



# WORKING FOR CARERS 2019–2022 EVALUATION

Report 1: The Carers Cycle and Impact of  
Outreach, September 2020



# ACKNOWLEDGEMENTS

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social and economic research

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## About Carers Trust

Carers Trust is a major charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners and through the provision of grants to help carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is that unpaid carers count and can access the help they need to live their lives.

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# EXECUTIVE SUMMARY

Working for Carers supports **unpaid** carers and former carers in London, who are aged 25 or over, to move closer to employment.

Through the project, carers can access free support, which includes one-to-one meetings with a dedicated advisor, access to workshops, and help with job searching and CVs.

Working for Carers is funded by the European Social Fund and The National Lottery Community Fund. The project commenced in 2016 and was extended in March 2019 to run until September 2022.

This report provides an overview of carers' journeys through the project, exploring their circumstances when they first enter the project, and what happens after they exit Working for Carers. It also provides an overview and evaluation of current outreach processes for recruiting carers to the project. The key findings are summarised below.

## Key findings

- Most of the carers supported by Working for Carers had been out of the workplace for a long time when they first accessed support. More than half of carers had been out of work for over five years, and 18% had been out of work for more than ten years. Low confidence was a common issue that carers presented to the project.
- Lack of digital skills was a key concern among some of the carers supported by the project, who felt that they could not compete with more experienced applicants, as time out of the workplace meant they had lost out on opportunities to develop and hone digital skills. This is a key area where Working for Carers could widen its support offer, thereby meeting the needs of carers who have been out of the workplace for a long time.
- Almost nine in ten carers are still actively caring when they access the project, and access to flexible work opportunities is a key concern among the carers supported by the project.
- Mental health appears to be a key support need among carers who access support through Working for Carers. However, project staff reported that it was often difficult for carers to access mental health support through local NHS and community services. Research has highlighted that unemployment and poor mental health are closely interrelated and, as such, Working for Carers may want to consider opportunities to embed more immediate mental health support within its support offer, for example the involvement of trained mental health practitioners or partnership with local NHS and community services.



- Male carers are underrepresented among participants in Working for Carers, accounting for less than one in five participants. We would encourage Working for Carers to continue working to develop targeted outreach to improve its engagement with male carers.
- Almost half of carers who are supported by Working for Carers exit into employment, education and training, and current data suggests that 69% of them retain employment for 26 weeks after leaving the project. However, there is currently a gap in data to indicate what happens to carers who do not sustain employment. We would encourage Working for Carers to review the existing monitoring forms to add additional questions to ascertain what happens to carers who don't stay in employment, to identify if there are any common challenges the project could help to address.
- One in three carers who exit the project do not enter education, training, employment or job searching. At the moment, relatively little is known about why these carers leave the project, and as such we would encourage Working for Carers to explore opportunities to close this knowledge gap.



# INTRODUCTION

Working for Carers supports unpaid carers and former carers in London, who are aged 25 or over, to move closer to employment <sup>(1)</sup>. Carers can access free support, which is tailored to meet individual needs. This may include:

- One-to-one meetings with a dedicated Employment Personal Advisor.
- Group activities and training workshops.
- Help with job searching.
- Support with CVs, job applications and interview techniques.
- Access to employment, volunteering, and training opportunities.

Working for Carers is funded by the European Social Fund and The National Lottery Community Fund. The project commenced in 2016 and was extended in March 2019 to run until September 2022. The funders have awarded two grants:

1. Delivery of the project across 17 boroughs in North East and West London.
2. Delivery across 16 boroughs in South and Central London.

The project is led by Carers Trust and delivered across London by four Carers Trust Network Partners (hub partners). These are:

North, East and West London:

- Harrow Carers; and
- Redbridge Carers Support Service.

South and Central London:

- Camden Carers; and
- Carers Lewisham.



This report provides an overview of the carer cycle, exploring carers' journeys through the project, and evaluates current recruitment and outreach activities.

It is the first of three evaluation reports that Wavehill, an independent research organisation, will produce for Carers Trust to evaluate the Working for Carers project 2019–2022. Further information on the aims of the evaluation and the methodology used to produce this report are provided in Annex 2.

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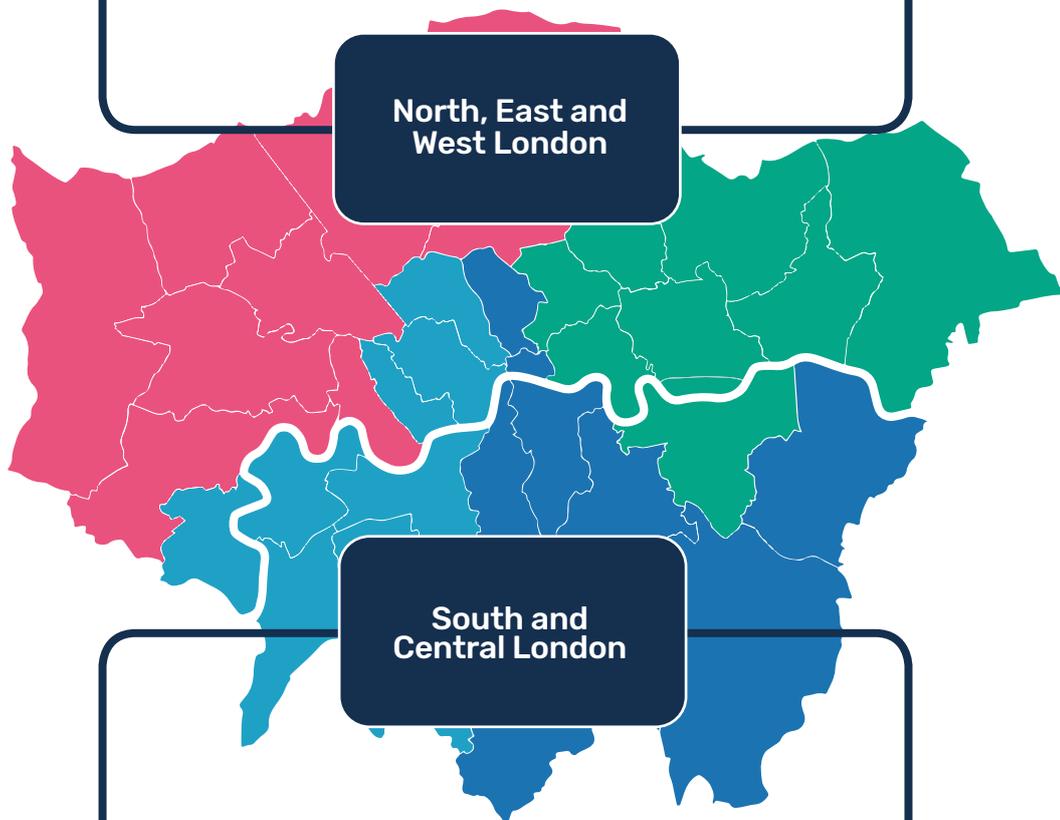
<sup>(1)</sup> A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support.

## Harrow Carers

Barnet, Brent, Ealing, Enfield, Hammersmith & Fulham, Haringey, Harrow, Hillingdon and Hounslow

## Redbridge Carers Support Service

Barking and Dagenham, Greenwich, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest



North, East and West London

South and Central London

Camden, Islington, Kensington and Chelsea, Kingston, Merton, Richmond, Sutton and Westminster

## Camden Carers Service

Bexley, Bromley, Croydon, City, Lambeth, Lewisham, Southwark and Wandsworth

## Carers Lewisham

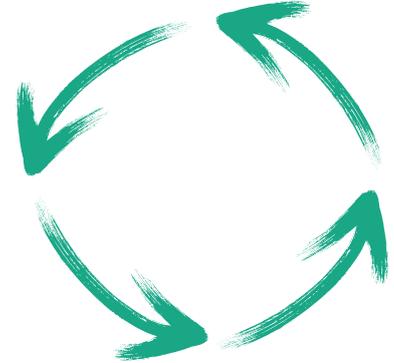
# KEY FINDINGS

This section summarises the main findings from this phase of the evaluation.

## The carer cycle: How do carers move through the Working for Carers project?

This section explores the carer’s cycle throughout their journey with Working for Carers, and addresses the following key questions:

- a. How and when do carers enter Working for Carers?
- b. What are the wider support needs of carers when they access support?
- c. What happens to carers when they exit Working for Carers?



### How and when do carers enter Working for Carers?

Working for Carers collects profile information on all participants when they enter the project. The monitoring data shows that the majority of carers (82%; 722/881) accessing Working for Carers are classed as economically inactive when they enter the project. Someone is regarded as economically inactive where they do not have a job and are not seeking work or not available to start work in the next two weeks (Dar, A, 2015). This group often includes people who are looking after friends or family members who need their support.

Correspondingly, 18% (159/881) of carers were unemployed when they started accessing Working for Carers. Both figures are closely aligned to Working for Carers’ targets for the project. The targets currently require 81% of participants to be economically inactive, and 20% to be unemployed (2).

Of those carers who were unemployed when they entered Working for Carers, 36% (56/159) had been out of work for 12 months or less. However, a large proportion of this group (64%; 103/159) would be classed as long-term unemployed. Long-term unemployment refers to when a person has been unemployed for 12 months or more (OECD, 2020). Of this group, 37% (59/159) reported that they had been unemployed for more than five years, and 12% (19/159) has been unemployed for more than ten years. A breakdown of how long participants had been unemployed on entry to Working for Carers is provided in Table 1.1.

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(2) Readers may note that these figures total above 100%. This is a result of the targets being set as raw numbers separately, which has given rise to a rounding issue.

**Table 1.1: How long participants had been unemployed when they entered the project**

Length of unemployment	Number of participants (n)	Proportion of participants
<b>Total</b>	159	100%
0-6 months	36	23%
7 months-1 year	20	13%
1-2 years	29	18%
3-4 years	15	9%
5-6 years	19	12%
7-8 years	5	3%
9-10 years	16	10%
More than 10 years	19	12%

**Source: Participant Monitoring Data, participants registered as unemployed (Base = 159)**

It is possible that some of these carers should have been recorded as economically inactive, as it seems striking that more than one in ten carers had been unemployed for more than ten years. This may be the result of misunderstanding among participants and Employment Personal Advisors around what the terms unemployed and economically inactive mean, which has given rise to some misreporting.

