



An evaluation of the Carers Active Campaign

INTERIM REPORT

August 2023

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Part 1: Introduction and context	4
1 About this report	4
2 About the Carers Active Campaign	4
3 Evaluation methodology	11
Part 2: Interim findings	14
4 Reach and engagement	14
5 Project delivery	16
6 Physical activity levels among unpaid carers.....	19
7 Wellbeing and social connectedness	34
8 System level change	41
Part 3: Implications of these interim findings	50
9 Summary of key findings and learning so far	50
10 Alignment with wider policy ambitions	51
11 Action points for year three of the campaign	52

1 About this report

This report provides an interim update on the reach and impact of the three-year Carers Active Campaign being run by Carers UK with funding from Sport England. Much of the data included in the report relates to the second year of the campaign (July 2022 to June 2023) although some comparisons are made to data collected in year one, in particular around the overall reach of the campaign.

The report is intended to provide learning and insights that can be used to inform the delivery of the campaign throughout its final year (July 2023 to June 2024), and to support discussions about how best to embed and sustain this work beyond the end of the current funding period.

2 About the Carers Active Campaign

2.1 Background and context

Unpaid carers play a vital role in the lives of the people they care for. While there is evidence that carers can find the caring experience rewarding and deeply satisfying¹, many also experience significant burden, particularly with respect to their physical and psychological wellbeing, economic circumstances, and social and personal relationships.²

In the UK, around two thirds (65%) of adults will provide care for someone in their adult life³, and there is growing evidence that unpaid carers have, on average, much lower levels of personal wellbeing compared to the wider population, and much higher levels of loneliness and social isolation (Table 1 below).

Unpaid carers are also much more likely to be inactive. Research undertaken by Carers UK in 2022 shows that 51% of carers are inactive, compared to 27% in the adult population.⁴ This is most often due to factors such as lack of time (41% of carers haven't taken a break in the last year), financial constraints, or a lack of confidence due to the constant physical and emotional stress of their caring role.

In addition to this, a survey of carers undertaken through GP practices found that:⁵

- Carers are more likely to have a long term physical mental health condition, disability or illness, when compared to non-carers, and are more likely to say that these conditions or illnesses affect their ability to carry out daily activities
- Carers are more likely to have problems with their physical mobility, and
- Carers are less likely to make a GP appointment for their own health needs.

¹ Families Caring for an Aging America. Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering, and Medicine; Schulz R, Eden J, editors. Washington (DC): National Academies Press (US); 2016 Nov 8.

² See for example: Girgis A, Lambert S, Johnson C, et al. Physical, psychosocial, relationship, and economic burden of caring for people with cancer: A review. *J Oncol Pract*. 2013;9(4):197–202.

³ Will I Care? The likelihood of being a carer in adult life. Carers UK. 2019.

⁴ State of Caring 2022 - A snapshot of unpaid care in the UK. Carers UK. 2022.

⁵ NHS England GP patient survey 2022. Data available at: <https://gp-patient.co.uk/>

Indicator	State of Caring survey 2022	National average (ONS)
Overall, how satisfied are you with your life nowadays?	4.7	7.5
Overall, to what extent do you feel the things you do in your life are worthwhile?	5.5	7.8
Overall, how happy did you feel yesterday?	4.8	7.5
On a scale where 0 is 'not at all anxious' and 10 is 'completely anxious', overall, how anxious did you feel yesterday?	5.1	3.1
Proportion feeling lonely (often or always)	29%	7.2%

Table 1: Results of Carers UK State of Caring survey (2022) on personal wellbeing and loneliness among carers, compared to the national population

The importance of physical activity on physical and mental health, and as an enabler of improved personal wellbeing and quality of life, has long been recognised in the literature. Physical activity for unpaid carers is of particular importance, since many carers face considerable emotional and physical stress, and face significant barriers in relation to being physically active.

Phase one of the Carers Active project (prior to this current campaign) involved looking specifically at the potential benefits of physical activity for unpaid carers, and the factors that may prevent or limit carers' ability to include regular physical activity in their daily routines. This research found that:

- Only 14% of carers aged 55 or more achieve the recommended physical activity level of 150 minutes per week (moderate intensity)⁶, compared to 54% in the general population aged 55 or more
- 76% of carers aged 55 or more would like to include more physical activity in their lives.

The research also found that the use of the COM-B model for behaviour change⁷, could provide a useful framework for shaping the design of the Carers Active campaign, given that the findings showed that:

- Capability is increased when carers have the knowledge about what activity they should be doing, the confidence to put themselves first, and when they have an understanding of what works for them

⁶ For more information on recommended physical activity levels (including the supporting methodology) see: <https://www.sportengland.org/research-and-data/data/active-lives>

⁷ See for example: <https://thedecisionlab.com/reference-guide/organizational-behavior/the-com-b-model-for-behavior-change>

- Opportunity for carers is affected by a lack of time including a lack of control over their time and the unpredictability of their lives, but can be increased with tailored activities to overcome the barriers as well as social cues and a supportive community that encourage them to take part, and
- Motivation levels might be low to start with but can be positively influenced by the relief and mental break carers find being more active can give them.

Evidence also showed that physical activity among this group can lead to decreased loneliness, increased life satisfaction and happiness, and decreased anxiety and stress.⁸

2.2 Overview of the campaign

The Carers Active campaign is a three-year, multi-faceted programme of work that aims to improve the physical and mental health of unpaid carers through becoming more active, and to influence wider system change that enables carers to be supported to improve their wellbeing and social connectedness.

The campaign is being delivered through two main strands of work:

1. Online carer facing work, including:
 - a. The development of a dedicated online Carers Active Hub with information about how to be more active, exercise videos, and motivational content
 - b. A monthly e-newsletter and access to a 'closed' Facebook page and other social media platforms with content posted by Carers UK, other agencies, and individual carers
 - c. Monthly online exercise sessions, and
 - d. The annual Carers Active April campaign, a period of more intense activity to raise awareness, and engage carers and professionals in promoting and taking part in a range of physical activity opportunities.
2. Influencing work across the wider 'system', including:
 - a. Dissemination of the learning from phase one of the campaign (the evidence gathering) to professional audiences
 - b. Formation of a professionals 'steering group' to provide insights and to advise on campaign activities, and to promote engagement across the sport and leisure, and health and care sectors
 - c. Inclusion of key physical activity messages as part of other Carers UK communications, campaigns and influencing work
 - d. Targeted work with national and local organisations that are well placed to influence practice and facilitate access to physical activity opportunities for unpaid carers, and
 - e. Sharing of evidence and best practice.

2.3 Intended outcomes

The campaign has 14 intended outcomes which are grouped into three outcome domains, all of which are within the scope of this evaluation.⁹ These are set out in Table 2 below.

⁸ Carers and Physical Activity: A study of the barriers, motivations and experiences of unpaid carers aged 55 and over in England. Carers UK. 2021.

⁹ Some of these intended outcomes will be explored in more detail in the final evaluation report as more evidence becomes available during the third year of the campaign.

Outcome domain	Individual outcome
Physical activity levels among unpaid carers	The project effectively engages with a wide range of carers to address their specific challenges about being more physically active
	Carers are more likely to recognise the value and importance of physical activity for their own health and wellbeing
	Carers feel more able in themselves to access opportunities that enable them to be physically active
	Carers have more opportunities to participate in physical activity
	Carers are more motivated to be physically active
	Carers are supported to incorporate regular physical activity in their day-to-day routines
Wellbeing and social connectedness	Carers have improved personal wellbeing as a result of being more active, including: <ul style="list-style-type: none"> - Improved life satisfaction - Improved feelings of worth - Increased happiness - Decreased anxiety
	Carers feel less isolated and have reduced levels of loneliness
	Carers have better quality and quantity of social connections through physical activity
	There is an increasing level of buy-in across Carers UK in relation to supporting carers' physical activity and it is increasingly seen as a key part of the charity's support offer for carers' wellbeing.
System level change	There is greater awareness among those working in the sport and leisure, and health and care sectors, about the importance of physical activity for carers and how to support them to be more active
	The project helps to identify and share evidence and best practice in relation to supporting carers to be more physically active ('what works')
	Resources and toolkits are developed and used by a range of organisations and professionals to support carers to be more active
	New partnerships and collaborations are developed that lead to more opportunities for carers to be more active, and increasing levels of take up among those carers least likely to be active

Table 2: Intended outcomes of the campaign

2.4 Change assumptions

There are a number of important assumptions about the ability of the campaign to generate these intended outcomes, and which support the potential for this type of approach:

- Evidence shows that carers are more likely to be inactive than the wider population
- Carers are also more likely to be lonely than the wider population, and active carers are less lonely than inactive carers
- Positive case stories / examples demonstrate how carers can become more active and the benefits they have gained from this in terms of their own health and wellbeing
- Early evidence and feedback shows that the campaign's work has real potential to effectively engage a wide range of carers, to motivate them to achieve and maintain increased levels of physical activity, and to address feelings of isolation and loneliness
- Engagement with stakeholders across the system has been largely positive to date, and has already identified system level solutions that could be explored / developed
- Carers UK is effective at working at a national level and influencing the wider system, and is a trusted source of information and support for carers and those working to support carers
- Carers UK has a deep understanding of the needs of carers and the barriers they face in relation to being more active
- The overall objectives of the project align closely to Carers UK's wider objectives and existing narratives / influencing activities
- Wider messaging and evidence around the importance and benefits of physical activity (and mental wellbeing) provide a solid foundation for the project
- Carers UK has a track record of delivering effective online wellbeing and activity sessions for carers
- Social marketing campaigns can be an effective tool for reaching and influencing this group of people

2.5 The Carers Active Theory of Change

The following figures summarise the overarching Theory of Change for the Carers Active campaign, and the factors that may influence the change process and therefore the success of the campaign.

ACTIVITIES (INTENDED TO GENERATE CHANGE)

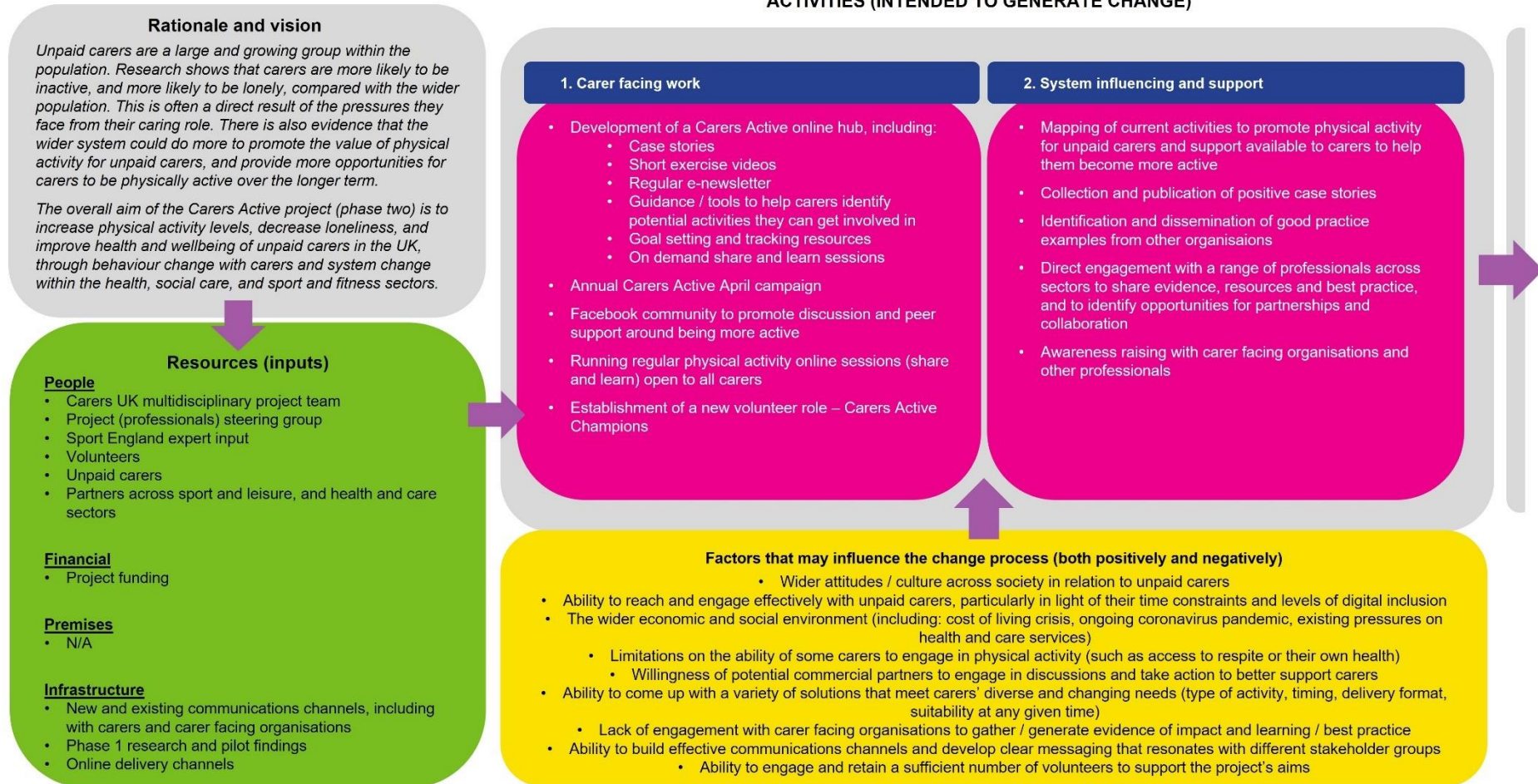


Figure 1a: Carers Active Theory of Change part 1 (see part 2 below)

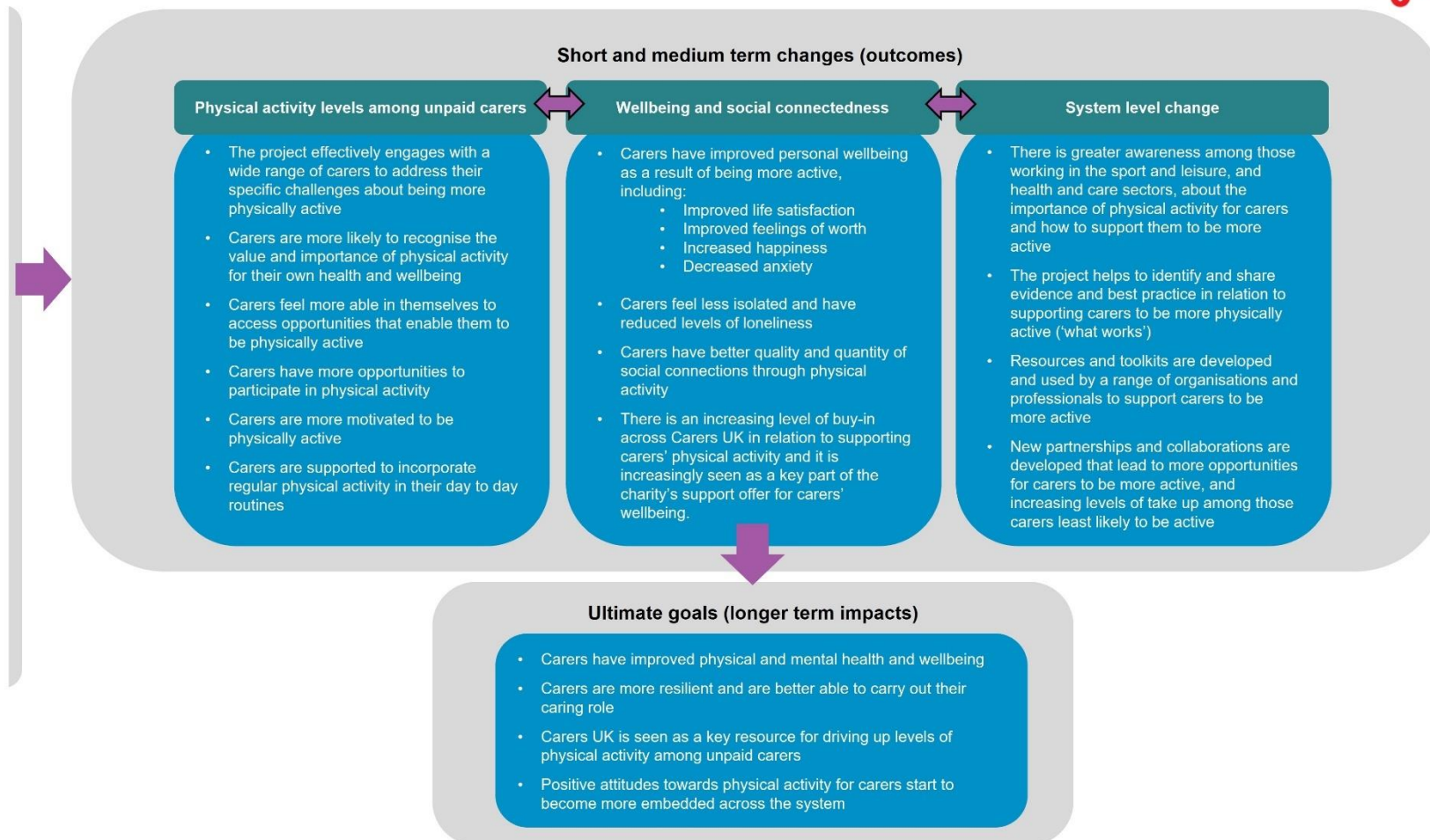


Figure 1b: Cares Active Theory of Change part 2

3 Evaluation methodology

3.1 Rationale for our approach

This is a mixed method, formative evaluation that has been designed to enable a robust assessment of the Carers Active campaign's:

- **Relevance:** the extent to which the Carers Active project is designed to respond to the needs of beneficiaries, communities and the wider system
- **Coherence:** the compatibility of these initiatives with other interventions that aim to achieve similar or complementary objectives
- **Effectiveness:** the extent to which the project is achieving its intended objectives and outcomes
- **Efficiency:** how well resources are being used to deliver those outcomes
- **Impact:** the differences that engagement in these types of interventions can have for unpaid carers, specifically in relation to increasing levels of regular physical activity, improving carer wellbeing, reducing loneliness and improving social interactions, and improved physical and mental health
- **Sustainability:** the extent to which the impacts and benefits for participants and across communities and the wider system are likely to continue.

In order to do this, we have shaped our data collection methods and analytical approach around the COM-B model of behaviour change, which provides a framework for assessing how effective the campaign is (and how effective it could be) at creating long-lasting changes in behaviour among the target group.¹⁰

The COM-B model cites three key factors capable of changing behaviour: capability, opportunity, and motivation. Within each of these are a number of further dimensions that provide the basis for the design of behaviour change interventions (such as considering both environmental and / or social factors when trying to provide opportunities for people to change their behaviour) and for assessing the effectiveness of those interventions.

With this in mind, we have designed our approach to reflect the complex nature of this particular 'intervention', and the wide range of intended outcomes set out in the Theory of Change. This means that we have tried to gather data from quite a wide range of those potentially impacted by the campaign, and who may have had only minimal (or infrequent) contact with the campaign, while also building much deeper insights from a smaller group of people who have been in more regular contact with campaign activities over the past year.

Given the potential challenges of assessing causality and attribution of any changes observed among those who have been in contact with the campaign, we have also used a small number of pre- and post-intervention measures to look at the potential impact of the campaign on physical activity levels, wellbeing and social connectedness, among a group that is broadly representative of the people who the campaign is trying to influence.

¹⁰ See for example: <https://thedecisionlab.com/reference-guide/organizational-behavior/the-com-b-model-for-behavior-change> and https://social-change.co.uk/files/02.09.19_COM-B_and_changing_behaviour_.pdf

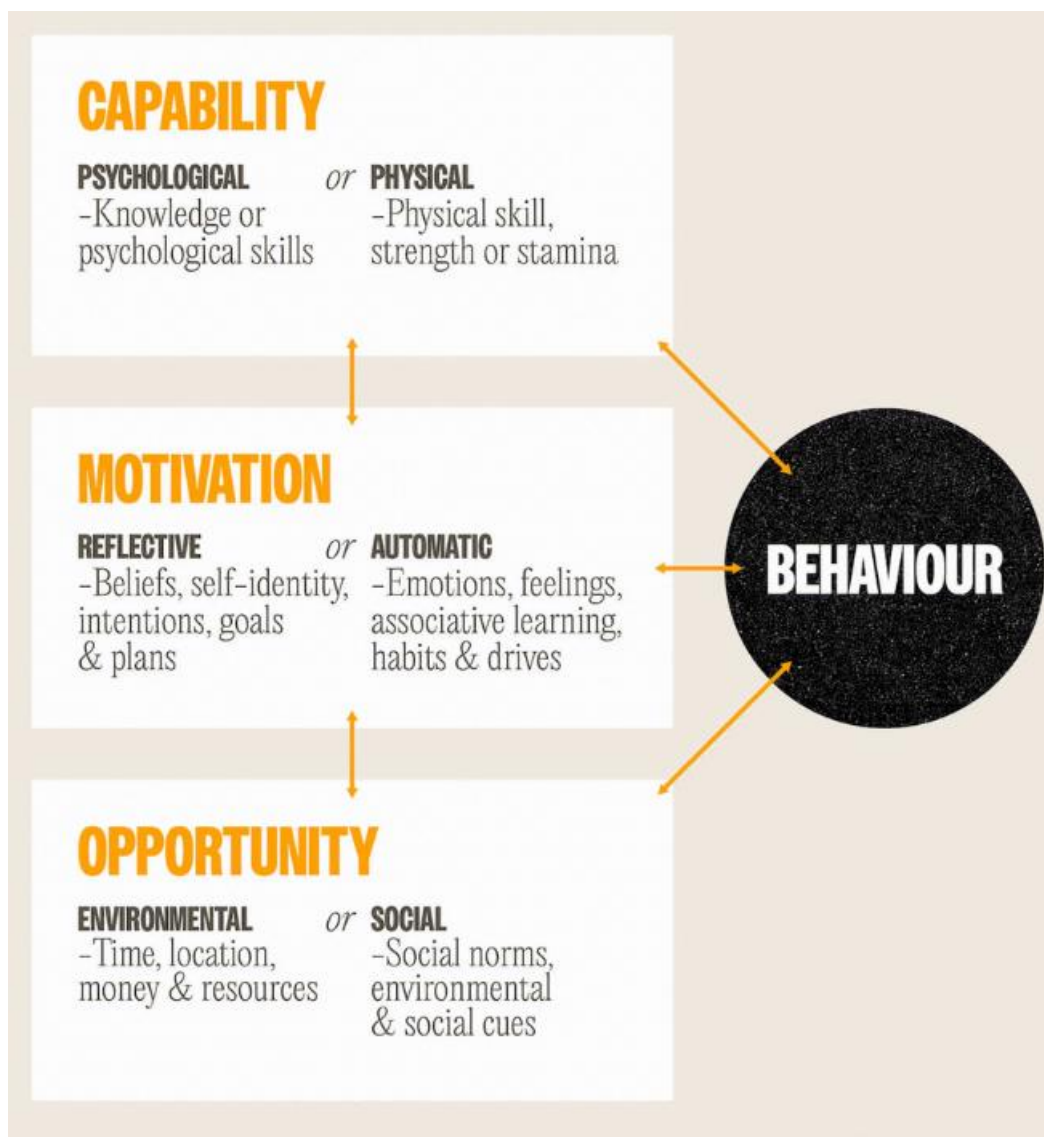


Figure 2: The COM-B model of behaviour change

(Source: <https://togetheragency.co.uk/news/the-com-b-model-of-behaviour-change-explained>)

3.2 Data available for this report

The following data sources have been used to inform the interim findings set out in Part 2 of this report:

Data relating to carers:

1. Findings from the Carers UK State of Caring survey 2022.
2. A survey of carers who took part in Carers Active April 2023 and a summary report outlining the reach and engagement of that part of the overall campaign (produced by Carers UK).
3. Three in-depth focus groups with carers who have had some involvement with the campaign.
4. Surveys and fortnightly reflective journals (over a period of six months) from around 15 carers.
5. 1:1 interviews with seven carers.

6. Attendance data and feedback from some of the carers who attended six of the monthly online physical activity sessions.
7. Data on the reach and engagement of the campaign through online media channels (including newsletter sign-ups, social media interactions, and visits to the Carers Active Hub).
8. Individual case stories of carers who have been impacted in some way by the work of the campaign.

Data relating to the wider system:

1. A survey of around 80 Carers UK affiliates, which includes organisations that provide direct support to unpaid carers, as well as local authorities, other charities providing physical activity opportunities, and some NHS bodies and local community groups.
2. Two in-depth focus groups with professionals working in carer support services, the sport and leisure sector, and public sector commissioning.

4 Reach and engagement

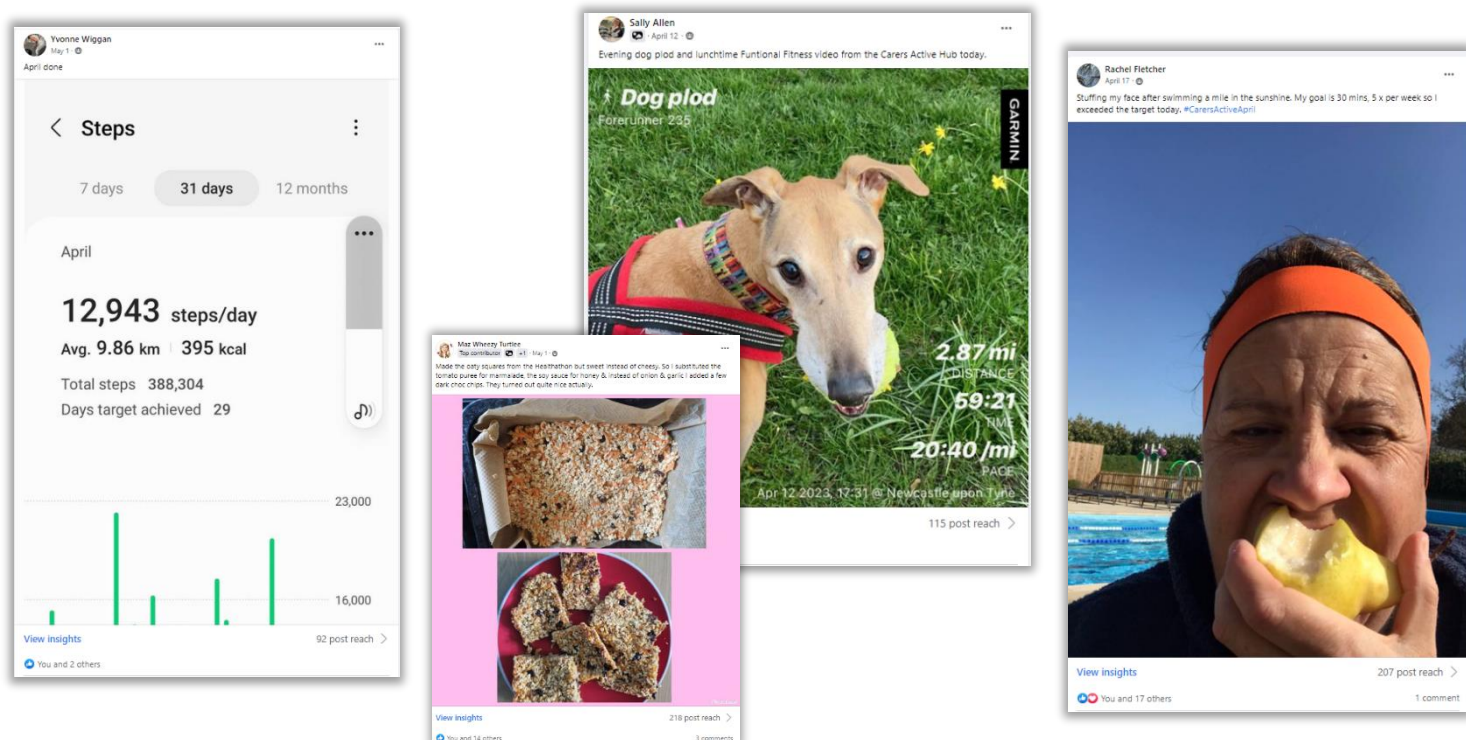
4.1 Unpaid carers

Across all communications channels (including Carers Active newsletters, communications to all Carers UK members, hard copy publications, and other emails and bulletins) nearly 128,000 contacts were made to unpaid carers specifically about physical activity and the Carers Active campaign during 2022/23, with an open rate of approximately 55%.

Within this, the campaign regularly reaches around 740 unpaid carers each month through the targeted email newsletter. This is nearly a twofold increase on the number of carers signed up to the campaign at the end of year one (2021/22). Alongside this:

- 1,757 carers signed up to take part in Carers Active April, three times the number who took part in 2022
- 105 social media posts across all platforms¹¹ were shared, with just over 1,000 subsequent interactions on Twitter and around 650 on Instagram
- An average of 3,165 people reached per Facebook page post (22 posts in total) and an average of 90 engaged users per post (Carers UK Facebook page)
- An average of 519 people reached per Instagram post (22 posts in total), and
- An average of 603 impressions per LinkedIn post (15 posts in total).

The Carers Active Facebook group had 445 members by the end of 2022/23, growing significantly during the year from 97 in June 2022. Much of this growth was seen during the Carers Active April period of the campaign, with 282 new members during this period. Over the course of the year there were 383 posts in the group, including sharing of photos showing the physical activities people were doing, screenshots of step counts, challenges, and general content about leading a healthier lifestyle.



¹¹ Twitter, Instagram, Facebook and LinkedIn.

The Carers Active Hub (website) received a total of 8,295 visits, with the most visited content (other than the home page) being the Carers Active April landing page (2,907), and the activity and wellbeing videos (764). There was a total of 1,735 video views, including both activity videos and carer stories about physical activity, during the year.

A total of 199 people (although not necessarily unique individuals) attended at least one of the 13 online share and learn sessions held during the year, which is roughly 15 people per session. However, only 10 of these were recorded as new to a share and learn session during the year.

In terms of the profile of carers who engage with the campaign, the data on this is limited. However, we do know that among carers who responded to the Carers Active April post-campaign survey:

- 93% were currently caring for someone, with 6% having cared for someone in the past
- 39% were full time carers, with a mix across other intensities of caring
- Around two thirds (67%) were aged between 45 and 69
- 74% were from a white ethnic background
- 86% were female, and
- 14% had a disability.

These figures are broadly comparable with the profile of carers who responded to the State of Caring survey 2022, although with a smaller proportion of carers with a disability and a slightly smaller proportion of male carers. The profile of those engaged in Carers Active April is also more diverse (in relation to ethnicity) compared to respondents to the national survey.

4.2 Wider awareness raising and engagement with professionals

In addition to the work of the campaign to reach and engage directly with unpaid carers, a number of activities were undertaken during the year to:

- Further promote the campaign and raise awareness directly with carers who could benefit from becoming more physically active
- Connect with professionals and other groups that might be well placed to influence the wider system of support for unpaid carers, promote positive messaging about physical activity with this group, and create opportunities for carers to take part in a range of different physical activities.

A summary of the main activities and the level of engagement in these is provided in Table 3 below. The campaign's Project Manager also made direct contact with a range of other organisations across the sport and leisure, and health and care sectors, in order to build new partnerships, open up opportunities to cascade information, and explore new ideas that could increase the reach and impact of the campaign. This has included:

- UK Active
- The Active Partnerships National Team
- Greenwich Leisure Limited (GLL) and Everyone Active
- NHS London
- Rotary (GB)
- The Activity Alliance, and
- The National Academy of Social Prescribing.

