

Life Changes Report – March 2025

Commissioned by Cambridgeshire South Care Partnership (CSCP)



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Introduction

Healthwatch Cambridgeshire & Peterborough was commissioned by Cambridgeshire South Care Partnership (CSCP) to conduct this project. It is the third project commissioned by CSCP, which builds on previous research with Community Researcher Volunteers.

The first project report, 'The Future of Urgent and Emergency Care at Addenbrooke's', looked at local people's experiences of urgent and emergency care services. It also explored patients' ideas on how services and buildings could be redesigned in the future to deliver the best care.

The second project investigated the barriers to getting health and social care in East Cambridgeshire, Cambridge City and South Cambridgeshire. Recommendations to improve services and break down barriers to getting health and social care were shared with CSCP.

How do we work with Community Researcher volunteers?

Healthwatch works with communities in many ways. Through open discussions we support communities to identify how best to raise what is important to them in health and care, and to get their voices heard. This two-way process takes time to build relationships, trust and dialogue.

In this project, Healthwatch worked with Community Researchers to conduct research into finding what helped people going through life changes and what could be useful for others going through the same issues. The project's scope was defined by CSCP, in response to themes which would help plan services in local neighbourhoods.

This project was a two-year term commitment and focused on enabling voices to be heard by the health and care system. Healthwatch recruited 10 volunteers and provided support and training to build research skills and highlight areas for change.

Further information about how we carried out the project with Community Researchers, together with learnings, can be found in the Appendix.

Healthwatch Cambridgeshire & Peterborough

Healthwatch Cambridgeshire & Peterborough was established in April 2013 as part of the implementation of the Health and Social Care Act (2012).

Healthwatch Cambridgeshire & Peterborough is the independent consumer voice for health and social care, listening to the views of local people on issues that matter. Our aim is to ensure local people have a voice, acting on feedback and driving change.

Find out more at www.healthwatchcambridgeshire.co.uk.

Summary

Community research involves working with communities – speaking to people, identifying key issues, and seeing where change or practical solutions can be achieved.

The research is action-focused and participatory, meaning communities are at the heart of this approach from beginning to end.

This project's aim was to understand what support people require through life changes in order to connect communities and build resilience to ensure support is robustly delivered in the future.

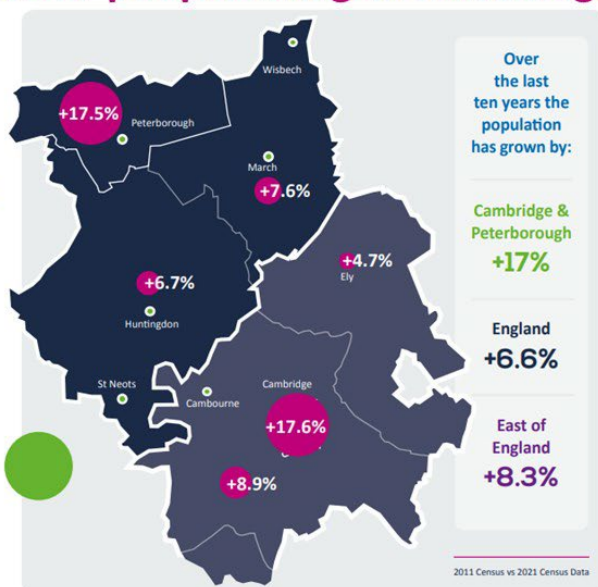
Changes such as divorce, bereavement, relocation, job loss, financial shifts and long-term health issues can significantly impact individuals. CSCP asked us to gather insights from residents in East Cambridgeshire, Cambridge City and South Cambridgeshire to understand their life changes and identify ways to help people in the future.

The project was also used to test and learn from using the model of Community Researchers in local communities.

We want to understand and proactively address the needs and ambitions of people living in Cambridgeshire

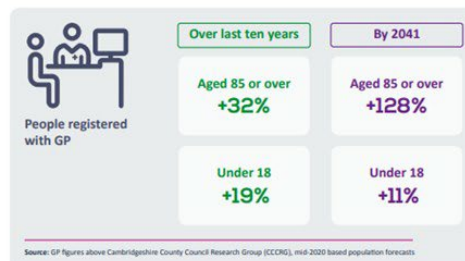
Such as:

Our changing & ageing population profile

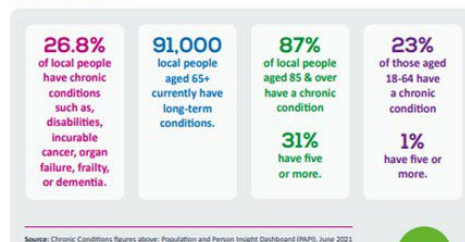


www.cpics.org.uk

With growing needs



Chronic conditions



We spoke to individuals (including carers) to understand their lived experiences of life changes. We heard how they felt, what helped them and what didn't, who they turned to for support, and what advice they'd give to others who might be feeling unsupported, confused and lonely.

Our findings revealed that while some individuals faced significant practical and/or emotional challenges, others were able to adjust and move forward more easily, often due to the support of a friend, family member, healthcare professional or relevant organisation.

Throughout our research, participants demonstrated that life changes, particularly for caregivers, involve complex emotional journeys. People reported feeling sad, empty, isolated, anxious, bored, tired and lacking purpose. Also, many felt reluctant to ask for help, with older generations explaining they can sometimes feel expected to 'just get on with it'.

Conversely, others experienced positive outcomes from anticipated and planned life changes, such as reduced stress and increased time for self-care.

There is a wealth of assistance and accessible support for various life changes. However, through this project we have observed, in certain instances, that services are significantly stretched, particularly Social Prescribers (Link Workers) and mental health support. At times, support services have not been effectively promoted, preventing their recognition as a go-to resource for assistance. Additionally, some local groups and charities were found to duplicate efforts, and it was felt that greater productivity could be achieved by collaborating more closely. The carers we spoke to said if accessible support was available to everyone over a longer duration of time, it would be easier for carers to adapt to their own 'new normal' after life changes.

Engaging with individuals from diverse backgrounds and cultures revealed that resilience encompasses more than addressing specific challenges. Assisting people in establishing social connections, accessing reliable transportation, securing meaningful employment, enjoying green spaces and utilising health services and community organisations significantly contributes to overall well-being in local communities.

We'd like to thank everyone who shared their experiences by taking part in our questionnaire, participating in individual conversations and focus groups.

All quotes used have been anonymised and names changed in case studies.

What we did

Community Researcher Volunteers and Healthwatch Cambridgeshire & Peterborough collected information from people with lived experiences. This was conducted via a questionnaire and through informal interviews and focus groups.

Part one: Questionnaire

We began the research by co-producing a questionnaire with CSCP. This was shared with a wide reach of communities throughout East Cambridgeshire, Cambridge City and South Cambridgeshire, using health and social providers, Integrated Neighbourhoods, charities and other organisations' research.

Using their local knowledge, Community Researchers made connections with communities at events, community centres, libraries, food banks and supported living units. The questionnaire was advertised via the Healthwatch website, social media channels and distributed through the local health and care system and local charities.



We gathered a total of 261 responses

After analysing the questionnaire, the Community Researchers and Healthwatch recruited participants, conducted informal individual interviews, and held focus groups to gather more in-depth information.

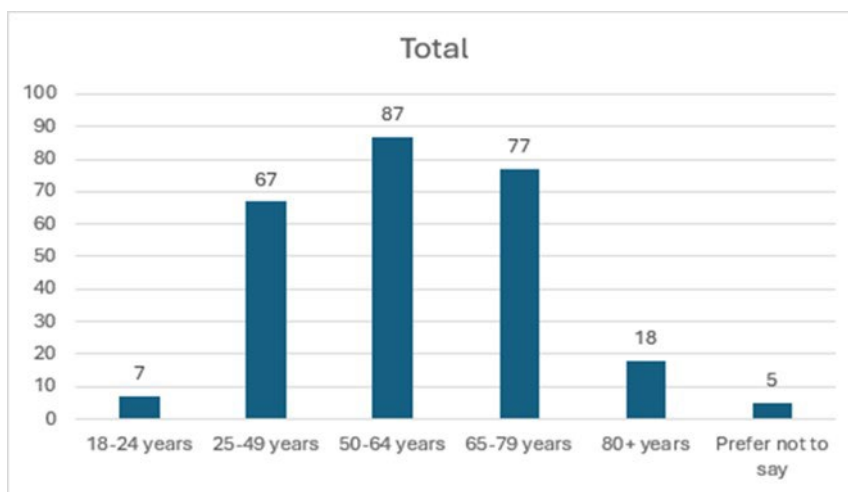
We spoke to different age groups, ethnicities, involving people in rural and city areas. We included carers who find it difficult to care for their own life changes, and other seldom heard from groups such as new dads. A £25 voucher was given to participants as a thank you for sharing information about their life experiences.