At present, the monitoring forms used by Working for Carers only record the length of time someone has been unemployed, and therefore not necessarily how long they have been out of work, which may differ. Additionally, data is not currently recorded to indicate how long individuals who are economically inactive have been out of work. We would encourage Working for Carers to capture this data in future, so it can understand how long all participants have been away from the workplace. This may help the project to tailor support more appropriately to participants.

To understand more about all participants, Wavehill ran a participant survey which asked how long it had been since participants were last employed. The results are displayed in Table 1.2.



**Table 1.2: Time since employment, all survey respondents**

Time since employment	Number of participants (n)	Proportion of participants
<b>Total</b>	57	100%
0-6 months	2	4%
6 months-1 year	5	9%
1-2 years	16	28%
3-4 years	5	9%
5-6 years	11	19%
7-8 years	5	9%
9-10 years	3	5%
More than 10 years	10	18%

**Source: Participant Survey (Base = 57)**

The data in Table 1.2 shows that many of the carers supported through Working for Carers have been out of work for a long period of time. Indeed, the participant survey data suggests that more than one half of carers (51%) receiving support had been out of the workplace for more than five years when they accessed the project. This was echoed by Employment Personal Advisors in interviews, who reported that many of the people they were supporting had been out of work for between 2–10 years. Employment Personal Advisors reported that the length of time a carer had spent out of employment in part seemed to be related to whether they were caring for a child or an older relative. For example, where a carer was responsible for a child they may be out of work for the duration of the child’s upbringing; whereas there was an impression that those caring for older people may be caring for a comparatively shorter period of time. This appeared to be substantiated by the interviews conducted with carers who have exited the project. Indeed, one carer reported that she had given up work 29 years ago just before her daughter was born and had been providing 24/7 care to her daughter for the 27 years of her life.

“ I’m still caring now, my role has been ongoing for 27 years, as I care for my daughter. It’s 24/7 care. I do have people who help in the day now, but it’s not like you ever stop you know. ”

**Carer, former Working for Carers participant**

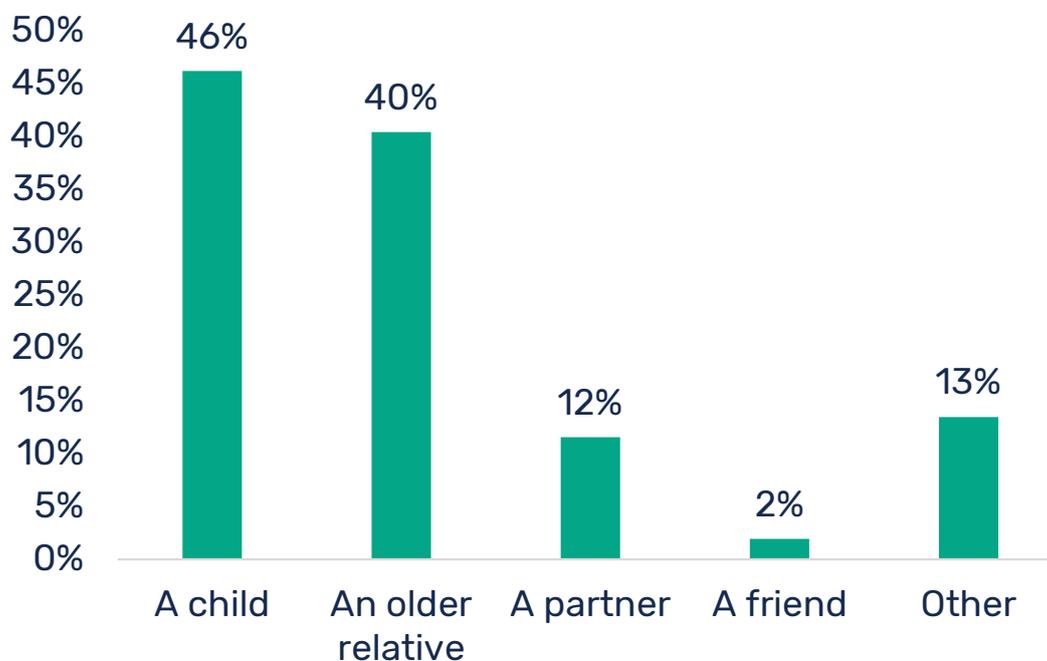
To supplement the monitoring data captured by the project, and to understand more about the position carers were in when they joined Working for Carers, Wavehill conducted a survey of participants who had left the project in the last two years. The response rate to this survey was relatively low, and therefore the responses may not be representative across the wider population, however this does give some indication of potential patterns.

Of survey respondents, 87% (n=48/55) reported that they were a current carer when they first accessed Working for Carers. Comparatively, 13% (n=7/55) had cared for someone in the past. The hubs can adopt a flexible approach to the participation of former carers in the project.

Of the former carers who participated in the project, all but one survey respondent had seen their caring responsibilities come to an end within the last nine months.

Most commonly, carers reported that they were caring for a child or an older relative. Indeed, 46% (n=24/52) of carers reported they were caring for a child/children, and 40% (n=21/52) reported that were caring for an older relative (Figure 1.1).

**Figure 1.1: Who were you caring for? Select all that apply**

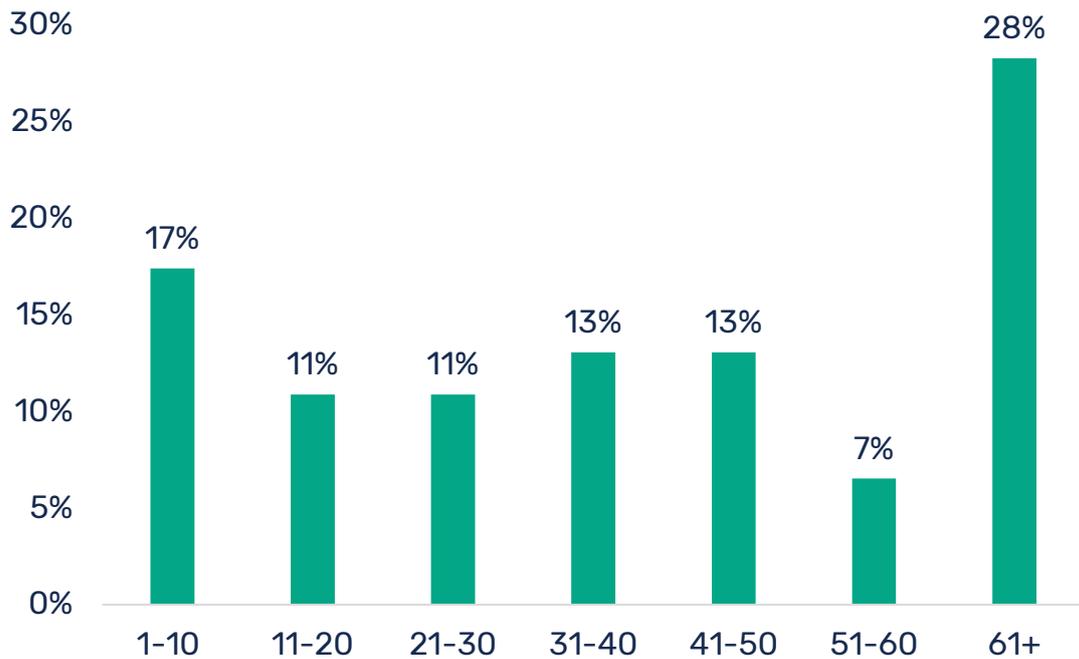


**Source: Participant Survey (Base = 52)**

The majority of carers reported that they cared for one person (71%, n=37/52). However, 27% (n=14/52) of respondents reported that they had caring responsibilities for two people, and one carer cared for more than three individuals. Carers who reported that they cared for multiple people were usually caring for two children, two older relatives, or one older relative and one child. In addition to caring responsibilities, 51% (n=29/57) of carers reported that they were a parent to another child/children.

A minority of carers (5%, n=3/57) reported that they also received care from another individual for themselves, in addition to their own caring responsibilities. 61% of survey respondents (n=28/46) reported that they were caring for more than 31 hours per week when they joined Working for Carers. 28% of respondents (n=13/46) were providing care for more than 61 hours per week (Figure 1.2). The amount of hours a person spends providing unpaid care will 'constrain the amount of time they have available for work, and vice versa' (Aldridge, N and Hughes, C, 2019). Indeed, data from the Family Resources Survey 2011/12 to 2013/14 shows that as the amount of hours per week increases, labour market participation decreases (ibid). In 2013/14, just 21% of carers providing 35 hours of care or more per week were in full-time work, compared with over 50% of those providing less than five hours of care per week.

**Figure 1.2: When you started Working for Carers, how many hours per week did you spend caring?**



**Source: Participant Survey (Base = 46)**

Considering the high proportion of carers who are spending more hours than a full-time job caring, it is perhaps unsurprising that the majority of survey respondents (69%, n= 37/54) reported that finding job opportunities that fit around their caring role, such as flexible and part-time work, had made it difficult for them to enter the workplace or access training or educational opportunities. This was the most common barrier to accessing work, training or education reported by survey respondents.

### **What motivates carers to get involved with Working for Carers?**

Five qualitative interviews were conducted with carers who had previously received support through Working for Carers to understand their motivations for accessing the project and the place they were at in their caring journey when they first accessed Working for Carers. Short vignettes are provided below to illustrate each carer's motivation for getting involved and their caring circumstances at the time.



## CARER ONE

One carer had begun accessing Working for Carers when her mother who she cared for was coming to the end of her life. The carer had last worked in the early 2000s, and her job had come to an end at the same time that her mother required care. She was still providing full-time care to her mother when she first accessed Working for Carers, and at that time had been out of the workplace for more than ten years.

“ I think I first contacted Working for Carers when my mum was still alive and she was fading, and I was thinking I would need to have something to fill in the gap when she goes. I asked Working for Carers to give me advice on how to get into a normal life after mum passed on. I'd been out of the workforce for so long that I felt I needed help getting back into some routine and needed something to help me get back into the workplace. ”

**Carer, former Working for Carers participant**

## CARER TWO

This carer had accessed Working for Carers after her family's benefits entitlement had suddenly changed, which meant she needed to re-enter employment to continue meeting household expenses. She had been out of work for around two years when she first accessed Working for Carers, having been made redundant from her previous role. She entered Working for Carers as she required support developing a CV to support her in her job search. She had been in her previous job for over 15 years. As a result, at the time she began receiving support from the project, it had been almost two decades since she had last had to look for work.

