

IMPACT REPORT:

Men Who *Care* Project

*“After a beer, the conversation quickly sidelined ...
we shared common experiences around incontinence, prostate, bladder
control and the fact that our wives don’t remember who we are.”*



**Crossroads Care
Richmond and Kingston
upon Thames places
Carers and the people
they care for, at the
heart of everything
we do**

www.crossroadscarerk.org

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ROADS
CARE**
Richmond & Kingston
upon Thames

Executive Summary



The Men Who Care project would not have been possible without core funding received from Richmond Parish Lands Charity, Hampton Fuel Allotment Charity and more recently The Victoria Foundation.

Their funding allowed us to explore the specific needs and experience of male Carers and to develop a project to specifically address the health, support and care needs of this vulnerable and particularly socially isolated group of people.

Through our core work, together with research, we realised that the caring experience of male Carers is somewhat different to their female counterparts.

We have incorporated much information, research and learning into this project. This document reports the learning journey of those involved, as well as key obstacles. Continued monitoring will provide an invaluable resource to those organisations or groups with an interest in Carers and the people they care for, specifically male Carers.

Julie Da Costa,
Chief Executive Officer

Acknowledgements

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Our special thanks to Rachel Tawadrous for imparting her expertise and assisting the project team to support these male Carers. Also, our thanks to Julie Da Costa who helped to capture the needs of male Carers and developed a successful funding application and report.

Peter Adcock,
Chair of the Board of Trustees



Central Project Team

Julie Da Costa, CEO

Rachel Tawadrous, COO

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About us

Crossroads Care Richmond and Kingston upon Thames is a network partner of Carers Trust, the UK's leading provider of support for Carers and the people they care for. Our non-profit organisation provides bespoke, high quality home and community respite services, including specialist, complex care and support services to children and adults of all ages and disability.

Together with locally-based network partners, we have worked within the Borough of Richmond for over 30 years and Kingston since 2011. Our highly skilled staff build long and trusted relationships to give Carers and their cared-for peace of mind.

We are a Care Quality Commission (CQC) regulated service, which ensures we provide a quality and safe service. We are also a Centre of Excellence under the Carers Trust Quality Mark.

Our Mission and Vision

Our Mission is to:

- **provide** high quality services that respond to the needs of Carers and the people they support, offering them peace of mind and understanding;
- **develop** new services, working with Carers and the people they care for, and other stakeholders to influence service innovation and growth.

Our **Vision** is for every Carer to be recognised and supported, and to have access to a range of quality care and support services to maintain their own health and wellbeing.

What is a Carer?

A Carer is a person of any age who provides unpaid care and support to a friend or family member who, due to illness, disability, a mental health problem or an addiction cannot cope without their help.

Caring for someone at home is hard work, and is often a 24-hour, seven day a week job. Caring has an effect on the Carers' home and work life, their health and ongoing relationships with individuals and the community.

Providing respite care for a few hours gives unpaid Carers an essential break from their caring role. It allows them to spend quality time alone, have time

out, meet appointments, participate in activities with their other children or spend time with their partners or friends.

What we do

The primary function of our services is to provide Carers with respite and to improve their quality of life. Each week, we provide a minimum of two hours 1:1 respite service within the home or community.

In order to maximise the benefits of a respite break, each package of care is bespoke and personalised. Carers are supported in their homes through the provision of replacement care and in the community through information, advice, emotional support, hands-on practical help and access to much-needed breaks.

Our Partners and Projects

Crossroads Care constantly seeks innovative ways to support Carers and the people they care for. Over time we have developed specialisms and extended services for adults and children requiring palliative care, as well as young Carers with special needs and people with dementia.

We can offer extended respite breaks beyond our charity services and provisions through, for example, private or match funding with direct payments and contracts from health and social

care providers such as NHS, Continuing Care, Adult Social Services and Achieving for Children.