The results

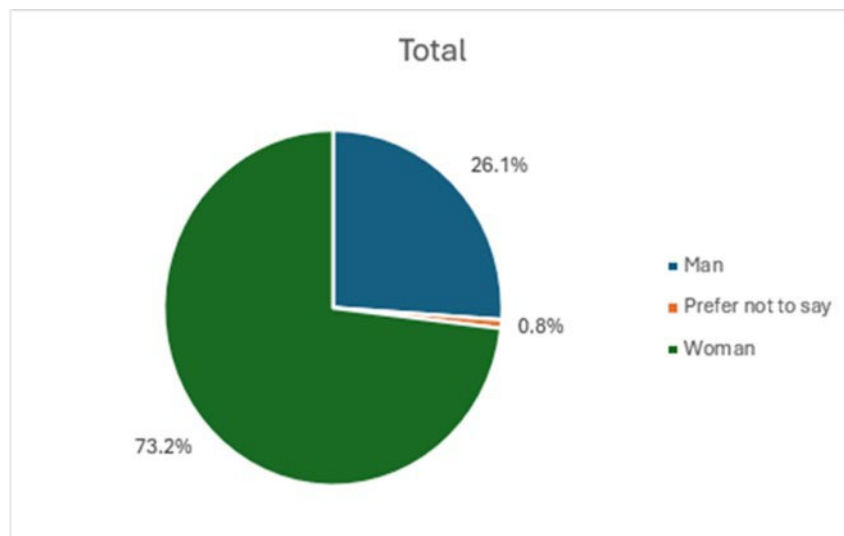
Top 5 life changes (some people listed multiple life changes)

Significant change in health	124
Loss of someone close	100
Significant change in finances	63
Becoming a carer	58
Change of job	57

Age



Gender



Overall, there were few major differences between the life changes and impact experienced between men and women. Both groups identified losing someone close,

having a change in health, a change of job and finances as having a similar impact (see Appendix).

What was difficult about a life change?

The free text boxes within the questionnaire provided feedback about what was difficult when coping with a life change.

Change in health

"I feel I lost my job to burn out and not understanding the symptoms of pre-menopause."

"Nothing and no-one except my husband and a handful of friends helped me through a life-changing illness and the associated permanent disability."

"My health issues need ongoing care from a variety of sectors. But referrals are incredibly slow (we're talking months, even years!) across all departments."

"My husband has dementia and I'm caring for him and I have osteoarthritis and fibromyalgia depression - I can't get much help."

Losing someone close to you

"The death of my wife is more than five years now, but it still feels very fresh."

"I thought everything had to be dealt with quickly, dealing with finances was stressful."

Being a carer

"Looking after an elderly parent is hard when having to work full time, I can support us both financially. It is difficult to know and not much time to find the right support or services to signpost or support with completing documents etc."

"My 91-year-old mum has mixed dementia. Navigation of the whole process of getting help has been challenging. 42 weeks for the assessment to gain a formal diagnosis. It's heartbreaking keeping a confused lady safe and calm."

“As my partner becomes less physically able, his mental capacity reduces, I find myself less able to fulfil my own needs mentally, physically or emotionally. I am exhausted and very low in mood.”

Relationship breakup

“I paid for private counselling for the relationship breakup. This was so helpful but cost a lot of money.”

“I know estrangement in families isn't uncommon, but I have found this incredibly hard to deal with.”

“Constant family court litigation. The family courts are so biased against fathers. I moved to the area to see my children.”

What could help others in the future?

The quotes below are taken from free text boxes within the initial questionnaire. They give further insight to issues that affected people and offer ideas to improve services and information.

People's financial situation also can affect the way they are able to access services and help. Finding ways around the benefit system is a challenge for everyone. Further recommendations to help others in the future can be found from page 18 onwards.

Losing someone close

“After a death, or anything, please make people aware of what support is offered. I found out by myself, but other people are not that brave.”

“Socialising by going to the local day centre has made a huge difference to me. Information to help others [know] what is available locally is important.”

Significant health change

“A chat at the time of being diagnosed to find the possible changes you will face.”

“What is missing is ongoing, prompt care.”

"I would like a peer support group."

"Earlier detection. If the original cause was detected earlier, it may have prevented the transplant and saved a lot of cost to the NHS and worry to me".

"Camsight, a local charity, helped me by finding me a friend who has suffered sight loss as well."

"I would like to see regular well person drop-in clinics at my local GP surgery to support older people as their health changes."

"My husband has early onset Alzheimer's. I am still working part time and desperately seeking a companion not a carer who can take him out for a cuppa one afternoon per week."

Losing job/lack of finances

"Proper career guidance for adults that isn't at a basic level is needed – so, for example, I can write a CV."

"Better counselling and earlier intervention for employment advice please."

"If you're worried about your employment or housing, then find out about your rights. Get help. Citizens Advice is a good place to start."

Becoming a carer

"Caring duties – info to support both practical help and general information is needed."

"GPs, hospitals and charities should work together to share the information [on] how to help carers. Too much information is hidden."

Relationship breakup

"Support for estranged families."

General support

"I have just learned about social prescribers – they would have been useful."

"Someone to talk to would have been helpful in all situations."

"Talking therapy helped with my mental condition."

"Talking therapies was easy because it was all over the phone, there was a time and a day and it was a versatile appointment that fitted in with my life."

Finances

A total of 63 responses to the questionnaire indicated major life changes often involved a significant financial loss. These changes were attributed to factors including job loss, breakup of a relationship, starting a family, adjusting working hours due to caregiving responsibilities, or experiencing a substantial health decline, all of which led to reduced funds being available beyond essential needs.

People reported that not having enough money may mean not affording the items they need to stay well such as housing, food, water, heating or treatments like medication and therapy.

The data analysed showed financial difficulties significantly impacted social lives and relationships. Many people experienced loneliness or isolation, often feeling unable to afford to engage in enjoyable activities. Additionally, they indicated insufficient funds could lead to heightened stress, particularly when faced with the pressure of supporting themselves and others.

Navigating the benefits system can also contribute to feelings of stress. Being able to find and access benefits in a timely and fair way was important to everyone.

Currently it is estimated that more than one in five people in the UK are living in poverty.

"Lack of access means people living in poverty are getting sicker and accessing services later – accident and emergency (A&E) attendances are nearly twice as high in the most deprived groups, and emergency admissions 68% higher." – [UK Poverty 2024](#).

"The cost-of-living crisis is worsening the issue. In 2023, 8% of lower-income adults reported not getting prescriptions or other medicines because they were unable to afford it, and 19% reported skipping essential dental care." – 'Illustrating the Relationship Between Poverty and NHS Services', [The King's Fund](#).

Part two: Diving deeper with conversations and focus groups

We invited participants to talk to a Community Researcher Volunteer and held focus groups throughout the South Cambridgeshire area to share lived experiences on adjusting to life changes.

For some, this included how they looked after their own life changes while having carer responsibilities. As more than three in five of us will become an unpaid carer at some point in our life (Caring Together Charity, <https://www.caringtogether.org/about-us/>), it was important to reflect on carers' experiences in this project too.



Objectives

Our goal through focus groups was to gain a deeper understanding of the support that helps people navigate their own life changes and to plan for others facing similar challenges in the future. Understanding people's mental health is also crucial for providing pathways for people to be confident and cope well, and to support the growth of resilient communities.

We would like to thank the 36 people who shared their most difficult periods of change and their insights and suggestions to help others going through the same issues.

Mental health and wellbeing

People reported that feeling unsupported can create a sense of being trapped in a vicious cycle. The stigma associated with certain life changes can lead to a loss of confidence, resulting in a diminished connection with others and a reduced ability to engage in enjoyable activities. At times, the effort to begin change can feel overwhelmingly exhausting.

Throughout our discussions, people said they felt better after talking to someone. Sometimes, conversations were delayed because they felt vulnerable, and believed they were alone in navigating these life changes.

Some explained the loss of status, social networks or financial security due to retirement, a change in health or job or becoming a carer affected their mental wellbeing.

A few found NHS talking therapies helped deal with common mental health problems like stress, anxiety and depression. However, older people were unaware of this help, or felt they should cope on their own.

People who had used the GP-led Social Prescribers (Link Workers) were very happy to receive support from someone with the time to identify what worked for them. However, others said they were unaware of this service, or it was difficult to build relationships due to a high turnover of staff.

Significant change in health

"Half of adults in the UK are struggling to access trusted health information" – 'Why We Need to Signpost Patients to Credible Health Information' – [The King's Fund](#).

Most people we spoke to highlight the difficulty of getting GP appointments as a barrier to seeking early help. There is a wide variation in quality of GP provision; some surgeries have well organised carers support; others could be better.


On diagnosis of a long-term condition, being sent away with a leaflet and little discussion about what to expect next is demoralising and can be a barrier to living well. Carers found this difficult as they also juggle with another's health issue at the same time.

Everyone we spoke to said there is no joined up sharing of medical records between trusts and primary care services. This was recognised as frustrating for patients and health professionals.

Financial barriers

Claiming benefits can be a challenging experience. Those who have submitted claims expressed frustration with navigating the system.