## CARER THREE

This carer had joined Working for Carers on a recommendation. She had left work shortly before her child was born and had predominantly been out of the workplace for almost 30 years when she first accessed Working for Carers, though she had undertaken some short-term periods of work during that time. Her child required full-time care, and she was still caring 24/7 when she first reached out to Working for Carers. She expressed that she was interested in re-entering the labour market but felt in need of additional support as her time out of the workplace had made her feel “out of touch”.

## CARER FOUR

This carer was motivated to join Working for Carers as he wanted to find employment after finishing university. He was a full-time carer to one of his parents and had been out of the workplace for a few months after finishing university. He had spent a large proportion of the last few years in full-time education, and reported that when he first joined Working for Carers he was experiencing low self-esteem, and was worried that his lack of experience would prevent him from entering the workplace. Despite this, he emphasised that he was keen to enter the workplace, which motivated him to seek out the support of Working for Carers.

## CARER FIVE

This carer joined Working for Carers when her child, who she cared for full-time, entered school. She had left work just before the birth of her child, and was unable to return to work before her child entered full-time education, as she was a single parent, and she was not comfortable leaving her child with childminders for long periods of time. When her child started school, she found herself with the free time to be able to re-enter the workplace, and reported that she was “desperate to get back to work”. She was prompted to join Working for Carers after seeing an advert for the project in a local paper. Having been out of work for five years, she was looking for support with the transition back to work after being out of work for so many years.

“ I lost my confidence when I was out of work. Everyone thinks you’re taking advantage of the system when you’re out of work, but I wanted to find opportunities in the system. Working for Carers gave me that confidence and push to get back into work. ”

**Carer, former Working for Carers participant**

### What are the wider support needs of carers when they access support?

Employment Personal Advisors were asked to reflect on the wider support needs that carers present with when they access Working for Carers. They reported the following support needs (3):

- Employability skills, including how to develop CVs.
- Digital skills such as completing applications online and using a computer.
- Low confidence, especially where carers have been out of the workplace for a long time.
- Poor mental health and wellbeing, including high levels of anxiety and depression.
- Emotional and bereavement support, where the individual has recently become a former carer.
- Financial support and benefits advice. This includes queries about where the tipping point is between benefits entitlement and employment, and financial stress.
- Other issues, such as housing support advice.

As discussed in the previous section, many of the carers supported by Working for Carers have been out of work for a long time. As a result, carers regularly enter Working for Carers with concerns about their employability skills, and nervousness about re-entering the labour market.

“ I felt super out of touch with the workforce. When you’ve been out a long time. It’s easy to feel out of touch. ”

**Carer, former Working for Carers participant**

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(3) Readers should note that the fieldwork for this project was conducted before the Coronavirus pandemic, and as such it is likely that additional support needs will have emerged during this period.

“ Working for Carers gave me a great deal of support in terms of emotional support and self-confidence ... I didn't feel I was employment worthy, but they helped me identify the skills I had. ”

**Carer, former Working for Carers participant**

Carers who have been out of work for a long time may not be up to date with some of the skills they require to secure work. In particular, the level of digital advancement over the last decade is a key barrier. Some carers are unable to use a computer or the internet and do not possess smart phones. This is a barrier to carers both in terms of finding and applying for work, which has predominantly moved online, and their ability to demonstrate the level of digital literacy that employers are seeking for some roles.

This finding substantiates earlier findings from the Good Things Foundation (4), which found that digital exclusion is a key issue among carers (Tinder Foundation, 2015). The Good Things Foundation report that almost one in five carers reported that they would benefit from support using the internet, and one caring organisation estimated that as many as 40% of the carers they support are not online at home (ibid). Employment Personal Advisors fed back that they were sometimes asked for advice on issues, such as housing and benefits, where carers did not know how to use the internet and were therefore unable to access information that is readily available online.

“ Most carers have been out of work for a very long time so it's very scary for them to go back to work. ”

**Employment Personal Advisor**

In addition to needing support with their employability skills, Employment Personal Advisors reported that carers needed support with the process of finding employment, such as understanding where to look for work and support developing CVs. This appeared to be an issue that may have been influenced by how long it had been since a carer had last sought work. Indeed, one carer who was interviewed as part of the evaluation had attended Working for Carers for support developing a CV after she had been out of work for two years. She reported that it had been a long time since she had applied for work, as she had been in work for 17 years before she had lost her job through redundancy. As a result, she did not have a current CV and was unsure how to develop one. She expressed that she did not have family around who could help and had found the experience of trying to develop a CV on her own frustrating as she “didn't know how to put it”.

Mental health and emotional support needs are common among carers. Employment Personal Advisors identified that many carers were presenting with issues such as stress, anxiety, and depression. Additionally, Working for Carers provides support to individuals who have recently (5) stopped caring.

Employment Personal Advisors reported that this was commonly the case where a carer had suffered a recent bereavement, which can lead to individuals requiring additional emotional support. Emotional support is particularly crucial in these cases as an individual will have “lost

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(4) Formerly known as the Tinder Foundation.

(5) Usually within the last 12 months, although some discretion is applied.

both their loved one and their role”, which can result in recently bereaved former carers feeling as though they have “lost their purpose”.

When it came to meeting a carer’s support needs, Employment Personal Advisors reported that most concerns could be dealt with or referred on by the hub or carer centre that the carer was attached to. They typically signposted or referred carers to other support where it related to issues such as benefits entitlement or housing issues out of their area of expertise. In relation to emotional support, several Employment Personal Advisors reported that they delivered light touch emotional support within their role. This might include helping carers to unwind. However, where this related to mental health most Employment Personal Advisors would signpost to counselling services as they reported that they did not feel they had the required expertise to deliver this support, although some Employment Personal Advisors were more confident than others on this issue.

Employment Personal Advisors would typically try to source additional support through hub or Network Partners in the first instance. In relation to mental health support, one Employment Personal Advisor reported that some hubs were better equipped than others. Camden Carers for example, offered mental health and wellbeing support which meant carers could be referred internally, whereas other hubs were reliant on signposting across to external organisations. Employment Personal Advisors raised concerns that mental health issues were one of the common challenges that carers presented with but that their needs were currently at risk of not being met through Working for Carers or wraparound support. Employment Personal Advisors fed back that waiting lists for services, such as counselling and therapeutic services, were often very long, which could result in carers waiting months or even years to access mental health support. It was felt that there was a big disparity between boroughs in relation to provision.

Gaps in access to mental health provision could impact on the success of employability initiatives such as Working for Carers, as research suggests that mental health issues and unemployment are linked. Indeed, mental illness may lead to an individual becoming unemployed or struggling to stay in work, while unemployment itself may lead to worsening mental health (Institute for Work & Health, 2009). As a result, there is a risk that where these needs are unable to be met, carers may be at risk of continued or future unemployment. As such it may benefit Working for Carers to consider involving mental health specialists in the partnership in the future to provide immediate, interim access to mental health support.

Other gaps that Employment Personal Advisors felt existed in the support were:

- Carers not being able to access support from the Working for Carers team once they had entered employment (in-work support). This concern was echoed by one of the carers interviewed as part of the evaluation, who felt it would have been of benefit to have someone from Working for Carers check in on them to see how things were going after they had entered employment, and to provide advice and guidance on alternative options or next steps if they had found the employment did not meet their needs.
- Difficulty accessing particular services when referring or signposting carers. This tended to be an issue relating to the variability of support that was on offer across different carer services. For example, one Employment Personal Advisor had experienced challenges finding support for carers with housing issues in one borough. Another Employment Personal Advisor reported that some of the carer services they worked with had different priority groups, for example one had a focus on young people which meant it was less equipped to support older adult carers. In some boroughs there was not an existing carer

service to refer into. This led to one Employment Personal Advisor describing the current situation in support for carers as a “postcode lottery”.

All Employment Personal Advisors reported that they felt confident signposting carers to other support where necessary or appropriate.

The wider support needs that Employment Personal Advisors reported that carers present with are further substantiated by the barriers that carers reported had made it difficult for them to enter the workplace or access training or education. These are illustrated in Figure 1.3.

**Figure 1.3: Before you took part in Working for Carers, what barriers, if any, made it difficult for you to enter the workplace or access training or education opportunities? Please tick all that apply.**



**Source: Participant Survey (Base = 54)**

The barrier most commonly reported by carers was difficulty finding opportunities that they could fit around their caring role, such as flexible or part-time employment. This was reported by 69% of respondents (n=37/54). This was also reported by one Employment Personal Advisor as a need that carers commonly present with.

“Carers need flexible part time work that doesn't effect universal credit, it is so complicated with that and there's just a lack of part time. I'm not talking about zero hours contracts I'm talking about a commitment to X hours a week every week.”  
**Employment Personal Advisor**

Previous research has highlighted that flexible and part-time employment are key issues among carers, as the demands of caring can limit carers' employment options to work that can be adapted around their caring responsibilities (Aylward, N, Klenk, H, Robey, C, and Wolkind, R, 2018; Carers UK, 2019).

More than half of the carers surveyed (59%) reported that low confidence had been a barrier to them accessing work, training, or education. This barrier was echoed by Employment Personal Advisors as one of the support needs carers presented with. This might include low social confidence, or specifically low confidence about their employability skills. Confidence was one of the areas where Working for Carers support appeared to have been most transformative. Indeed, 87% of survey respondents reported that Working for Carers support had helped to improve their confidence. This also emerged through interviews with carers, as illustrated in the quote below.

### **What impact did Working for Carers have on you?**

“ The fact that it got me moving. It got me on a course, and one step led to another. It gave me confidence and some kind of direction, and some sense of purpose. My advisor also got me onto another course that was confidence building and I really needed that. She gave me a push really. Having someone to talk to about it was helpful too. ”

**Carer, former Working for Carers participant**

Carers commonly cited employability skills, such as lack of up-to-date skills and not being sure how to job search, as barriers to them entering the workplace. 43% of survey respondents (n=23/54) reported that their skills were not up to date when they began Working for Carers, and 30% (n=16/54) were unsure how to search for jobs.

31% of survey respondents (n=17/54) reported that financial concerns, such as a loss of Carer's Allowance or other benefits, had been a barrier to them accessing work, education, or training. At present, carers in England are entitled to Carer's Allowance of £67.25 per week if they care for someone for at least 35 hours per week (UK Government, 2020). However, carers are only eligible for this support where they are not studying for more than 21 hours per week, and where their earnings do not exceed £128 per week, equivalent to around 15 hours work per week paid at the national minimum wage (ibid). In addition to Carer's Allowance, carers may be accessing other benefits while out of work, including Universal Credit.

