the carer.**

This said, more carers would accomplish their goals if goals were set in even more of a strength-based way - i.e. rather than developing goals from health concerns, picking low-effort goals with high gains. In this way, effectiveness can sometimes be at odds with impact: more ambitious goals could have greater impact on carers' lives and health, but carers may be less likely to accomplish them in full (rendering them less effective). Therefore readers are cautioned against measuring the success of HLCs in terms of the percentage of carers accomplishing their health goals.

Efficiency: how well are resources being used?

Efficiency refers to the extent to which delivery is economical and timely. HLCs are inherently an efficient use of resources because coaching requires minimal prep and yet has a transformative effect on the carer. **As experienced professionals with other roles and duties at Camden Carers, the HLC coaches use their time and resources incredibly efficiently** (scheduling other work around the appointments with carers). However, there are a few opportunities to make resources go even further:

- The HLCs could be even more efficient if HLC coaches had a more comprehensive directory of services and local activities, with which to match-make each carer.
- The effect of the HLC could be surer and wider if carers had had their 'carers conversation' before having a HLC, so that other issues (financial etc) would be taken care of at the same time or beforehand, enabling them to engage more fruitfully with the HLC coach.

Impact: what difference does the intervention make?

Impact is the significant higher-level effects of an intervention – positive or negative, intended or unintended. By effectively supporting carers to overcome their barriers to good health, whilst producing a range of other positive outcomes, the HLCs are having a **significant, positive and lasting impact** on carers. The vast majority of carers reported that the HLC had led them to make positive changes to their life (84%) and 97% of carers identified at least one positive knock-on effect from the HLC. CSC did not find any evidence of any unintended negative impact.

Sustainability: will the benefits last?

Sustainability refers to the extent to which the net benefits of the intervention continue, or are likely to continue. HLCs have proven themselves as a viable strength-based solution for making **lasting behavioural changes and positive impact**. Whether the carer accomplishes their health goal or gets blueprints in place for next time, or takes important but basic first steps to realise the importance of health, the benefits last in one way or another.

There are opportunities to ensure outcomes are lasting/make them last longer. Whilst the HLCs are highly effective, their longer-term impact on measurable health outcomes could be even greater if carers were encouraged to have multiple HLCs (e.g. every other year), focusing on different and/or incrementally challenging health goals each time. However, this might require more capacity to be freed-up for HLC coaches at Camden Carers.

Conclusion

HLCs fare well against all six criteria, demonstrating that the initiative is an **appropriate, cost-effective** way of producing **lasting** positive health outcomes for carers. With continuation, or better still, further investment, HLCs can be scaled and enhanced to produce even more significant outcomes for carers in Camden.

7. Recommendations for Camden Carers

There are a number of entry points for HLCs to safeguard its success and enhance the programme further in terms of its reach, structure, delivery, resources and capacity and partnerships. We note some good practices and provide some broad brush recommendations for Camden Council, ICB and other potential funders.

Reach:

- To reach more people from **diverse cultural backgrounds**, continue making interpreters and translators readily available. The opportunity could be advertised in other languages (or with key phrases from other languages incorporated into flyers to indicate inclusivity). Consider collaborating with local grassroots partners led by and for marginalised communities (e.g. UMOJA, British Somali Community and HENNA) to develop appropriate/appealing flyers.
- Market HLCs towards **young adult carers**, who also have a lot to gain from HLCs. Many young adult carers are drawn to the programme because of free use of the Tanita. Collaborate with The Hive and/or a small sample of young adult carers to understand how best to 'market' HLCs to them.
- In future flyers, convey that HLCs are a **safe space for those who are transgender and non-binary**.