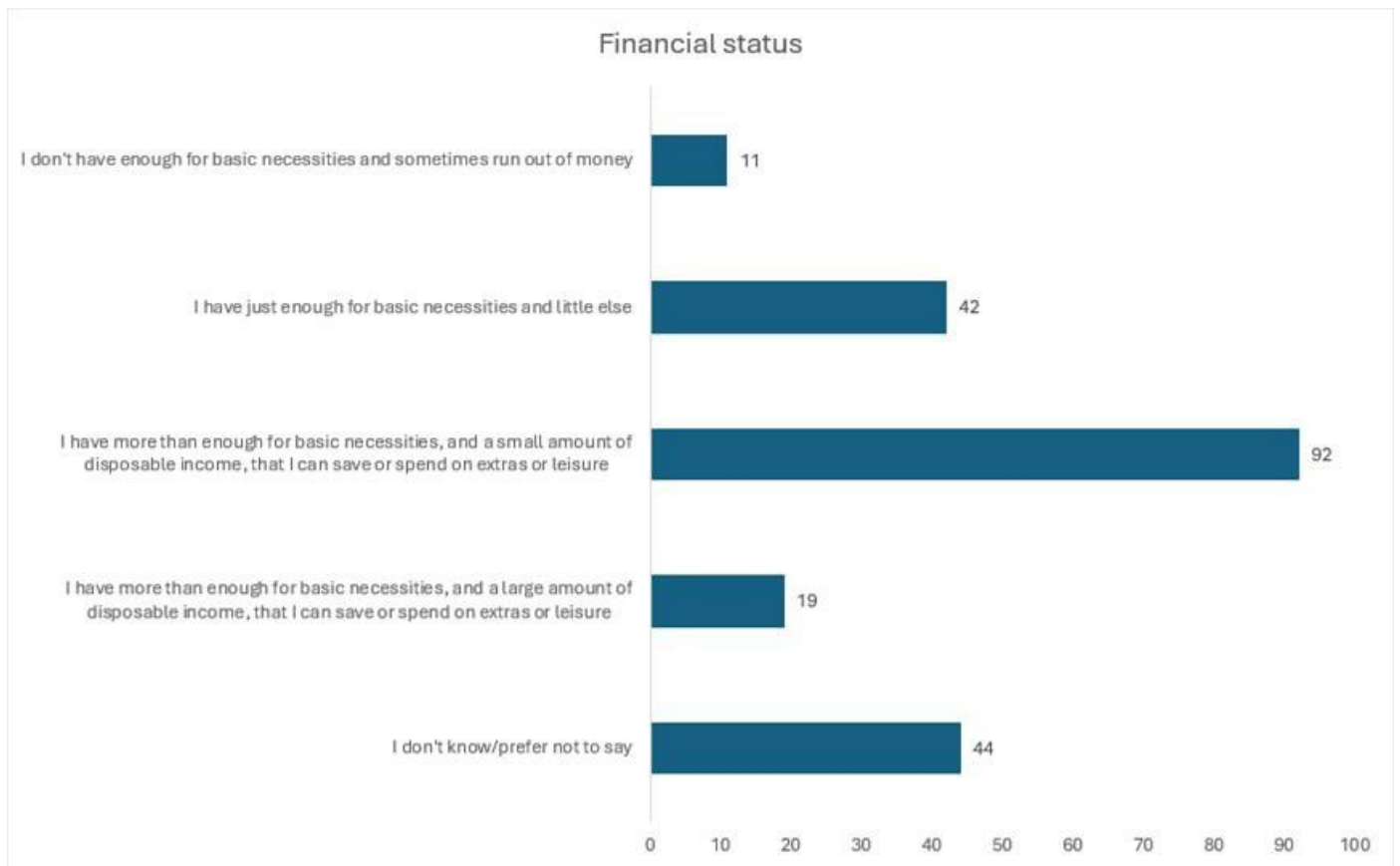
There is a notable lack of support, particularly for individuals with additional needs, who find it difficult to access guidance through the complex documentation required by the Department for Work and Pensions, which oversees welfare, pensions and child maintenance policy.

 "It would be nice to just have someone there for help or advice with the paperwork alone, especially now I am on my own coping since hubby passed." 

There is often a time lag between people finding they can make a claim, and when money becomes available. This was especially frustrating to people with caring responsibilities.

Hospital parking is expensive, and discounted parking is not freely advertised. This expense is difficult to manage when caring for someone needing numerous visits.

The chart below details responses given to the financial status question.



“Even staff are not aware of the parking discounts.”

The reduction of Citizens Advice centres is having a significant impact on people trying to find benefit advice. Rural areas may only have access to an online service. The breakdown of responses to the financial situation is found in the Appendix (see page 38 onwards).

Retirement

People reported sometimes experiencing a decline in physical independence as they grew older, leading to difficulties in going out or engaging in activities alone.

Additionally, they found a lack of funds to participate in past hobbies which once provided connection with others.

Geography

"There is more support via hubs, charities and health services available in the city than villages."

Exercise and activity

"People can become withdrawn. Exercise can be a good way of engaging socially."

People told us that although getting out and about normally helped them feel better, it can be easy to get into a routine of staying at home.

Exercising can also help bring back a feeling of control, which is often lost after a major life change.

It was reported that there is a lack of social and supportive outlets for men of all ages.

Caring responsibilities

"The process for achieving any financial support is at least as draining as caring itself."

"My time is spent chasing the system to get equipment and benefits. I should be spending quality time with my loved one."

"The difficult part of being a carer is the relentlessness of it. If I'm having a bad day or feel unwell, nobody else does the housework, I can't have a 'night off'."

"I help and support friends, family to find out how to get help. So many of my generation expect the doctor should tell them what's available, but they don't."

"I did not realise I needed help for myself until 18 months after I had sorted the crisis at home."

6 *"The Social Services gave me two weeks respite, sending my partner to a care home. I'm very thankful for that break – it did me the world of good and I was able to sort out some of my own health issues."*



Loss of someone close

"I have no commitments, no visitors, or no phone calls; a sense of loneliness and sadness is very real."

"It can be difficult to think of anything else when dealing with grief, which can be all-consuming. Things that should be simple - eating or going to the shop - can suddenly seem impossible."

"I didn't understand the end-of-life situation because I hadn't been through it before."

A carer said there should be more support in understanding end of life provision. Their father did not get access to a hospice until the night he died: *"I investigated it. Why hadn't somebody from Macmillan dealt with us before? The final analysis was he fell through the net; the hospital staff are trained in end-of-life care, but it was a busy time, and they didn't have the staff."*

Where to get support

People told us they found information and support through different channels:

- GPs, churches and internet searches were the main sources to find information and advice.
- Most said they had gained knowledge about benefits and other support from talking to friends and family.
- Some had used Social Prescribers successfully and have recommended this service to their friends and family.
- One person said, for them, cancer support was better than for other health conditions.

See case studies in Appendix.

How to help people in future: all life changes

During our research many ideas to help others were shared. Some ideas were similar, others were different. The points below are a representation from conversations with people from all communities in South Cambridgeshire.

People we spoke to reflected on their life change and we were told the best advice is to focus on the day to day and think about *“what is in your power to do right now.”*

Discussing feelings of being out of control due to a life change is crucial. Many individuals discovered that recognising and acknowledging their emotions is a vital step in adapting to life changes.

“Not to become overwhelmed. It is not a weakness to ask for help or advice.”

Introducing an advocacy service

People across various age groups proposed the creation of a support package that includes an advocacy service. An advocate can provide and explain comprehensive information about the stages of the condition and offer guidance on additional services, such as benefits, local councils and transport options. It was felt that such a resource would effectively assist individuals in navigating significant life changes in a timely and holistic manner.

Clubs and activities for all ages, rural and urban

Local councils and clubs should provide and promote a wider range of low cost and accessible activities for all ages and abilities. These opportunities must be accessible across rural villages and urban areas.

Men we spoke to highlighted a lack of social activities specifically for them. Some areas have successfully set up men’s ‘walk and talk’ groups. These could be introduced into more areas, especially rural villages.

Social prescribing – better awareness needed

People we spoke to who used this service said it was beneficial. They experienced improvement in their overall wellbeing through volunteering opportunities, classes and activities. Additionally, they were directed to other integrated community services.

Being informed of this service earlier would be more beneficial to supporting accessible guidance and signposting.

Getting digitally connected

“If seeing people face to face feels a little overwhelming, or you have difficulty getting out and about, using the internet could make socialising easier.”

Being digitally connected can be challenging for some. Many individuals we spoke to were unaware of valuable resources for teaching essential digital skills offered by local libraries and Age UK organisations. Libraries also have equipment to loan free of charge for seven days at a time.

Locally, Cambridgeshire Older People’s Enterprise (COPE) have social online conversations around different themes for people who are either housebound or are not able to get to groups.

End of life planning

To ensure the well-being of family and loved ones in the future, it is essential for individuals to prepare a will and establish a power of attorney. A power of attorney grants trusted individuals the legal authority to make decisions on your behalf in the event you become incapacitated. This legal document can encompass areas such as health and welfare, finances, property, or a combination of all.