The combination of benefits entitlement with different eligibility requirements and rules around earnings can make it hard for carers to understand how their financial position will be altered if they receive increased earnings from employment. In some cases, carers can be left in a position where the loss of benefits means their financial position is no better if they are in work than receiving benefits; this can remove the financial incentive to work (Carers UK and Age UK, 2016).

Four of the barriers commonly reported by carers were specifically related to the challenges of caring:

1. 69% (n=37/54) of survey respondents had found a lack of flexible opportunities they could fit around their caring role a barrier to accessing work, education, and training.
2. 31% (n=17/54) were unsure how to identify carer-friendly employers.
3. 22% (n=12/54) were unable to access alternative care to meet the needs of the person they cared for while they were away from home.
4. 19% (n=10/54) were concerned about stigma in the workplace for the caring role.

This suggests that targeted employment support for carers is important, to enable them to address the barriers that relate to their caring experience. However, the high proportion of carers reporting financial concerns and difficulties accessing alternative care to enable them to work may also point to the need for this to be combined with calls for wider policy change to help reduce these barriers. This might include lobbying for policy change around benefits entitlement, as well as improvements in employers' understanding of the responsibilities to support carers in the workplace.

17% of carers (n=9/54) reported that an 'other' barrier had made it difficult for them to access work, training, and education. The other barriers they reported included:

- Unpredictable caring roles, such as where the person they cared for had an illness that could flare up or go into remission, which could alter the amount of time they needed to provide care suddenly and unexpectedly.
- Personal, physical or mental health issues.
- Concerns about how the person they cared for would manage.
- Needing to be able to work from home to balance caring responsibilities.
- Lack of access to technology and digital skills.
- Concerns about how they would balance work and caring responsibilities.
- Concerns about their age.
- Stigma against carers.

**Before you took part in Working for Carers, what barriers, if any, made it difficult for you to enter the workplace or access training or education opportunities?**

**“** How my cared for would cope without me and if I would have enough energy to care for my parents, family and go to work. **”**  
**Carer, former Working for Carers participant**

Age appeared to be a barrier that was preventing some carers from entering the workplace. While this was not an explicit focus within the carers survey, this theme was one of the barriers that was discussed under 'other' barriers. Additionally, age was discussed as a barrier by a carer who had previously taken part in Working for Carers during an interview. Age appeared to feed into the participants' feelings of being "out of touch" with the workplace.

“ I’m really out of touch. I’m in my 50s and I don’t know if I’m ever going to work again ... I want to work but all my friends are retiring now. ”

**Working for Carers participant, interviewee**

Analysis of participant monitoring data shows that 46% (n=406/881) of carers who have taken part in Working for Carers are aged 51 or over, and 8% (n=72/881) are aged 61 and over. Therefore, it may be worthwhile to understand whether age has been a barrier to entering employment for more of this cohort. Older workers may be concerned about age when applying for work due to concerns about ageism in recruitment processes and within the workplace and competing against younger workers. Age may also become a more significant issue because of the Coronavirus pandemic, as young workers and older people (aged 60+) have been more likely to be furloughed or become unemployed. New government initiatives such as the Kickstart programme (6) that have been set up to respond to this are predominantly focused on younger people, and therefore Working for Carers may occupy more of a niche supporting older people to return to the workplace.

Digital skills came up as a barrier in both the other responses to the survey, and in interviews with carers, substantiating earlier reports from Employment Personal Advisors about this being a support need that carers were presenting to the project with.

One interviewee discussed how she could have benefited from additional support with digital skills as she had been out of the workplace since the early 2000s. While her Employment Personal Advisor had given her some support on this and had demonstrated how to do things using the Employment Personal Advisor’s computer, the carer reported that they may have benefited from more structured support. She suggested that Working for Carers could offer a refresher in the basics, including common packages like Microsoft Office. She was also concerned about privacy and safety online and suggested that help with online safety and how to look after your personal data could be useful in helping her safely search for jobs.

This could be an area where Working for Carers could explore opportunities to develop opportunities or signpost to digital skills providers. Carers Lewisham has already been providing some opportunities in this area, but this could be expanded across the programme.

“ I did a whole Microsoft course in 2003 but I’ve had no opportunity to use those tools whilst I’ve been out of the workplace, so I have had to refresh my skills to know how to do those things again. I’m having to compete against people who have those skills, and I’m not confident. ”

**Carer, former Working for Carers participant**

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(6) Kickstart provides funding to employers to create job placements for 16-24 year olds. More information on the scheme is available at [www.gov.uk/government/collections/kickstart-scheme](https://www.gov.uk/government/collections/kickstart-scheme).

From the data that is available it is unclear how prevalent challenges around digital skills are among the Working for Carers cohort. However, as a high proportion of carers had been out of the workplace for a long time, this may be an area that would benefit from further attention. Digital skills are currently explored as part of the monitoring data captured by Working for Carers, however as this is regarded as a basic skill, it may be beneficial for Working for Carers to capture this data so they can understand the scale of this challenge among participants.

In addition to the issues discussed above, participant monitoring data collected by Working for Carers when carers first enter the project suggests that a lack of basic skills such as literacy and numeracy is a common support need for this group. Indeed, 14% (n=119/881) of carers reported that they lacked basic English skills, and 17% (n=153/880) reported that they lacked basic maths skills.

Childcare issues are also likely to be an issue for many carers, as 21% (n=183/867) reported that they belong to a single adult household with dependent children. This may limit the work opportunities available to them. This is likely to have contributed to the high number of carers who reported that they required access to flexible working opportunities.

This theme also emerged in one of the interviews conducted with carers. This interviewee had been out of the workplace for five years, from just before her child's birth up to the time when her child entered full-time schooling. The carer was keen to return to the workplace, but had been deterred from doing so before her child started school as she had limited support, and was not comfortable leaving her child with childminders for long periods of time to enable her to go to work. Therefore, it was not until her child started at a school for children with additional needs that she had the flexibility and time to re-enter the workplace.

“ There were issues around flexibility before my child was in school. I'm a single parent you see, so it's just me, and that was the only barrier. There's no family around to help. ”

**Carer, former Working for Carers participant**

Additionally, 24% (n=206/861) of carers reported that they had a limiting long-term health condition or disability, and 22% (n=184/853) reported that they had a work limiting health condition. Some hubs worried that these figures may be subject to under-reporting, and therefore may not represent the true number of individuals with health conditions or disabilities, as Employment Personal Advisors had encountered participants who were reluctant to disclose disability, particularly where this related to mental health concerns.



## Receiving support from Working for Carers

Respondents to the Wavehill survey of carers were asked to answer a series of statements about the impact of Working for Carers on them. They were asked to provide their responses on a 5-point scale, where 1 indicated 'no extent' and 5 indicated 'to a great extent'. Their responses are summarised in Figure 1.4.

As illustrated by Figure 1.4, most carers agreed that the support they had received from Working for Carers had helped them to feel work ready (85%, n=77/55), and to job search independently (93%, n=50/54).

Additionally, most carers agreed that the support had:

- Helped them to build positive relationships (79%, 44/56).
- Made a positive contribution to their personal/mental health (87%, 48/55).
- Improved their social skills (82%, 46/56).
- Given them the opportunity to have time to themselves (77%, 43/56).
- Improved their management of their own wellbeing (84%, 46/55).
- Improved their confidence (87%, 49/55).

**Figure 1.4: Reflecting on your experience of receiving Working for Carers support, to what extent do you agree with the following statements (1 = to no extent, 5 = to a great extent)? The support has...**



Perhaps unsurprisingly, individuals who had exited Working for Carers into employment, education or training were more likely to report that the support had positively impacted on each aspect listed in Figure 1.4 than carers who exited the support for another reason. However, it should be noted that responses were still overwhelmingly positive among both groups. For example, 100% of carers (n=28/28) who entered employment, education or training reported that the support had prepared them for job searching independently, while this figure stood at 84% (n=16/19) among those carers who had exited Working for Carers for another reason.

Interviewees were also positive about the support they had received from Working for Carers. All interviewees described support that had helped them to improve their work readiness, from being able to access a specific course to developing their CVs or interview skills. For two interviewees the support from Working for Carers had also been instrumental in giving them the confidence and push they needed to help them re-enter the workplace.

“ I think the interview skills support was the main support. That was what pushed me forward, because I was looking at these women who could tell me ‘we know you’ve got what it takes to get the job you want, you just need to be a little more confident’. Having been out of employment for five years I needed a confidence boost. I think I’d lost confidence. It was that support and knowing what an interviewer might expect that helped. ”

**Carer, former Working for Carers participant**

However, carers did have additional feedback on how Working for Carers support could be improved. For example, one interviewee raised concerns about an organisation that she had been referred to by Working for Carers. She had been referred on to an event featuring motivational speakers and employability support. However she reported that when she got there staff from this external organisation told her that her employment aspirations were “unrealistic”, which she reflected may have led to some carers becoming demotivated or disengaging. She did not feel this was the fault of Working for Carers, but did raise concerns about people being referred to that support organisation. This may suggest that Working for Carers would benefit from gathering feedback from carers where they are signposted to other organisations to ensure the support they receive is positive.

Another carer reported that she hadn’t heard from the project since embarking on a two-day course, and that it would have been helpful to receive further support. This was one example where a carer seemed unsure as to why their support had come to an end. This issue was also raised in survey responses, which may suggest that there is a need for greater communication about why a carer’s support has come to an end when they are exited from the project.

### What happens to carers when they exit Working for Carers?

To date, 546 participants have exited Working for Carers. Of those that have exited, 48% (264/546) entered employment, education, or training. A further 18% (99/546) entered job searching, or a combination of job searching and education/training. The remaining 34% of participants (183/546) exited for another reason.

**Table 1.3: Exit destinations, all participants**

Reason for exit	Number of participants (n)	Proportion of participants
<b>Exited: any reason</b>	546	100%
Employment	166	30%
Education/training	84	15%
Job-searching and education/training	8	1%
Job-searching	91	17%
Employment and education/training	14	3%
Other	183	34%

**Source: Participant Monitoring Data, all exited participants (Base=546)**

Where a participant had exited the project for 'other' reasons, Employment Personal Advisors and Project Managers recorded a summary reason for their exit. Their responses were thematically analysed to identify common patterns. These are summarised in Table 1.4. In most cases the reason listed for the participant being exited as 'other' was that the carer was no longer engaging with the Working for Carers team or responding to communications. It is unclear what motivated these participants to disengage from support, which could have been prompted by several factors including changes to the participant's caring role or not finding the support suitable to their needs.