Outreach and awareness raising	Number of attendees / participants (where known)
Carers Active webinar (July 2022)	30
Young Carers Alliance - carers and football clubs webinar (December 2022)	Not known
NHS London and Carers Active webinar (February 2023)	95
Activity Alliance South East regional forum presentation	25
Mapping survey with Carers UK affiliate organisations and other contacts ¹²	137
Professionals steering group meeting	12
Professionals steering group – new members	10
Presentation about Carers Active to the Ethnic Carers Mental Health Forum	Not known
Presentation about the Carers Active stories video resource at the Bucks 'Live Longer Better' Alliance meeting (January 2023)	Not known

Table 3: Summary of outreach and awareness raising activities.

5 Project delivery

5.1 Carers Active April as a discrete part of the Carers Active campaign

Carers Active April is a discrete part of the wider Carers Active campaign, although it is viewed by many as a separate campaign in its own right. It is a period of intense activity throughout April with separate branding and promotional materials from the wider Carers Active campaign. On the final Saturday of April there is a 'Healthathon', which is an all-day event offering online physical activity sessions, talks and educational workshops, and a chance to meet other carers. Just over 1,750 carers signed up to take part in Carers Active April 2023, triple the number that took part in 2022.

Throughout our evaluation we found that Carers Active April is an important part of the Carers Active campaign. We see throughout Part 2 of this report that Carers Active April:

- There was very high name recognition of Carers Active April and the 'Healthathon' aspect of the campaign amongst the carers and professionals that we spoke with. In some cases, it was necessary to emphasise that they are distinct parts of a much wider Carers Active campaign.
- Carers Active April received good engagement on social media, with 11 MPs engaging with the campaign and Nigel Evans MP recording a video showing his support for the evaluation. The campaign is active across Facebook, Instagram, LinkedIn, and Twitter.
- As discussed in sections 6, 7, and 8, Carers Active April and the 'Healthathon' are important catalysts for action, both at the individual and system levels.

¹² See Section 8 for further information about the survey.

- Caring professionals and leisure providers use the Carers Active April campaign as an opportunity to promote how they are supporting carers and form new partnerships and collaborations.
- Carers value the merchandise that is given out as part of the Carers Active April campaign.
- The Carers Active campaign, and Carers Active April in particular, is important for giving carers a sense that they are 'part of something bigger' and part of a group.
- Carers appreciate the chance to engage with the Carers Active April campaign for a whole day as part of the Healthathon.

5.2 Communication channels and reception to campaign content

The **Carers Active Hub** is well received by carers and professionals as a central point of referral for the campaign. It is generally seen as easy to navigate and contains a range of useful resources. It became clear that carers are not aware of it as 'The Carers Active Hub', but rather as part of the Carers UK website. The Carers Active Hub was praised for using images of a diverse range of carers, making it more likely that a carer will feel that they are represented or a part of Carers Active. We found that whilst carers and professionals used the Carers Active Hub, in some cases they were not aware of the wide variety of resources that were on there. This is an area that we intend to research further information on in year 3 of the evaluation.

The **Carers Active Newsletter** is widely valued by carers as a useful way of connecting with the campaign through seeing carer's stories, finding out about activities that are happening that they can join in with, and being motivated to begin or continue exercising. Carers described the newsletter as "engaging", "informative", "clearly laid out", and having a tone which is "informative and motivational" without being "overbearing" or "stuffy". Carers find the newsletter to be a "gentle nudge" to increase their physical activity levels and enjoy hearing stories of real carers and seeing pictures of carers. In one case, a carer took great pride in being featured in the newsletter and saw themselves as "an advocate for the campaign". Some carers would value a concise overview of the opportunities that are available to them in the coming month so that they can 'skim-read' the newsletter and quickly assess which activities are of interest. Carers feel that the current frequency of the newsletter is about right.

The **Carers Active Facebook group** is used by a wide range of the carers we spoke to, with some carers actively contributing to the group and frequently engaging with posts, and others using it to maintain an awareness of the campaign and any activities that might be of interest to them. Carers feel that the balance between posts made by Carers UK staff and posts made by carers is good. Carers highlighted the importance of the Facebook group in establishing an online community where people can encourage each other and share their Carers Active stories. Carers find that the group is a source of inspiration and motivation to build physical activity into their daily lives. Some carers commented that they find Facebook groups (in general) a bit overwhelming, and therefore emphasised the importance of multi-platform communications, notably the monthly newsletter as a consistent source of information.

General awareness and visibility campaign within caring 'circles' was discussed in interviews and focus groups with both carers and professionals. We can see in Section 8 of this report that professionals and sports and leisure providers who have engaged with the campaign value it highly, and we are aware that there is an ongoing effort to promote the campaign at the local level. Work has also been undertaken with local authorities who are well-placed to promote the campaign and cascade information to carers in their area.

However, when asked how the campaign could change or be delivered differently in the future, many carers stated a desire for greater visibility of the campaign at the local level and promotion of the campaign through more traditional channels (e.g. TV advertising). Some carers and professionals felt that local carers groups were not aware of the campaign, despite being aware of Carers UK, and that less digitally active carers might not come across the campaign without more traditional forms of marketing. This includes Carers Active banners that local groups can pose with and use in their own hard-copy and digital marketing materials.

5.3 Online activity sessions

The Carers Active share and learn sessions received positive feedback in both the post-session surveys (see Section 6 below) and when discussed in interviews. Participants reported that they enjoy the wide variety of activities that are on offer, allowing them to return to an activity that they have enjoyed in the past or try something for the first time that they otherwise wouldn't have considered or had access to. Participants value the inclusion of activities which contribute to their wider health and wellbeing, such as the laughter workshop, cartoon drawing, alongside more physical activities.

I really enjoyed it! I also did a Zoom ballet class which I loved. It's something I wouldn't normally get the chance to do so it was lovely. Any exercising I do makes me feel better and more optimistic.

Unpaid carer.

I found that doing activities online has been a way to be more active and I like trying new things, so I signed up for a Carers UK Flexercise session in July. I enjoyed the pace and flow of movement and felt great afterwards. Having music to accompany the movements also made me feel good. I decided to do Flexercise weekly as it was simple, online and within my ability and required no equipment and I can catch up with the recording if I miss the live session.

Unpaid carer – quote taken from Carers Active Hub.

Participants suggested additional topics or activities that future Share and Learn sessions could cover, including cooking or nutrition classes and drawing or painting classes.

Participants reported that the instructors are very attentive to the needs of participants and offer alternative ways of performing the exercise to suit different abilities. Participants described the instructors as “friendly”, “inclusive”, “encouraging”, and “professional”. Instructors deliver the classes at a good pace and give opportunities for attendees to ask questions.

Participants feel that Zoom is an easy-to-use platform for delivering the classes, and that the online delivery of the classes is an important factor in them being able to attend them (this is discussed further in sections 6 and 7). Most participants value being able to see other participants and feel an active part of the session, whilst other participants value the choice to choose whether their camera is on or off. Online sessions allow participants to turn up the volume or put subtitles on if they have hearing loss. A few participants would like to view the Share and Learn sessions on their T.V., therefore a short tutorial showing how to access the sessions on a smart T.V. or via an HDMI cable could prove useful.

The majority of participants that we spoke with preferred to join in with live sessions, rather than watch session recordings. Whilst participants valued the option to watch a session at a time that suits them and some have recommended the recorded videos to other carers, they preferred to be part of a live session where they felt 'part of something' and had the option to ask questions. Participants would welcome a greater choice of live sessions to be delivered outside of working hours, and for sessions to be scheduled at regular times, allowing carers to build regular participation into their weekly schedules. Carers and practitioners both praised the length of the live sessions and the pre-recorded Activity and Wellbeing videos, as being able to watch or engage with short exercise classes or instruction videos is important for time-poor carers.

I need to exercise at home more, which I find easiest when I have a regular, live, online session that I "belong" to. It's part of my identity. I can't do a random YouTube class or NHS exercise app, I have to feel I am part of something bigger.

Unpaid carer.

When asked about the way in which the Share and Learn sessions were described online and in communications, carers felt that they would value a clear indication that the sessions are for carers, and not for the person they care for. Whilst some sessions could engage both carers and the people they are caring for, carers felt that it was important to mark the sessions as a space for carers to take time out from caring. Some of this misunderstanding has arisen from the name 'Share and Learn', and some carers suggested renaming the sessions to something as simple as 'Live classes for carers'. In addition, carers would welcome slightly more information regarding the suitability of some sessions for different physical abilities, or at the least advance information regarding the extent to which different abilities are welcome.

6 Physical activity levels among unpaid carers

6.1 Recognising the value and importance of physical activity

Across the evaluation we found strong evidence that the Carers Active campaign is successful in supporting carers to recognise the value and importance of physical activity in their lives. The COM-B model terms this 'reflective motivation', where people understand and acknowledge the reason why change is important.

Carers find the campaign helpful in acting as a reminder that they need to meet their own physical needs as well as the needs of those that they care for, which includes maintaining a physically active lifestyle. Regular communication (through the Facebook group and the newsletter as described above) act as "gentle nudges" to be more physically active and reiterate the importance of carers taking time out for themselves.

[The campaign's] made a lot of difference, it's inspiring me to exercise more and stay as healthy as possible after putting myself second after caring for a long time, it's great for me...

Unpaid carer.

Carers found that attending the share and learn sessions helped them to consider the importance of exercise and how to build it into their existing routines, with many carers commenting on an increased self-awareness regarding their own fitness and exercise habits.

When I was doing the sessions, every week or every other week, I was more active, it definitely improved my level of activity. And since then I guess I've been more aware of some of the things that were discussed, for example, your core strength. So it certainly raised my awareness about how I move around, in general. And I think that's probably helped with caring as well, because the caring can be quite physical. So it does help that you're a bit stronger in yourself. I wouldn't say it suddenly turned me into an athlete or anything, but it has helped me become more aware and slightly more fit in the longer term perhaps.

Unpaid carer.

Feedback from carers who attended the share and learn sessions shows that the main reasons for attending were to increase the amount of physical activity they do (77% of respondents selected this reason), and because they thought that the session would be enjoyable and fun (69% of respondents selected this reason). 56% of carers also recognised that being active was linked to feeling better.

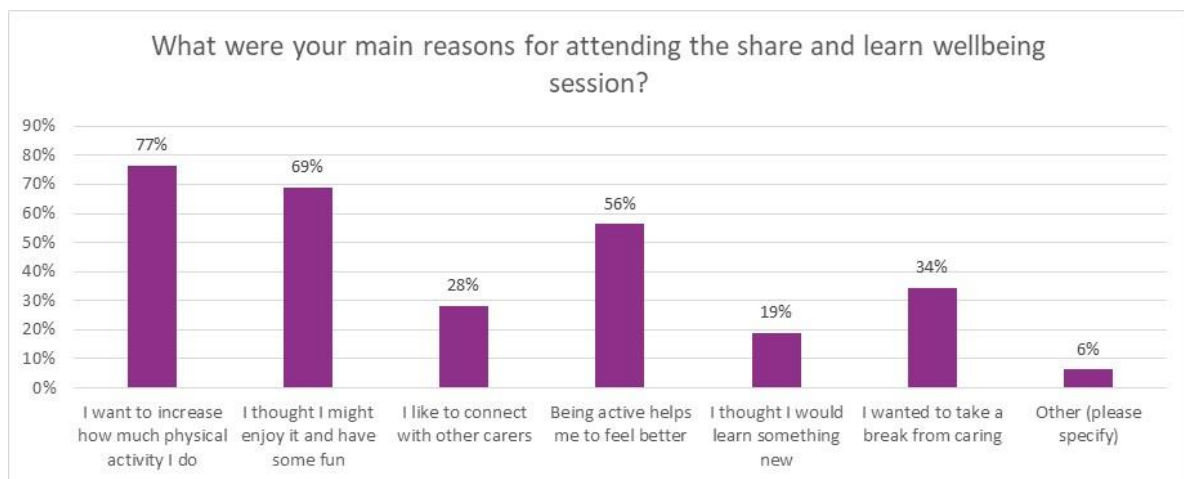


Figure 3: Feedback from Share and Learn session surveys, where carers were asked about their main reasons for attending the share and learn session (n=64)

100% of survey respondents also said that they would recommend the sessions to other carers (Figure 4).

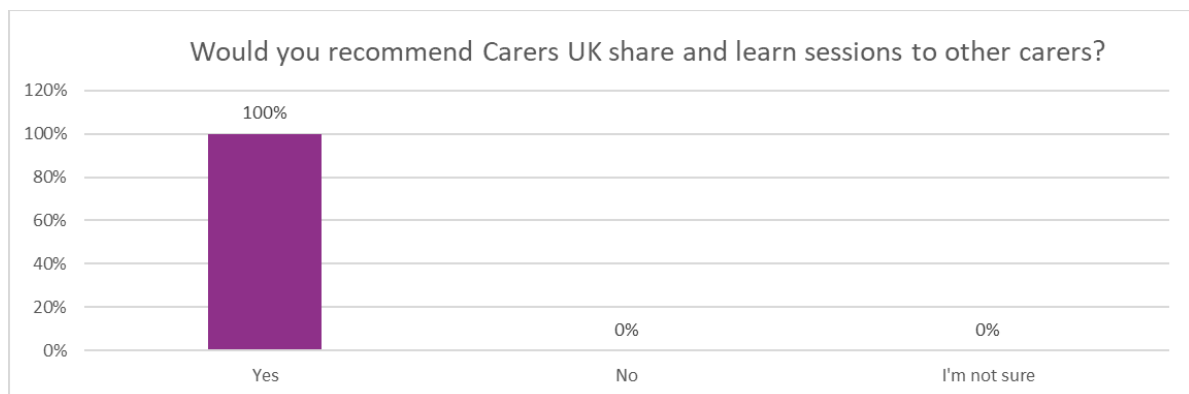


Figure 4: Feedback from Share and Learn session surveys, where carers were asked if they would recommend Share and Learn sessions to other carers (n=46)

Carers commented on the importance of being able to track their physical activity as a way of both motivating themselves, and understanding the value it has in their lives. Carers who were involved in the Carers Active April part of the campaign felt that the Active Starter Pack items served as visual reminders that they needed to be doing some form of exercise and were important in being able to set and monitor personal ambitions for physical activity levels during that month of the campaign. In Carers Active April 2023, 500 carers received a Carers Active April starter pack.

Interviews with carers who are part of the cohort study revealed that the fortnightly cohort diaries that they were filling in not only provided data for this evaluation, but also gave them an opportunity to reflect on their activity levels. Carers found that the fortnightly journal (normally sent on a Saturday morning) provided a useful prompt to consider how much exercise they had done in the past fortnight and what might have helped or hindered them, and how much physical activity they could do in the coming fortnight. In some cases, the process of filling in the diary made people consider exercise in a different light and what constitutes being active.

I only did a bit of kitchen disco, dancing in the kitchen while I was cooking the dinner and I put that on there because I was still being active. And to me, you know, it was just nice to have something to write down.

Unpaid carer.

We have offered carers the chance to continue filling in their journals beyond the time that they are part of the study cohort, and we will provide a visual output of the diary entries to participants. For year 3 of the evaluation, we will emphasise the benefits of the fortnightly diary to potential participants and provide more frequent and personalised visualisations of diary data.

It's making me realise how much I do. And actually how much I don't do you know.

Unpaid carer.

Yeah, it's definitely made me think. And every time I do it, I then think I really actually do need to do more, get out on the bike in the evening. ...Every time [the journal email] comes around, I think I really do to make that more of a priority.

Unpaid carer.

In addition to the Carers Active campaign providing a general increase in carers' awareness of the importance of physical activity, we found that carers described a better ability to provide care given their increased levels of fitness. They also felt that they were less likely to become injured and therefore unable to provide care. Carers often stated the importance of their role in providing for the person that they are caring for and we believe that the campaign has highlighted the importance of being fit and physically active for being able to provide ongoing care – itself a reason why carers often report that their health has declined¹³.