Arthur Rank Hospice Charity have published ‘Ducks in a Row’, a booklet which provides information around documentation and the process of recording your affairs. The resource could be made available to everyone. (To request a copy, visit:

<https://www.arhc.org.uk/>).

- Hospices should promote their facilities through multiple channels as people are not aware of their services.
- Support with being prepared for the end of life should be available through many different channels.
- Organisations should think outside the box by providing links in accessible areas e.g. local gyms, social groups, libraries and parish council meetings.

Employment – better awareness of WorkWell

The individuals we spoke to had not heard of the free pilot programme, WorkWell, launched in Cambridgeshire, Peterborough and Royston to help people who may be struggling to find or keep a job due to ill health. This would be well received by those wanting to return to paid employment.

The WorkWell pilot programme matches local people with a work and health coach who can help identify the support they need and overcome barriers to find the right local support. The coaches provide personalised packages and connect people with different services, such as health professionals, community sector services and local support groups.

WorkWell is available to anyone living in Cambridgeshire and Peterborough and runs until 31 March 2026. It is supported by NHS Cambridgeshire & Peterborough Integrated Care Board (ICB) with funding from the Department of Work and Pensions and is delivered in partnership with local organisations. See:

<https://www.growthworkswithskills.com/employer-hub/workwell/>.

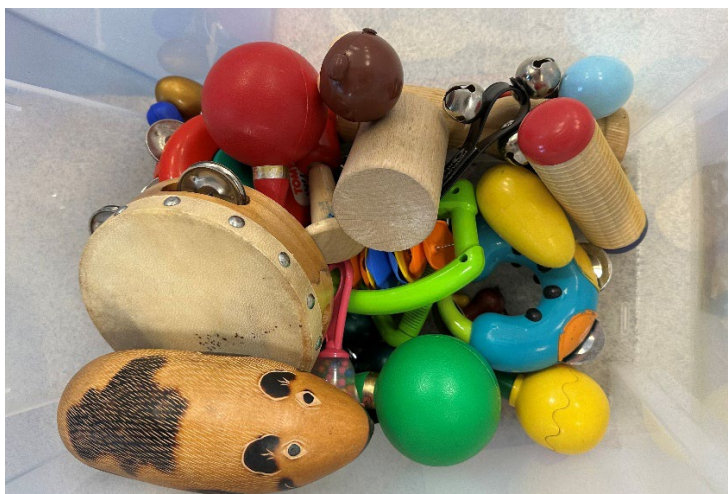
Dads with caring responsibilities

We spoke to dads with children as this group are usually seldom heard from.

“Studies have found that dads with mental health problems during the perinatal period are up to a staggering 47 times more likely to be classed as a suicide risk than at any other time in their lives. So, if we truly value dads as parents for the role they should play in their children’s lives, then we must create inclusive and supportive environments for them.” – ‘Why We Need to Support and Celebrate New Dads’,

<https://www.barnardos.org.uk/blog/why-we-need-support-and-celebrate-new-dads>.

We visited a weekly Children’s Centre hosting a Dad’s Stay and Play session in Cambourne and spoke to seven men with children under school age. Staff are on hand to assist with any advice or signposting. We found that the group were very open to discuss their issues and ideas. It proved that some groups are not always difficult to hear from if you reach out to where they meet.



The dads explained that becoming a parent was one of their biggest life changes. Work life balance, time management as well as skills needed for being a parent and being in a caring relationship has resulted a *“roller coaster of emotions.”*

Dads can feel isolated and uninformed about how to be a parent. For some, this has led to poor mental health, such as anxiety and low mood.

Some dads said they enjoyed the freedom of being able to play, sing and dance with their children without feeling awkward.

They said most services offer support to parents assuming that mothers are the primary caregivers, whereas in a significant number of cases the dad is the main caregiver.

“We should not expect dads to intuitively become parents as well as looking after their partner’s wellbeing and own health without some training.”

One dad said they had maternity services from two different trusts. Taking paper copies of records such as blood pressure measures to share with another provider caused frustration.

Another raised concerns around getting support for his child. They are waiting for an appointment for a speech therapist but think the child also has a hearing issue. The hearing will not be checked until they have seen a speech therapist. *“It is a chicken and egg situation, but my child’s development is being delayed.”*

Those interviewed recommended having access to an ‘introducing being a dad’ session or a resource pack for new dads about how to adapt to the changes to their lives and how to best support their family (including benefit advice). The dads also told us the importance of providing perinatal mental health support. Sessions could be offered after traditional working hours with an online option.

The dads said there should be more dad and child friendly groups locally, especially at weekends as it would be beneficial for socialising and learning new coping strategies. Groups should be well promoted via social media to encourage uptake. The dads explained that once they had attended one group, other groups and advice followed.

“Midwives and Health Visitors are the obvious people to give us information, why don’t they?”

Implementing shared care records between trusts and GPs would save time and frustration and prevent missed issues with health conditions.

“There is a women’s health strategy being formed, but men need a strategy to keep healthy too.”

Life changes for young people

We did not specifically target young people in this project. However, through Healthwatch Cambridgeshire & Peterborough’s newly developed Young Healthwatch group, Youthwatch, which is run locally, we found Fullscope had recently carried out a focus group with Public Health and young people as part of their mental health needs assessment work. This work included a conversation around transitions and the focus group highlighted what young people felt would help others in the future. See: [Cambridgeshire & Peterborough Insight – Mental Health Needs Assessment – Children and young people.](#)

Katie Edwards, Fullscope Programme Manager, told us:

“What are perceived as ‘small’ changes can have a big impact on young people and induce high levels of anxiety, e.g. one participant described the impact of having the school bus changed to have to travel a different route with different people which made them feel very anxious.

“Transport was in fact a common theme, especially for those having to use public transport. Changes to timetables have an impact on young people.

“School pressures around exams/choices of GCSEs. They described how stressful making ‘layers of decisions’ – making repeated big decisions from a young age. The transition from school on to college/university/a job is a huge change which some find hard – leaving things behind and saying good-bye to the past; there is an expectation that they should have it all figured out.

“Some talked about diagnoses of ADHD/autism – this is a big change that can have a big impact on the young person and their family.

“The biggest takeaway is that young people want to be asked what they need and listened to – for the grown-ups around them to not make assumptions about how they are feeling and what they need.”

Further details about Youthwatch for young people between the ages of 14-24 can be found here: <https://www.healthwatchcambridgeshire.co.uk/youthwatch>.

Parent carers of children with Special Educational Needs (SEND)

Pinpoint is a local Parent Carer Forum and hub for information, signposting and events for SEND (Special Educational Needs and Disabilities). The charity work alongside families and services to represent parent/carers in co-producing service improvements so that children and young people have the support they need.

Healthwatch joined a group of eight parent carers at the Thursday Tii Hub, a virtual coffee morning.

We were told many parent carers are desperate for support for their child and often do not recognise how great the impact is on their own health.

We discussed the issues around parent carers adjusting to their own life changes – although these changes are challenging, with some thought from health professionals (and other professionals/specialists), life could be smoother.

As with other groups we spoke to in our research, parents highlighted the need for health professionals to keep patient records up to date, and to read through flagged highlights before seeing a patient; 10-minute appointments are often taken up by repeating medical history.

“Why can’t we have a designated GP who knows our history?”

Parents with SEND children are frustrated with the lack of understanding from health professionals. Lone parents are often given appointments out of school hours and can be made to feel they are being awkward because times need to be changed.

A parent gave an example of being made to feel difficult by changing her appointment to within school hours; the alternative was to take her 15-year-old son into her smear test.

Other parents discussed the issues around getting to health checks, such as mammograms, due to unsuitable appointments that don't fit around carer duties. These important health checks are more likely to be missed due to this issue.

The group agreed that they do not want to justify the reasons for needing a little help. Simply reading patient notes and accommodating their requirements would save parental stress and time for health professionals.

"We don't need to be told self-care is important."

A story was shared about a sudden cancer diagnosis for a parent. The parent was treated very quickly for cancer, but with no support or regard for explaining the situation to an autistic child. The parent was given a leaflet and felt they were told to "get on with it". More awareness and training is needed for professionals around supporting SEND families when a carer's health is impacted.

We were told pastoral care provided by a school was very supportive for the whole family.

Conclusion

Listening to people from across all ages and life experiences in East Cambridgeshire, Cambridge City and South Cambridgeshire showed we can all face a big or sudden change which is hard to deal with. Even a positive or expected change can be difficult to deal with or causes stress and impacts the person and their family.

Our conversations around finding support demonstrated it is either missing completely or has a lack of co-ordination. This has led to confusion because different services operate in isolation rather than collaboratively for the benefit of their communities, resulting in significant frustration amongst individuals who have not been able to easily access information.

This highlights the importance of having shared missions and co-production within local health and other services. Local health, social care, VCSE organisations, parish councils, faith groups and transport providers need to be seen as equal delivery partners; co-producing services and not just providing them.