**Table 1.4: Reasons participants exited Working for Carers into an 'other' result, reported in the monitoring data (coded responses)**

Reason for exit	Number of respondents	Proportion of respondents
Participant stopped engaging/responding to contact	118	65%
Other	20	11%
Participant no longer has time to engage	18	10%
Entered employment, but exit paperwork was not completed	7	4%
Reason is unclear from monitoring notes	7	4%
The project did not suit the participants' needs	6	3%
Health issues	4	2%
Bereavement	2	2%
Moved away from the area	2	2%
The participant had a negative experience	1	1%

**Source: Participant Monitoring Data, all participants with information provided (Base = 181)**

### What happens to those who exit into employment?

Working for Carers currently collects limited data on carers when they exit the project. Participants who exited the project into an employment result are sent a survey. This survey is usually disseminated as an attachment to an email. The current exit survey ascertains whether participants have retained employment for 26 out of 32 weeks since leaving Working for Carers, and seeks to understand whether carers have been able to balance their caring responsibilities, access flexible working, or access a carers group or champion. The response rate to the follow-up survey is 43% (77/180).

Of those who responded to the follow-up survey, 69% (53/77) had sustained employment for 26 out of 32 weeks. (7)

(7) However, only 51 had been added to the funder's report at the point of analysis.

Additionally:

- 80% (44/55) agreed that they were able to balance work and caring.
- 65% (35/54) were able to access flexible working.
- 31% (15/49) had access to a carer group or champion.



However, the destinations of 57% of carers who exited into employment are unknown. Analysis of the differences in profile characteristics among individuals who responded to the exit survey, and those who did not respond, was conducted to understand if there were any groups that were likely to be under-represented. This analysis suggested that male carers may be under-represented, as 70% of male carers did not respond to the survey compared with 57% of women. Additionally, carers aged between 25–30, 31–40 and 61–70 were more likely to be non-responders. As a result, the destinations of individuals from these groups may not be represented in current exit survey results.

As the follow-up survey is sent out to carers six months after they have left Working for Carers, some attrition is to be expected. Attrition refers to where participants drop out between surveys, and it is a common methodological issue presented where research uses longitudinal methods, as in the present case (Young, A, F, Powers, J, R, and Bell, S, L, 2006). Attrition can occur for a range of reasons including lack of success contacting participants, for instance where contact information has changed, or through non-response from the participant. Attrition can limit the representativeness of findings, as the loss of participants 'may be selective' (ibid), for example participants with particular characteristics may be more likely to be non-responders, which may mean that the response sample is not representative.

This is of concern in the present case, for example, if non-responders are more likely not to have sustained employment, as the proportion of carers who retain employment will be over-represented within the survey responses. It may be useful to explore whether current data collection methods could be improved to facilitate a greater response rate. The current survey is sent as a Microsoft Word email attachment, which is reliant on the carer downloading and then returning the document, which may be a barrier to some carers. This perhaps could be simplified. Non-response rates were also higher among some hubs than others, which may suggest that some hubs could benefit from implementing survey reminders to encourage a greater response rate. For example, 80% (n=32/40) of carers who received support from Carers Lewisham did not complete the exit survey, while the average rate of non-response across the hubs was 58%.

It is understood that this is likely to be a result of Carers Lewisham being unable to prioritise the survey for a period due to changes in personnel. Redbridge Carers Support Service had the lowest rate of non-response (38%, n=12/32) across all the hubs. It may be worth exploring whether Redbridge Carers Support Service is doing anything differently to encourage survey responses, and sharing this with other hubs to drive up their response rate.

It was felt that the current follow-up survey potentially missed some opportunities to understand the following issues:

- What kind of employment did carers enter.
- What happened to carers who did not sustain employment.
- What happened to carers who did not achieve an employment result.

To fill in these gaps, Wavehill conducted a participant survey that was open to all carers who have exited Working for Carers in the last 18 months (8). The table below provides a breakdown of the exit destinations of the carers who responded to the Wavehill participant survey. It should be emphasised that the response rate is low, and as such the findings may not be representative of the wider sample.

**Table 1.5: Destinations of participants who responded to the Wavehill participant survey**

Destination	Number of respondents (n)	Proportion of respondents
Entered employment or self employment	16	30%
Entered education or training	12	23%
Entered job searching	3	6%
Chose to exit for another reason	22	42%

**Source: Participant Survey (Base = 53)**

30% (16/53) of survey respondents exited into an employment result. The sectors that these individuals entered are detailed in Table 1.6. This should be treated with caution as the response rate is very low. This data is provided for illustrative purposes only.

**Table 1.6: What sector did you work in? (Responses from survey participants who entered employment)**

Sector	Number of respondents
Business administration and support services	1
Construction	1
Education	6
Financial and insurance	3
Health and social care	4
Information and communication	1

**Source: Participant Survey (Base = 16)**

Survey respondents were also asked to indicate their starting salary. A breakdown of responses is provided in Table 1.7. This suggests that most respondents have gone on to earn below the average salary, which in February 2020 was £26,208 although this average salary for London is likely to be higher (Office for National Statistics, 2020). However, the average salary includes both full and part-time workers, and it is possible that a large proportion of

(8) Up to May 2020.

respondents may have gone on to do part-time work to balance their caring responsibilities. Three carers had gone on to receive an annual salary of £25,000 or more. The exit survey sent out by Working for Carers could add to the available knowledge base, by introducing a question about starting salary and job security, including whether workers have entered permanent or fixed term roles.

**Table 1.7: What was your annual starting salary? (Responses from survey participants who entered employment)**

Salary band	Number of respondents
Less than £10,000	2
£10,001–£15,000	5
£15,001–£20,000	2
£21,000–£25,000	4
£25,001–£30,000	1
£50,001 +	2

**Source: Participant Survey (Base = 16)**

All but two participants who had exited into employment had retained employment for 26 out of 32 weeks after leaving Working for Carers. Of the two who left employment, one reported that the role was not right for them, and the other reported that the role was challenging to fit alongside their caring responsibilities. In the former case this may highlight the need for additional in-work support to support carers to identify alternative options if initial employment does not meet their needs. In both cases the participants' caring responsibilities had changed due to a worsening of the health of the person they cared for. The response rate among carers who did not sustain employment is too low to understand whether this is representative across participants, and as a result further exploration of the reasons carers do not retain employment should be undertaken.

One carer who was interviewed as part of this evaluation had exited the project into employment but had left her job as the Coronavirus pandemic had hit the UK to care for her child. She expressed that she was unlikely to be able to return to that employment due to challenges fitting the role around her caring responsibilities. She felt Working for Carers could be improved if the advisors were able to check in with participants after they had exited the support to see if it had worked out and help them identify alternative roles if it hadn't:

“ [My case] should have been kept open after I'd gone into work so my advisor could see if I was happy in the job I'd found, because it hasn't worked out. The hours have been inflexible and haven't helped me much. The job was two boroughs away. They weren't flexible enough, so I'm having to look for other work. It's got me thinking am I in the right job? I need to find work that is flexible. ”

**Working for Carers participant, interviewee**

This may be an area where Working for Carers may want to place additional support if there is capacity to do so.

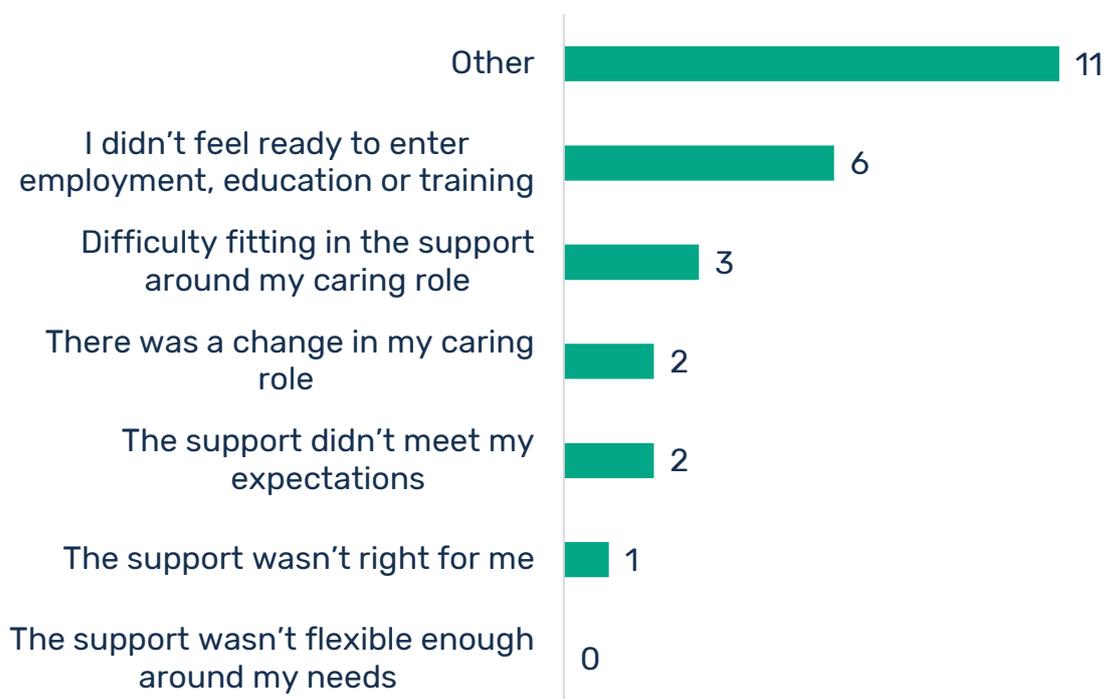
## Other reasons participants exited Working for Carers

23% (12/53) of survey respondents exited into education and training, and 6% (3/53) exited into job searching. 42% of (22/53) respondents reported that they chose to exit Working for Carers for another reason.

The reasons for exiting Working for Carers provided by survey respondents are summarised in Figure 1.5 below. 11 respondents exited for reasons not listed below; other reasons provided included physical or mental health issues and the support not being the right fit for the person. A handful of respondents listed that the support had been terminated. It was unclear why support has been terminated but in some cases, carers reported that they thought they had received all of the support they were allowed to receive.