I had a terribly bad back from lifting the person I care for. And working out has really helped with that.

Unpaid carer.

¹³ See for example: <https://www.carersuk.org/media/p4kblx5n/cukstateofcaring2022report.pdf>

Glad that I'm looking after myself better so I'm therefore better able to look after those I care for.

Unpaid carer.

I fell over and because of the regular exercise I didn't break anything and am just sore.

Unpaid carer.

It's helped in a way in being able to care well, because the caring can be quite physical.

Unpaid carer.

6.2 Accessing opportunities to be more physically active

We know from evidence such as the State of Caring Report¹⁴ and the Carers UK study¹⁵ into the barriers to physical exercise for carers that being able to find the time to exercise is a significant challenge for carers. Carers are often unable to leave the person they are caring for extended periods of time or are unable to arrange replacement care. Across the evaluation we have found that the predominantly online nature of the Carers Active campaign has provided new opportunities for carers to be more physically active and to feel motivated to begin exercising. It is notable that we found substantial evidence that many carers who took part in the campaign would not be exercising regularly without online access to resources.

The majority of the carers that were involved in our evaluation were either caring full-time or were in paid work alongside their caring responsibilities. Being able to attend an online activity class or watch a pre-recorded video meant that carers would not have to leave the person they are caring for a long time or arrange caring cover and could remain within an easy reach of them. Carers would describe themselves as being “housebound”, or “an isolated carer” and therefore would place great value on being able to have some “rare time” to themselves without having to arrange alternative care provision. Some carers valued online / pre-recorded sessions that were shorter as it meant that they were more likely to be able to fit them into their daily routine without having to worry about finding alternative care provision or leave the person they are caring for too long.

The COM-B model of behaviour change identifies the need for people to have the ‘social opportunities’ to change their behaviour. We see this in online participants valuing the ability to leave a Zoom class midway due to a caring need without feeling embarrassed or having to explain themselves and feeling that the instructors are cognisant of the competing demands placed on carers and therefore do not place additional pressure on them during the class. Knowing that their caring needs are understood and recognised is an important factor in carers feeling able to access opportunities to be more physically active. Carers also appreciated being able to watch the sessions back in case they did miss parts or all of it, with some carers asking for the sessions and online materials on the Carers Active Hub to be kept online should the ‘live’ parts of campaign come to an end:

¹⁴ See: <https://www.carersuk.org/reports/state-of-caring-2022-report/>

¹⁵ See: <https://www.carersuk.org/reports/carers-and-physical-activity-a-study-of-the-barriers-motivations-and-experiences-of-unpaid-carers-aged-55-and-over-in-england/>

The main thing is as long as the materials are there, they don't disappear, you'll still be able to access them. So even if they don't add more to it or do more things. They're still resources that people can use as long as they don't disappear, then that's fine.

Unpaid carer.

Carers commented on the importance of knowing that an online activity is less likely to be disrupted by poor weather or other unforeseen circumstances (e.g. staff illness) than an in-person session. This is important for carers as they will often plan their paid work and / or caring duties around a planned physical activity class.

Of the carers who attended the share and learn sessions, 87% said that they agreed or strongly agreed to session(s) helping them realise that there are opportunities for them to be more physically active in the future (Figure 5). 85% agreed or strongly agreed that they felt motivated to do more physical activity in the future.¹⁶

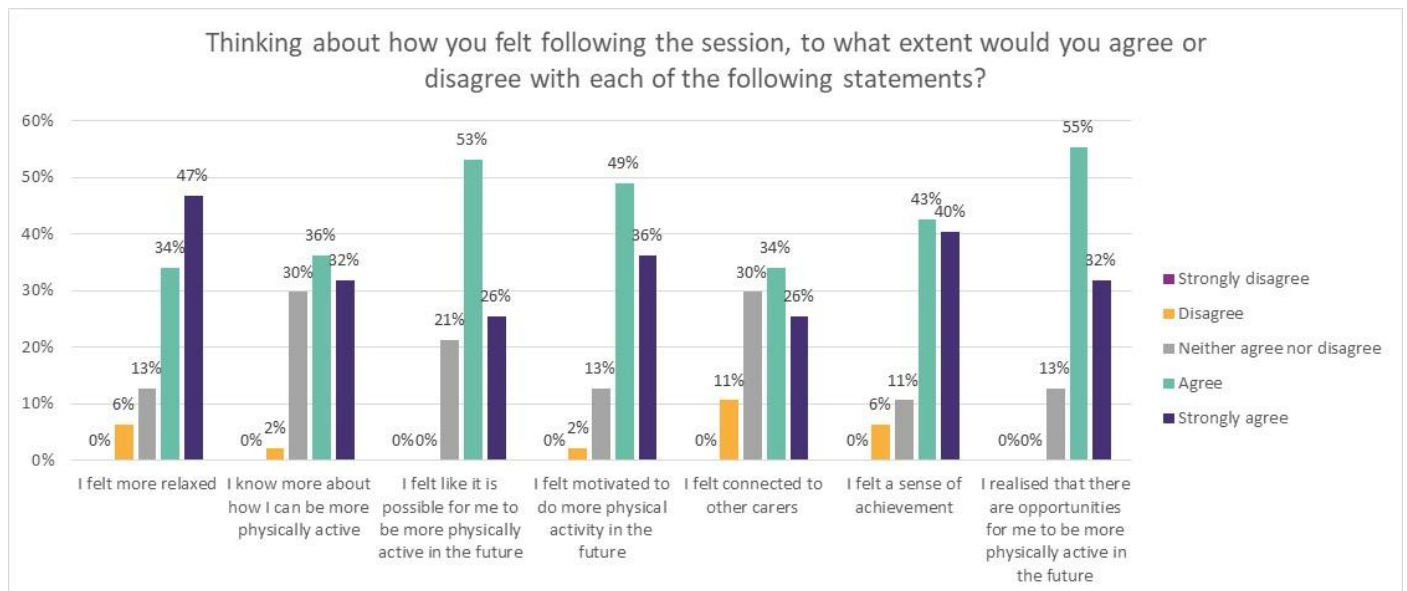


Figure 5: Feedback from Share and Learn session surveys, where carers were asked the extent to which they agreed or disagreed with various statements (n=47)

In addition to this, 92% of survey respondents rated the session(s) they attended as 'good' or 'excellent' (Figure 6) and 92% said that they were likely to attend something like that again (Figure 7).¹⁷

¹⁶ Levels of motivation are explored further in section 6.3.

¹⁷ For the purpose of this survey question, 'likely' is considered a score of 8 or above (out of 10).

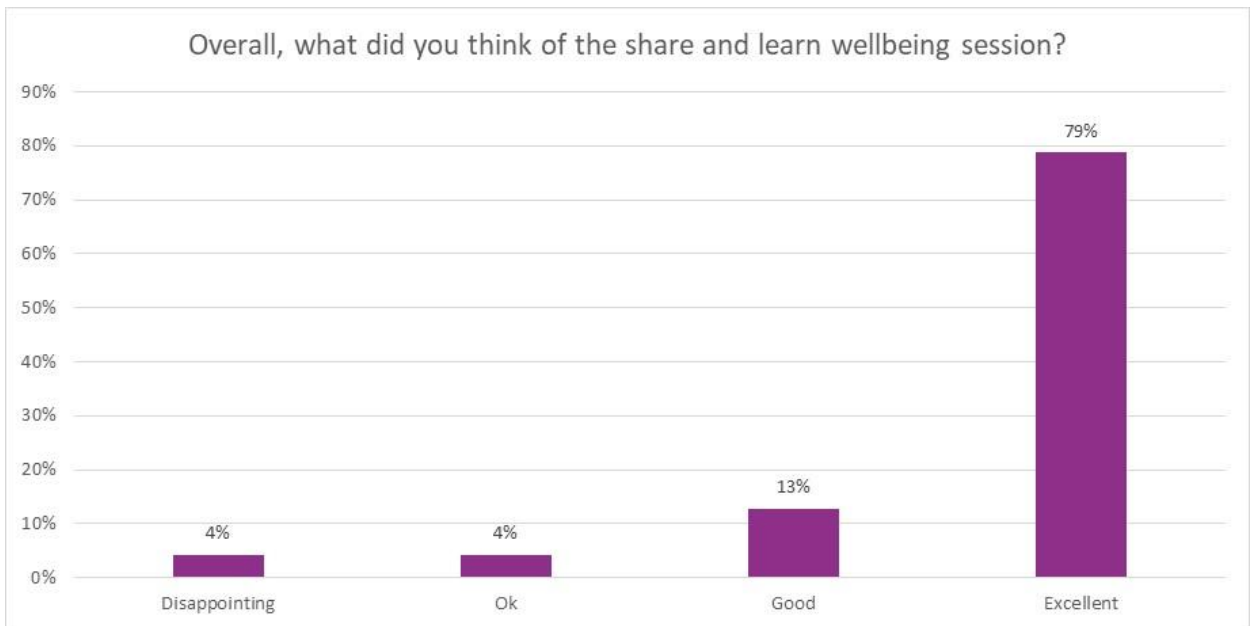


Figure 6: Feedback from Share and Learn session surveys, where carers were asked what they thought of the share and learn sessions (n=47)

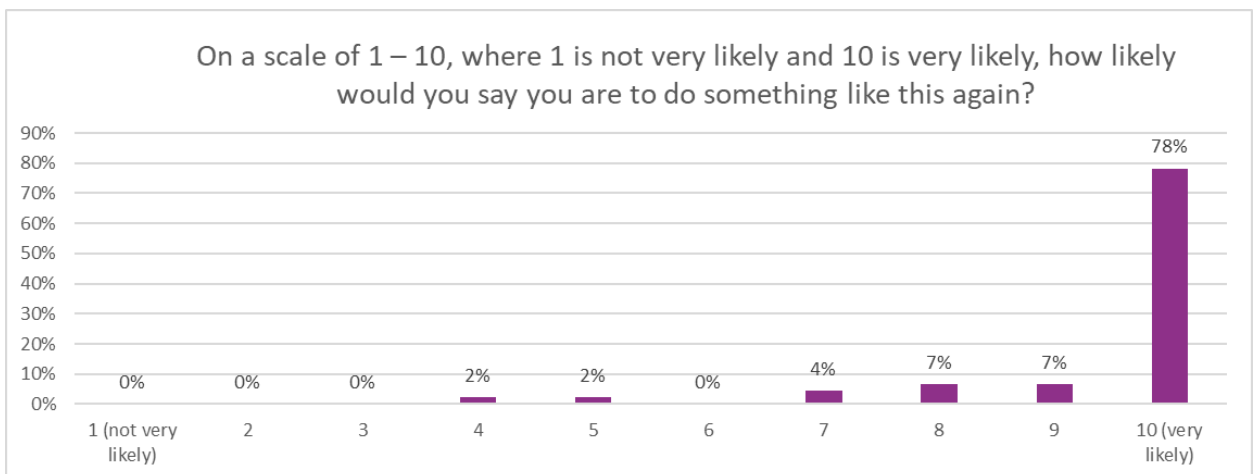


Figure 7: Feedback from Share and Learn session surveys, where carers were asked if they would attend a share and learn session (or something similar) again (n=46)

Across our evaluation, and in particular in the cohort study, we have seen evidence that the campaign has encouraged people to access offline opportunities. For example, one participant joined a gym at the beginning of the cohort study and reported increased activity levels over the 6-month period. In a focus group, they stated that whilst they have taken part in online sessions, going to the gym where there are other people exercising is a motivating factor, as well as being prompted by the fortnightly journal to reflect on how much exercise they are doing. The participant paid for some personal training sessions and reported in their fortnightly journal that: *“I start to understand the importance of using gym equipment”*. Whilst the participant arranged a personal training session through their own initiative, they attribute their motivation to do so back to their ongoing involvement in the campaign.

We have also seen evidence that carers have been encouraged by the campaign to increase their activity levels despite already being moderately physically active. For example, a cohort participant regularly reported that their physical activities consisted of running, gardening, and walking to and from the home of the person that they cared for. The participant would run as a

hobby previously, but reported that the campaign provided the encouragement to run more and at times when they otherwise wouldn't have:

So I find [the fortnightly journal] a good motivator, because I want to put something down for my sake as well as yours. And it makes me makes me get out and do something because you know, you can easily talk yourself out of it. I do enjoy reading [the Carers Active newsletter] and you know, seeing what people have been doing? And sometimes I need kicking out the door so I find it quite good a positive motivation to do to get on and do something.

Unpaid carer.

Barriers to accessing offline activities for unpaid carers are well documented as being a lack of available time, being unable to afford the cost of activities, and a lack of replacement care^{8,9}. Data from across our evaluation corroborates these findings as being the main barriers to accessing offline activities. Carers reported that they may lack the time to engage in regular offline exercise opportunities, or that the opportunities which they feel that are available to them are offered at times which clash with other responsibilities (e.g. paid work). Many carers reported that the cost of accessing offline activities is a significant barrier, which we return to in section 8.1.

So looking at the local fitness centre, that is still quite pricey. They do give a little bit of a discount for carers, pricing and a monthly fee and also with little bit of time I have off, I'm a bit restricted what classes are available to me? The classes I like to do are either in the evening or first thing in the morning, which I can't do.

Unpaid carer.

I'm feeling good but wish I could do more especially outside walking and also I would love to go to face to face classes like yoga or aerobics and join a gym but cannot afford gym membership.

Unpaid carer.

Wife was in hospital so haven't had much of a chance to do much activity.

Unpaid carer.

Unfortunately, my carer responsibilities really effected [sic] my amount of spare time due to numerous appointments for operation preparation.

Unpaid carer.

Finally, a few carers reported technical barriers to accessing online opportunities provided through the Carers Active campaign. For example, carers may only have a mobile phone and not be able to watch an online activity class unless it is on a bigger screen (such as a TV). In addition, a few carers reported that they struggled to get the Zoom link to work, or their internet connection wasn't stable enough or was intermittent.

6.3 Levels of motivation

Section 6.1 discusses the evidence for carers understanding the importance of undertaking physical activity. To encourage long-term behaviour change, carers need to see physical activity as a desirable activity that they will enjoy and are motivated to do, as well as understanding why it's important. Across the evaluation we have found a wide range of motivational factors as well as a few factors that lead to carers being less motivated.

Motivational factors

When asked to describe the campaign in three words in the focus groups, “motivational” or “motivating” was one of the most common responses by carers.

Carers found that the campaign motivated them by providing them with new ideas for exercise (e.g. through carers' posts on the Facebook group) and through giving them access to activities that they otherwise wouldn't have had access to or thought of trying.

I think the ballet's fantastic. I would never have tried ballet. But that makes you interested, and you want to try more, don't you?

Unpaid Carer.

As discussed in section 5.2, carers who engaged in online activity sessions found the instructors engaging and able to cater for a range of physical activity levels. Carers found themselves motivated to take part in future activities if they knew that they were being run by an instructor that they'd previously enjoyed. In particular, carers noted the importance of having a few recognisable figures that they could look forward to, with Mr Motivator being frequently mentioned as one such example. In addition to the 'novelty factor', participants found Mr Motivator to lead uplifting and physically challenging exercise classes.

I'm feeling frustrated because Mr Motivator early morning intense work outs are not on - who'd have thought I would miss exercise!

Unpaid carer.

Carers found that a significant motivational factor was feeling included as part of a national campaign which promoted the needs of carers and made them feel “part of something bigger”. Carers described the national aspect of the campaign as “essential” to their motivation and feeling “included and heard”. In some cases, carers felt that the constant prompts provided by the campaign and its national nature meant that it kept exercise “on the mind” of carers in a way that a localised or short-term campaign wouldn't.

