

Working for Carers Evaluation Report: 2016–2019



Acknowledgements



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All library photos posed by models except for images on pages 12, 16, 31 and 64. Identities of carers have been changed in the interest of privacy.

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 aged 25 or over to move closer to employment, with joint-funding from the European Social Fund and The National Lottery Community Fund. The project is led by Carers Trust and delivered in all London boroughs by its network of partners, with four taking a lead role as hub partners. The first phase of the project, which ran between October 2016 and September 2019, was evaluated by Ecorys.

- Key learning from the evaluation includes: the need for carer specialists to deliver the Working for Carers project and for a holistic approach to employment support; the importance of a national charity working with community-based partners; the replicability of the project to areas outside of London; and the importance of understanding funders' compliance requirements from the start.
- The data suggests a number of facilitators in successful project delivery, including hub partners working together to maximise resources, positive changes to staffing structures, flexibility in project design and delivery, and additional support from external funding sources.
- Barriers include burden of compliance, staff changes and recruitment delays, staff time spent travelling, lack of staff training resources, retaining an employment focus in a holistic programme, and setting up the project while live.
- The diversity of the population between boroughs has meant that the project is operating in very different contexts. This has influenced the delivery of the project and created variation between the hubs. A key lesson has therefore been the need to tailor the specific mix of activities to the demographics and needs of carers in each local area.
- Carers have made good progress in moving towards employment. However, the individual circumstances of some carers have affected their ability to move closer to employment.
- The Carers Trust Network has seen benefits from being involved in the programme, including increased capacity, effective partnership working and engagement with key policy makers.
- Partnership working between Carers Trust and the hubs, and between hub partners, has been good. Partnership working between the hub partners and the wider network has been more variable, with some challenges around effective communication between the hubs, Carers Trust Network Partners and other local voluntary and community sector organisations.
- The extension of funding until 2022 has enabled the network to put its learning into practice. However, the emphasis on sustainability and dissemination remains a priority in the second funding phase.

1.0 Introduction

In November 2017, Ecorys was commissioned by Carers Trust to evaluate the Working for Carers programme. This final report presents the overall findings from the evaluation. In this introductory chapter, we give an overview of the policy context and origins of the programme, its aims and objectives, and how it was structured. We then go on to explain the aims and research methods of the evaluation, and we outline the data caveats and limitations framing the analysis within the report.

Rationale for the Working for Carers programme

The number of people living in the UK with unpaid caring responsibilities is increasing. The most recent census figures show one in eight adults have a caring responsibility in the UK, an estimated total of 6.5 million people (Carers UK, 2013). The replacement value of the support provided by unpaid carers is worth an estimated £132 billion per year, the equivalent cost of providing a second NHS service (Yeandle, S and Bucker, L, 2015). As the population ages and people with complex health conditions live longer, compounded by pressures on the social care budget, an increasing number of people may be required to take on more care responsibilities. It has been estimated that the number of carers in the UK will continue to rise, reaching nine million carers by 2037 (Carers UK, 2015a). While the number of carers continues to increase, the largest growth is seen in those providing 50 or more hours of unpaid care per week. The most recent census data estimates 1.4 million people in the UK are providing over 50 hours of unpaid care per week, an 11% increase in the last ten years (Carers UK, 2015a).

For those with a caring responsibility, finding, retaining and progressing in employment may pose a significant challenge. A survey carried out by Carers Trust in 2016 showed that 68% of unpaid carers in London were unemployed.¹ Nearly 70% said the main barriers to finding and keeping employment were the pressures of their caring role and 75% said it was the need for part time work. The survey further found that the overall employment rate for carers is at only 67%, with over half of those who are not working saying that they wish to do so.

The most prevalent age of carers in the UK also often coincides with what may be considered the peak of an individual's career in their 40s–60s. According to the report by Carers UK, national opinion polling for the Carers UK's Caring and Family Finances Inquiry showed that middle aged people with caring responsibilities were more likely than carers of other ages to have given up work, reduced their working hours or suffered from increased stress and/or tiredness (Carers UK, 2014). The report also found that caring can have a long term impact on the ability of a carer to work, such as loss of skills, experience and confidence.

Aside from the financial constraints brought on by leaving employment or reducing working hours, carers may also face a higher cost of living than those who do not have caring responsibilities. These additional costs include care services, assistive equipment, higher utility bills, additional transport costs and hospital parking charges.

¹ From Working for Carers Evaluation – Invitation to tender.

The pressures of caring has been shown to have an effect on the mental health of the person with caring responsibilities. Mental health problems of carers include emotional stress, depressive symptoms and, in some cases, clinical depression (Shah, A J, Wadoo, O and Lato, J, 2010). In a survey of over 5,000 carers across the UK, 84% of carers believe that their caring role has led to them feeling more stressed, 78% feel more anxious and 55% reported that they suffered from depression as a result of their caring role (Carers UK, 2015b). Caring responsibilities can also cause social isolation and loneliness, having a significant impact upon the carer's ability to maintain important wider networks. Recent figures suggest that up to as many as eight in ten carers have experienced loneliness and/or social isolation (Carers UK, 2019a).