Structure:

There are a few structural adjustments that could be made to delivery that could increase the impact of each HLC:

- Consider bringing in **advisory eligibility "criteria"** so that people take up their HLC at the right time for them - e.g. carers who are eligible for a carers conversation are advised to have that before they do their HLC. Another option could be to simply nudge carers that the timing of their HLC can make a real difference as to how much they get from it, and leave it to them to decide when to take up the offer. (Note that when carried out by the council, carers sometimes have to wait for some time for their carer conversation, so such carers might benefit from having their HLC while they wait.)
- Consider encouraging carers to come for **multiple HLCs**, year-on-year, and so as to regard HLCs as a long-term health solution. Carers with multiple health issues can start by working on goals that are achievable and beneficial, rather than the biggest health issue per se. Then, by the time the carer is working on their most challenging goal, they're confident and motivated in their ability to change their behaviour for the better. In this context, weight loss goals could be reframed: for carers wanting to lose weight, their first HLC could be spent creating an enabling environment for their second HLC being focused on weight loss.
- Consider developing a **"buddy" system** for carers that have more capacity to focus on their health goals and show an eagerness to get more from the HLC, or create a sense of community with a peer support group or online forum. Group coaching could be another option for reaching more carers
- Consider adding-in an **optional review six-months to a year after the last HLC appointment**, in which carers can come back and get a new reading on the Tanita. This might be a particularly beneficial add-on for carers who are hoping that new behaviours will impact the results, or when wrapping up is challenging for HLC coaches.
- Consider using Calendly or another platform to create an **online booking system** - carers that are comfortable doing so can book in their own appointments to save the coaches time coordinating appointments.

Delivery:

There are a number of opportunities for tweaking the way in which HLCs are delivered in order to make them more effective and impactful:

- Though the HLCs are really about facilitating the carer to identify their own needs and goals, HLC coaches have the expertise to **offer health advice and guidance**, in line with Public Health guidance with the carer's permission, when needed. This input can be crucial for carers coming from a low base of health awareness, who are new to concepts and are short on ideas. HLC coaches are encouraged to offer this health advice and guidance. So as not to be too directive with suggestions, HLC coaches could share well-selected examples so as to convey suggested approaches.
- To maximise impact, goal setting could have more of an explicit focus on **identifying goals that have the highest 'return'** - i.e. finding goals that are easy-to-implement and have the most impact rather than choosing health goals in a problem-oriented way. Incremental growth can be achieved if carers start by getting the low-hanging fruit, e.g. drinking more water, feel the positive effects, and then go on to tackle bigger challenges with a can-do attitude.
- Consider **ruling out goals that work towards a specific weight loss target**, and instead coach carers to develop goals around specific outputs and other relevant outcomes (e.g. instead of a goal being to lose 5lb, the goal would be to go for two walks twice a week and to identify unhealthy foods that the carer could begin to cut out). Carers coming back for a second HLC could consider having a more specific weight loss goal (e.g. one that specifies how much weight the carer wants to lose) having created an enabling environment for themselves. Other advisory criteria for weight loss goals could consider whether the carer has a history of disordered eating, is currently having a relatively balanced diet, has coping mechanisms for stress management in place and is able to get quality sleep. Another prerequisite could be that the carer is also linking with other specialist weight loss services.
- Carers who are going through life transitions (e.g. former carers or those giving up work) can often have a better time developing new habits around health, because the change provides entry points for new habit formation. When goal-setting, HLC coaches could **identify whether the carer is going through any life transitions, big or small** (i.e. any aspects of their life subject to a new routine, such as going to a new supermarket, the cared-for having a new medical treatment, new housing etc). Carers could be encouraged to develop a health goal and resolutions that ride the wave of these changes/transitions. For example, a carer who has started using a new supermarket for reasons unrelated to health, could commit to making healthier choices when food shopping.
- Provide carers with **case studies** (such as those that feature in this report) and testimonials of other carers' journeys to give them a mental blueprint of what they can expect of the HLC.
- Consider **repositioning Zoom calls as the default option** for carers who are not able to attend in person, with phone calls still there as a back-up option.

Develop resources and capacity:

With further resources/capacity, HLC coaches could source and/or develop new resources and build capacity to improve delivery, such as:

- Develop a **bundle**, with, for example, key nutrition facts and recommended dietary supplements and recommended YouTube videos.
- Consider developing **video case studies**/testimonials of former HLC participants, for participants to watch ahead of their first HLC, perhaps in partnership with Central School of Speech & Drama. And/or revive the video that was created pre-pandemic. Ideally there could be multiple videos - carers from different age brackets, genders and demographics.
- Establish a **bank of examples of 'low hanging fruit'**, as a tool to help HLC coaches to support carers to find easy-to-implement goals that have a lot of impact.
- Support HLC coaches to develop their **knowledge and confidence of mental health** through training.
- Develop a comprehensive directory of fitness activities and affordable health services available locally, preferably on a shared platform that is easily updated. By creating direct links between HLC coaches and council, explore ways for Camden Public Health to proactively provide the information for directory (rather than HLCs making information requests).