Carers valued having specific parts of the campaign that encouraged them to engage for a select period of time and track their progress throughout this period. Carers Active April and the Healthathon were routinely praised by carers and for many carers they were the first point of engagement that they had with the wider Carers Active campaign. They were viewed as motivating people to exercise throughout the campaign and beyond, and carers valued being able to track their progress and have goals to work towards.

I really liked it when I took part in the Carers Active April campaign, where we had the chart to fill in what we were doing every day. And you know, even though I didn't see what everyone else was doing, I felt like I was part of a group. And we were all kind of doing it together.

Unpaid carer.

I liked the Healthathon, I thought that was fantastic. Yeah, that really got us going that did. I think that's what set me off on this latest pattern of exercise. Yeah, because I'd got quite lazy. Well not lazy, I got quite depressed.
Unpaid carer.

I liked the fact that [the healthathon] was a whole day, I felt a little bit special that it was the whole day for me, rather than just like 45 minutes, and then you're gone for a month, going from thing to thing. It was a good day.
Unpaid carer.

Carers found that knowing that other carers were engaging in the campaign, and were sharing stories about their successes and struggles, encouraged them to become more active. Carers are both motivated by other people's successes and feel more engaged in the wider campaign. Carers commented on the importance of peer-generated content and engagement between carers as an ongoing motivational factor.

I think, having those real examples of other carers who are moving more, and also talking about the challenges that they face on a day to day, but then still how they overcome that can be really powerful. So I think that that is making a difference. I guess it's good to know that those stories are out there and people will be reflecting on them and hopefully then encouraging themselves or others to be active.
Physical activity professional.

Q: I guess one of my questions is, to what extent does it matter that it's other carers that are part of this campaign, so people that have an understanding of some of the challenges that you face? (Interviewer).

A: I think it's a huge benefit, actually, especially the Facebook group, because you know, you go on there and you get to see all the motivation from everybody else. And I've actually shared a few things in it this year. I managed to hit 10,000 steps on one day, and I was like, woohoo, I've hit it. And you get people saying, I've been rubbish this week. And actually, they haven't been rubbish so people are like no you've done brilliantly. You don't know these people, but it's like, a motivation network. And it is an all-year thing as well, the Hub and the Facebook group, so yeah, nice to see.
Unpaid carer.

We saw a variation in the extent to which carers found an element of goal setting or 'pressure' helpful. Many carers commented on the importance of the Share and Learn sessions and the wider campaign not imposing strict goals or making people feel guilty for the times when they didn't exercise. However, other carers valued an element of competition or challenge and would like to see Carers Active incorporate fun and friendly challenge options (e.g. a friendly exercise competition) like the Move into Spring distance and minute challenge during Carers Active April.

Finally, carers felt motivated by receiving resources or merchandise in the Active Starter Packs that was included as part of Carers Active April and the Healthathon. It made them feel a bigger part of the campaign and found certain items (such as tracking items) were useful prompts or helped them schedule their exercise goals.

Just having written it down [on the tracker], makes me much more likely to do it.

Unpaid carer.

I set myself a challenge because they send out the tracker. And this is what I'm actually looking at my desk right now. This is where I work when I'm working from home. And it's right in front of me. So like it's such a good visual thing for you to see so you can tick it off.

Unpaid carer.

Demotivational factors

For some carers online activities are not motivating and they would rather spend time exercising in-person with other people. Some carers reflected that they spend a lot of time by themselves already and would rather go to a gym or an in-person exercise class. In addition, some carers felt that there were technical barriers to joining online exercise classes.

Carers valued the regularity of online sessions and found it demotivating to have sporadic or one-off sessions, preferring to be able to commit to a regular online activity session by scheduling it around their existing commitments and caring duties.

The majority of demotivational factors that carers mentioned were not linked directly to the campaign and were linked to their caring role, their health, or external factors such as poor weather. Throughout the cohort study we see carers reflect on the factors which prevent them from exercising, whilst often commenting on their desire to get back to exercising when they can. We can see that whilst carers face difficulties which hamper their motivation, the campaign and the reflective aspect of the cohort journal support and encourage people to keep going.

I am really struggling with poor sleep (related to my own health issues not caring) and this is making it a lot harder to get motivated to do things like an early walk or pilates practice on top of caring. The routine of my badminton group is what helps me keep active more than anything. I want to start swimming again but it's hard to find time and energy.

Unpaid carer.

Not such a good couple of weeks- too much stress/things to sort and Mr M [Mr Motivator] not been doing his live sessions- even though I KNOW exercise helps so much just couldn't get my act together and hit the comfort eating instead- still it's a blip and I'll get back to exercise!

Unpaid carer.

I'm on the edge of a break down not much motivation. Carers burnout.

Unpaid carer.

6.4 Sustainable behaviour change

In order for the campaign to generate long-term and sustainable behaviour change, carers have to be able to incorporate regular physical activity into their day-to-day routines. Across the evaluation we have found strong evidence that the campaign is supporting carers to see physical activity as part of their daily routines, as well as identifying the factors which will support sustainable behaviour change.

Carers frequently mentioned the importance of the Carers Active resources being free, which instantly removes a significant barrier for carers. Figure 8 shows that 78% of share and learn attendees who responded to the survey also said that those sessions had either:

- Motivated them to include more physical activity in their daily life, or
- Given them new ideas about the type of physical activity they can do, or
- Made them realise that they can include more physical activity in their daily life.

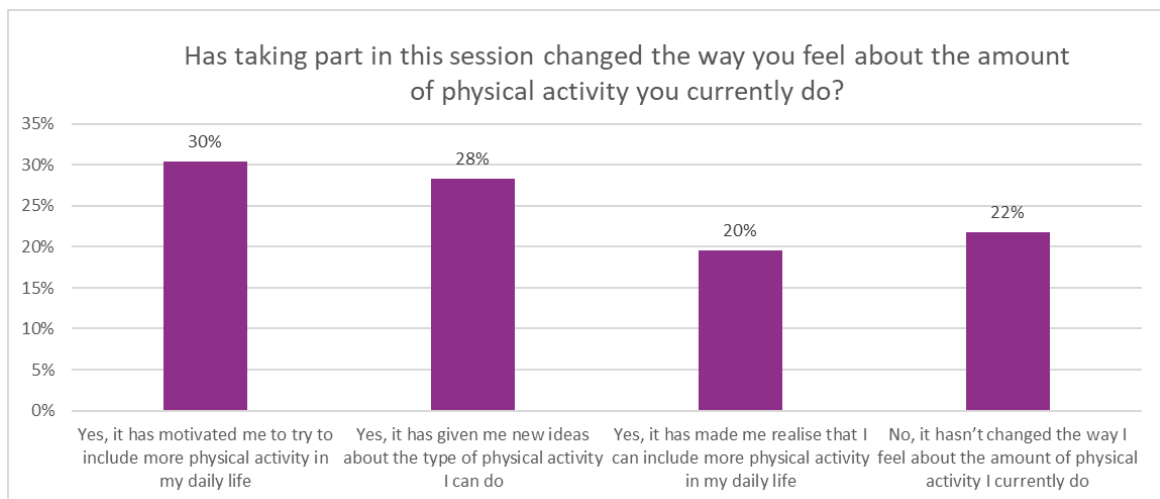


Figure 8: Feedback from Share and Learn session surveys, where carers were asked how the sessions have changed the way that they feel about the amount of physical activity they do (n=46)

The campaign has encouraged carers to also reconsider what they may count as physical activity and find regular opportunities for exercise in their daily lives. For example, carers in the cohort study included 'housework' or 'gardening' as exercise once they considered that it was causing an increase in their heart rate (see Figure 9). In some cases, carers found that broadening the range of activities that they are involved in has encouraged them to seek other physical and social activities:

It has encouraged both of us to partake in activities, its subconsciously nudged us both in the right, healthy direction. It has opened the door to going to other carers groups in the local area, gym, horticulture course, Christmas decoration course.

Unpaid carer.

Many carers have quite fixed routines, around which they have to schedule time for engaging in physical activity. Therefore, having regular sessions or groups (in-person or online) for people to commit to is an important factor in ensuring that physical activity becomes part of someone's weekly routine. Linked to this is the desire for carers to book multiple sessions at once, both to save the hassle of having to book individual sessions, and to get greater buy in.

I've done things but the one thing for me is consistency. So it's lovely that they do these two weeks of choir or two weeks of dance or two weeks of but in actual fact what I would like is actually them to be available year round.
Unpaid carer.

It would have been good to book a whole session, rather than being just able to put one at a time. Because and then you booked one you went, and then a day or two later, you got an email saying, Thanks for coming, book the next one, and then you've got that one, then you booked that and then you went, then you've got another room. So I would have rather possibly have had, you know, we're gonna run five sessions on Pilates. Here's the link to all of them, but booking just once for the whole. If I got sent the links, you know, without having to prompt to do anything else.
Unpaid carer.

As mentioned previously, the online nature of the campaign provided carers with increased access to physical activities. However, for some carers we found that it was in-person activities which provided a more sustainable or long-term change in behaviour. For example, one cohort diary entry stated:

Joined a local gym and managing to get there three times a week with a friend. In between I'm trying to walk averaging 5000+ steps a day. Love the aqua aerobics never done before and feels like I am really working out but safely supported by the water. I haven't done any exercise really for three years due to COVID and caring commitments. Trying to look after myself more. Feel much more positive.
Unpaid carer.

Similarly, a different carer stated in an interview:

I'm the type of person who likes to attend classes, to meet people and motivates each other. And whereas at home, I do the Zoom classes, it's quite a lot of distractions. Either mom calling me or I get a bit distracted, or stop, then maybe think I'll start that again later, then never get back to it. So I suppose more disciplines in the classes.
Unpaid carer.

For the campaign to establish long-term behaviour change, there needs to be a good balance of online and in-person activities available, leading to our recommendation in section 11 to continue developing links with carers organisations, local authorities, leisure providers, sports clubs and community groups, and support the development of in-person opportunities for carers to engage in a range of physical activities.

Some carers explicitly referenced the need for greater incentives to embed physical activity into their lives beyond the campaign. In some cases, this could be ongoing tracking of their exercise levels through a dedicated app (as with the Move into Spring distance and minute challenge), or small 'challenges' such as the Healthathon that they can look forward to and use to find renewed motivation. For other carers they would value a financial incentive, for example a reduced rate of free gym-pass if they complete a certain programme.

However, I've signed up for the Cancer Research skipping challenge so hope to do 100 skips a day in February, as well as my walking.

Unpaid carer.

I also think that for those that have been really active in following the Carers UK campaign, like me, I've been doing more and every week, in the end, you know, people could be rewarded with like, gym pass or something to actually encourage them to carry on.

Unpaid carer.

Finally, it is important to note that the campaign itself is an important part of carers finding renewed motivation to exercise despite the ongoing challenges they may face in day-to-day life. For example, the motivational factors listed in section 6.3 are important in carers feeling inspired to exercise following periods of ill health or intense caring demands. In feeling part of a group and in-touch with other carers (e.g. through the newsletter and Facebook group), they feel able to reengage in exercise. We see clear evidence of this in the fortnightly cohort journal, where despite poor weather or a period of ill-health, carers note a desire to get back to regular activity as soon as possible.

Claire's story

'I was surprised by what a natural energy boost I felt doing the activity videos. I felt less frustrated and tense and it gives me a sense of achievement.'

I care for my three teenage daughters who are autistic (neurodivergent). They also have other co-occurring conditions including ADHD, sensory processing difficulties, social anxiety, dyspraxia, and depression presenting in different ways. My daughters are each very different, as are their support needs. They need help to manage their time and make sure they take medication. A typical week will also require discussions with medical specialists, therapists, and the school over different issues. Encouragement is also needed to help them with managing their own personal care, environment and social interactions.

Before I had my daughters I used to work as a women's health nurse on a gynaecology ward. As the girls got older, their varying needs became more apparent, along with the extra support required in daily living, and I have not returned to a paid working role.

I have never been someone who enjoyed exercise, and to be honest would avoid it if I could. It always felt like just another thing to do and not something that interested me. I would try at different points to join friends for a workout class, but my efforts were short-lived.

I found fitting in physical activity once my caring role increased more and more difficult. There is so much to do with what feels like so little time in a day. I used to go to the gym a few times a week, but found travel time, working out and getting changed took a lot of time out of the day. I also found I would have calls, appointments or would need to address issues throughout the day, so the gym time soon got pushed out.

I do benefit from getting out of the house and having a change of scenery. It's great to get some fresh air or be in nature. We have a small dog which is a great motivator to go out for daily walks, and having her with us helps with anxiety levels. Due to our family's specific preferences we go to places like the forest or the beach, at quieter times of day to avoid areas being too busy. In addition, one of my daughters enjoys outdoor gym equipment at our local park. I have found as my activity levels have improved, so has my self-esteem.

It was such a privilege to take part in the filming of the videos. I loved that different fitness levels were represented, which made the videos more relatable. I also feel passionate about the importance of looking after yourself as a carer. Working out at home is so much easier to fit in our lives. There's no need to travel to it and get cover for the person you care for. It is not weather dependant. The 15-minute videos feel manageable too. They are easily slotted in at different times of the day. You don't need any special equipment or lots of room.

I was surprised by what a natural energy boost I felt doing the activity videos. My stress symptoms also improved; I felt less frustrated and tense and it gives me a sense of achievement. I am hoping to improve my strength and flexibility by regularly doing the videos.

My advice to other carers who would like to be more physically active but struggle to fit it in is to make time for yourself. Look at your schedule and book the time in. It can be easy to put it off, but 15 minutes is easily achievable, and you will soon feel the benefits.

7 Wellbeing and social connectedness

7.1 Personal wellbeing

One of the desired outcomes for the Carers Active campaign is to demonstrate that it can effectively support carers through increasing levels of physical activity and improving personal wellbeing. This includes:

- Improved life satisfaction
- Improved feelings of worth
- Increased happiness, and
- Decreased anxiety¹⁸

There is some promising evidence emerging at the end of year 2 that demonstrates the effectiveness of the campaign in achieving this intended outcome. Among cohort members, there is a definite trend towards higher levels of wellbeing among those carers at the end of a six-month period during which they were engaged in the campaign in some way (Figure 11).

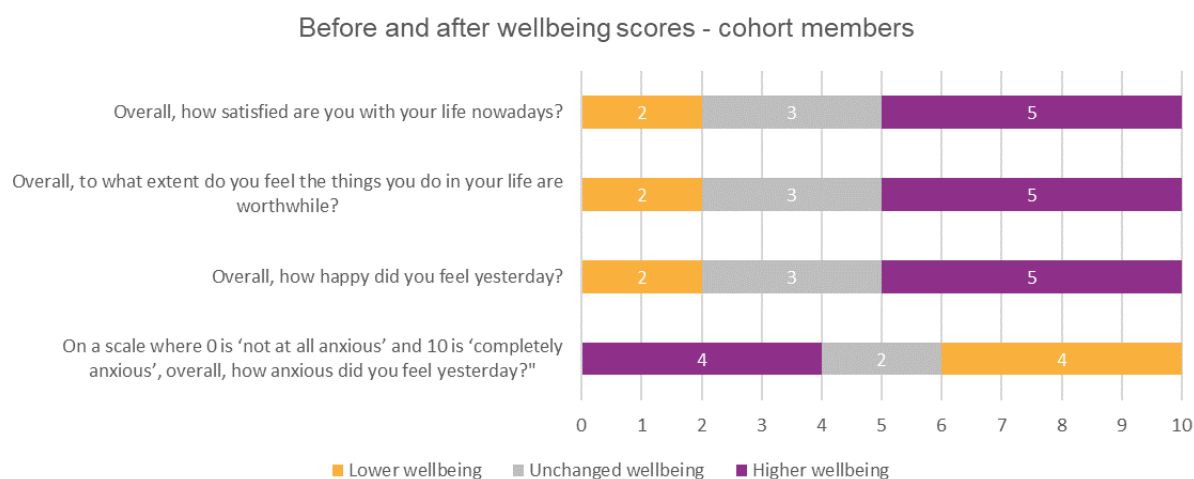


Figure 11: Before and after wellbeing scores for cohort members (n=10)

Although the sample size is relatively small at this stage, we are hopeful that this trend is linked, at least in part, to the impact of the campaign. There was a positive trend also (at the end of six months compared to the beginning) in relation to the number of carers who:

- Wanted to continue including more physical activity in their daily life (motivation)
- Found it easier to be more physically active (opportunity and / or capability)
- Knew more about the different type(s) of physical activity they could do (opportunity)
- Felt more confident when it came to doing physical activity (capability)
- Found it easier to motivate themselves to do more physical activity (capability)

¹⁸ As measured using the ONS4 wellbeing measures. For more information see: <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/methodologies/personalwellbeingsurveyuserguide>

Across the evaluation we see other evidence of the campaign contributing to improved life satisfaction and sense of self-worth through being able to find some “me time” where they are not defined by their caring role.