Crossroads Care prides itself on the excellent working relationship we have with our voluntary and statutory Health and Social Care professionals. Under the umbrella of the Carers Trust, together we play a strategic role within the sector helping to inform local and national strategy for Carers, the statutory sector and stakeholders on issues affecting the local boroughs.

By working with Carers, we are able to identify, and help isolated and vulnerable groups who live within Richmond but often sit outside the statutory framework. One such group are older male Carers. The Men Who Care project evolved from identifying and addressing these Carers.

**In 2017-18
we delivered over
22,000 hours of
care to over
500 Carers**

Project Background

The Men Who Care project was specifically developed to explore the specific needs and experience of male Carers. Through our core work and research, we realised that the Caring experience of male Carers is somewhat different to their female counterparts.

UK Statistics

- 42.3% of Carers are male – a total of 2.44m men (2001 census for UK's Carers)
- 59% of male Carers are over 85 years old
- 58% felt the needs of male Carers were different to the needs of female Carers
- 25% of male Carers care for over 60 hours a week, while also working
- 56% of male Carers aged 18-64 years said caring had a negative impact on their mental health
- 8 out of 10 unemployed Carers, due to their role, do not see friends or family
- 4 out of 10 male Carers never get a break
- 50% have not had a Carers assessment
- 25% were not aware of local support

Source: Carers Trust and the Men's Health Forum (2014)

Prior to these surveys, little was previously known about the experiences of this vast yet hidden group of Carers within the population.

Men's Health Forum

The Men's Health Forum is a charity that works to improve men's health services and the health of men in England and Wales. Too many men die too young. In the UK, one in five men die under the age of 65, and far too many men and boys suffer from health problems that could be prevented.
www.menshealthforum.org.uk

Effects of being a Male Carer

In 2013, Milligan and Morbey suggested that older male Carers experience impacts from their caring role which manifests 'in the physical, mental health, fitness, financial and social areas of their lives'.

- **Crisis:** they reach crisis point before asking for help
- **Support:** groups and support services are often female dominated
- **Lack of Awareness:** 25% in employment do not consider themselves to be Carers
- **Awareness:** lack of identity reduces statistics, awareness and support
- **Personal Care:** male Carers find personal and intimate care (mother, wife) a challenge
- **Domestic Care:** male Carers find domestic tasks previously undertaken by the person they care for a challenge
- **Balancing:** work and care causes great strain and difficulty



According to national UK statistics,
59% of male Carers are over 85 years old.

Men Who Care Project

Crossroads Care Richmond and Kingston upon Thames proposed to develop a project to specifically address the health, support and care needs of male Carers; a vulnerable and particularly socially isolated group.

We wanted to provide male Carers with regular, professional, free, planned and reliable breaks. This way they could spend time with other male Carers, receive specialist support and advice, and enjoy social outing and activities, while also providing respite support for the people they care for.

- **Respite breaks and social activities:** with 4 out of 10 male Carers never getting a break – the primary focus was to provide male Carers living in Richmond with a respite break and offer social group activities with other male Carers.
- **Sign posting (information and advice):** especially for those who have given up work; ensuring that male Carers are aware of services and information for Carers, locally and nationally.
- **Support:** through groups, sessions, or discreet and interpersonal support (in managing personal and unfamiliar tasks).

Beneficiaries: male Carers (usually over 65 years old) and their cared-for (e.g. wife, mother).

Geographical area: those living within the London Borough of Richmond.

Our Aims

Improved Emotional and Mental Health

Mental exhaustion, frustration and feelings of depression and isolation are all contributing factors which can lead to family breakdowns and poor mental and physical health. We aim to improve the emotional health of male Carers, reduce the negative impact caring has on them, improve their relationships with their families and Carers, and help them make friends.

Improved Physical Health

Caring can have a negative impact on the physical health of Carers. We aim to address the specific needs of male Carers (whether in or out of employment or retired) by focusing on practical support, social activities and inclusion, discreet individualised forms of support and raising the awareness of Carers needs and local support.