During the focus group discussions, we specifically asked carers for ideas about how to make their life better during their own life changes. Most commonly, we were told that if everyone could get information in a timely and accessible way, and have someone to talk to, adapting to their own needs would be eased.

People reported finding local Social Prescribers a rewarding and holistic resource for many life changes.

Throughout our conversations in South Cambridgeshire, we repeatedly heard from all age groups and backgrounds the phrase: *“you don't know what you need at the time of a life change.”*

“Only 1 in 10 UK adults with long-term conditions are signposted to patient organisations, even though these are highly trusted by their users. 1 in 6 UK adults say their views are not taken seriously by their health professional, rising to 1 in 4 for ethnic minorities.” – ‘Why We Need to Signpost Patients to Credible Health Information’ - [The King's Fund](#).

Many people also said to improve wellbeing and to live a happier and healthier life, access to information, self-help groups and other support should be available on a regular basis and not just short term. Often with support and services, it is only once you have gone through a big change or crisis that you realise you need additional support months, or even years later.

The ideal for individuals would be access to an advocate to guide through both unexpected and planned life changes. An advocate would provide a tailor-made support network – recognising everyone’s experience is different. This is critical for an individual’s care, improving efficiency and productivities for health and care systems.

CSCP are currently scoping what future neighbourhood models of care may look like. Workshops are being carried out to find where more investment could support different populations before a point of crisis. This report will help support CSCP in planning and improving outcomes for local communities.

Recommendations around support for life changes

The life changes discussed in this project are very wide ranging. This fact, coupled with the need for ideas specific to certain life changes (see page 18), means those we spoke to have suggested the need for more overarching recommendations to improve services and help others to adapt and become more resilient.

Local information and support

Information and services are often 'hidden in plain sight' for those needing help.

- Communication and support must be made available in different formats at first point of contact and regularly offered throughout their need.
- Co-locate statutory and community health and wellbeing services in trusted community spaces, especially in rural locations.
- Use these venues to increase peer-led support groups, Integrated Health and Wellbeing Services and Social Prescribing.
- Further co-produce projects with local VCSE organisations, parish councils and faith groups for different life changes that are integrated and focussed.
- Support this approach through data-sharing as part of the integrated neighbourhood teams.
- Support health professionals to raise awareness in the community of Healthwatch's Health and Care Forums which monitor how health and care services are running, giving community members a voice to share experiences and ask questions. The forums bring together people using services with the people providing them – for example, hospital trusts, care teams and the ambulance service. Find out more: [Healthwatch Cambridgeshire](#).
- Support health professionals to raise awareness of The Partnership Boards offered by Healthwatch. These give people with lived experience of using adult social care services a voice regarding their current and future care. Cambridgeshire County Council and Peterborough City Council work with Healthwatch Cambridgeshire & Peterborough to organise and develop five Partnership Boards: Carers Partnership Board, Learning Disability Partnership

Board (including autism services), Older People's Partnership Board, Physical Disability Partnership Board (including long-term health conditions), Sensory Impairment Board, and a Wheelchair Users Forum.

Each Partnership Board includes people who frequently use health and/or social care services, known as Independent Members (volunteers/people with lived experience); voluntary sector service providers i.e Camsight, SteelBones etc; statutory services, operational managers and commissioners from health and social care services in the local area. The aim is for at least half of the Independent Members of each Board and every Chair to be users of the health and/or adult social care service. Find out more: [Partnership Boards | Healthwatch Cambridgeshire](#).

- Build a 360-degree communication strategy to share resources throughout East Cambridgeshire, Cambridge City and South Cambridgeshire. Use a variety of communication methods to supply information on a regular and targeted basis.

Examples include:

- Trusted providers can post short videos all digital platforms. Share with popular and well-used websites; for example, with GP and local councils. Also, via TV monitors at council buildings, transport hubs and health services.
- Target specific rural and city areas. Advertise hubs, support networks and the voluntary sector via leaflets, local newsletters and trusted Facebook/social media sites.
- The voluntary sector often work throughout the whole county rather than neighbourhoods. Local Integrated Neighbourhoods can utilise the resources to reach into local communities.
- Raise awareness through local radio and community magazines to offer social support and information.
- Pharmacists can raise awareness of information by adding links to information with paper prescriptions or to drug collection points.

Getting digitally connected

- Local health and care services should take up recommendations emerging from recent research around accessing health and care services in relation to the use of technology.

This research was carried out by Community Researchers North; however, the recommendations are relevant to all in Cambridgeshire and Peterborough. See Digital Inclusion Report:

<https://www.healthwatchcambridgeshire.co.uk/report/2024-06-28/digital-inclusion-report-using-technology-access-services>.

Long term conditions

- The health system must speed up the introduction of shared medical records between GPs and hospital trusts.
- Ensure the offer of advocacy is at the time of diagnosis. Inform people how their health condition will progress, how to claim financial support and signpost to support groups, charities, equipment, etc. This must be accessible to all, including translated versions.
- Maximise the promotion of the WorkWell pilot programme to engage people back into paid employment.

Social Prescribers (Link Workers)

- Raise awareness of Social Prescribing, health and wellbeing coaches and mental health practitioners using all communication methods. This will raise awareness and support with social isolation, mental health and wellbeing.
- Review the number of Social Prescribers and Link Workers. In areas of need, increase availability.
- Ensure the service is known to other agencies such as faith groups, social care, police and job centres.

Physical activity

- Investigate any additional funding and/or incentives that may support people on low incomes to access leisure facilities.
- Promote, using the methods suggested above, more free support such as health walks to suit all fitness levels.

Loss of someone close

- Integrated Neighbourhood teams to include local faith groups and hospices at Board and planning meetings.
- Increase awareness about making wills and power of attorney, covering 'what to do now'.
- Local hubs can be the ideal place to run practical sessions about making wills and power of attorney.
- Utilise gyms, local councils and funeral homes to provide information.
- Hospices can be encouraged to promote their living well and other services.
- Meetings should include hospices and faith groups.

Carers

Carers reported that they *"did not know what they needed to know at the start of their journey."*

There are several services available locally to carers, which were not known to the carers we talked to in this project.

- Together with the recommendation above (local information and support), GPs, clubs, local councils and transport systems must look at how to maximise signposting.
- Including befriending services and 'The What if? Plan' – see www.caringtogether.org.
- Hospital trusts must monitor their carers' passports to ensure they are fit for purpose.
- Local hubs to organise weekly drop-in sessions for carers and offer benefit advice.

- Highlight the importance of carers needing appointments to fit around caring duties; for example, school hours.
- Promote to the public the Carers Directory which combines information about organisations providing support to carers locally in Cambridgeshire, Peterborough and Norfolk, regionally and nationally.
www.caringtogether.org/carers-directory/.

Young people and families

- ICB and local hubs can engage with Pinpoint, Fullscope and other local charities which have previously researched life changes and are able to provide insight into recommendations to help their groups become resilient and well informed.

Future personalised care

Artificial intelligence (AI) is becoming more sophisticated and gaining prominence. AI algorithms and methodologies enhance and self-adjust, which can enable people to gain information through a virtual assistant which is personalised to them.

- Models could be developed to ask people a set of questions, resulting in an accessible, bespoke guide for their own life changes. This would also help tackle the current NHS and social care pressures.

However, it is important that adequate safeguarding measures are put in place to stop AI from being used to spread disinformation and misinformation, and there are effective reporting processes for when these safeguards are lacking.

Thank you to everyone who took the time to complete the questionnaire, talk to our volunteers and attend focus groups, including:

- Dads Stay and Play Group, Cambourne, Saturdays
childandfamilycenter.south@cambridgeshire.gov.uk
 - Fullscope: www.fullscopecollaboration.org.uk
 - Pinpoint: www.pinpoint-cambs.org.uk
-

We also thank the Community Researchers for their time and commitment in taking on new challenges and becoming an established face of Healthwatch in their communities.

Working with Community Researchers

Our continued work with volunteers from South Cambridgeshire over three projects has been a rewarding way to produce local insights, highlighting where change or practical solutions can be achieved.

Together, we can work creatively – building skills with individual Community Researchers to do their own research. This can help communities to bring their views and voice to the forefront and explain what health and social care issues are important to them.

Community research is important because it is:

- Community-led throughout and focused on issues of concern.
- Action focused – achieving results directly for the community.
- Reaches people whose voices are underrepresented.
- Builds confidence and recognises skills, knowledge and expertise in communities.
- Starts to address inequalities in access and resource.
- Moves away from extractive research approaches.
- Supports communities and is a continuous and ongoing dialogue: it can influence health and care providers to build responsive and culturally appropriate services for underrepresented communities, based on equity, trust and access.

Community research:

- Takes time, commitment, skill, risk and requires an iterative learning approach.
- Is rewarding for both communities and Healthwatch.
- Highlights issues, perspectives and concerns of seldom heard communities on their own terms and led by them.
- Is action-based and focused on change.
- Is a way of working with communities based on respect, partnership and value.