Other benefits of playing have been the opportunity to go somewhere where I can just be myself, I'm not there as someone else's daughter, mother, wife - just me. Also, the game gives me opportunities to express whatever mood I'm in - often I start off smashing the shuttle around getting rid of pent-up frustrations but by the end of the session I'm laughing and having fun with more playful, interesting shots.

Unpaid carer.

In several situations, carers commented that the campaign (and exercise) has improved their quality of life after a difficult period in their lives:

I lost my beloved husband and father last year to cancer in March and May and found Carers UK great in lots of areas and the yoga sessions are great for my wellbeing.

Unpaid carer.

I think [the online share and learn sessions and the campaign] has completely changed me because this time last year, I was told my husband was at death's door by a GP and he wasn't, she made a mistake. She came and apologised and everything but I went into a spiral. I didn't realise I was getting depressed or was depressed. And it was the Healthathon that got me going that started me off... I thought I'll give it a go. I'll give it a go, and it was such a lovely day and I've gone from there really. But it has taken near enough nine months for the depression to go.

Unpaid Carer.

We see a depth of evidence to suggest that being part of the campaign and increasing physical activity levels increases happiness amongst carers. In focus groups and interviews, feedback from Share and Learn sessions, the cohort journals, and published case studies, carers comment that exercise and being part of the campaign makes them feel more positive, it lifts their mood, and that they get a “feel good factor” after the activity.

Feeling much better for having been more active recently and more positive too.

Unpaid carer

Specific mental health benefits include reduced anxiety and an increase in emotional capacity, resilience and optimism.

Much fitter and able to do more! Helped me cope better! in an especially stressful time.

Unpaid carer

I feel Refreshed and have more patience to deal with [the person being cared for].

Unpaid carer

I am enjoying the activities and feeling a lot fitter and happier within myself.
Unpaid carer

[I'm feeling] much better, more positive in my mood, more relaxed and more motivated.
Unpaid carer

As mentioned in Section 6.2, the fact that classes are online means that carers can take part in a physical activity without having to arrange alternative care provision. In addition, we find that it helps reduce anxiety around complex timings and additional commitments whilst giving carers a genuine break:

It basically gives me a break without having to do anything other than perhaps change my clothes and go into a different room. It means I don't have to be thinking, right, if the class starts at half past 10, I've got to leave here at about 20 past 10. But I've got to get [person being cared for] a drink. I've got to get his tablets, he'll need a snack and then the doctor is ringing but then I've got to pick up the prescription. So let's say the shortest trip is an hour and a half if you're going to do a class. It just takes the weight off. And it does give you a break. I know that I'm physically here but it does give my brain a break.
Unpaid carer.

7.2 Loneliness and social isolation

We know from the State of Caring Survey (2022) that over a quarter of carers often or always feel lonely. The Carers Active campaign seeks to reduce levels of isolation and loneliness amongst carers. We find some evidence that the campaign is achieving this, with several carers stating “connected” or similar words when asked to give three words to describe the campaign.

Carers comment that the share and learn sessions provide “a supportive community” where they know that the other participants are carers and understand the challenges faced by carers. The element of ‘caring solidarity’, even if unspoken, came through as a significant factor in carers choosing to engage with Carers Active sessions as opposed to other ‘public’ sessions. It was also a significant factor in many carers choosing to take part in the live sessions, where even if they didn’t directly speak to other people, they got a sense of being part of a group of people who (to an extent) understood each other. However, it is important to note that there are situations in which carers expressed a desire to be ‘understood’ by other carers, but for the session to focus on them as individuals and their exercise needs, rather than discussing their caring role.

But it's kind of quite nice to know that there are other people who are probably going through similar sort of things as you and yeah, you sort of you kind of have like, a similar kind of outlook on what's going on. And different, like challenges, I guess you could say, day to day. So you sort of like understand what's kind of how you're all kind of doing rather than it being someone who doesn't sort of have that kind of caring side, to their lives.
Unpaid carer.

It does make a difference to be seeing these people and for it to be live. Not everyone wants to be on camera. And that's fine. I don't have a problem with that at all. But you're doing it with a group of people who sort of get you.
Unpaid carer.

Yeah, so me some being a part of a group. I'm an isolated carer, which means that the person I care for doesn't actually leave the house very much. So we're at home 24/7, I can't go to the gym, or go to a group and, you know, do walking or anything like that. So all of my physical activity is taking place at home. So for me, I think it's the motivation of knowing that I'm not alone. Yeah, and that I've got the opportunity to take part in a collective exercise group. And when I do the share, and learns. So yeah, that really motivates me to keep going.
Unpaid carer.

There was also a positive shift towards greater social connectedness among cohort members following their involvement with the campaign. More carers agreed that there were people who would be there for them if they needed help (Figure 12) and if they wanted company or to socialise there would be people they could call on (Figure 13) at the end of the cohort study than at the beginning.

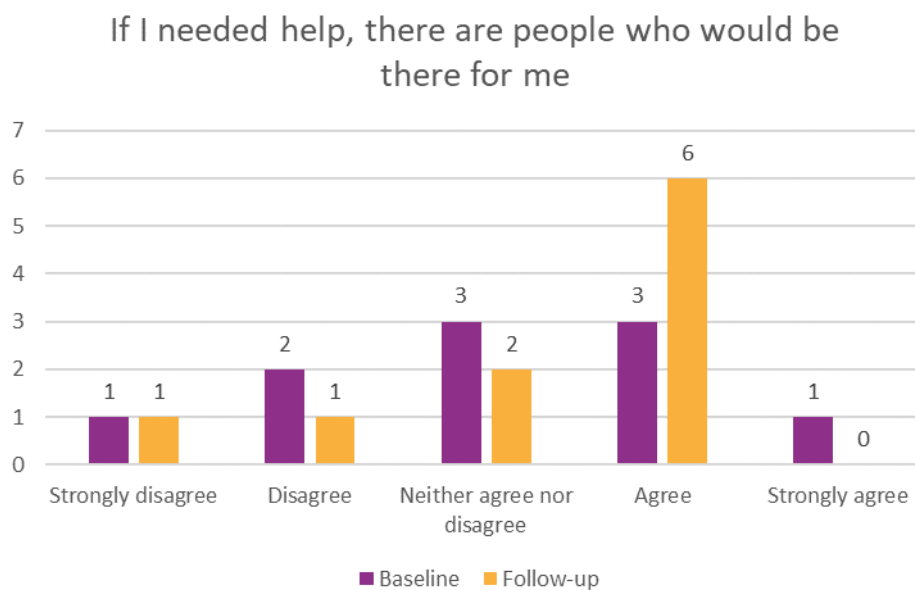


Figure 12: A comparison of baseline and follow-up responses for cohort participants who responded to the statement “If I needed help, there are people who would be there for me” (n=10)

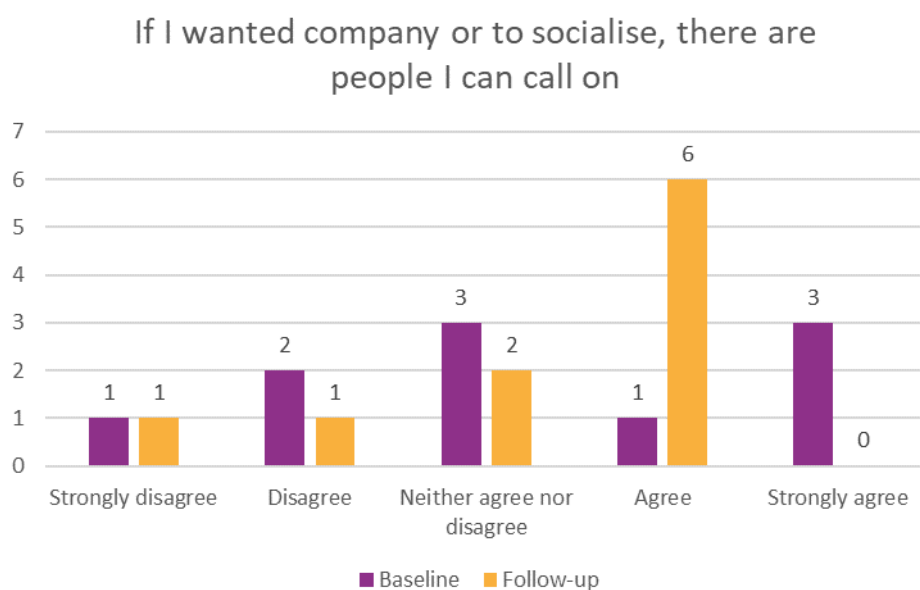


Figure 13: A comparison of baseline and follow-up responses for cohort participants who responded to the statement; “If I wanted company or to socialise there are people I can call on” (n= 10)

7.3 Quality of social connections

A desired outcome of the Carers Active campaign is for carers to experience better quality and quantity of social connections through physical activity. We found that whilst carers who are involved in the online aspects of the campaign feel “part of something bigger” and “connected” with other carers, it is offline activities that carers seek for breadth and depth of social connections. Carers mentioned that significant social interactions range from greeting people whilst they’re out exercising, to being part of a regular sports group which provides quality social connections.

I noticed I was feeling a bit low so I've been making an effort to get out for a short (20 minutes) walk in the fresh air most mornings before breakfast and this has really helped. I enjoy noticing the birds, sharing a greeting with people I see often along the cycle track and just feeling more active.

Unpaid carer in cohort study

For me, the 'Active Retired Rackets' sessions at the local leisure Centre have been life-saving. It was relatively easy to get back into sports like badminton and table-tennis and, at the level we play, it wasn't necessary to be especially for to begin with. The group is friendly and welcoming of new players and most of us are just there to have fun and keep active without taking ourselves too seriously. I feel that without this group to attend I would have really struggled to cope.

Unpaid carer in cohort study

There is strong evidence that the online delivery of the campaign and live activity sessions is important in giving carers access to opportunities that they otherwise wouldn't have. However, when asked how they feel the campaign could be improved, many carers suggested that they would like to see more offline opportunities, particularly so that they can build relationships with other people. Some carers suggested that Carers UK could facilitate local walking groups, or work further with local voluntary sector partners to set up physical activities for carers.

We're completely isolated, unless we're very lucky and that we're at work and we've got friends, we tend to lose our friendships. So I think trying to get out and do activity requires some sort of befriending. So if there could be something where there could be a consistent group, so for example, healthy walks, and so on, where you can get to know other people. So it might rotate in an area from one place to another every month or whatever. But actually, if you could have some sort of equitable provision, then maybe if you get people to go out and about and they won't feel so isolated, and then they could link together when they're online.

Unpaid carer

It would be good to see greater encouragement for people to join things like this and for local councils/leisure centres to promote such groups among carers. Many of us at the group do have caring responsibilities so it is also mutually supportive without the focus being solely on our caring roles.

Unpaid carer

They are very successful for changing the mood of carers to a more positive one. The physical activity is not accessible to everyone but the ones that are able love to keep fit and active. They enjoy doing things in more of a team group - like walking where they can interact with each other while doing the physical activity.

Leisure provider

Chris' story

"It can seem daunting taking that first step, but take it from me – it's worth it."

Chris, who cares for his husband, explains how the gym is a welcoming place where he can take time for himself.

I became a carer for my husband Graham after he had a stroke at New Year 2022. Prior to that we had worked together closely running our small family business, with him taking the principal role. Very quickly after the stroke it became clear he would not be able to return to work and I had to close the business as we did not have enough time to find a buyer. My only break from caring was twice daily dog walks which gave me the opportunity to get into the fresh air and get some exercise. I was, as happens to so many carers, trapped in a cycle of not being able to get out and do anything for ME. My life – as so many will agree – was focused solely on my husband, despite him saying I should go out.

As part of Graham's rehabilitation, our GP referred him to our local council-run gym and he received a discounted membership rate because of the referral. I was also eligible for the discount as without me there, he could not have got to the gym. I have, for years, had a sedentary job and have put off joining a gym because I felt that being unfit (overweight!) I would feel out of place and embarrassed. Thankfully my concerns were discounted very quickly as the staff are welcoming and encouraging and we each started a programme which was suitable for our abilities.

Then disaster – Graham had a major relapse and is currently unable to take any serious exercise. He encouraged me to continue; I am still regularly going to the gym and it's having a great effect. My routine is definitely not intensive – just a five-minute warm up walk on a treadmill, then a 'hand-bike' to get the shoulders moving and relaxed, followed by some leg and arm weight work. It is all pitched at what I can do – not intended to build huge muscles – and to just keep all parts of my body moving. There are, naturally, those who lift weights which I could never even move as well as those who do far less than me, so all in all, I feel comfortable and there is no self-consciousness.

Over the months I have got to know other regulars and some of the staff, so even though I don't engage in long conversations, I get to say 'hello' and we smile and exchange a quick laugh. The other thing which I find helps me escape is that I have, for many years, loved listening to audiobooks and have a huge collection. During dog walks and at the gym, I lose myself in a book, be it fiction, history, biography or even fantasy novels. This lets my mind focus on something other than caring, which can so easily dominate every waking minute.

I have known many other people who have had a caring role and have always reminded them to make time for themselves as well the person they care for. I so nearly fell into the trap of not following my own advice. And a great thing came out of the gym work: Graham had a fall a few weeks ago and I was able to catch him and support him before he hit his head on a door frame. Six months ago I would never have been able to do that!

I would advise every carer to check with their GP or local council if there is a referral scheme in their area. Some councils offer great discounts for those on benefits or low incomes, but you just need to ask. It can seem daunting taking that first step, but take it from me – it's worth it.

8 System level change

8.1 Cross sector awareness

Through the provider mapping survey¹⁹ and the focus groups with professionals and leisure providers, we find that the campaign is an important vehicle for bringing awareness of carer's physical activity needs to the attention of leisure providers, and for making physical activity a priority for carers support groups. In particular, we found strong evidence that Carers Active April is an important catalyst for engagement:

And we've sort of seen the Carers Active April campaign really as the starting point now. So even though we had a specific offer just for that month, we've always got the ongoing concessionary membership for carers. So we're using that now to create a long lasting relationship. And those officers are now trying to work with those groups and keep that relationship going on all year, year on. So hopefully that will create a more sustainable and more engaged method of getting information because that's the key bit is raising awareness of what we've got to offer and what's available for carers.

National leisure provider

We kept [Carers Active April] quite high on the agenda for our online peer support groups, and would share the resources, signpost carers to it and it just kept it on the agenda, and it kept it highlighted and linked very much in with conversations around care or wellbeing. But one of the things that we did notice that in some groups, for some carers, they wouldn't necessarily access the resources. But in the group, it would prompt them to think about and talk about their own activity, physical activities, and wellbeing activities, which would then in a sort of peer support setting would then kind of have a bit of a domino effect. Other carers would be like, Oh, I could try that. Oh, oh, yeah, that sounds like something I could do that I've got something near me that. So it prompted that conversation and that awareness around physical activity and wellbeing in a general sense as well. So there's almost like a trickledown effect. That's what we found through promoting it in April.