Caring responsibilities have also shown an impact on the physical health of the carer. The GP Patient Survey found that 60% of all carers and 70% of those caring for more than 50 hours a week had a long-standing health condition. These included higher levels of arthritis, high blood pressure, back problems, diabetes, anxiety and depression (Carers UK, 2014).

A number of support services, mainly from the public sector, are available to carers to help them through their caring role. Carers are eligible to receive benefits such as Carer's Allowance or Carer's Credit along with help paying for prescriptions, utilities and a TV Licence. Employers are also legally obliged to offer carers time off work in emergencies as well as the opportunity to ask for flexible working arrangements. Carers also have a number of support groups, based in local areas, offering carers practical help and advice, counselling and a space to talk to others in a similar situation to them. Local councils may offer practical support to assist the carer; this includes professional home care and respite services. However, the provision of this assistance is dependent on individual local authorities and is variable across the country.

There are programmes specifically aimed towards supporting carers to sustain employment alongside their caring responsibilities. One example is the Employers for Carers group set up by Carers UK, 'a pioneering group of employers committed to working carers'.² The group has over 100 member organisations across the public, private and voluntary sectors, supporting an estimated 140,000 working carers. While there is value in helping working carers to maintain paid work, there is a clear gap in provision specifically targeting carers to move into, or closer to, the employment market. It is in this context that Carers Trust launched the Working for Carers programme.

² <https://www.carersuk.org/for-professionals/employers-for-carers>.

Programme overview

In October 2016, Carers Trust and The Carers Trust Network across London started work on the Working for Carers project, having received £2m of joint funding from The National Lottery Community Fund and European Social Fund via the Building Better Opportunities programme.³ The programme supports local projects and organisations to tackle the root causes of poverty, promoting social inclusion and driving local jobs and growth. It aims to help the most disadvantaged in our community.

The objective of the Working for Carers project is to create a sustainable long-term change in the provision of effective and tailored employability support services for carers who are unemployed or economically inactive. It is the first programme offering specific employability support to carers and aims to:

- Support carers to pursue their employment goals through confidence building and skills development.
- Offer a flexible service that considers individual needs, ambitions and caring responsibilities.
- Signpost carers to advice on finances, including Carer's Allowance, other benefits and costs identified by carers as barriers to seeking employment when needed.
- Engage with local businesses and organisations to create employment, training and volunteering opportunities for carers.
- Highlight the benefits of employing carers, adopting carer friendly policies, and understanding the needs of carers in the workplace.

The project is funded in two parts:

- 1) North, East and West London, also referred to as grant 1.7.
- 2) South and Central London, also referred to as grant 1.8.

The project is delivered in hub areas, led by staff employed at the named hub lead carer organisations, to provide appropriate and accessible support to the diverse London population. The four hubs are:

1. **North & West London – Harrow Carers – (1.7):** Supporting carers in Barnet, Brent, Ealing, Enfield, Hammersmith and Fulham, Haringey, Harrow, Hillingdon and Hounslow.
2. **North & East London – Redbridge Carers Support Service – (1.7):** Supporting carers in Barking and Dagenham, Greenwich, Hackney, Havering, Newham, Redbridge, Tower Hamlets and Waltham Forest.
3. **Central & South London – Camden Carers Centre – (1.8):** Supporting carers in Camden, Kensington and Chelsea, Kingston, Merton, Richmond, Sutton, Wandsworth and Westminster.
4. **South & Central London – Carers Lewisham – (1.8):** Supporting carers in Bexley, Bromley, Croydon, City, Islington, Lambeth, Lewisham and Southwark.

³ For more information on Building Better Opportunities see <https://www.tnlcommunityfund.org.uk/funding/programmes/building-better-opportunities>.

Delivering the Working for Carers project across London



The support provided by the Working for Carers programme is open to all carers and former carers aged 25 and over, living in London, who have a right to live and work in the UK and who are unemployed or economically inactive. Eligible carers are supported to develop a personal plan for their future. The initial aim was that carers would have:

- Free flexible access to one-to-one support with a dedicated Employment Personal Advisor.
- Free access to training and employability workshops to increase their confidence.
- Access to support to seek employment or self-employment.
- Access to support with replacement care (including childcare) to help carers attend training, workshops and access employment.
- Access to support they need as a carer (for example, breaks from caring, advocacy support) which may be the barrier to their seeking/gaining employment.
- Access to support they need to retain employment which may be a barrier (for example, flexible working conditions, a carers champion in the workplace, support to balance caring and employment).