Partnerships:

- There is potential to explore **corporate partnerships** with local gyms, swimming pools, and, once mapped, forge more **direct links with community health activities** (e.g. walking football).
- Explore **co-delivering HLCs with grassroots organisations led by and for marginalised communities**, which Camden already has a growing relationship with. For example, 'piggyback' on events organised by grassroots organisations such as UMOJA and British Somali Community and HENNA and offering the first HLC on site (building on the success delivering HLCs at the Chinese Community Centre and Holborn Community Centre).
- Work with Public Health teams to **hold mass testing events with the mobile health bus** with current and former HLC participants. Such events would segue nicely into HLCs, as the test results can prompt and motivate carers to take up the HLC offer. By incorporating thai chi, events could ensure a non-clinical feel.
- **Knowledge-sharing with other stakeholders:** HLC coaches have a lot of knowledge, insight and data that is valuable to the local council, local health providers and those working in population health. Explore whether knowledge-exchanges could help build strategic partnerships.
- Maintain a **good line of communication with Camden's health and social care teams** so that opportunities for leveraging the HLCs to complement new neighbourhood approaches are not missed.

Good practices:

- **Review M&E framework** with Civil Society Consulting (CSC) to improve data collection practices and facilitate future impact assessments.
- **Carve out time to enable HLC coaches to build a list of good practices or 'tips and tricks' for HLC coaches:** HLC coaches could begin jotting down good practices to ensure knowledge and learnings are stored and shared internally. This 'idea dump' could then be reviewed and developed into a refined list.
- Reflect internally on the SWOT analysis in this report, to **develop consensus on the key components and core principles of the HLC**, so that they can be valued and maintained.
- Put in measures to **celebrate and support HLC coaches**, to ensure retention of their unique expertise.



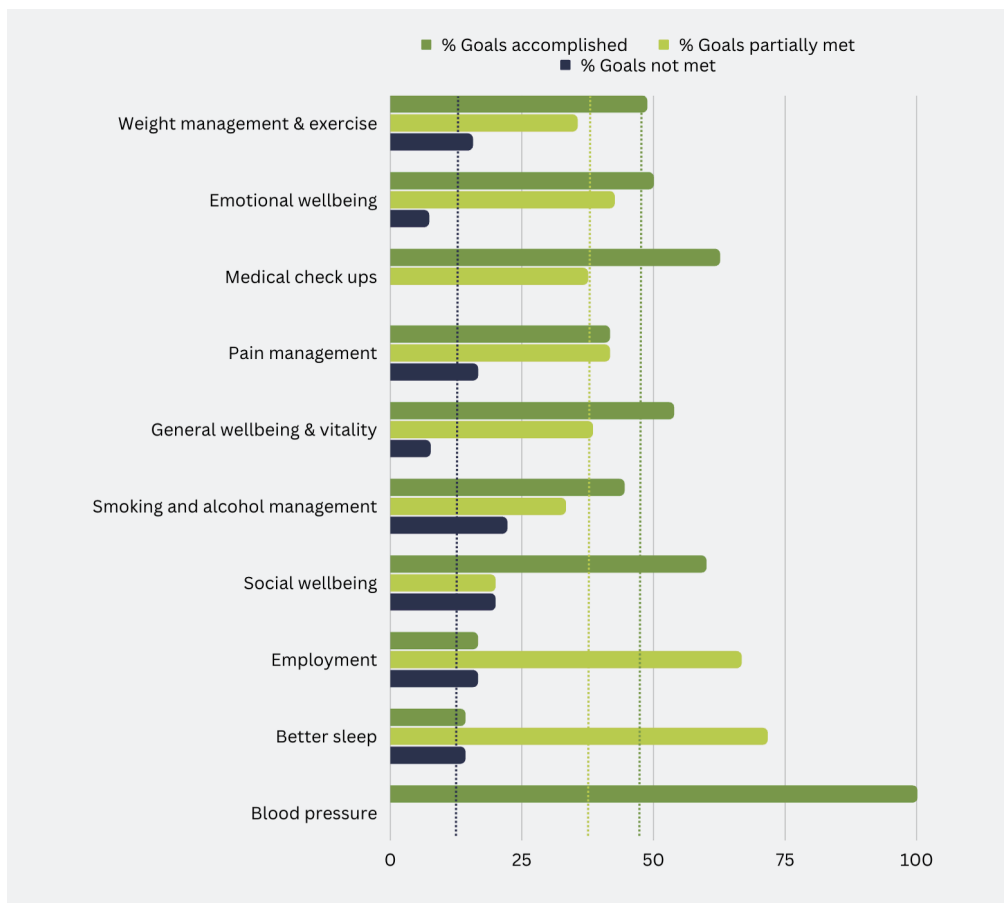
8. Recommendations for Camden Council and/or the ICB, as well as other potential funders:

- HLCs are a well-designed programme already in place and working effectively. With continuation **funding**, or better still, further investment, HLCs can be **scaled** and **enhanced** to produce even more significant outcomes for even more carers in Camden. In particular, further investment could be used to ensure longer-term outcomes (i.e. funding to enable Camden Carers to provide multiple HLCs to each carer) and enable Camden Carers to reach more young adult carers. Camden Council, the ICB and other potential funders are advised to inject the funds needed to do this properly.
- Camden Council and the ICB are encouraged to remember and leverage the HLCs as they develop **new neighbourhood approaches** to health.
- Camden Council and ICB could **keep HLC coaches well-informed** on new developments locally: proactively provide resources from Camden Public Health about affordable services available locally; keep HLC coaches informed about new commissions.
- Consider **making council facilities available** across the borough so that HLC coaches can offer in-person HLCs to carers across the borough.
- Develop a closer working relationship directly with the HLC coaches.
 - Consider how the Council can leverage HLCs to collect key insights or disseminate information.
 - Consider providing HLC coaches with a space at the Council offices, in which to provide HLCs to council staff who are carers.
- HLCs have potential to be **replicated** in other contexts. Funders and potential funders could consider funding Camden Carers to work with Civil Society Consulting and Carers Trust to produce further learning that will support other carers services to replicate HLCs in their locality.