By having time to exercise and enjoy themselves, and by learning the importance of nutrition and how to make healthy meals, we also aim to increase the Carers' physical health, fitness and stamina.

Improved Wellbeing and Support

Many male Carers are socially isolated, have low self-esteem and feel ill-equipped to cope with caring. This project will improve their self-confidence and social interaction and help them feel more prepared for the challenges ahead.

By reducing social isolation and increasing their awareness and coping strategies, we aim for male Carers to have:

- more self-confidence
- an ability to cope better with their caring role
- an ability to communicate their needs more effectively and ask for help
- an increase in social support networks and a break from their caring role.

All these will assist to improve their physical and mental health, ultimately reducing the risk of crisis and family breakdown.

Impact and Outcomes

The impact of the Men Who Care project should be significant on an individual and community level. It should also be reflective in quality and performance monitoring from all stakeholders: the Carers and their cared-for, allocated staff, the Clinical Commissioning Group, and voluntary and statutory professionals engaged and working with the family e.g. Alzheimers Society, Social Workers.

We know that early and continued intervention support has a significant impact on the community e.g. a reduction in crisis situations, as well as improved outcomes. Male Carers need the same opportunities and outcomes as their female counterparts i.e. addressing outcomes around mental and physical health and wellbeing.



Time away from a caring role to exercise assists to increase a Carer's physical health, fitness and stamina.

Measuring Quality and Performance

The overall service delivery, quality and performance of the project is measured in part through the comparison of the pre-questionnaires and the post-questionnaires.

In order to procure the very best outcomes, the project is delivered by a male facilitator and a female coordinator. Direct respite care is delivered by trained, motivated and experienced Crossroads Care Support Workers.

Pre-questionnaire: It was agreed that the provision of a time and a place 'to be' would be central to the project's ethos. This way the male Carers could express themselves away from their 'caring environment' which is central to the model of good practice. The environment must be sensitive to the needs of the male Carers and a male facilitator essential. Alongside this is a keen eye and ear to meet additional needs.

Many of the useful strategies, qualities and skills that foster good self-esteem and work have come from the theories of Carl Rogers and his person-centered approach. Rogers felt that in order to foster trust and self-worth, it is essential for the listener to view the person who is being listened to in a positive light, with warmth and in a non-judgmental way.



Chatting over a meal at the Men Who Care Christmas party. Photo: Crossroads Care (2017)

The Journey: a working model

In the beginning, a group of male Carers were invited to Head Office to hear about the project and complete a pre-questionnaire. Where required we developed Risk Assessments and Care Support Plans for the people they care for. The pre-questionnaires asked the male Carers what they would like from the Men Who Care project e.g. activities and specialist talks. They also contained a range of qualitative and quantitative information to ascertain and measure input and outcomes around:

- Health and social care
- Mental and emotional health
- Physical health
- Social wellbeing and support

The project began with a group of five male Carers and has since developed into five groups. There has been some crossover through activities, special outings and professional talks. However, the men decided that seven male Carers per group works best as this allows for interaction and communication. The vast majority of Carers are aged 70 years and over; predominantly caring for their wives with dementia.

In total, 13 male Carers completed both pre-questionnaires and post-questionnaires. This project has provided more than 70 male Carers and the people they support with over 700 hours of care, sign-posting, respite and support.

THIS PROJECT HAS PROVIDED MORE THAN **70 MALE CARERS** AND THE PEOPLE THEY SUPPORT WITH **OVER 700 HOURS OF CARE**, SIGN-POSTING, RESPITE AND SUPPORT

What we Delivered

Respite breaks and social activities: with 4 out of 10 Carers never getting a break* and 100% of male Carers requesting lunches**, the primary focus was to provide male Carers living in Richmond Borough with a respite break and social group activities.