The project had clearly defined targets both in terms of reach (see Table 1) and results (see Table 2). The tables below illustrate the targets for the Working for Carers project.

Table 1: Reach targets for carer registrations

Target group	1.7	1.8
Total participants	500	333
Male carers	125	83
Female carers	375	250
Unemployed	100	67
Economically inactive	400	266
Age 50 years +	180	120
Living with a disability	102	68
Ethnic minority	201	134

Table 2: Exit results and outcome targets

		1.7	1.8
Exit results	Move into education	85	57
	Move into employment	100	67
	Move into job searching	108	72
	Total exited with a result (education, employment, job searching)	293	196
	Sustain employment for 26 out of 32 weeks	58	38
Outcomes	Access volunteering opportunities	87	58
	Access peer support	250	167
	Report improved confidence/wellbeing/health	375	250
	Access holistic support services	500	333
	Achieve improvements against action plans	375	250
	Signposted to other specialist services	250	167

		1.7	1.8
Outcomes (cont.)	Reported improvements to skills/experiences	400	266
	Access information and training	500	333
	Proactive approach to looking after own health	165	109
	Have access to support groups/champions at work	87	57
	Have flexible working conditions	87	57
	Feel able to balance employment with caring	100	67

The programme is overseen by a steering group that has strategic oversight of both grants. The steering group includes those with a key project role within Carers Trust and Chief Executive Officers or other senior managers from the hub areas. The group meets quarterly with a clear agenda set by the Programme Lead. In addition, monthly management meetings are held to discuss the operational elements of the project. This meeting includes all of the hub Project Managers and the Programme Lead.

Evaluation aims and methodology

In November 2017, Ecorys (UK) was commissioned by Carers Trust to undertake an independent evaluation of the Working for Carers programme. The aims of the evaluation were as follows:

- ▶ To evaluate the impact that focussed support from the Working for Carers project has on the skills, confidence and overall abilities of carers to move towards employment. The evaluation intended to identify and evidence effective strategies, techniques, enabling approaches and support packages.
- ▶ To provide a focussed evaluation of the qualitative and quantitative data to measure the impact of the Working for Carers project on carers' lives and their abilities to move into and retain employment. Data is collected from carers on registration, while they are being supported on the project, and after their official exit from the project; it is collected using outcome measurement tools, a review of individual carer action plans, and the data management system for the project (CharityLog).
- ▶ To evaluate the impact that the focussed support from the Working for Carers project has had on the practices of organisations required to help carers find and retain employment (for example, Carers Trust and the Carers Trust Network Partners in London, employers, local voluntary and community sector organisations, carer services).
- ▶ To provide an evaluation of the extent to which the models of employability support differ across Greater London and can be replicated in other geographical areas.

The evaluation included a mixed methods approach, including quantitative and qualitative data collection and analysis. The qualitative data collection took place between July 2018 and August 2019. The evaluation involved interviews with five key groups of stakeholders (see Table 3 for distribution of qualitative interviewees across the hubs):

- ▶ **Carers Trust staff members** – Semi-structured interviews were conducted with strategic stakeholders ($n=4$) within Carers Trust. The level of involvement in the Working for Carers project differed between stakeholders with roles ranging from Programme Lead to those involved in more specific areas of the project such as Head of Policy and Public Affairs. The interviews gave an in-depth insight at both a strategic and operational level.

- Steering group members** – Semi-structured interviews were conducted with members of the steering group, including representatives of both the hubs and Carers Trust ($n=3$). The interviews were conducted through a mixture of face-to-face and telephone.
- Hub staff members** – The evaluation included case study visits to each of the four hub areas across London. Semi-structured interviews were conducted with a mix of staff members ($n=14$) including Project Manager, Employment Personal Advisors and administrative staff. Interviews were predominantly conducted one-to-one with one hub area opting for a focus group interview. While the aim was to complete all hub staff interviews face-to-face during the visits, due to staff time some follow-up interviews were conducted over the telephone. The in-depth interviews explored topics broadly relating to the context, delivery, outcomes, learning and sustainability of the programme.
- Partner organisations** – During waves 1 and 2 of data collection, a number of interviews were conducted with partner organisations ($n=6$). Five interviews were conducted with Network Partners spread across each of the hub areas; four interviews were completed with carers advisors within the organisations and one interview with a Chief Executive Officer. In addition to Network Partners, a Project Manager at a voluntary and community service organisation was also interviewed.
- Carers** – Semi-structured interviews were completed with carers from across each of the hub areas ($n=13$). A purposive sampling technique was used to identify carer interviewees through the hub Project Manager. Carers were offered the option to attend a face-to-face interview during the case study visit or an interview by telephone at a convenient time. The interviews broadly covered the interviewees' caring background, support received, the impact of support and lessons for the future.