The next most common reason for exiting listed by participants was that they were not ready to enter employment, education, or training. This applied to six out of 22 respondents. Five out of the 22 who exited for other reasons left due to circumstances around their caring role. Two respondents saw a change in their caring role which resulted in them having to disengage from Working for Carers, and three found it difficult to fit the support in around their caring role.

**Figure 1.5: Why did you choose to leave Working for Carers? Tick all that apply.**



**Source: Participant Survey (Base = 22)**

The common reasons that carers reported as to why they exited the project without entering employment, education or training align with the reasons that Employment Personal Advisors listed. Indeed, Employment Personal Advisors were asked to reflect on the common factors that influence withdrawal from the project, in their own experience of delivering support. Most commonly, Employment Personal Advisors reported that carers withdraw due to challenges they face balancing accessing support alongside their caring responsibilities. It should be noted that during the Coronavirus pandemic Working for Carers has been providing support to carers remotely (via phone and video-conferencing).

It was not possible to ascertain the impact of this as part of this report, as fieldwork preceded the pandemic spreading to the UK. However, in the next stage of the evaluation it would be useful to assess this to understand if this remote provision has helped to reduce barriers to participation among carers.

In some cases, withdrawal was prompted by a recent change in the demands of a participant's caring role, which meant the carer was no longer in a position to access support or employment. This could include recent bereavement, which may prompt the carer to withdraw from the project at that time.

Another common factor that influenced carers withdrawing from the project was personal issues, such as poor mental health and wellbeing, challenges at home, or feeling overwhelmed. These issues may lead to the carer feeling they are currently unable to engage with the support, and therefore withdrawing. This reason was commonly cited by carers as a barrier to them moving into employment, education or training, in responses to Wavehill's carers survey.

Other factors included challenges around benefits entitlement. Some carers are concerned that the loss of benefits entitlement will leave them with less money in the event they enter employment, and as a result may disengage from Working for Carers due to financial concerns.

In some cases, withdrawal was related to project documentation issues. For example, one Employment Personal Advisor reported that carers are sometimes recorded as disengaged, but they may have achieved a result but not provided the necessary paperwork to record that result. However, the information captured in the project monitoring data suggests that this is relatively rare, as it is only recorded in seven cases. Although the monitoring data was based on typed responses from Employment Personal Advisors and Project Managers to reflect why a participant was listed as 'other', there may have been variabilities in what was recorded which mean this data may not be complete.

From the participant survey and interviews conducted with carers during this phase of the evaluation, it also appears that carers were not always sure why they had been exited from the project and had been unable to continue receiving support. For example, a handful of survey respondents reported that they had exited Working for Carers because they had been told they had reached the end of the available support. This theme also emerged during interviews. One carer, when asked why they had exited Working for Carers reported: "I think I'd had as many sessions as I was allowed. I would have liked to continue the support if I could, she said I could contact her, but I think it would be unofficial. It would be useful to have kept in touch." There is perhaps a balance to be met in the support that Working for Carers offers, between providing support and avoiding carers becoming over-reliant on the project for long-term support that it was not designed to deliver.



# Recruitment of Carers to the Working for Carers project

## How do carers typically enter Working for Carers?

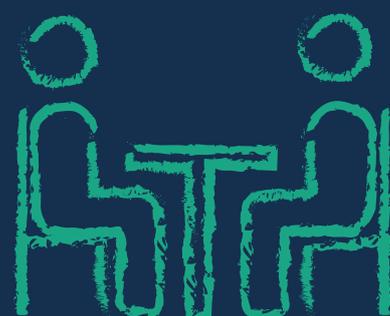
A majority of carers (35%; 339/881) are referred into Working for Carers by a Network Partner. This suggests that most referrals relate to carers who are already in contact with a carer centre. This was echoed by Employment Personal Advisors and Project Managers.

At present, gaps in the monitoring information collected by Working for Carers make it difficult to discern which partnerships are performing particularly well in relation to referrals into the project. Indeed, of the 339 referrals that came from Network Partners, 152 (45%) provide no further detail about the referring organisation. More systematic collection of this data could benefit Working for Carers by enabling it to identify which partnerships are driving referrals or where further engagement with particular partners could help to boost referrals.

The next most common referral route was through Voluntary and Community Sector (VCS) partners; however, just 6% (51/881) of carers were referred from this group. Additionally, very limited additional data is provided on the source of the referral, which limits the potential for Working for Carers to understand which VCS organisations are facilitating greater engagement with the project than others. Both interviews with Employment Personal Advisors and Project Managers, and the Project Progress Reports for North, East and West London and South and Central London, indicated that the hubs were proactively engaging with VCS partners. For example, Redbridge Carers Support Service had met with City and Hackney Dementia Alliance to promote Working for Carers workshops, and Camden Carers had been working with Age UK to support carers in Islington.

Very few carers came into contact with Working for Carers through social or print media. Indeed, less than 1% (4/881) of carers had accessed Working for Carers as a result of seeing it advertised through social media, and only 3% (26/881) had accessed the project having seen a leaflet. This may in part be the result of limited capacity of projects to deliver promotional work, and limited understanding of the best approaches to drive referrals as marketing and promotional work is not traditionally in their expertise.

The number of carers for whom the referral route was unknown is high with data not available for 32% (286/881) of carers who entered the project. It was unclear why this figure was quite so high. However, it should be noted that there was a much higher proportion of participants who had their referral site listed as unknown from one hub. This may suggest that this monitoring data is not being collected routinely across all hubs. Routine collection of this data may be helpful to enable Working for Carers to identify which referral mechanisms are proving more effective.



**Table 1.8: Where did you hear about Working for Carers?**

Referral site	Number of carers	Proportion of carers
Referral – Network Partner	339	38%
Referral – carer	24	3%
Referral – Statutory partner	26	3%
Referral – VCS partner	51	6%
Working for Carers leaflet	26	3%
Working for Carers poster	3	<1%
Website – Network Partner	38	4%
Social media	4	<1%
Newspaper/Magazine article	5	1%
Phone	2	<1%
Website - Carers Trust	1	<1%
Unknown	286	32%
Other	76	9%

**Source: Working for Carers Monitoring Data (Base = 881)**

### What recruitment strategies are used by the hubs?

Project Managers tended to report that the primary mechanism for recruitment of carers was through existing carer centres, which referred carers on to the support from Working for Carers. The Working for Carers hubs work in partnership with carer centres and other organisations in other boroughs to raise awareness of Working for Carers and facilitate referrals into the project.

In addition to this, the hub teams reported that they carried out a range of outreach activities including:

- Leafleting spaces such as GP surgeries and pharmacies, which may help them to reach out to carers who are not already known to/engaged with carer centres.
- Hosting information workshops, advertised through leaflets in local carer centres. These workshops might be held within the hub's borough or at carer centres within other boroughs. For instance, in Q1 2020, Redbridge Carers Support hosted employability skills workshops that were promoted to carers in Hackney, Newham and Waltham Forest (9).
- Making contact with other relevant organisations, for example charities which may have contact with carers, such as Mind (10) and Mencap (11). This also included engaging with schools to reach out to parent-carers.

(9) This information was detailed in the Project Progress Report for Working for Carers – North, East and West London for January– March 2020.

(10) Mind is a mental health charity.

(11) Mencap support individuals with learning disabilities and provides support to their families and carers.

- Leafleting and setting up stalls in local spaces, such as libraries and civil centres.
- Making contact with employment agencies and attending employment fairs.
- Marketing through local press, websites and social media.

From the list above, it is clear that Working for Carers is engaging with a wide range of organisations. However, there may potentially be some gaps in terms of organisations reached such as housing providers, which may be in touch with carers, as well as social care organisations which may be able to make links between carers and Working for Carers.

Project Managers were asked to reflect on which recruitment and outreach activities had been most effective in their local area. Most of the Project Managers (3/4) reported that recruiting through the carer centres was the most effective approach. This is substantiated by the monitoring data presented above. The carer centres were viewed as ‘one stop shops’ for carers to access support, which made them a good avenue for reaching carers who could benefit from Working for Carers support.

In terms of more specific outreach approaches, workshops were felt to generate a good level of interest and were viewed by two of the Project Managers as very effective tools. Workshops often included delivering practical skills on areas relevant to the carers supported by Working for Carers, though this could be focused on a wide range of topics, which could be attended by existing participants and/or carers who may be interested in participating in Working for Carers. The hubs could organise workshops to deliver specific support that might not usually be available through a particular carer centre to help drive interest. However, there was recognition among Project Managers that these recruitment and outreach activities were more limited in reaching out to carers who are not already in contact with a carer centre.

“ We probably don’t get to the people who don’t access these services. Our plans are to look at how we can recruit hidden carers. ”

**Interviewee, Project Manager**

Project Managers tended to feel that wider outreach through social media, or traditional marketing like leafleting and adverts in the press, were less effective. This is supported by referral data captured in the participant monitoring data which shows that fewer than 1% (4/881) of carers find out about the project through social media. Project Managers raised concerns about how many carers were active on social media. It was felt that a lot of carers do not use social media and were therefore unlikely to come across their content. This may be the case among participants who have low digital confidence, however it was not clear that there was evidence to back up this assertion. A further concern was that if carers were not following hub social media channels they would not come across hub posts.

This could be an area where outreach could be targeted. For example, hubs may benefit from actively posting in local community groups on social media websites such as Facebook, rather than posting from centralised social media accounts that rely on carers following them to be seen. Additionally, marketing plans will need to account for the different platforms that are more commonly used among different age demographics. For example, young people are more likely to be found on Instagram, where 90% of users are aged under 35 (LSE, 2017). By contrast 68% of 50–64 year olds use Facebook, which might make this platform more appropriate for reaching out to older carers (Chen, J, 2020).

“ We use social media, but people aren’t aware that they are carers, the whole thing with them is some of them don’t even know, they just struggle at home. ”

**Interviewee, Employment Personal Advisor**

One of the challenges that was identified by Working for Carers staff in recruitment and outreach activities was that they are not ‘marketing experts’, and don’t have the resource to fund specialists to support their outreach activity. One Project Manager also raised concerns about the difficulty of getting the balance right with how much recruitment and outreach activity they should deliver, as they had concerns that if they focused too much on recruitment they then wouldn’t have capacity to respond to the new referrals it drove. Similar challenges were raised by one Employment Personal Advisor, who felt recruitment could be improved if there was resource for a dedicated ‘outreach officer’ who could help to overcome the challenge of trying to balance ‘helping people and getting referrals at the same time’.