“We discussed music, art, holidays, health and wellbeing. The group were happy and relaxed and enjoyed every moment. They all thanked and were very grateful to Crossroads Care for making the event happen.”
Mark, Project Facilitator

“The group have not shown much interest in social activities other than lunches and coffee mornings.”
Mark, Project Facilitator

“Concerns were expressed about where to find nice Care Support Workers who are as good as the staff at Crossroads.”
Gaye, Project Coordinator

*Carers Trust and the Men’s Health Forum (2014)
**Crossroads Care pre-questionnaire

Specialist sessions: made up of groups, individual sessions or discreet and interpersonal support (in managing personal and unfamiliar tasks).

- 100% requested information around managing incontinence
- 67% requested Carers rights information
- 50% requested legal and financial information

“What kind of financial support help they are likely to receive in the future? Many realised they will soon have to find a nursing home. All agree that there is always confusion over this subject because of the lack of transparency and clarity over form filling.”
Mark, Project Facilitator

“I appreciate all the help I get from Crossroads. I find the staff really helpful.” A male Carer

“The conversation quickly sidlined and went onto the problems that a vast majority of the group are experiencing – prostate and bladder control.”
Mark, Project Facilitator

Achievements

This project was designed to make a significant difference to the mental, emotional and physical health of male Carers and improve wellbeing through support groups, breaks and/or social groups. It aims to prevent crisis and family breakdowns.

The feedback on the activities and from the pre- and post-questionnaires helped us to understand the caring experience and how it specifically affects male Carers.

Physical Health and Self-Care

By focusing on practical support, social activities and inclusion through respite breaks, lunches, specialist talks and other activities (supported by the project facilitator and support workers) male Carers have learned about:

- developing physical health and self-care
- reducing the negative impact caring has on them
- improving their physical health and fitness
- the importance of looking after themselves

Before attending the project, the male Carers reported:

- 75% claimed they did not sleep sufficiently
- 7% only exercised regularly
- 40% eat and drink sufficiently and kept appointments
- 67% claimed they were always or occasionally exhausted
- 50% suffered ill health

14 months on, to varying degrees (occasionally or always):

- 62% reported feeling less exhausted
- 88% feeling more energised through activities and engagement

“I’m rather enjoying these dates in my diary. Biscuits, advice and coffee followed by lunch.”

A male Carer

“All agree that lunch and coffee mornings are an effective way to express emotions and frustrations.”
Julie Da Costa, CEO

Mental and Emotional Health

Respite breaks, lunches, specialist talks and other activities have clearly improved the emotional health of the male Carers. By reducing the negative impact caring has on them and the factors leading to family breakdowns and poor mental and physical health, the project has improved relationships with their families /Carers, helped them make friends and developed a supportive network.

Before attending the project, the male Carers reported:

- 83% felt frustrated nearly always or occasionally
- 58% worry nearly always or occasionally

14 months on, to varying degrees (occasionally or always):

- 88% felt more positive, calm and less worried
- 75% feeling less depressed, more self-confident and more able generally
- 62% feeling less exhausted and feelings of improved mental health

“The fear of having no support is stressful and feels overwhelming.”

A male Carer

“Men Who Care has helped me enormously. I get to meet others who care for a loved one, usually spouse, who have care needs because of dementia. It is a boost to my overall wellbeing. Long may it continue.”

A male Carer

Social Wellbeing and Support

This project has improved the male Carers' confidence and social interaction, and helped them feel more prepared for the challenges ahead. It has assisted in reducing social isolation and increased their awareness and coping

strategies. The male Carers reported being able to cope better with their caring role, to communicate their needs more effectively and to ask for help. They said the social support networks have improved their physical and mental health.

Before attending the project, the male Carers reported:

- 50% felt isolated
- 50% felt trapped all the time or occasionally
- 34% reported a loss of friendships

“The group talked about how little they now see family members and how this was because of them not knowing how to respond or cope with the situation and the patient who is ill.”

Mark, Project Facilitator

“Who will support me to support my wife if I become less able?”

A male Carer

14 months on, to varying degrees (occasionally or always):

- 88% felt supported
- 75% feeling less trapped, increasing friendship network, communication, awareness, improved family relationships and better coping skills generally.