Table 3: Distribution of interviewees across the hub areas

	Strategic inter-views	Hub Project Manager	Employment Personal Advisor	Other hub staff	Partner organisation	Carers	Voluntary and community sector organisation
Redbridge		1	1	2	1	4	0
Harrow		1	3	0	2	2	1
Camden		1	1	0	1	4	0
Lewisham		1	3	0	1	3	0
Carers Trust	4						
Steering group	3						

All interviews were audio recorded and detailed notes taken by the researcher. The data was entered into a structured grid, based on the agreed topic framework, and supplemented with verbatim quotes and case study examples from the interview recordings. A framework analysis (Ritchie, J and Lewis, J, 2003) was undertaken, to manually compare and contrast the views of the different respondents under broad topic headings from the qualitative interviews. Attention was given to key similarities and differences in perspectives, according to hub area, stakeholder type and professional roles.

For the quantitative analysis, data was extracted from Working for Carers' online database, Charitylog, by a member of staff within Carers Trust. All data provided to Ecorys for the purpose of the evaluation was anonymised to protect carer confidentiality by staff at Carers Trust. The data extraction was completed in July 2019 to include all data up to and including 30 June 2019. The data was analysed in August 2019 by a member of the research team at Ecorys using Microsoft Excel.

Strengths and limitations of the evidence

The qualitative strand of the research was based on a total of 40 interviews with a good cross-section of staff members as well as carers from each of the hubs. As the interviews were conducted with relevant staff members, including those with strategic overview and delivery experience, it can be concluded that the data will have an acceptable level of validity. However, as with all case-study research, the findings do not claim to be exhaustive. It must be considered that bias may lie in the selection of the carer interviewees; as the Project Managers within each hub area identified carers to be interviewed, it is more likely that they selected carers that had higher levels of engagement with the programme. While their valued accounts reflect their personal experience of support, they may not be representative of the experience of all carers within the programme. To counter this, researchers encouraged delivery staff to provide them with a range of interviewees.

The data that informed the quantitative strand of this evaluation was most recently extracted in July 2019, including all data up to and including 30 June 2019. Although it may have been optimal to have the data in its entirety for phase one (up until 30 September 2019), due to the time constraints of the evaluation, this was not feasible. To ensure that clarity is achieved in light of the missing data, particularly in terms of performance towards targets, the evaluation will refer to phased targets for the quarter up until the end of June. Any reference to the overall targets for phase one as a whole will be clearly stated.

We are aware that targets have been amended throughout the project. This has taken into account the extension of the funding as well as the challenges encountered in reaching particular groups, results or outcomes. Amendments have been necessary to ensure that the targets are in line with the realities of delivery, and while some targets will be achieved, when looking at the actual numbers it is evident that attainment was relatively low. It must be considered that there is a clear rationale for the amendment of targets and the evaluation in no way considers the project's performance against these targets as less valued, however in the interest of transparency, it is noted.

The data has some inconsistencies between the two grant funded projects, 1.7 and 1.8. This can affect the merging and reporting of the data when looking at the programme as a whole or making comparison between the two grant funded areas. For example, in a question about the ethnic origin of the carer, one grant had selected 'Asian/ Asian British-Chinese' for some participants, whereas the other had not. This proves troublesome when merging and reporting the data across the programme as a whole. Furthermore, the evaluation is limited to the data that Carers Trust has been able to provide.

The remainder of the report is structured as follows:

- ▶ Chapter 2 focusses on the contextual background for the Working for Carers programme.
- ▶ Chapter 3 provides an overview of the progress in delivery of the programme.
- ▶ Chapter 4 focusses on the outcomes of the project
- ▶ Chapter 5 considers the learning from the Working for Carers project including plans for sustainability and future development.
- ▶ Chapter 6 provides the conclusion as well as the recommendations based on the report findings



2.0 Context

This chapter considers the contextual background for the Working for Carers programme. It starts with an overview of the demographic variation between the four hub areas and the impact this has on the type of carers they support. It then reviews the challenges carers face entering the workplace and the perceived solutions, as well as the impact of current national policies on the lives of carers, employment provision prior to the programme and the gap in provision that Working for Carers aims to address. This backdrop to the programme is important, as it helps to frame an understanding of the conditions within which the programme was developed and implemented within the local areas.

Key findings

Demography of hub areas within the programme

- ▶ London is the most ethnically diverse city in the UK. Variation was also seen across the boroughs in terms of the carers the hubs support, including the type of carer, level of education and proficiency in English.
- ▶ The hub areas have accounted for the demography of their population in their delivery methods, meaning the specific combination of workshops and other types of activity varies across the hubs.