Community research is not:

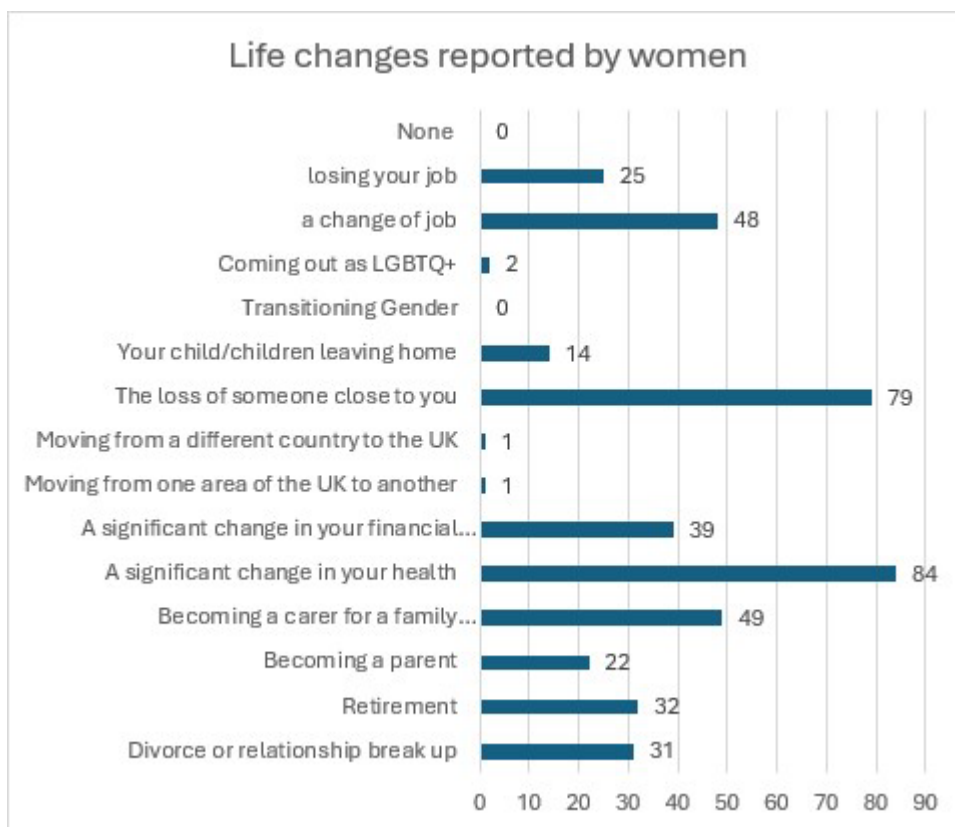
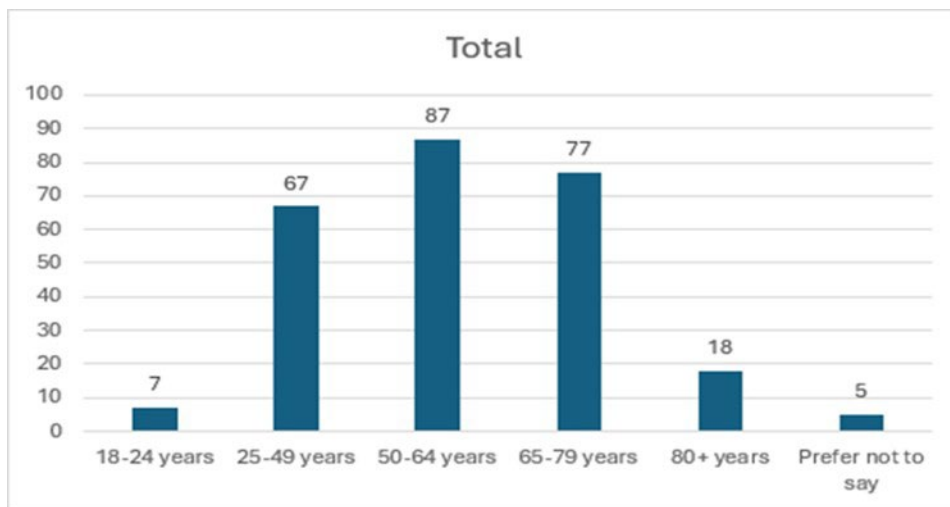
- A quick fix.
- Easy.
- Tokenistic.
- A clear-cut 'toolkit' approach.
- A guaranteed product, outcome or 'success'.
- Without risk.
- Appropriate in all circumstances.

What are the challenges?

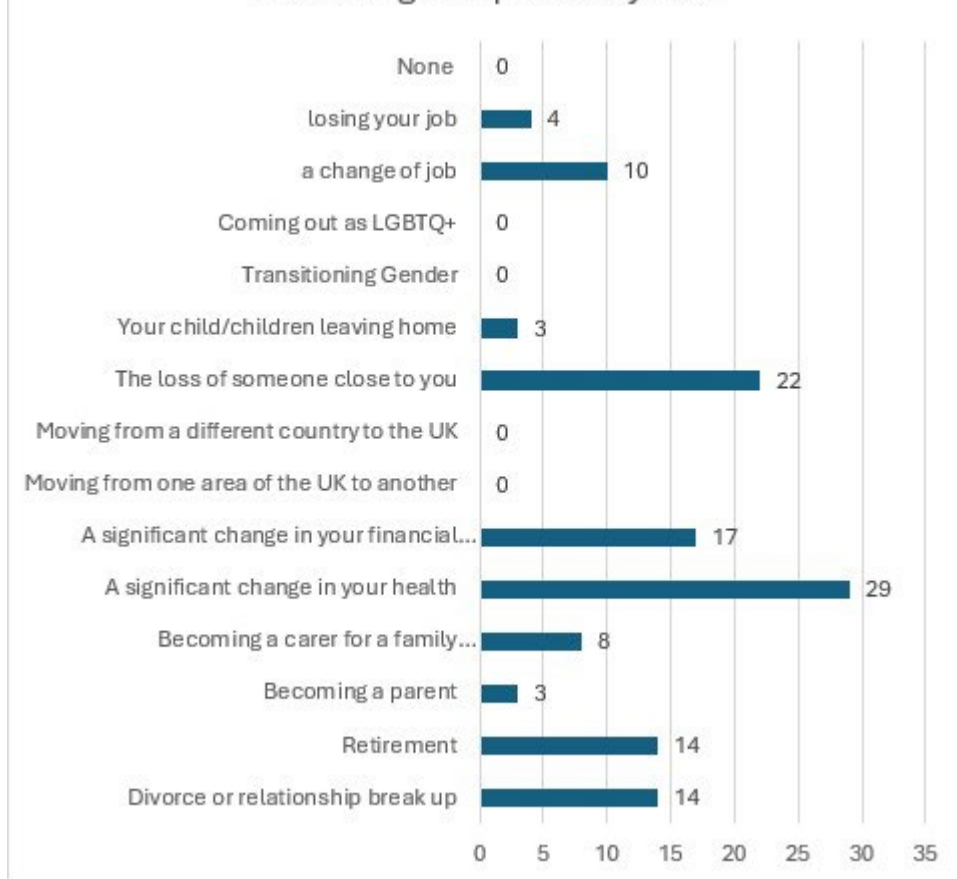
- Research time doesn't remain within standard office hours.
- Researchers vary in skills and confidence and may need different levels of support.
- Researchers and community members may have other commitments to balance; therefore time management must be considered.
- Requires ongoing problem solving, e.g. challenges with boundaries, GDPR and confidentiality.
- May not be free of community politics.
- Needs understanding of how to support beyond the research to protect/ navigate the researcher and the community in dialogue with the health and care system, and any subsequent demands.
- Organisational and service change takes time, leaving communities frustrated. There must be a focus on deliverable changes.