“This project has been a great way of sharing experiences and reducing the feelings of isolation that Carers can often experience, as well as meeting and socialising with others.”

A male Carer

*“This is b***** amazing, these two blokes have never met before. Look at them now, they look like they have known each other for years.”*

A male Carer

Life as a Carer

Mr and Mrs Smith* live together in Whitton. Mr Smith tells us that his wife used to be a primary school teacher but at the age of 53 she had started to forget her students' names. The school referred Mrs Smith to a specialist, who suggested she was suffering from depression.

"She would come home and cry," he recalls. "She was confused, and her memory problems were getting worse, until eventually she took early retirement. The first few years were the worst as she had some knowledge and realisation of what was to come."

In 2008, at the age of 54, Mrs Smith was diagnosed with early onset Alzheimer's. Since this time, she has also been diagnosed with Parkinson's and ovarian cancer, has experienced several strokes and suffers from repeated urinary tract infections.

Her devoted husband has now been caring for her full-time for over 10 years. *"I had to take early retirement at 64 years. I had to pack it in. It was getting to the stage where she would ring me five minutes after I had left the house, asking when I would be back. Or she would leave the house with the keys still in the front door. It just wasn't safe."*

The Caring Role

Mr Smith completes all her personal care tasks including bathing, dressing, toileting and feeding. It's not easy as she has speech, swallow, mobility, continence and health problems, and it often takes more than 45 minutes to feed her.

"You have to have the patience to keep feeding her. It would be too easy to give in. You just keep going and encouraging her."

A kind and patient man, he continues. *"She can walk small distances with full support and will occasionally fall. You have to encourage her to walk ... keeping her mind and body active. I know there will come a time where we can't do that, and I will have a problem and will have to lift her. This is my main concern going forward"*.

The Caring Experience

With the death of his brother, mother and father-in-law, of which he was power of attorney, he has had an exceptionally difficult three years. He has also had two knee replacement operations, has back problems and osteoarthritis.

"You just learn to accept your role and remember the good times," he says. "[But] sometimes she will surprise you. Sometimes it goes in 'a window' and she will answer. When I get her ready, wash her hair, put her make-up on ... she will pull her face if she isn't happy – she is aware; the awareness is still there. It makes you want to get it right."

He is determined to look after her as long as he is able. *"If she were in a home, the guilt would be too much. I could not sit on a beach and not be with my wife, to leave her. She is my wife."*

Men Who Care

For the past three years, Crossroads Care has provided two hours of fortnightly home respite, which provides Mr Smith with a valuable break from his caring role.

When the Men Who Care project started, he was one of the first to attend and while there, his wife is cared for by a Crossroads Care Support Worker.

"I look forward to the meet ups. I meet other people and listen to their stories. We can talk about each other's problems. It gives you ideas. It is great and gives me an opportunity to get out. Otherwise you are at home alone ... you don't get a chance to speak to anyone."

He continues by saying that it is an eye opener. *"It makes you understand what others are going through and that you haven't got it as hard as some others. It makes you appreciate what you have ... many of the other men experience anger and aggression. I'm one of the lucky ones."*

*Names changed to protect privacy

"You just learn to accept your role and remember the good times."



Difficulties: the caring journey

The caring journey for older male Carers is an often a transitory one; related to age, breakdown and residential care placements.

“I’m so grateful my husband was in a good place when he died. One of the reasons for this was the Men Who Care project. He thoroughly enjoyed being part of this group and meeting other male Carers, the coffee mornings and the lunches. I cannot thank you enough.”

Wife of a male Carer

Regular Engagement

In line with national and local research and feedback, it is extremely difficult to encourage male Carers to attend. It requires much perseverance and follow through. We have found that:

- **Respite Breaks** need to be provided in a timely and professional manner, offering peace of mind
- **Referrals** are difficult as they are not generally known to professionals
- **Persistence** and correspondence with other family members (e.g. daughters) are required

“Mr P was only able to attend several meetings. Even though transport was provided it proved difficult for him to leave his wife. Mr P is approaching his 90th birthday and is finding caring for his 91-year-old wife understandably difficult.”