Carers support group

Partner organisations engaged with online marketing and communications material, often creating their own material to support the campaign.

¹⁹ The mapping survey was sent to affiliates of Carers UK, which includes organisations that provide direct support to unpaid carers, as well as local authorities, other charities providing physical activity opportunities, and some NHS bodies and local community groups.

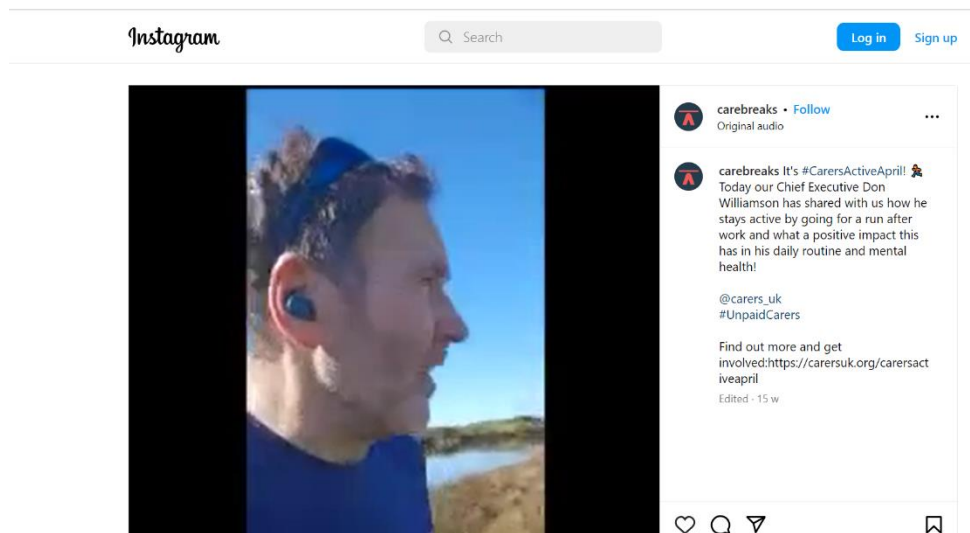


Figure 14: Screenshot of Shared Care Scotland's Chief Executive sharing activity ideas and inspiration while running around a picturesque loch



Figure 15: Screenshot of We Are Undefeatable sharing carer stories

One leisure provider started their own campaign during Carers Active April where they partnered with local carers organisations to get the contact details of 6000 carers in their area. The carers were sent a text message asking if they would like to sign up to a campaign which would support them to do 21 minutes of activity a day. 233 people signed up and about a quarter of those responded to fortnightly check-in sessions.

← Tweet

Stepping Out
@CarersStepOut

Another fabulous Stepping Out walk dedicated to @CarersUK's #CarersActiveApril 🌞🌳🚶

Nearly 40 carers and their loved ones from all over Greater Manchester enjoyed a walk around #DebdalePark

Discover more about our day here:

bit.ly/3V4xRZE

#CarersStepOut #walks



Carers UK and 9 others

4:20 PM · Apr 25, 2023 · 403 Views

← Post

Central Bedfordshire Council
@letstalkcentral

Research from @CarersUK found that 67% of unpaid carers said taking part in physical activity helped them feel more connected to other people. Find ways you can be more active while looking after someone this #CarersActiveApril: bit.ly/3KFhGgK ✓



6:15 PM · Apr 27, 2023 · 748 Views

Healthwatch Milton Keynes @Healthwatch_MK · Apr 25

Research from @CarersUK found that 67% of unpaid carers said taking part in physical activity helped them feel more connected to other people. Find ways you can be more active while looking after someone this #CarersActiveApril: buff.ly/40XsZY4 ✓



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Figure 16: Posts from a carers support organisation, local authority and health-related organisation supporting Carers Active April

Professionals commented on the usefulness of the Carers Active Hub as a “one stop shop” and felt that it was highly accessible. They commented on the importance of it (and the share and learn sessions) remaining free to access.

The organisations that responded to the provider mapping survey demonstrated a clear understanding of carers’ physical activity needs and the barriers that exist for carers. It is clear from the survey that some leisure providers regularly engage with carers to understand their needs.

We consult with carers regularly to ensure these are activities they would enjoy, but occasionally tie in activities to coincide with national awareness campaigns.

Leisure provider

However, while it is clear that Carers Active April and the wider Carers Active campaign has helped raise awareness of the needs of carers, there is still work to be done to engage a wider selection of leisure providers and carer support organisations. Just over a third of survey respondents (37%) said that helping carers to be more physically active was a high priority for them (Figure 17). And only 21% rated their knowledge of how carers can be supported to be more physically active, as ‘very good’ (Figure 18).

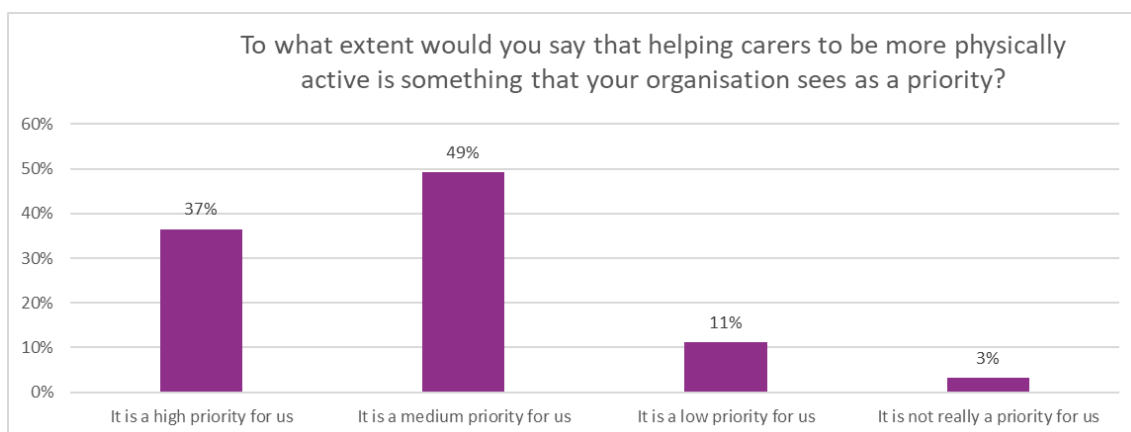


Figure 17: Responses from a survey of professionals to the question: “To what extent would you say that helping carers to be more physically active is something that your organisation sees as a priority?” (n=62)

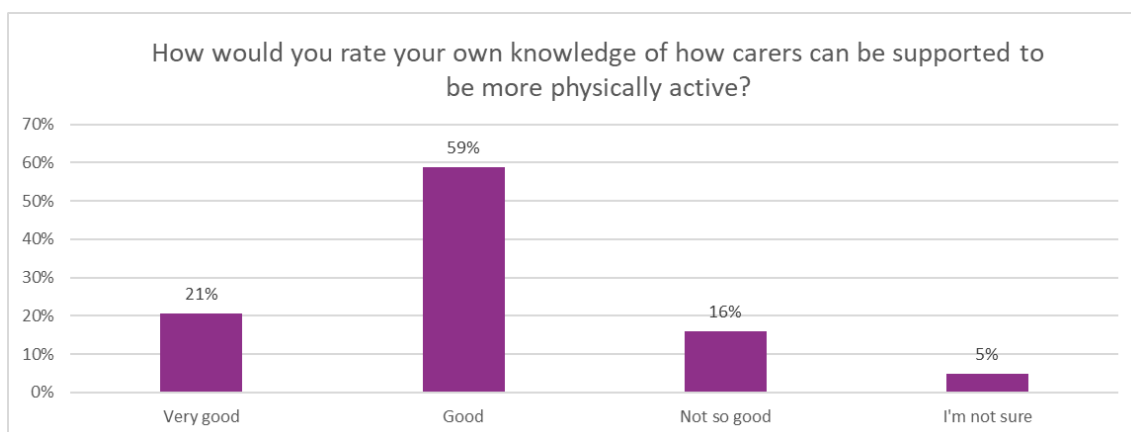


Figure 18: Responses from a survey of professionals to the question: “How would you rate your own knowledge of how carers can be supported to be more physically active?” (n=63)

Around 90% also stated that each of the following would be 'somewhat' or 'very' useful for them:

- Learning from the experiences of other organisations
- Resources to use to promote physical activity
- Information and guidance to help track improvements in carers' health and wellbeing

I think from our perspective, yeah, a PDF would be helpful. I mean, we have a business briefing, every week that I would present I presented Carers Active April to all the general managers, and left it to them to then link in and do whatever activities they could do locally, but I really wanted more of a push, more guidance as to what they could be providing. And I think it was too late in the day then for them to make the links with the carers associations if they hadn't already got them.

National leisure provider

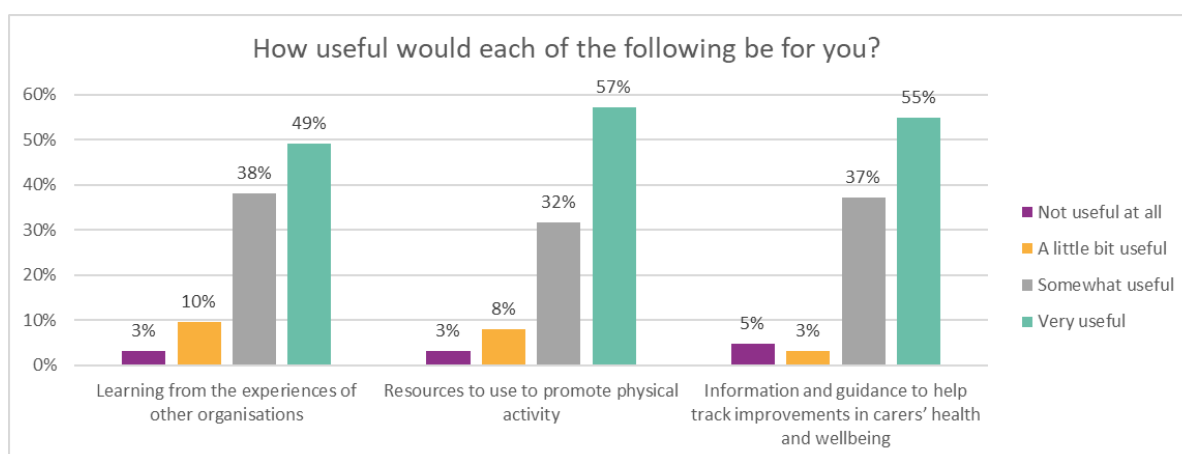


Figure 19: Responses from a survey of professionals that seeks to understand how useful different guidance and resources would be (n=81)

Notwithstanding that there is a desire to find out more about how they can deliver physical activity sessions for carers, nearly two thirds of survey respondents (62%) do currently run physical activity sessions for carers in their organisations (Figure 20) and 63% of these said that they were very likely to continue. Among the 38% who said that they do not currently run any physical activity sessions for carers, the following reasons were most commonly given:

- A lack of funding / capacity
- Not within the scope of service provision (for example, those that provide only care at home and / or respite services)
- Signposting carers to other services that provide physical activity opportunities (for example via social prescribers, or directly to those that offer physical activity in the community, including reduced price leisure centre use), and
- A lack of demand / interest among local carers.

This shows that there is a need to promote the importance of physical activity among unpaid carers, continue to build system level capacity, and help local organisations to access new funding opportunities.

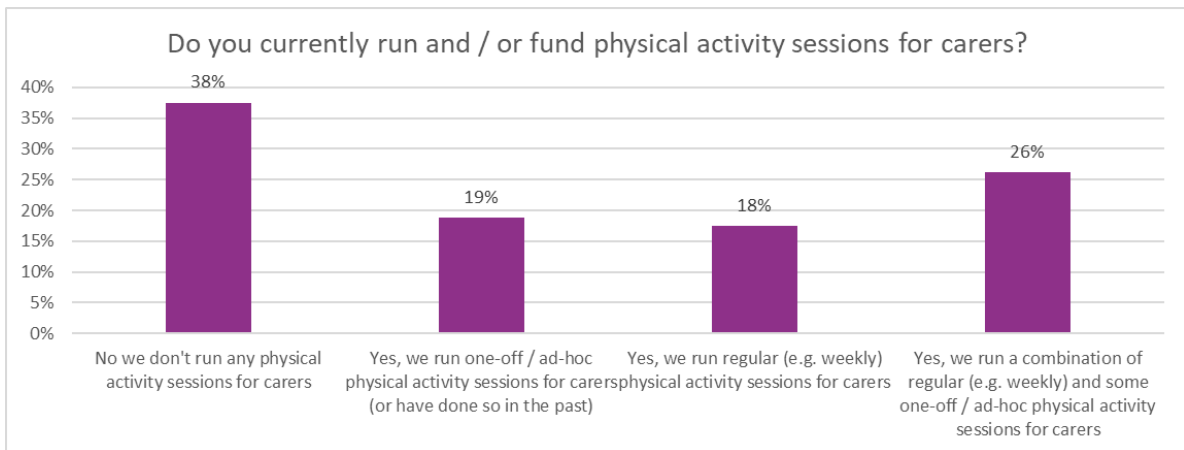


Figure 20: Responses from a survey of professionals to the question: "Do you currently run and / or fund physical activity sessions for carers" (n=81)

Despite this, 84% said that organisations are becoming at least 'somewhat' more aware of the importance of physical activity for carers (Figure 21).

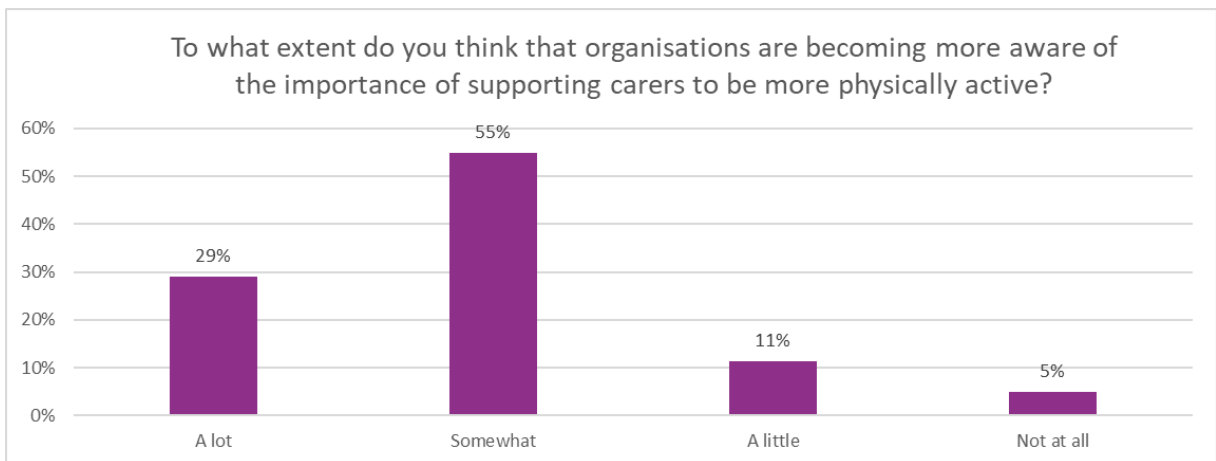


Figure 21: Responses from a survey of professionals to the question: "To what extent do you think that organisations are becoming more aware of the importance of supporting carers to be more physically active?" (n=62)

Feedback passed on from carers through the mapping survey demonstrates that carers were thankful for the provision of activities by their local carers organisations:

"I saw some friends from previous trips & met new people. Great day to take my mind off things".

Quote from a carer provided by a carers support organisation.

We didn't collect written feedback, but we were told that the light exercises were a lot of fun, including laughter yoga and we have re-booked as a result.