The needs of carers

- ▶ Carers face challenges within the workplace including: a general lack of understanding about unpaid caring roles within the workplace; challenges faced by employees in communicating about their own needs; carers being fearful about being honest to their employer about their caring role; management being unwilling to accommodate carers' needs; and an inaccessible job market.
- ▶ In order to confidently retain and sustain a working life alongside a caring role, carers require flexibility and an understanding employer. They need a workplace that will be responsive to the changing demands of their caring role, particularly in times of crisis.
- ▶ The wider context of challenges carers face outside of the workplace must also be considered. Notably, social care services nationally are facing cuts to funding; this affects services relied upon by carers, including respite.
- ▶ There was a definite gap in the employment support offered to those with a caring role. In general, previous provision was generic and unable to cater to their needs.

Demography of the hub areas within the programme

As with any place-based programme, it is important to understand the characteristics of the local areas taking part and the infrastructure that was already in place. This section provides an overview of demography across the project:

- 📌 **London is the most ethnically diverse region in the UK.** In the most recent census 40.2% of residents identified as either Asian, Black, Mixed or Other ethnic group.⁴ In terms of Black, Asian and minority ethnic (BAME) reach, by June 2019 both 1.7 and 1.8 had exceeded the targets set for the project by over 40% (1.7 $n=201$, 141% of target, 1.8 $n=134$, 146% of target). Those interviewed within the hub areas reported ethnic variation across at least some of their boroughs. For example, in the Lewisham hub area, the Lewisham borough has a predominantly Black British population, while the hub also delivers in the borough of Bexley which is described as a predominantly White British area. The ethnic diversity of London can lead to issues in the programme's ability to reach some ethnic groups within boroughs (see Reach section in Chapter 3).
- 📌 **There are variations in the types of carers seen across hub areas and within boroughs.** Interviewees reported that the programme reached many different forms of carer. This varied not just in the relationship between the carer and person in receipt of care, but also the level of care required and the living arrangements of the person in receipt of care. The types of carers supported included parent carer, those caring for a partner, those caring for a relative and those who no longer had a caring responsibility. The variation of carer type was seen across hubs, but more specifically each borough could be characterised depending on the predominant demographics of the population. For example, within the **Harrow** hub area, in Enfield the hub supports a lot of parent carers as the area has a high population of working professionals. In contrast, in Havering, within **Redbridge**, where the predominant demographic of the population is those around the age of retirement, the hub sees a lot of carers looking after partners.
- 📌 **Variation in the level of education and language proficiency.** Of the 356 registered carers in grant 1.8, 7% of carers were reported to lack basic English and 12% lacked basic maths skills. By comparison, 21% of carers in grant 1.7 lack basic English and 25% were reported to lack basic maths skills. The highest level of education was reported to vary across hub areas. For example, the demographics of the **Redbridge** hub area means that the highest level of education of some of the carers it supports is primary school level. In contrast, in the **Lewisham** hub area interviewees reported that college level education is the "standard", with no significant English for Speakers of Other Languages (ESOL) needs reported.
- 📌 **Areas have accounted for the demographics of their boroughs in their delivery.** The Network Partners were already working within the local communities, many for a long time, before the Working for Carers programme was established. Therefore, they have the awareness, knowledge and relationship with the local community and have been able to account for the demography of the local area in their delivery plans (see Progress in delivery chapter).

🗨️ **It is the same project across London but it has to be delivered in different ways because of the demographics that we are working with. 🗨️**

Project Manager

⁴ Regional Ethnic Diversity [ONLINE] Available at: <https://www.ethnicity-facts-figures.service.gov.uk/uk-population-by-ethnicity/national-and-regional-populations/regional-ethnic-diversity/latest> [Accessed 5/07/2019].

The needs of carers

The balance between work and personal life can be a challenge for everyone at times. However, for carers the weight of this balance is far greater. Those with a caring responsibility are more likely to leave work, with this number rising from 2.3 million in 2013 to 2.6 million in 2018 (Carers UK, 2019b). While the reasons for leaving the workplace are individual to each carer, there were some overarching themes identified in the qualitative data around the challenges that carers face within the workplace. Most of these relate to the fact that the workplace does not cater for the needs of carers. Specifically:

- In the workplace there is a lack of understanding around what it means to be a carer, particularly the role of unpaid carers. There is a lack of employer knowledge around how many employees within the workforce may have an unpaid caring role.
- Communication between the manager and the employee can be poor in the workplace. Delivery staff interviews note the “inbuilt fear” among employees with a caring role; this is linked to the lack of understanding of carers in the workplace, and the fear that speaking about their caring responsibilities may lead to them losing their jobs.
- Despite carer policies being in place, the implementation is reliant on the individual manager’s willingness and ability to understand the caring role.
- It is felt that the job market is inaccessible to carers wanting to get back into employment alongside their caring role. Carers can feel that they had no choice but to give up work. Therefore, the prospect of getting back into an employment market that feels similar to the one they left can be daunting.