Gaye, Project Coordinator

Issues around Communication

In order to overcome the obstacles around these issues, understanding the caring experience for male Carers is paramount and central to the delivery of services.

- **Confidence** was a real barrier for many

*“I’m still very apprehensive” “How much do I say?”
“How much do I confide?”*

Overcoming Issues

We have found many to be extremely shy and experience difficulties in communicating generally.

It has taken just over 14 months for the men to completely relax with one another and merge as a total group and exchange numbers.

“It is a very slow process. Taking that next step, without us (the coordinators).”

Gaye, Project Coordinator

Issues around Control

Male Carers tend to see professionals as having all the power and control and they feel extraordinarily vulnerable.

“Home visits are essential. They are in their own environment, on their own terms and can maintain some level of control.”

Gaye, Project Coordinator

State of Caring

Understanding there are profound issues around control and communication is paramount. As many male Carers had high powered jobs, there is evidence to suggest that many take the role of caring as a job. Applying their working ethos and concepts of control are central to this role. They tend to fair better with task-orientated caring as they have a clear goal, a sense of accomplishment and a sense of duty to look after the person they care for.

“One of the male Carers has a timetable. The love is 100% and very evident for these men, with many taking on their roles of caring like a military procedure.”

Gaye, Project Coordinator

Love and Adoration

For many male Carers, how they perceive and care for the other person is paramount. They adore their wives and mothers and are acutely aware that time left is precious and limited.

This dedication however is overwhelmed with sadness as they are constantly searching for a spark of recognition by their cared-for, who neither remembers them or their names. This devotion is enormous, admirable and not yet fully understood or recognised.

“Every now and then, a little piece of that person comes back.” **A male Carer**

“I am unable to move on and meet another woman. Even though my wife does not recognise me, she is my wife and I love her.” **A male Carer**

The Nature of Men Who Care

Unlike their previous 9-5 jobs, caring is a 24/7 role and they often have to learn new tasks which they have never undertaken before e.g. personal care, cooking and cleaning. Additionally, they are reluctant to leave their wives and accept support needs.

“Many are reluctant to leave their cared for, not even for a minute.” **Gaye, Project Coordinator**



In order to overcome issues around engagement and communication, understanding the caring experience for male Carers is paramount.

Reflections

The success of the Men Who Care project is undoubtedly due to:

- **The Crossroads Care team** which is made up of experienced, well-trained and stable staff who were already working with and supporting Carers and the people they care for. We also have a male facilitator to deliver the sessions, together with a persistent, skilled and knowledgeable female coordinator.
- **Joint working.** A strong referral source and networking with all other voluntary, health and social care providers ensure we reach the most isolated and neediest male Carers.
- **Respite breaks.** In order for male Carers to attend activities and special support sessions, it has proved essential that respite breaks are provided. Moreover, that these breaks are timely and offered by skilled and experienced Care Support Workers, offering anxious male Carers peace of mind.
- **Engagement.** In order to overcome issues around engagement and communication, understanding the caring experience for male Carers is paramount. Key factors fall around trust, confidence, love, control, and the ability to 'open-up'.

Questionnaires

It is no surprise that feedback from the initial group highlighted that male Carers find it difficult to answer impact questions around health, emotions, self-care and wellbeing. Responding to 'yes' or 'no' type questions was impossible.

As a result, the responses were changed to 'never', 'occasionally' and 'always'. This had an effect on capturing initial feedback and changed the way we now conduct questionnaires.