Appendix

Questionnaire responses and analysis



Life changes reported by men



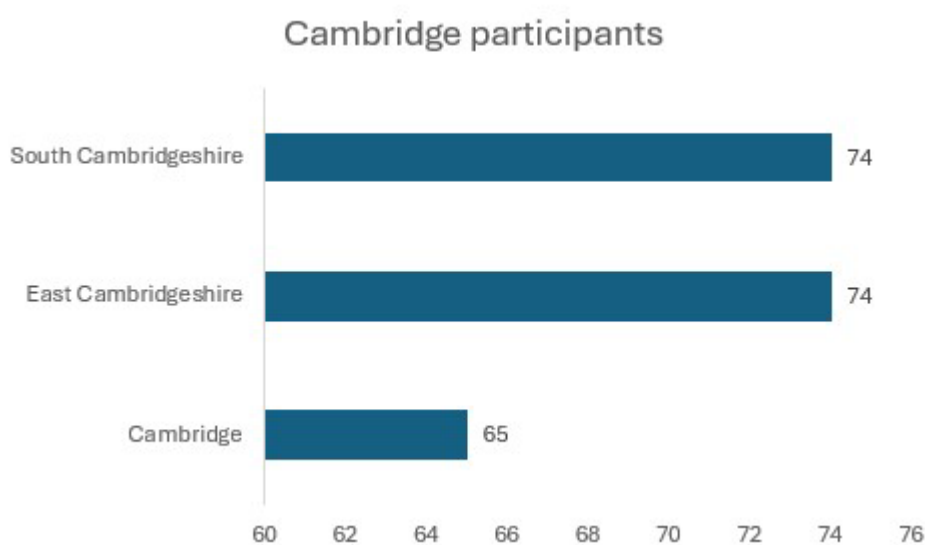
Other life changes reported by men

- Changes relating to old age – reduced mobility, eyesight, vulnerability
- Child taken into care after partner died
- Coming through Covid
- Family court litigation ongoing
- Adult ADHD diagnosis/long waiting list
- Loneliness since Covid
- Trying to find work
- Living in an upstairs flat
- My wife has advance dementia
- Nearly dying from Covid
- Found out I had a twin
- Older children divorcing / seeing less of grandchildren
- Relapsed with addiction after many years clean
- Remarried after losing partner of 52 years
- Change in government

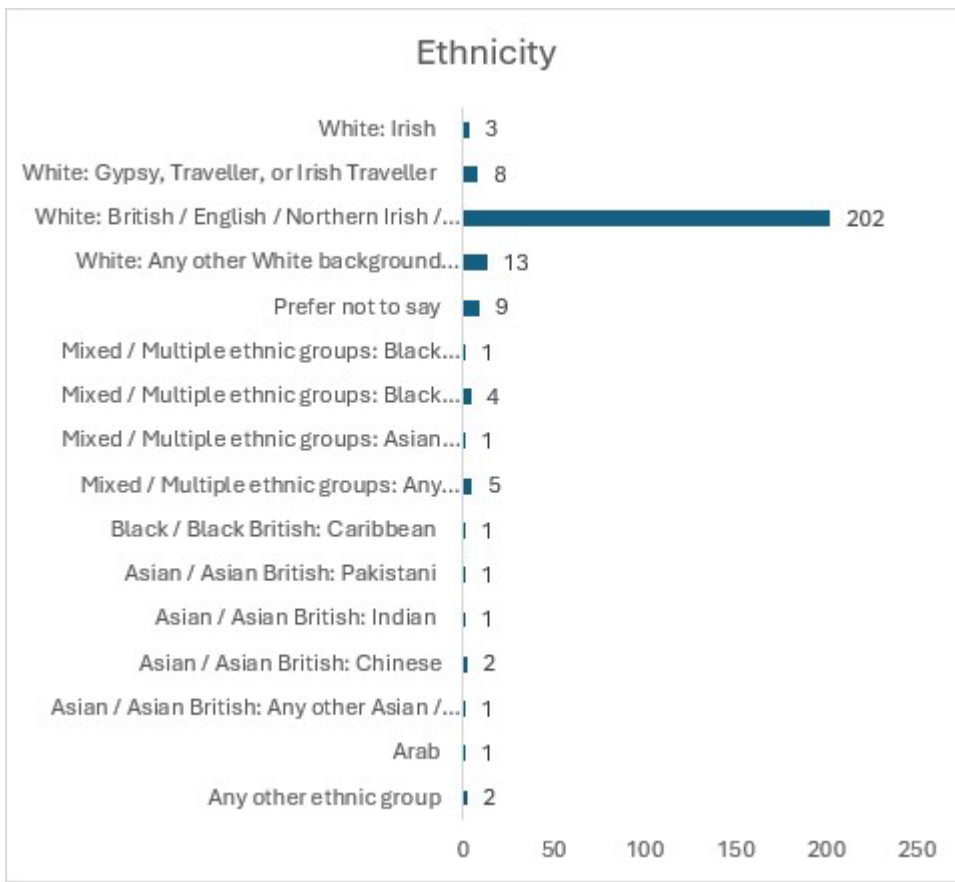
Other life changes reported by women

- Becoming a single parent
- Change of career
- Perimenopause / Menopause
- Loss of sight
- No longer being able to drive but living in a rural area
- Being blamed for being elderly
- Loss of a pet
- Child suffering poor health
- Parents suffering poor health
- Escaping domestic violence
- Change in medication
- Child returning home
- Becoming a carer
- Moving home due to older age
- Husband's health deteriorating
- Looking after grandchildren
- Being unable to exercise
- Loss of confidence and identity
- Downsizing
- COVID
- Meeting new people

Location of participants



Ethnicity (not everyone answered this question)



Other life changes reported by non-white British people

- COVID
- Court litigation
- Living in a 2nd floor flat – cannot keep pets
- Increase in medication
- Looking after grandchildren
- Meeting new people
- Escaping domestic violence
- Menopause

Which of the following best describes your financial status?

The survey sought to understand participants' financial status. However, not all respondents provided an answer to this question, with some opting not to respond. Among those who did answer, approximately half indicated that they only had sufficient funds to cover necessities, leaving little for additional expenses.

People who are a carer

1 said "I don't have enough for basic necessities and sometimes run out of money"

8 said "I have just enough for basic necessities and little else"

8 said "I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure"

2 said "I have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure"

People with a disability

3 said "I don't have enough for basic necessities and sometimes run out of money"

6 said "I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure"

Long term condition

2 said "I don't have enough for basic necessities and sometimes run out of money"

15 said "I have just enough for basic necessities and little else"

3 said "I have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure"

21 said "I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure"

I have a disability; I have a long-term condition and I am a carer

1 said "I don't have enough for basic necessities and sometimes run out of money"

2 said "I have just enough for basic necessities and little else"

4 said "I have more than enough for basic necessities, and a small amount of disposable income, that I can save or spend on extras or leisure"

1 said "I have more than enough for basic necessities, and a large amount of disposable income, that I can save or spend on extras or leisure"

It is often found that men do not feedback about their health and life changes. The questionnaire highlighted the life changes as seen below.

Case studies

The examples below show a range of life experiences from seldom heard groups. We highlighted these as being typical representation from communities in East Cambridgeshire, Cambridge City and South Cambridgeshire area.



The life-change story and early experiences of care in hospital



Case study one

Interviewee's name has been changed to Rose.

Rose's parent was present with her as her carer during the interview.

About two years ago, Rose became ill and was sent to Neurology for an MRI scan. After a lot of worry, the health issue was diagnosed as a non-cancerous tumour.

Communication throughout the diagnosis and treatment was poor. There was an assumption by the consultant that Rose knew the diagnosis.

"When can you come in for surgery for your cyst?"

At the time of the operation, the family were not updated with the progress even though the operation took much longer than expected. Rose talked about how traumatic it was not being able to see family after the operation.

"All I needed was 5 minutes with her [mum], and a hug, and I would have felt okay."

The attention of care given once on the ward was not to a high standard and this may have resulted in additional health conditions.

Shortly after the operation, it became apparent that Rose had woken up with facial palsy. This is the life change that has affected Rose greatly over the last 18 months.

Rose reports that one of the contributors to the stress and trauma was how unprepared she and her mother were for the facial palsy. "We weren't even told this was a possibility – we were completely unprepared."

Rose reports other complications including being taken off medication suddenly with no warning about the psychological side effects.

Instead of spending a week or so in hospital as originally advised, she remained for four months.

Rose reflects the hospital experience, having lack of compassion, poor communication issues, and a general disregard for the patient experience.

The challenges

Rose's health is affected by the facial palsy. She needs a carer and is registered as disabled. She talks about feeling anxious when meeting people and making friends.

Long term she is worried about her independence. Not being able to work for the last 18 months has been difficult. It has been truly life-changing. "I thought about an exit strategy."

Support from professionals

Rose said seeing a psychologist a few times was of limited help.

The health professionals did not refer her to any voluntary groups or charities or offer any other support. She had to carry out her own research.

Occupational therapists provided some basic limited equipment.

Rose describes the community physiotherapy sessions as "finite and limited" as they don't have the equipment that the rehabilitation ward had.

Reduced rates for gyms from the GP has been "useful".

Rose describes not being given any understanding of the purpose of rehabilitation appointments; more could have been gained from them if the purpose was clearer.

Rose cites being told by the speech and language therapists that there was “nothing more they could do.” Rose thinks if referrals had been made sooner, more actions could have been taken.

Other support

Rose has found free craft classes a fantastic support. In addition to supporting her fine motor skills, she has found new hobbies and made new friends through them.

Rose describes the information from Healthwatch Cambridgeshire & Peterborough as having a positive impact: “The signposting was brilliant!”.

What support could exist and what is missing?

- Rose found the physio on the rehabilitation ward excellent. But the resources were limited and she would have liked more of this.

Two examples:

1. Hydrotherapy – “this was excellent.”
 2. Jumping on a trampoline – “who would have known how helpful jumping on a trampoline would be! I would have liked more of that.”
- Support groups online as well as in-person. Ideally, there should be support groups for people with brain injuries/tumours but perhaps also people who have had strokes, as Rose thinks some of their struggles are similar.
 - Rose would have loved some sort of art therapy – an activity to engage with her feelings.