The wider context of these challenges must also be considered. Nationally, government cuts have seen a reduction in funding for social care services. This has seen vital services for those with a caring responsibility, such as respite and home care, become stretched and, in some instances, decommissioned. This adds a greater responsibility on the unpaid carer to fulfil the needs of the person they are caring for. The qualitative data from a Carers Trust staff interview points to carers feeling it is a “battle” to receive the care and support that the person in receipt of care needs, often resulting in consideration for the carer coming second, including their need for a positive work-care balance.

In order to confidently retain and sustain a working life alongside a caring role, it was most frequently cited within the data, both from carers and delivery staff, that carers need flexibility and an understanding employer. The role of the carer is dependent on the health and current needs of the person in receipt of care, which may fluctuate and change over time. Therefore, a workplace needs to be understanding and allow the employee to work flexibly to maintain their caring responsibilities during times of change or crisis. The literature and qualitative data also identified that carers require:

- A carers policy (and paid carers leave) to feel empowered to communicate their caring responsibilities.
- Management (and in particular a line manager) who understands the needs of carers.
- A general awareness of the caring role among those at the workplace.

The qualitative data identifies a definite gap in the provision of employment support for carers prior to the programme. Some Network Partners were offering employment support; however, this was often patchy and informal, often leading to a referral to Jobcentre Plus. A referral would be inappropriate for some, and a “fear of the Job Centre” was reported by both delivery staff and carers themselves. JobCentre Plus was unable to meet the needs of carers within its generic support services, particularly for those who were further away from employment. Therefore, the Working for Carers project needed to address this gap in providing a carer-specific and holistic employment support service.

“ There are a lot of carers who don't believe that work or training is something that could work for them. So, this project can just highlight that, 'Look, this is the support that is available.' So, it is definitely much needed. ”

Project Manager

“ What makes this project unique is that it was designed specifically for carers. You will see employment projects all over, particularly in London. It would be very generic, like if you have been out of work for a long time then we will support you. But this project is specifically geared towards helping carers. It means you will get access to support workers who can provide tailored support. ”

Project Manager

Conclusion

While the Working for Carers project operates as one project within two grants, the diversity of the population between boroughs has meant that the project is operating in very different contexts. This, in turn, has influenced the delivery of the project and created variation between the hubs. One of the main challenges that carers face is an unaccommodating workplace due to a lack of understanding around the role of unpaid carers. In order to confidently retain and sustain a working life alongside a caring role, carers require flexibility and a workplace that can be responsive to the changing demands of their caring role, particularly in times of crisis. The stakeholders felt that there was a definite gap in the provision of employment support for carers prior to the Working for Carers.



3.0 Progress in delivery

In this chapter we give an overview of the progress in delivery of the programme. The chapter focusses on the overall delivery model, as well as how the support is delivered at each of the individual hub areas. We also consider the reach of the project, partnership working and the barriers and facilitators to implementation.

Key findings

Variations in delivery of support

- The basic structure of the programme along with eligibility, outcomes and target criteria were decided by the funders and are standardised across the hub areas. However, beyond this the Project Managers had some flexibility to tailor their delivery to suit the needs of their population.
- The greatest variation across the hubs was seen in the emphasis on workshops; the methods of delivering peer support; and self-employment.

Partnership working

- Prior to the funding, London already had a number of well-connected Carers Trust Network Partners with established working relationships.
- Partnership working between Carers Trust and the hubs, and between hubs within the two grant projects, has been good. Partnership working between the hub partners and the wider network has been more variable, with some challenges around effective communication between the hubs, Network Partners and voluntary and community sector organisations.

Barriers and facilitators

- Key facilitators were seen to be the personal attributes of the delivery staff and their ability to work well as a team; changes to the staffing structure to reflect the demands of the project; the team working to maximise their time resource; engaged Network Partners; and external funding sources.
- The key barriers discussed were compliance; changes in staffing and recruitment delays; the salary offer for the Employment Personal Advisor position; travel time between boroughs; funding for staff training; the difficulty in retaining an employment focus within a holistic support service; and going live in the first quarter while setting up.

Variations in the delivery of support

The structure of the programme as a whole was decided at a strategic level, with criteria standardised across the hub areas including participant eligibility and exit targets. However, there was some flexibility to account for the needs of the individual hubs and, consequently, there was some variation in delivery models across the hubs.

Across each area the referral begins with an initial telephone conversation with an administrator or an Employment Personal Advisor. This is followed by a face-to-face registration appointment. The meeting is used to define the carer's needs and consider their challenges. This time is used to create a realistic action plan considering what the carer can look to achieve through this support. The strategic interview below outlines the importance of tailored early support in recognising what the carers needs are:

“What we learnt is that there is quite a lot of work that needs to go into making carers feel employment ready. So, while they may walk into the door saying, ‘I have heard about Working for Carers I want to work again,’ actually Working for Carers’ role is to make them take six steps back and go ‘Right, you want to work, are these things in place?’ Essentially help them to identify what those things are and really help them to address those things. ”

Carers Trust staff

Beyond this early phase of support, the delivery within each hub differs, based on their capacity, geography and, importantly, the demography of the local area. In the remainder of this section we describe how the support varied across the hubs, and the reasons that drove this variation.