Looking Ahead

With appropriate funding, the project could progress and extend in the following directions:

- Continue to support new male Carers and the people they care for.
- Develop a Male Parent Carers group.
- Build a stronger referral base by reconnecting with all the voluntary and social and health professionals, and also create a new referral base via GPs.
- Due to anxieties around leaving the person they care for (see difficulties), one of the main hurdles is getting some of the male Carers to access services. To solve this, one idea is to allocate a member of the Crossroads Care project team to conduct outreach work on a one-to-one basis with them. The aim of this bridging process is to help the male Carers feel less anxious about leaving their caring situation and the person being cared for and become more trusting of the project.
- Encourage male Carers to link up with national Carers organisations and voice their situation to a wider audience. This way they could express their caring issues and talk about how best to overcome their identified obstacles.
- Set up and deliver training for current projects and future staff. This would use the Model of Good Practice and involve training in observation, listening and reflecting, empathising and generally relating to the male Carers. It would include issues which relate to the wellbeing of male Carers and their caring experience e.g. safeguarding issues, understanding various barriers and learning how men care.
- Organise health workshops and checks for the male Carers.
- Explore the 'whole family' approach and develop ways whereby the project could involve the whole family in some activities.
- Produce a Men Who Care Kit for male Carers containing health information, useful contacts for emergencies and any other issues they have difficulty with.



With 100% requesting lunch activities, it was greatly apparent that food and a pint was an essential environment for the men to open up.

In Conclusion

The Men Who Care project is committed to providing a purposeful facility for male Carers and the people they care for. Purposeful in that it adheres to its ethos of promoting the development of self-confidence and emotional, mental and physical wellbeing. It is also an opportunity to understand the caring experience/ journey for male Carers and identify some of the barriers around communication and engagement.

The nature of the male caring role, their journey, the overwhelming love and commitment they have for the person they are caring for (usually wives or mother), the way in which they care (their caring experience), together with issues of communication and control, are all compounding variables affecting males Carers and how they access services and engage with professionals.

“Without support, taking on a caring role can mean facing a life of poverty, isolation, ill health and depression. It can mean costly hospital or care admissions for the person with care needs if the caring relationship breaks down.” Carers Trust, 2014

With 100% requesting lunch activities, it was greatly apparent that food and a pint was an essential environment for the men to open up.

Time and persistence are paramount to engaging the men and liaising with extended family members, as is having a female coordinator to undertake this work. Home and care home visits are also essential to overcoming and rebalancing some of the issues around trust and control.

Although the sessions are run by a male facilitator, time (at least over 12 months) with male Carers is essential to developing relationships, communication and trust, and overcoming their issues around control. It has also highlighted the need for continued improvements around referrals and identification of those ‘hard to reach’ groups.

We know through our own research and prior existing research that male Carers:

- Are less likely to seek help than their female counterparts because they want to maintain their independent attitude
- Are reluctant to identify themselves in a caring role
- Feel they have a sense of duty to look after the person

they care for (because they are usually their married partner or family member)

- See caring as an extension of their married lives
- Fair better with task-orientated caring as they have a clear goal and a sense of accomplishment
- Split their role into three different domains: employment work, everyday work and emotional work.

Source: Greenwood, N. (2015); Neno, R. (2004); Knowles, S. (2016) and Sampson; Michelle S. (2016)

This project has served to highlight the disparity and differences experienced by male Carers to their female counterparts. The male Carers involved with the project now have a greater ability and more opportunities to communicate and express themselves on a verbal, cognitive and emotional level, greater mechanisms to cope with their caring roles and a reduction in anxiety and responsibilities (as they have a direct break from their caring role).

It has demonstrated that through a reduction in crisis situations and improved outcomes, early and continued intervention support has a significant impact on the community. This early intervention gives male Carers the same opportunities and outcomes as their female counterparts, and addresses outcomes around support, as well as their mental and physical health and wellbeing.

“With up to three million male Carers across the UK, it is important that health and social care professionals recognise male carers and their specific support needs.” Carers Trust, 2014

The impact of this project has been significant on both an individual and community level. It has gone some way to serve to identify the generic signs or indicators of what defines a male Carer, highlighting clear pathways and barriers to overcome for early identification, intervention and support.

“I didn’t even imagine that anyone would be kind enough to fund this kind of thing and it’s nice to know that we are being considered.” A male Carer