Case study two

Mark found socialising and meeting people becomes more difficult post-retirement.

He found applying for benefits very complicated too. “It can be particularly isolating if male and [you] live alone as males are generally less gregarious.”

What has helped?

“Physical activity makes you feel better.”

“On the same day as my cancer diagnosis, I was assigned a specialist nurse to contact about any concerns and a cancer navigator for non-medical questions. I found knowing I had support in both these areas very reassuring.”

What can help others?

“The Care Partnership should think about expanding a navigator role to other health conditions including mental health and isolation/loneliness. A person who is knowledgeable about services and what is available to direct and signpost.”

“It would be helpful to have someone other than CAB to support with applications for welfare benefits.”

Case study three

Anne found it difficult becoming a carer and then being alone with little support.

“Why is there nothing in place to offer what help is available when we found out about my husband’s illness?”

“Someone from the Council came to my home, [it] was assessed but nothing was changed. It felt like my house was too old to adapt. It upset me so much as we had to move downstairs. We were supplied with a frame and pusher.”

“The feeling of being alone was traumatic and helplessness of not knowing what to do.”

What can help others?

“People should receive information from the GPs, nurses and point of diagnosis.”

“I am very lucky to have the local day centre and [I] am collected and dropped off; I enjoy the activities and eat my main meal, so it passes the time.”

Case study four

Ali found information and claiming benefits was a big challenge.

"I felt I was bombarded with too much paperwork when trying to claim for help which I was entitled to but I was left to complete by myself, where really I just need someone to sit with me to help."

What could help others?

"Organisations should not assume people can find information on their website which is easily accessible. This is not the case if no one knows about them."

"I wished there was a pathway to an umbrella organisation that is able to access people with needs to contact them with the information they need now and may need for the future. Perhaps this should be called 'A Life Check'."

"I feel there needs to be more volunteers to support the organisations that do help but no one knows about."

Case study five

Dawn struggled for many years to find support for her and her husband.

"We were left to navigate this condition on our own. Made us feel frustrated, alone and stressed. We live in a very small village and find it difficult to find information and support - for example, when we needed to source a wheelchair."

"I live with the constant worry of keeping well myself and 'what if' in the future."

What would have helped?

"If only someone could have helped me from the beginning to advise on what stages we would be going to, preparation is key."

“We found the surgery Social Enabler by accident when attending for a vaccine. They have really helped us by introducing us to Carers UK. This should have happened years ago.”

Case study six

Peter has ADHD and Aspergers and finds it a struggle to leave the house. He has found getting access to a GP difficult and rarely sees the same GP twice.

“I had a referral to the Psychological Skills service. It was the first time I felt I was treated with respect/listened to/treated as a human being.”

What would have helped?

“Being taken seriously by GPs in the first place may have meant I would have started getting help sooner.”

Where do you access information?

“GP and NHS website. I find it easier to access info than on the DWP website.”

Support information

You may wish to find more information about issues raised in our Life Changes Survey, funded by NHS Cambridgeshire & Peterborough ICB.

Some of the common themes relate to bereavement support, financial support, mental health services and support for relationship changes.

- **For Further Information and Signposting**, contact Healthwatch Cambridgeshire & Peterborough: phone 0330 355 1285 or www.healthwatchcambridgeshire.co.uk.
- **Social Prescribing**: GP surgeries provide support and advice through a Social Prescriber – contact your local surgery.
- **Bereavement Support**: the Integrated Care Board (NHS Cambridgeshire & Peterborough) has produced a directory of bereavement support services which can be found here: [Bereavement Support in Cambridgeshire and Peterborough](#).
- **Financial Support**: for general financial support, contact Citizens Advice. [Citizens Advice Cambridge & District](#) or [Citizens Advice Rural Cambs](#) – free advice helping local people. They will direct you to the most appropriate service regarding debt management, housing benefit or welfare benefits.
- **Mental Health Support**: support for a mental health crisis can be found by calling NHS 111 and selecting the mental health option. This service is available 24/7. Samaritans can be contacted here: [Samaritans](#) or call 116 123. Cambridgeshire and Peterborough NHS Foundation Trust Talking Therapies accept self-referrals for general anxiety or depression, [Talking Therapies | CPFT NHS Trust](#). Reduced cost counselling services are available from [Evolve Community Counselling](#). Keep Your Head is a web-based support service with lots of self-help information, mental health – [Keep Your Head](#) or you can text 'HEAR' to 85258 for free confidential support 24/7.
- **Relationship Support**: Relate offers counselling support to those experiencing relationship issues, [Cambridge | Relate](#). Family Lives may also have useful information: [Parenting and Family Support](#).
- **Independent Living**: [Help at Home: Care Micro Enterprises \(CMEs\) Cambridgeshire County Council](#).
- **General Support**: Local activities and support: <https://haycambspboro.co.uk/>.

Step-by-step guide to using Community Researchers

When planning to set up working with volunteers, flexibility and adaptation are required. The way we worked with volunteers in this project can be adapted to other areas of research.

Through our research, we have found that other Healthwatch teams have worked with other Community Researchers which closely mirrors with how we work with our volunteers. Below details a summary, using examples from Healthwatch Oxfordshire's step-by-step guide.

To read about Healthwatch Oxfordshire's work in full and to view their explainer film, visit [Healthwatch England: Working with Community Researchers to achieve change for people.](#)

Step one: Plan

Co-production with CSCP and Healthwatch:

- Established scope, timeline and budget for the project.
- Agreed on reimbursement process for community members' time in group sessions, including transparency around responsibility for tax/benefits declarations etc.
- Healthwatch provided equipment and staff support as needed.
- Healthwatch provided dedicated staff time for support and mentoring volunteers. This can take more time than is originally planned.
- Recruitment of Community Researchers via local links, social media, voluntary groups and via Partnership Boards.
- Training, induction, mentoring and support for Community Researchers.

Community plan (Community Researcher-led)

- Supported researchers to identify the project theme/problem/question/issue in collaboration with CSCP.
- Healthwatch supported researchers to identify the community of focus.
- The broad questionnaire was developed by Community Researchers and agreed by CSCP. Responders given the opportunity for a more in-depth conversation by informal interviews or focus groups.
- Healthwatch established bridges and dialogue between researchers, community and CSCP.

Step two: Observe (Community Researcher-led)

- Healthwatch and Community Researchers developed research methods, approach and plan for the project. For this project, this included holding three focus groups and, on request from CSCP, targeting the seldom heard from groups such as young people and men.
- Promoted events through community networks and social media.
- Gathered information, listened and involved communities making sure research was inclusive, culturally appropriate and accessible and removed barriers to participation.
- Used creative methods to reach people and hear their voice.
- Focussed on process, challenges and solutions.

Step three: Act (Community Researcher-led)

- During the research, researchers decided the best the way to work in their communities and identify action points.
- With the community, determined what practical changes work, or are needed: where, how and by whom?
- In this project, with assistance from Community Researchers, the project data and people's lived experiences were analysed and placed into this report.

Step four: Disseminate (Healthwatch with researcher and community)

- Recommendations from the report – Healthwatch will help Community Researchers and community members share insights and lessons to the local integrated neighbourhoods.
- Community Researchers could facilitate round table discussions, community events etc about the findings and recommendations.
- It is crucial to ensure health and care providers report back to the community and highlight what has happened as a result of the research.

Step five: Reflect

- A lessons learned log is a useful way to become more efficient in future research. Working smarter rather than harder will produce effective outcomes.
- Change may not be immediate and make take years. Follow impact over time.
- Keep the community and Community Researchers updated about progress and changes.

Resource considerations for using Community Researchers

Admin, induction and support for Community Researcher:

- Recruitment.
- Induction, policies and procedures.
- DBS check, Safeguarding and GDPR.
- Comms support with the project, e.g. social media, posters, report.
- Ongoing troubleshooting, mentoring and admin support.

Training for Community Researcher

Up to three days of training, including:

- Understanding models of health and health determinants.
- Community participatory action research – what and why?
- Action Research, the ‘research cycle’ and identifying change.
- Good research, ethics, data handling, GDPR, solving challenges.
- Scoping and planning research.
- Research methods, tools and approaches.
- Telling the story, data collection and analysis.
- Report development and dissemination, building confidence.
- Feeding back to the community and ‘what next?’
- Next steps and learning.

Equipment and IT for Community Researcher

- Voice recorder, phone, ID lanyard.
- Secure Community Researcher email.
- Consider the need for dedicated IT research support, e.g. Smart Survey.

Reimbursement for Community Researcher

- Travel and subsistence costs.
- Reimbursement for time (training, research and dissemination).

Project support

- Events fund, e.g. focus group, event costs, vouchers for attendees.
- Disseminating findings, e.g. film production, leaflets, reports.
- Translation and interpreting, childcare and other costs.

Staff time and skills

- Dedicated staff time ongoing through the project: training, mentoring, support and supervision. Dissemination of office management support: budget, procedures etc.

- Social media and comms support.
- Skills in community development approaches.



healthwatch
Cambridgeshire

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Peterborough

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