### **How does recruitment differ according to participant demographics?**

Project Managers and Employment Personal Advisors were asked to reflect on whether they had experienced any challenges recruiting particular participant groups, and if so, what strategies had been put in place to improve their engagement with this group.

All hubs reported that they were experiencing challenges recruiting male carers to the project. This is borne out in the monitoring data for the project which shows that just 19% (168/881) of Working for Carers participants are male. This is despite data from the 2011 Census suggesting that 42% of carers are male (Carers UK, 2015). Males were consistently underrepresented across all hubs, accounting for 17–21% of participants across the four hubs. As a result, Working for Carers is currently underperforming against its target for 25% of the carers supported by the project to be male.

Employment Personal Advisors and Project Managers reported that they had implemented strategies to try to improve recruitment of male carers, this included engaging with local men’s support groups. In one innovative example, a hub has been placing posters for Working for Carers in local barber shops. However, the referral data for the project suggests that posters are not proving effective for recruiting carers to Working for Carers, with fewer than 1% (3/881) of carers finding out about the support through posters.

One Project Manager queried whether the makeup of their staff team may have some impact on gender disparities, querying whether male carers would want support from an all-female team. However, it is not clear from the data available whether this was a factor influencing engagement of male carers. For example, Harrow Carers employs two male Employment Personal Advisors, however the number of male participants was very similar across all hubs. However, research literature around carers suggests that male carers are less likely to access support than females (Greenwood, N, and Smith, R, 2015), and as result this may be more indicative of a general trend in help-seeking patterns.

Previous research has sought to understand why service use is lower among male carers. One theory is that male carers may prefer ‘task orientated’, as opposed to ‘emotion focussed’ strategies of support, and there is a concern that due to the dominance of female carers

in research that interventions are often more focused on emotional support, which may consequently appeal less to males (ibid). From the available data, we do not know if this is a perception issue that prevents men from engaging with Working for Carers. However, two Project Managers indicated that they felt the Working for Carers support was less suited to male carers. One of these interviewees raised concerns about group work, noting that men were “less likely to engage in groups”.

An additional concern raised was whether the marketing material for Working for Carers was “getting through” to males. Therefore, it may be worthwhile to test Working for Carers branding with males to understand how the support is perceived. This could help Working for Carers to understand whether the branding or the support offer could be altered in any way to appeal to more males. This could be part of a wider carer reference group that could help the project to test aspects of the support provided.

One Project Manager highlighted that their hub was having difficulties recruiting younger carers to the support. They reported that many of the carers they support are aged 50+. Indeed, monitoring data shows that 46% of participants (406/881) who access Working for Carers are aged 51+, while just 5% (41/881) are aged 30 and under. However, this may in part be influenced by the fact that the project is unable to support carers aged 25 and under, and carers are more likely to leave employment in their 40s, 50s and 60s (Carers UK and Employers For Carers, 2015).

This Project Manager reported that they had sought to engage with projects supporting younger carers to help bolster awareness of Working for Carers among this group, but noted this was limited as it relied on young people already being “in the bubble”. This meant they were potentially missing out on reaching younger carers who are not already in contact with carer support organisations.

The age profile of participants varies across the four hubs, as illustrated in Table 1.9. Redbridge Carers Support Service appears to be having greater success in reaching out to participants across a diverse range of ages. Indeed, 66% of participants who accessed Working for Carers through Redbridge Carers Support Service were aged between 25–50, in contrast to 54% of participants across the project. However, this did also mean that with 34% of participants aged 51 and over, Redbridge Carers Support Service was just shy of the target for over 50s supported by the project, which stands at 39%. However, it should be noted that this mostly appeared to be the result of Redbridge Carers Support Service having a greater proportion of participants who were aged between 41–50.

**Table 1.9: Proportion of participants in each age group, by hub**

Hub	25-30	31-40	41-50	51-60	61-70	71+
Camden Carers	5%	16%	30%	39%	10%	<1%
Carers Lewisham	3%	17%	23%	48%	8%	0%
Harrow Carers	3%	18%	35%	39%	5%	<1%
Redbridge Carers Support Service	8%	18%	40%	25%	8%	1%

**Source: Participant Monitoring Data (Base = 881)**

In contrast, all other hubs are overperforming against the target for participants aged over 50. It is unclear whether this is the result of hubs proactively targeting this group as the project has a specific target around individuals aged over 50, or whether the project is instead experiencing challenges around recruiting younger participants.

One Project Manager reported difficulties recruiting LGBT+ carers to the support. LGBT+ carers may experience particular challenges accessing support, for example they may feel anxious about disclosure of a same-sex relationship (Willis, P, Ward, N and Fish, J, 2011). This may be prompted by concerns that the service may not be LGBT+ friendly or may presume heterosexuality.

At present the Building Better Opportunities (BBO) forms that Working for Carers uses to collect monitoring information do not include questions on sexual orientation, and as a result it is not possible to discern from monitoring data what proportion of carers receiving the support are LGBT+ and therefore whether this group are under-represented. However, we would encourage BBO to include this information going forward. Services are sometimes reluctant to collect this data, viewing it as a potential violation of privacy. However research suggests that failing to collect this data prevents organisations from understanding whether their service is meeting the needs of LGBT+ carers, and misses a vital opportunity to more fully understand the wider needs of the carer (ibid). Failure to collect the data can also 'place the responsibility of disclosure solely on the shoulders of LGBT carers' (ibid).



# CONCLUSIONS AND RECOMMENDATIONS

This section summarises the key conclusions and recommendations identified from this phase of research.

## Where are carers in their journey when they access Working for Carers?

Carers enter Working for Carers at a variety of points within their caring journey. Most commonly carers access the project where they have been economically inactive, which means they have not been available to work or seeking work. This applies to 82% of the carers who take part in Working for Carers; the remaining 18% are unemployed when they access the project.

Most carers who access the project have been out of the workplace for an extended period. Indeed, 87% of carers who responded to the participant survey reported that it had been more than one year since they were last employed. More than half of carers had been out of work for more than five years, and 18% had been out of work for more than ten years.

While Working for Carers enables both carers and former carers (in some circumstances) to access the project, 87% of participants were still caring when they accessed support from the project. Carers were most commonly caring for a child (46%) or an older relative (40%), and the majority of carers were caring for one person (71%), although 29% of carers cared for two or more people. Monitoring data also reveals that more than one in five carers supported by the project belong to a single parent household. Consequently, a lack of flexible work opportunities was a key barrier to entering employment, education, and training among this cohort.

Carers had a range of motivations for getting involved with the project. However, three of the four interviewees we spoke to were prompted to join Working for Carers by a change to their caring circumstances. In one case, this related to a carer for a child looking to re-enter the workplace after her child entered education. In another, this related to a change in benefits entitlement that meant the carer needed to return to work to supplement their income. And in one case, a carer who had provided long-term support to an elderly relative was preparing to return to work knowing that her relative would soon be at the end of her life, which would leave a “gap”.

This may suggest that recruitment to Working for Carers could be supported through engagement with schools, particularly schools for children with additional needs, organisations providing end of life care and support, and organisations providing benefits advice, which may be able to make links between carers and the project. This could also articulate the potential benefits that carers may access from being in contact with a carer centre, including access to support and advice.

## What support needs do carers present with?

The evidence from this evaluation suggests that the following are among the main support needs that carers present with when they access Working for Carers:

- Difficulties accessing flexible work opportunities that can be balanced alongside the caring role.
- Low confidence, which is commonly related to carers being out of the workplace for long periods of time.
- Poor mental health and wellbeing.
- Need for support with employability skills, including how to develop CVs and apply for jobs. Though it should be emphasised that this did not necessarily mean carers were looking for entry level roles. Many appeared to have substantive work histories, skills and qualifications, but had taken a substantial period of time out of the workplace.
- Financial difficulties, including issues related to benefits entitlement.

Most of these support needs appeared to be being met through Working for Carers, or appropriate signposting and referrals to other relevant support organisations. However, there were some concerns raised about the availability of mental health provision to refer carers into where they required therapeutic or counselling support. This could limit carers' progression into employment, education or training, as poor mental health is interlinked with economic inactivity and unemployment. Increasingly, initiatives that seek to move individuals closer to the workforce are starting to embed mental health provision within their support offer. For example ADTRAC (12), which is a programme that supports 16–24 year olds in Wales to move closer to employment, partners with an NHS trust to provide mental health practitioners within the project team. They can provide immediate support to participants to help them overcome mental health challenges.

Similarly, Let's Talk Wellbeing, a service delivered in Leicestershire County and Rutland, saw Improving Access to Psychological Therapies therapeutic interventions and employment support brought together to support people to sustain employment (13). Given the prevalence of poor mental health among carers, this may be an area where Working for Carers could be further developed. For example, Working for Carers could explore opportunities to embed mental health practitioners within the model to provide more immediate support to Working for Carers participants on their employment journey.

There is evidence that digital skills may be a challenge for some carers accessing the project, although it is not clear from existing data how widespread this challenge is. This is an area that would benefit from additional monitoring and targeting of support to ensure that carers with low digital confidence are not left at a disadvantage in finding work. This issue is particularly likely to be compounded where carers have been out of the workplace for a long time and may therefore have missed out on opportunities to practise and develop their digital skills. Not all work will require carers to have up-to-date digital skills, but as job recruitment has predominantly moved online, all participants in Working for Carers will need some basic

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(12) More information on ADTRAC is available at [www.gllm.ac.uk/adtrac](http://www.gllm.ac.uk/adtrac).

(13) More information on this approach is available at [www.england.nhs.uk/mental-health/case-studies/employment-advisors-in-improving-access-to-psychological-therapies-iapt-service-at-lets-talk-wellbeing](http://www.england.nhs.uk/mental-health/case-studies/employment-advisors-in-improving-access-to-psychological-therapies-iapt-service-at-lets-talk-wellbeing).

level of digital literacy in order to be able to successfully find and apply for work.

Almost one in three carers had experienced financial concerns such as loss of Carer's Allowance and other benefits as a barrier to accessing work, education, or training. Additionally, more than one in five carers were unable to access alternative care to enable them to be away from the home. This may suggest that carers need additional financial or care support to facilitate their inclusion in the labour market.