Carers support organisation

"Hello, I've been attending Beth's Pilates classes on a Monday & am finding the classes really helpful so would love to continue with them if possible please. Thank you. I am so very grateful for everything you do and have done for me and my family. The support and guidance has really helped me through difficult times. I have my mojo back x Thanks for organising all these

activities for us. It makes us take time out and do something fun just for ourselves - as sometimes we forget that's important too!"

Quote from a carer provided by a carers support organisation.

"Well what can I say, today has made me see how firstly being a carer I am not on my own but how lovely and important it is being a carer to come and join in these events with the lovely staff and carers, what a joy"

Quote from a carer provided by a carers support organisation.

8.2 Partnerships and collaborations

In discussing the Carers Active campaign with leisure providers, carers support groups, and local authorities we found that the campaign has proved an important catalyst for initiating or developing cross-sector partnerships or partnerships between carers groups. Carers groups found the fact that it was a national campaign gave their communication with partners greater weighting and ready access to resources that they could point to.

In focus groups with carers support organisations and leisure providers we find evidence that new partnerships and collaborations are being formed, which increase levels of take up among carers. We have limited evidence that the carers engaging in partner-led activities are not already active in some other way, however, we intend to focus further on understanding the change in 'offline' activity levels further in year 3 of the evaluation.

A significant success for the campaign is the provision of the engagement of a national leisure provider, who has offered discounted memberships for carers and seen a considerable uptake:

From a sort of tangible impact, for our leisure centres, we operated open sessions on the third week of the Carers Active April campaign, and we offered a specific membership offer for any members of Carers UK. So we've got tangible evidence that people were engaged with the campaign and interested. And we had over 400 people take out a membership. We had quite a few people come to actual sessions, we're still getting final numbers on exactly who came where, but all the feedback we had on the day, and for the people who have actually accessed us, you know, they've seen it as a really good opportunity. And it's brought in genuine new people to our leisure centres. So I think only 43 people out of those 400 were existing members or users. So we've definitely reached a new audience, which was our big aim and what we were trying to get out of this was trying to, you know, provide an offer that would be useful to carers and beneficial to them. So, yeah, we're really happy with that side of things.

Leisure provider.

The campaign has also prompted local carers organisations to share where there are existing benefits in place for carers and chances for them to access reduced-rate leisure activities:

We've recognised from carer survey results that getting out and about and finding half an hour an hour of their day to themselves is quite a challenge to actually focusing on really small bite sized things. So how can you utilise your garden or what could do you do in your house that you can actually incorporate activity into. And we were asking carers to share those stories.

So we shared them on our newsletters and on our social media platforms. We again, carers looked at different things like actually going for a walk and photography and taking photographs and showing their photographs of spring and things like that. So we really kind of brought it back to actually just finding 10 minutes of your day, and how you can share that story as how you've used that. And it's the kind of opened that door for carers to share their experiences between themselves during that period of time. We have a carers discount card in the county, so carers can get discounts in regards to multiple different things, but including our gyms and wellbeing activities, different organisations, just not just the larger organisations have offered carriers a discount. We highlighted that during this period of time as well, which was successful.

Carers support organisation.

We also found evidence that the Carers Active campaign is important in joining up local action amongst carers groups, as well giving carers groups an opportunity to market existing resources which they have in place. In this sense, the campaign acts as a vehicle for encouraging wider utilisation of resources by carers.

We found evidence that carers support organisations forging new cross-sector partnerships as a result of the campaign highlighting the physical activity needs of carers:

Positive feedback received, friendships have been formed, reducing isolation and loneliness, physical and mental wellbeing. We have worked in partnership with a local care company helping out and due to Swindon Dance Studios gaining a grant they have offered dance classes to carers from September.

Carers support organisation.

In discussion with leisure providers and carer support organisations, suggestions were made that the campaign (or aspects of it) could be supported by a corporate partner, such as sports leisurewear provider. It was felt that this would give the campaign a financial boost and provide ongoing sustainability.

Greenwich Leisure Limited (GLL) and Carers UK partnership

GLL, the charitable social enterprise that operates municipal leisure centres on behalf of 50 local authorities under its Better brand, partnered with national charity Carers UK in the spring of 2023, in support of the Carers Active April campaign.

GLL's partnership with Carers UK was twofold, beginning with the creation of a nationwide membership offer which would enable unpaid carers (those in receipt of carers allowance and / or members of Carers UK) to access an unrestricted £30 per month membership between April and May. In addition to the membership offer, partnerships across GLL:

- Planned and delivered 'Carers Welcome Sessions', to raise awareness of Better facilities where they live and the services they offer. These took place in the last two weeks of April.
- Engaged and consulted with local carers groups with the aim being to set up tailored programmes and exercise pathways for unpaid carers.

All of this was supported by a range of local and national marketing and communications activity including:

- Joint communications activities with Carers UK
- The development of bespoke social media and digital marketing assets
- Website news stories across Better leisure centres, and
- Social media engagement with carers groups and key stakeholders

The partnership delivered a number of successes for both organisations. GLL's work locally helped to begin removing some of the key barriers that carers face to being active (such as accessibility and affordability of physical activities), therefore supporting a primary goal of the Carers Active project. During this time, Carers UK saw a 20% increase in the number of new members and GLL's work also drove greater engagement with the wider Carers Active campaign. From GLL's perspective, the organisation successfully gained over 400 new UK Carers memberships in the space of six weeks.

Alongside this, the partnership generated greater awareness and opportunity to engage in physical activity among the wider population of carers, with multiple carers organisations engaging with their local Better leisure centre for the very first time and more carers and carers organisations becoming aware of their local leisure facility. Individual carers also benefited from joining Carers UK, an organisation able to provide year-round support to unpaid carers across the UK.

This partnership demonstrated the importance of using partnerships and collaboration to reach new communities, and in particular those who need the most support to make positive changes to their lives to improve their wellbeing and quality of life.

9 Summary of key findings and learning so far

This report provides an interim update on the reach and impact of the three-year Carers Active Campaign being run by Carers UK. We have found compelling evidence that the campaign is demonstrating progress towards the outcomes under the outcome domain *Physical activity levels among unpaid carers* (see Table 2). Notably, we have presented evidence in this report of the project engaging with carers to help them recognise the value and importance of their own physical health and that they are more motivated and better able to access opportunities to be physically active and embed them in their day-to-day routines. The campaign is largely successful in removing well-documented barriers to carers accessing physical activities and motivates carers to seek new opportunities and share opportunities with other carers. It is notable that 92% of carers who filled in a post-session share and learn survey said that they rated the share and learn sessions as 'good' or 'excellent'.

We find that the campaign improves the wellbeing and social connectedness of carers. Carers get a great deal of satisfaction out of being part of the campaign and report a reduced sense of loneliness and sense of isolation. This is particularly notable in carers who are housebound and access online activities, or carers who build relationships in offline activities. The physical activity opportunities provided through (and as a result of) the campaign increase happiness and sense of worth, increase mental and physical wellbeing and resilience, and a greater recognition from carers that it is important that their needs are met as well as those of the people that they care for.

We present early evidence of system-level change and we intend to explore the impact (and potential impact) of the campaign on system-level efforts in year three of the evaluation. In this report we provide early-stage evidence that carer support organisations, local authorities, and leisure providers have a good understanding of carers' needs and that they value the campaign and the resources that are provided. There is some evidence of cross-sector partnerships being forged and new initiatives being developed for carers as a result of the campaign. Carer support organisations, local authorities and leisure providers would welcome greater guidance on the provision of activities for carers.

Specific findings from this interim report can be grouped under the COM-B behavioural change model of *motivation, opportunity, and capability*:

Motivation

- Carers Active April is an important catalyst for carer engagement in the wider campaign.
- Regular communication across a wide range of channels is important, including the newsletter. Seeing other carers' stories is very important for motivation.
- Carers find the online physical activity instructors motivational, and value recognising the instructor from elsewhere or from a previous Carers Active session.
- Carers understand why increased physical activity is important for them, and report that the campaign is a helpful reminder that they need to meet their own needs as well as those they care for.
- Carers feel that they are 'part of something bigger' when they engage with the campaign. It gives them motivation and a sense of being heard and belonging. They value being in the presence of people who understand the challenges they may face as carers.

- Some carers face a wide range of challenges in their lives, but the ongoing presence of the campaign provides the motivation to exercise when they are able to and to find ways to embed physical activity in their routines.

Opportunity

- Carers feel that the share and learn sessions are valuable for providing opportunities for them to pick up a previous hobby or activity, or try things that they otherwise wouldn't have access to.
- The online and free-to-access nature of the campaign is crucial for reaching and providing opportunities to carers who lack time or financial resources, or who are unable to arrange for alternative care provision.
- Carers have taken up opportunities to engage in offline activities, which have been provided by leisure providers, carer support groups and local authorities as part of the campaign.
- The COM-B model of behaviour change identifies the need for people to have the 'social opportunities' to change their behaviour. We see this in online participants valuing the ability to leave a Zoom class midway due to a caring need without feeling embarrassed or having to explain themselves. Carers also valued being able to watch the sessions back in case they missed them due to their caring role.
- Carers also have the opportunity to be active offline at in person sessions or events where an organisation has set up an activity as part of the campaign, e.g. through Carers Active April.

Capability

- The resources and the share and learn sessions are suitable for a wide range of abilities and physical capabilities.
- Carers reported an increase in fitness following sustained engagement with the campaign and physical activities. This resulted in a range of mental and physical benefits, including increased physical resilience against injury in day-to-day life and in their caring roles, as well as increased emotional capacity and optimism.

The findings set out in this report also support the idea of the Carers Active campaign (as with many campaigns of this nature) being progressive, in which awareness, engagement, and the development of resources that support behavioural change among unpaid carers and across the system, will continue to build as campaign activities continue.

The evidence gathered to date also shows that the necessary building blocks for wider scale impact (through sharing learning, stimulating local action, and establishing new and effective partnerships) are being established.

10 Alignment with wider policy ambitions

Sport England is one of the UK Government's non-departmental public bodies responsible for promoting physical activity across the country and it provides funding for the Carers Active project (along with funding directly from Carers UK). Uniting the Movement is Sport England's 10-year strategy (2021-2031) which lays the foundation for investing in sport and physical activity to transform lives and communities through sport and physical activity and to 'make it a normal part of life for everyone in England, regardless of who you are'.²⁰ Sport England will

²⁰ See: <https://www.sportengland.org/about-us/uniting-movement>

deliver this mission through advocating for movement, and sport and physical activity, joining forces with others on five 'big issues', and creating the catalysts for change. Underpinning this strategic approach are four values that guide the way Sport England operates: collaboration, inclusivity, ambition, and innovation.

There is widespread evidence which shows that while many unpaid carers want to be more physically active, they are far more likely to be inactive than non-carers due to a wide range of barriers that are linked to capacity, opportunity, and motivation (see section 2). This interim report presents evidence that the Carers Active campaign provides encouragement, support, and access to physical activity opportunities for unpaid carers. In addition to tackling persistent and stark health inequalities, it aligns with the Uniting the Movement strategy more directly by:

- Delivering a national behaviour change campaign and working to keep the importance of physical activity for carers at the forefront of policy and service delivery decisions.
- Working collaboratively with carer support organisations, local authorities and leisure providers, providing inclusive and wide-ranging support for carers, innovating through service delivery, and being ambitious in the desire to support a large and historically underserved section of the population.
- Broadening perceptions of physical activity by encouraging carers to make use of everyday opportunities and providing non-standard and fun exercise opportunities (e.g. Daytime Disco Share and Learn session).
- Supporting carers to (re)engage in physical activity following the pandemic and build on advancements in digital capabilities and ways of delivering services to reimagine the home as an active environment. Throughout the evaluation we have heard from housebound carers that the shift to online delivery of services meant that in some ways, their world opened up during and after the Covid lockdowns.
- Encouraging people to connect with a community of carers, and with people in their own community through offline opportunities.
- Demonstrating effective engagement especially among women, which is a key audience group for Sport England around the aim of tackling inequalities.

11 Action points for year three of the campaign

Going forward there are some possible actions for Carers UK to take as it goes into the final year of the campaign and looks to sustain its impact beyond the final year. In addition, there are some discrete action points for the evaluation to consider and focus on in the final year of the programme.

11.1 Action points for Carers UK

For Year 3 of the campaign, changes to marketing and communication could include:

- The presentation of a 'concise overview' of opportunities in the monthly newsletter for carers who don't engage with the full newsletter. It may be fruitful to consider using more traditional ways of advertising the campaign (alongside digital methods), such as local radio and print media to engage carers who aren't as digitally active. Local carers groups should continue to be heavily engaged, and they could be provided with materials (e.g. Carers Active banners) and good practice examples to help promote the campaign throughout their own networks. Continue to provide merchandise and incentives for taking part in the campaign; this could include tools to track or plan exercise activities.

- Promote further the mental health benefits of physical exercise (if not already a key part of the campaign messaging) and consider ways of engaging men in the campaign (given post-Carers Active April survey results).
- Consider ways of collating 'local action' stories of where the campaign acts as a catalyst for new or joined-up initiatives at the local level and between partners (e.g. leisure providers and carer support organisations).
- The Share and Learn sessions could be renamed to give a clear indication that they are live classes that are for carers, and individual session descriptions could give a clearer indication of the suitability of the session for people with limited physical capabilities, or at least the extent to which the session will contain adaptation of exercises for different abilities.

Considerations for the delivery of the campaign could include:

- The delivery of a greater number of share and learn sessions outside working hours and scheduling blocks of sessions at regular times, allowing carers to book multiple sessions in one go, therefore encouraging repeat participation and removing the burden of having to book for each session separately.
- Further supporting carers who struggle to engage with the campaign from a technical perspective, for example by providing tutorials regarding accessing the Zoom classes, linking to tutorials for connecting a laptop or phone to a T.V., or running 'support' sessions.
- Engaging with more BAME carers through developing new partnerships, including through more targeted share and learn sessions and / or the creation of local 'offline' activities which are supported by volunteers.
- Further existing efforts to work with local leisure providers to offer more offline activities for carers, and particularly opportunities which are low or reduced cost.
- Consider running Healthathons more regularly throughout the year as they provide an impetus for engagement. As part of this, consider running friendly 'competitions' to engage carers who like a goal or target to work towards.
- Continue to encourage session-leaders to continue to make carers feel comfortable with leaving mid-way through a session to provide care.
- Consider additional funding models, such as sponsorship by corporate partners.

11.2 Action points for the evaluation

For year 3 of the evaluation, the cohort study element of the evaluation should:

- Contain a broader / larger sample, and proactively engage carers who fail to complete the diaries. We should emphasise the reflective benefits of the cohort study / diary to participants and provide more frequent and personalised visualisations of diary data.
- Capture more about the profile of carers, in particular ethnicity and working status.
- Use the cohort interviews to capture new data, given the firm evidence base we have developed in year 2 of the evaluation. For example, we could use the cohort interviews to explore specific benefits of the campaign, including from a health economics or cost benefit perspective.

Across the whole evaluation, we should consider:

- Different and alternative ways of gathering data on the quality and depth of social connections that are developed, and proactively sharing case studies with the Carers UK team as we uncover them in the evaluation.
- Collecting more data on the use of resources on the hub, maybe through more targeted focus groups / user research approaches. In addition, consider how different resources may be needed or used by different user groups.
- How we can collect more data on in-person activities that are delivered locally, and potentially by volunteers as this aspect is developed throughout year 3 of the programme.
- Placing a strong emphasis on understanding system level change created by the campaign, and the role that the campaign plays in different parts of the system and the ways in which the campaign could galvanise high-level support for carers' physical activity needs. This is likely to require wider engagement with professionals across the system.
- The financial value of the campaign; many of the impacts that we've seen could have monetary benefits across the health and care system by reducing demand on services as a result of the health and wellbeing gains associated with physical activity. This may be something that we can explore further in year 3, for example, by possibly outlining illustrative cost benefits attached to outcomes.
- Work with Carers UK towards formulating recommendations for how the impact of the campaign can be sustained beyond the current funding period.

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