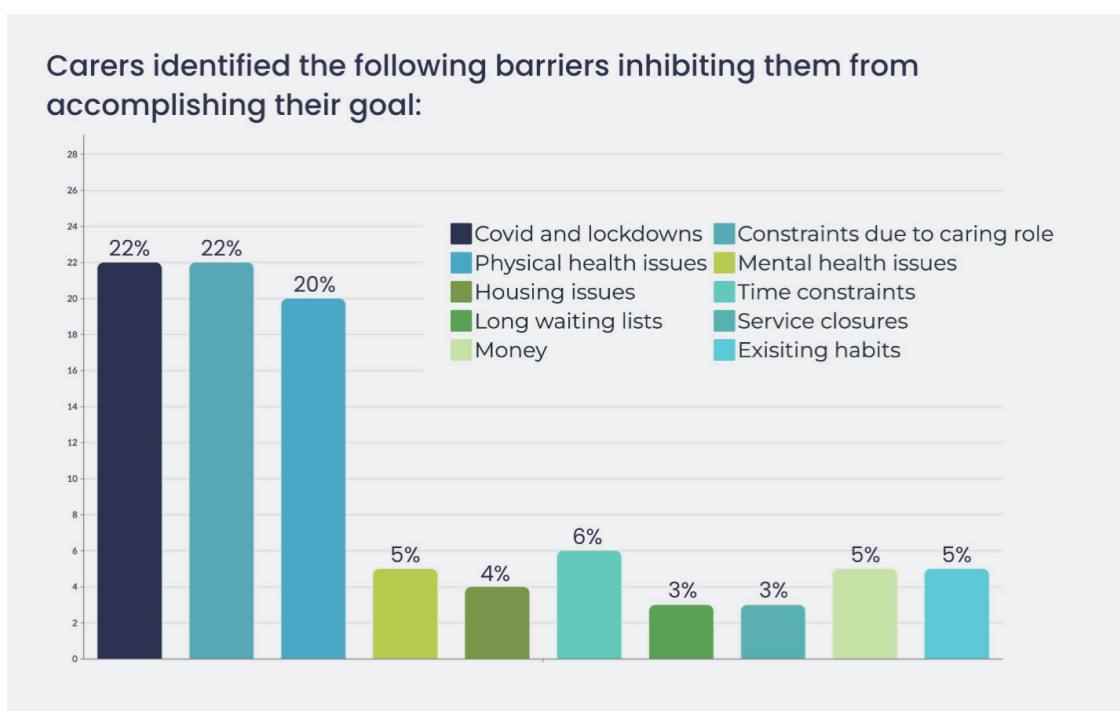


8. Appendices

1. Breakdown: progress towards personalised health goals by goal type (2020-2022)



2. Barriers inhibiting carers from accomplishing their goal (2020-2022)



Case Studies

Rui

Rui was very new to caring when he first registered with Camden Carers. He struggled to adapt to his caring role, which took him to a 'bad place' and caused him to lose a lot of confidence very quickly. When Camden Carers told him about the Health and Lifestyle Consultations (HLC), he thought he'd try it out, even though he hadn't really recognised that health was part of his problem. Rui's HLC with Sue was life-changing: over the six months he became happier, more optimistic and more confident.

Rui had been experiencing headaches and other pains, which he wrote off as normal and didn't pay much attention to. His appointments with Sue were a wake up call, encouraging him to listen to his body more and pay attention to his health. Rui decided to focus on exercise, with his goal being to go to the gym at least three times a week. To help him do so, Sue referred Rui to Get Active, a programme that helps people access free and low-cost activities in their local area. Rui has taken up swimming through them and wants to join their cycling club with the bike he got, thanks to a grant Sue told him about.

Sue also sent Rui leaflets about healthy foods, which motivated him to go vegan. Thanks to these changes in his diet and exercise regime, Rui has lost some weight, gained confidence and energy, and his headaches have vanished. He can see the positive effects of these changes in every aspect of his life.

"It all comes in a package. If I'm healthier, I feel more confident. [When I'm not exercising,] I'm not sleeping, I eat bad things, have no energy, and feel depressed. Whereas now I have more energy, so I'm planning more activities, picking up new hobbies and going out more."

Thanks to his newfound confidence, Rui feels more positive and open to planning things like going to the museum or the movies. This energy is also helping him tackle his caring role more confidently and positively.

Rui is hugely grateful for his health and lifestyle consultation, mainly because it made him aware of his health and the importance of taking care of himself. He is now much more aware of his health and how it can impact his daily life. Having a reassuring presence like Sue to guide and support him was especially helpful as he adapted to a new caring role. As Rui puts it, *"[When you become a carer], you don't know how to navigate your situation. They gave me a better map to navigate what I'm going through."*

Alice

Alice got her first health and lifestyle consultation soon after bereavement. As a former carer suffering from a severe illness, Sue and the team at Camden Carers gave her the energy and support she needed to focus on herself and her health and find her marks in this new life stage.

Alice got in touch with Camden Carers seven years into her caring journey. She was recently bereaved when she got her first health and lifestyle consultation. Alice has health issues, which she had put aside to care for her mom. She suffers from a rare illness and struggled to get in touch with a specialist who could treat her. Sue immediately put her in touch with a specialised organisation full of professionals who could treat her illness. It was her first time speaking with a specialist who knew what her condition was and could treat her.

After the pandemic, Alice had become relatively isolated and shielded. Her entire life was centred around her caring role, and she wasn't taking care of herself. The bereavement came like a sledgehammer, Alice didn't know who she was anymore. She focused her HLC on getting out more, doing things for herself and reconnecting with her friends. Sue told her about 'Healthy Minds', a service which allows Alice to attend a weekly art class. It's become the thing she looks forward to the most every week. *"It's nice to have a space that is not health-related where I can just go and see familiar faces. It's been very uplifting taking the time to do something for myself and rediscover myself"*.