Workshops

The provision of workshops varied widely across the hubs:

■ **Redbridge:** This hub area predominantly delivers its workshops in the hub borough due to limited resources, in terms of staff time and venue availability. It also delivers some of the core workshops such as CV support in two other boroughs to maximise accessibility. The staff members within the hub report that the demographics in this area require more “hand holding”, due to higher ESOL needs and lower levels of education, so the workshops are well received as the carers value the face-to-face support. Additionally, as there are high ESOL needs within the hub areas, the hub delivers focussed workshops to address this need, as well as conversation clubs.

“With the demographics and client groups that we are working with, they need a bit more hand holding and progression is probably a little bit slower. So, things like the workshops work really well for us so I think that is going pretty well. ”

Project Manager

■ **Harrow:** This area puts a high emphasis on its three core workshops which are CV support, confidence building and job club. It supports every carer to attend the core workshops as part of their support package. It also delivers more specialised workshops in line with demands including self-employment workshops.

- **Lewisham:** In Lewisham, the hub has a focussed approach to delivering workshops, running one workshop per week for four weeks in one borough at a time. It rotates the borough that the workshops run in, with the last four-week set of workshops being run in Lambeth. The hub offers to pay for carers' transport to the workshops when they are being delivered in a borough outside of their own. The workshops are run by an external tutor and supported by the Employment Personal Advisor. The workshop topics are devised through consultation with the carers, but broadly the topics include CV support, confidence building, teambuilding and job clubs. In addition to this, the hub also runs one-off workshops to reflect the current needs of its supported carers. For example, most recently it held an IT skills workshop in Microsoft Excel in the Lewisham Carers Centre.
- **Camden:** The hub area has had only one Employment Personal Advisor for some time, therefore workshops have not been delivered in the way it had anticipated. Instead the hub has prioritised one-to-one support and offers external training. The delivery staff feel that external training may be preferable for the carers they support as it enables them to meet new people and learn in a new environment. The area has delivered some of its own workshops and funded external facilitators to deliver others.

A number of hubs have noted that carers respond particularly well to workshops which are delivered by an external facilitator, as they felt it to be more of a formal learning experience. Funding is, however, not always available for workshops to be externally delivered. In some hubs, the funding received from Deloitte (as a result of a corporate partnership with Carers Trust) has been used to allow hubs to commission external facilitators to deliver key workshops. For example, in **Camden** external facilitators were brought in to deliver self-employment workshops as it was felt they were best placed when workshops required specialist knowledge. Carers in this area were said to have responded well to these workshops.

Signposting to other services

As part of the programme, the Employment Personal Advisor may signpost carers to appropriate services outside of Working for Carers. The qualitative data suggests the most frequently signposted services were social services, community support workers, financial advice services, the charity Mind and talking therapies. As well as external sources of support, carers were also signposted to support within the Network Partners. A recommendation was made to include an audit of support services provided by Network Partners. This would help Employment Personal Advisors signpost carers to services provided by the Network Partners (see Recommendations section).

From the qualitative interviews, signposting is seen as an important and valued part of the support package offered to carers. This is particularly relevant due to the high level of mental health needs of this group:

“ **What the Working for Carers team have found is that there are a lot of people coming forward who have underlying mental health issues that they are facing as individuals. So that is really important to understand.** ”

Steering group member

Supporting carers who have compounding mental health needs has been a challenge for the delivery staff. Mental health issues have been a barrier in moving closer towards the labour market and have needed to be addressed before employment can be the focus of support. Mental health support is both out of the remit of the project and the expertise of the Employment Personal Advisor. Therefore, this has been a difficult challenge to address in light of an over reliance on the Employment Personal Advisor for support and the waiting times for accessing statutory mental health services (see Barriers section).

However, the importance of directing carers towards the necessary support does not appear to have translated into progress towards targets. Across the project, the targets for signposting were not met (see Outcomes section).

Peer support

One key outcome for the project was to create peer support opportunities. The ways in which peer support was delivered across the hubs varied dependent on the needs of their participants and their learning.

In **Redbridge**, the hub found that peer support occurred naturally at workshops, therefore it had not established any standalone peer-support sessions. This is seen as “two birds with one stone” as it felt able to provide people with confidence building and skills as part of the workshop content, as well as create a format for peer support. The carers have regularly swapped phone numbers following workshops.

In **Harrow**, the hub has placed emphasis on peer support outcomes throughout its delivery. It has a dedicated peer support group called the Job Club, which allows participants to share experiences with others. The group may start with an Employment Personal Advisor opening up a discussion but the session is participant led. The Employment Personal Advisor notes that they pick up on things within the group discussions to add value to the group. For example, recently the group were speaking about their own physical health holding them back from the job market and the need for better nutrition. From this, the hub was able to organise a nutritionist to attend the next group meeting to speak to the carers. This was well received.