## **What happens to carers when they leave Working for Carers?**

Almost half of the carers who are supported by Working for Carers exit into employment, education or training. From the data available, most carers appear to sustain employment for 26 out of 32 weeks upon exiting the project into an employment outcome (69%). However, there is a gap in the data as 57% of carers who exit into employment do not complete the exit survey. We suggest that processes for the exit survey are reviewed to try and boost current response rates. This would ideally include an additional question that identifies why the carer left employment if their employment outcome has not been sustained. This would help to identify whether additional strategies could be put in place by Working for Carers to help carers retain employment. This could for example, highlight needs for advocacy support, such as working with the employer to ensure the carer has access to flexibility and support in the workplace.

Around one in three carers exit the project for 'other' reasons. Data collected at this stage in the evaluation suggests the carers commonly exit into another result where they are not ready to enter employment, or experience changes in their caring role which mean they no longer have time or capacity to engage. However, in most cases the reason the carer has exited the project is unknown, as the participant has stopped engaging with the project team or responding to contact. While the participant survey has sought to close this gap, it is likely that individuals who have disengaged from the project may have been less likely to respond to the survey. As such, we suggest that opportunities are sought early on to identify reasons for disengagement, which could help to understand how carers could be supported to engage.

The evidence collected to date does not suggest that carers are leaving the support due to problems with Working for Carers, but are instead more likely to disengage due to personal reasons including changes in their caring responsibilities, personal health problems, and not feeling ready. The latter should not be considered a negative outcome, as it may be the case that support from Working for Carers helps carers to understand that they are not yet ready to enter employment, but that the support is there for them when they are.

There was some evidence that some carers may benefit from further in-work support when they exit Working for Carers, to help them to sustain outcomes. This could include brokering relationships with employers to support carers to access flexible working. Working for Carers may, however, be limited in its ability to deliver this due to current resource constraints. Therefore, it may be worth exploring opportunities to either:

- Reduce current outcome targets to free-up resource within Working for Carers to provide in-work support. However, adding this to Employment Personal Advisor workloads may not be appropriate, as while Employment Personal Advisors are experienced in moving people

towards employment, they may have less experience supporting individuals once they are in employment and brokering relationships with employers.

- Work with other agencies to provide in-work support to carers when they leave the project. This could include brokering relationships with carer centres, to ensure carers are aware of the support they can still access as a carer outside of the Working for Carers project.

## Recruitment and outreach

The majority of carers are recruited to Working for Carers through Network Partners (specific carer centres across London). While some data is collected on the specific Network Partner which referred the carer, this data does not appear to be uniformly collected, which limits the potential to understand which partnerships are generating more referrals, and where further engagement may be necessary.

We would encourage Working for Carers to improve the consistency of data collection and provide drop-down options to improve the quality of data collected. We would also encourage Working for Carers to capture the source of the referral from VCS partners, to help understand which partnerships are generating referrals.

The reliance on Network Partners for referrals led to concerns from some staff that Working for Carers is predominantly reaching out to carers who are already in contact with carer services, but perhaps struggling to access those outside of the “carer bubble”. However, there appeared to be a level of uncertainty among staff in what other recruitment methods were effectively translating into referrals. It, therefore, may be beneficial for Working for Carers to seek advice from a specialist to support the project to develop an effective promotion and outreach strategy. This should include a focus on outreach to encourage participation from groups who are currently underrepresented in the project, including male carers.

All hubs are currently underperforming against the target for male participants. We would therefore encourage hubs to continue the proactive work they have been delivering around recruitment of male carers, including continuing to engage with organisations which may engage with male carers. In tandem, we would encourage Working for Carers to carry out work with male carers to test its current brand and offer to understand if any changes are needed to better facilitate engagement from males. We would also encourage Working for Carers to document referrals that have come through targeted initiatives to recruit male carers so that they can assess the effectiveness of these initiatives. Carers Trust has indicated that work of this nature is already being taken forward by Harrow Carers and Carers Lewisham.

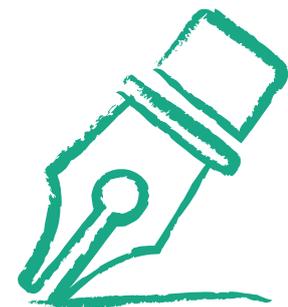
The referral source was unknown for almost one third of participants accessing Working for Carers. We would, therefore, encourage the project to work to close this gap in the monitoring information, to ensure that project teams are more easily able to identify sources that are generating referrals.

## Next steps

The next stage of the evaluation will turn to considering the impact of Working for Carers on participants and understanding the experiences of organisations who have been involved in delivery of the project.

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# ANNEX 1: SURVEY RESPONSE RATES

The table below shows the demographics for all participants in Working for Carers, drawn from the monitoring data. This is set alongside the demographic profile of respondents who took part in the survey conducted by Wavehill, and the 282 respondents who were sent the survey.

The table indicates that younger participants, in particular those aged 40 and under, were underrepresented among respondents to the Wavehill survey. Individuals who reported that they were unemployed also appear to be overrepresented, however this may in part be a result of the way the question was asked, which sought to ascertain if individuals had been actively seeking work.

**Table 1.10: Demographics for all participants in Working for Carers**

Demographics	All Working for Carers participants	Working for Carers participants sent the survey	Wavehill survey respondents
<b>Gender</b>			
Male	19%	21%	16%
Female	81%	79%	84%
<b>Ethnicity</b>			
Asian/Asian British	24%	26%	25%
Black/Black British	30%	28%	25%
White	33%	34%	31%
Other Ethnic Group	7%	4%	12%
Prefer not to say	2%	1%	0%
<b>Age</b>			
25-30	5%	2%	0%
31-40	17%	15%	9%
41-50	32%	34%	37%
51-60	38%	38%	43%
61-70	8%	10%	9%
71+	0%	1%	2%
Prefer not to say	0%	0%	0%
<b>Employment status</b>			
Unemployed	18%	20%	61%
Inactive	82%	80%	39%

# ANNEX 2: AIMS OF THE EVALUATION AND METHODOLOGY

This section outlines the methodology used to inform this report, alongside the limitations associated with the data collection methods that have been utilised.

## Aims of the evaluation

In February 2020, Wavehill was appointed by Carers Trust to undertake an independent evaluation of the Working for Carers project 2019–2022. The evaluation objectives are as follows (14):

1. To evaluate the carer cycle through the Working for Carers project identifying if there is a correlation between the following factors:
  - a. How/when carers enter the project – we are particularly interested in understanding how the type, level, and structures around caring roles impact a carer's movement through the Working for Carers cycle.
  - b. What the identified wider support needs for carers are (that is, emotional or practical) and how these are managed, for example, when are referrals made? What routes have been effective to enable positive re-entry into the project?).
  - c. How/when carers exit the project and what happens next.
2. To evaluate the impact of outreach activities and partnerships with local providers on recruitment of carers to the Working for Carers project. The evaluation will identify and evidence effective approaches in an initial impact report. The effect the focused application of identified approaches has on recruitment across the project will be a key element of the final report.
3. To evaluate the impact of the employability support strategies provided to Working for Carers participants on the outcomes they have or go on to achieve. Current strategies range from supporting carers into employment (including workshops, peer supports and one-to-one support), information on carers' employment rights, supporting carers to speak to employers about their caring role, through to direct brokerage with employers.
4. To provide a focused evaluation of the experiences of organisations involved in the delivery and receipt of support from Working for Carers. This will include Carers Trust, hub partners, Network Partners, and other key organisations supporting carers across Greater London.
5. To identify a clear set of principles that those interested in carers' employability can replicate, in Greater London and in other geographical areas.

The evaluation will be comprised of three separate reports. This first report will explore objectives 1 and 2. It will be followed, by a second and a final report, that will address the remaining objectives and be delivered in February 2021 and February 2022, respectively.

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(14) This evaluation was commissioned before the Coronavirus pandemic spread to the UK. Going forward, the evaluation questions will be amended to account for the impact of the pandemic on project delivery and outcomes for participants.

## Research methods

This evaluation report was informed by the following data collection methods:

- Analysis of Working for Carers participant monitoring data, which captures data relating to the 881 individuals who have registered with Working for Carers since the beginning of the project.
- In-depth telephone interviews with Project Managers, from each of the four hubs included in the project (n=4).
- In-depth telephone interviews with Employment Personal Advisors, from each of the four hubs (n=8).
- A survey of carers who have exited Working for Carers within the last 18 months. The survey was hosted on the online platform Qualtrics, and either self-completed online by the carer, or completed by phone with assistance from a member of the research team (n=57). **(15)**
- In-depth telephone interviews with carers who have exited Working for Carers within the last two years (n=5).
- A document review, including project progress reports.

## Limitations

In-depth interviews enable researchers to develop a deep understanding of phenomena, informed by the interviewees' own lived experience. As a result, they can capture rich, qualitative data. However, where interviewees are responding in the context of their employment, they may be more reluctant to share constructive feedback, as they may be concerned about repercussions if they share feedback that reflects negatively on their employer. To mitigate against this limitation, interviewees were granted confidentiality and anonymity as part of their agreement to contribute to the evaluation.

Carers have limited time available to them due to the demands of caring roles. Indeed, a survey by Carers UK found that 63% of carers care for more than 50 hours per week (Carers UK, 2019). This may prevent carers from participating in research opportunities. Survey methods were selected to enable carers to participate in the evaluation at a time convenient to them. However, a small number of carers experienced challenges completing the survey online due to lack of access to appropriate devices, such as a smartphone.

To enable these individuals to participate, where access to technology may have been a barrier, the research team offered telephone call backs and completed the survey with the participant over the phone. Only two participants took this approach. However, it is possible that some carers may have been deterred from participating due to this barrier, and as result carers who are digitally excluded may be underrepresented among survey respondents.

The survey response rate was 21%. As a result, the survey responses may not be representative of wider trends within the population surveyed. As such, the survey responses

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**(15)** Survey questions were not made compulsory, due to the sensitive nature of some of the questions being asked. As such, where survey responses are reported throughout the report the base number (n) has been calculated on the basis of all respondents who answered that question.

should be considered illustrative of themes, as opposed to representative of the wider population.

The research team was limited in the methods it could employ during this phase of the evaluation, as a result of the Coronavirus pandemic (16) which meant face-to-face work was not possible. However, response rates to 'arms' reach methods such as telephone interviews, were very strong, with a 100% response rate among Project Managers and Employment Personal Advisors.

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(16) The Coronavirus pandemic was a global pandemic. In March 2020, the impact of the pandemic led to the UK Government enacting social distancing, which led to non-essential face-to-face activity being reduced where possible. This was later followed by a period of 'lockdown' announced on 23 March 2020, where the Government announced a 'stay at home' order.



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