For years, she had been asking the GP for steroids to turn off her immune system so she could carry on with her caring role instead of seeking treatment. *"Emotionally, it's much easier to chase people for someone else. I could fight with the GP for my mom, but for myself. I thought I can't be bothered anymore; I simply asked for steroids when it became unbearable"*. Thanks to Sue's support and positive energy, Alice was motivated to look after her health and focus on rebuilding her identity now that she was no longer a carer.

Since her consultation with Sue, not only does she prioritise and seek treatment for her health, but Alice is also on the lookout for services and activities she can join to get out, socialise and take time for herself. She joined a walking group and goes to free shows at the Royal Opera house. *"Sue offered me some horizons that I couldn't see for myself. She gave me the courage to go out and try things for myself, like joining the walking group".*

It's fair to say that the health and lifestyle consultation, and more broadly, the work of Camden Carers, changed everything about Alice and guided her through a tough transition. *"I probably wouldn't have been able to go through what I've gone through without the support [of Camden Carers]. I felt like there was no point now that my mom wasn't there." She is incredibly grateful for the fact that Camden Carers provided support through grief, even though she wasn't a carer anymore. "This support is complete. They work through until there is a completion on their side, and they know you're not vulnerable and that you're going to make it without them".*

It would be too difficult to describe everything Camden Carers and their HLCs have done for Alice. But one thing is for sure, without their invaluable support, she wouldn't be anywhere near where she is today.

Ruth

Ruth is no stranger to health and lifestyle consultations as she's been getting one bi-yearly for the past three or four years. However, the most impactful to her was the one she received right after the pandemic. She had to shield her husband from getting sick, which isolated her. Lou's support gave her the motivation and confidence to break her isolation and prioritise her health again.

After her HLC, Ruth returned to her tai chi class and joined swimming lessons and a birdwatching walking group. Lou also reassured Ruth of her health which had not deteriorated during the pandemic, to her relief. In addition to the support she got, Ruth was grateful to have a space where she could reflect on how much her life had changed since the pandemic. *"It's really important to know that [Lou] keeps her door open and to know that someone will see you or talk to you if you need. And that goes for the rest of Camden Carers too."*

Today, Ruth doesn't feel as socially isolated. She has reconnected with her friends and makes a point of going out at least once daily to do something. Sometimes, it can be a struggle, but Ruth knows Lou will motivate her if necessary. *"The relationship with Lou is extremely important. It's what helps me stay motivated. She has that very strong, caring and encouraging voice which makes you feel that what you've done is really good".*

Thanks to Lou, Ruth has also realised the importance of caring for herself and her health. She's now more motivated and confident in negotiating space and supporting her needs within her caring role. Ruth has also learned that being kind to herself is essential, which has eased her worries considerably. Through conversing with Lou, she's started to believe in herself and her right to a high quality of life. This newfound motivation and confidence make her a better advocate for herself and will help her prevent long-term health issues by knowing how to preserve herself.

This relationship with Lou is particularly important to Ruth because she doesn't have many close family members, except for her husband, who she cares for. Coming back to Lou year after year fills some of the gaps that come with estranged family members. *"That's a purpose that families serve, to remind you of who you used to be, what you used to do. My fabric of family life is quite thin, so staying connected to myself can be a bit of a blank sometimes. But Lou keeps everything on record. She can remind me of things that I'd said before. Things I might have forgotten. It's really important; it helps me reconnect with myself."*

The lifestyle checks are in-depth, holistic and comprehensive conversations with someone specifically trained to work with the reality of caring roles and mitigating the risks of stress and anxiety, isolation & depression, necessary services that carers cannot get anywhere else. Lou has bridged many gaps in Ruth's life, helping her to overcome intergenerational trauma. *"When I get support from Camden Carers, my life is more fulfilled. I'm better at caring because I have more resources and generosity. Lou models generous, loving energy, encouraging me to be more empathetic and seek other positive friendships. Lou models a really good caring role, giving me the energy and motivation to be a better carer myself".*