In contrast, **Camden** does not facilitate any of its own peer support groups. Instead, the hub refers carers to peer support services at the local carer centre, which is based in each of its supported boroughs. The hub area acknowledges it would like to deliver more peer support however, due to limited resources and staff changes it has been unable to facilitate groups.

Self-employment support

As well as supporting carers into employment, the project also supports carers to pursue self-employment. Across the hubs, self-employment was often seen by carers as the only way they could achieve the workplace flexibility that they required to continue caring. The delivery staff reported that some carers were unaware of the full demands of running a successful business, therefore all hubs delivered self-employment workshops or offered external training. The objectives were to educate carers on the basics of self-employment such as taxes, accounts and pensions.

While all hubs delivered self-employment workshops, the extent to which the four hubs felt self-employment was an appropriate outcome for their carers varied.

In **Harrow**, the hub brought in an external specialist provider to deliver the self-employment training. In this hub area, where the level of education is generally higher, self-employment is seen as an appropriate outcome for carers and something the hub actively supported.

In contrast, **Lewisham** supports those who wish to become self-employed through workshops, however self-employment is not always the most appropriate option for everyone. Carers are offered a place on specialist training but are also supported to firstly consider volunteering or employment in their chosen field before pursuing self-employment.

“ It is an eye opener for them. When they see all the work that needs to be done, they can change their minds. ”

Employment Personal Advisor

Employer engagement

One of the aims of the project was to engage with local businesses to create employment opportunities for carers. Resources have meant that the hub areas have been unable to engage with employers to the extent initially set out. For example, in **Lewisham** the hub had engaged with Barclays during the second quarter of the project. However, due to the increasing burden of compliance, it no longer had the staff time to continue engaging with local businesses. The budget for employer engagement was later sacrificed to pay for an administrative role.

“ We have given it a go but we just didn't have time to keep it up. ”

Project Manager

Volunteering

Support into volunteering opportunities is another delivery area which has differed across hubs in line with demand. Volunteering is a useful tool to build skills and confidence, particularly relevant for those with little to no recent experience within the workplace. The need for this type of support has been varied, for example in Harrow, where education levels are felt to be higher, the hub finds many of its carers have had relatively short periods of time away from work so volunteering is not applicable.

The **Lewisham** hub gave an example of the positive impact that volunteering has had upon one carer's employment prospects. A carer hoped to be a teaching assistant and had been supported to complete all the relevant courses through Working for Carers. She subsequently struggled to gain employment due to her lack of experience and the need to be based in a school local to her caring responsibility at home. Through the support of the Employment Personal Advisor, she gained a volunteering placement in a local school to gain experience with the view to moving into employment in the near future.

Reach

At the end of June 2019, 739 carers and former carers had registered with the project. For grant 1.8, the hubs had exceeded their September targets by June 2019 with a combined total of 356 registrations of carers and former carers, 107% of their target for the end of phase 1. In contrast, 1.7 saw a combined total of 383 registrations, 76.6% of their target for September 2019 and it is unlikely that 1.7 will achieve its target in the final quarter of the project. Carers were registered from across all 33 of the London boroughs.

In addition to a registrations target, as part of the funding criteria, the project was tasked to reach specific groups within the carer population. The number of carer registrations within each of the target groups is outlined in the table below.

Table 4: Number of registrations for target groups across the hubs

	Men	Women	Unem- ployed	Inactive	50+	Ethnic minority	Disabili- ties	Total number of carers
Harrow	41	162	43	160	83	149	27	203
Redbridge	36	144	49	131	62	135	31	180
1.7 - Total and % of target achieved	77 (62%)	306 (82%)	92 (92%)	291 (73%)	145 (81%)	284 (141%)	58 (57%)	383 (76.6%)
Camden	38	150	38	150	93	90	57	188
Lewisham	29	139	16	152	91	106	48	168
1.8 - Total and % of target achieved	67 (81%)	289 (116%)	54 (81%)	302 (114%)	184 (153%)	196 (146%)	105 (154%)	356 (107%)

There has been great variability across the hubs in their progress towards targets. Table 4 shows that the 1.7 project is below its registration targets across groups with the exception of ethnic minorities. However, the lower attainment of target registrations for each group is reflective of the overall low number of registered carers in 1.7 at only 76.6% of the target achieved by June 2019. In contrast, the 1.8 project has achieved, and in many cases far exceeded, its reach targets including its overall number of registered carers. There was the exception of registered male carers and those who were unemployed – the targets for these groups were not attained by either of the grant areas.

The data from Charitylog suggests that engaging with those who have a disability has been more difficult for 1.7 with 58 registered carers identifying themselves as having a disability or limiting long-term health condition (57% of target); this is in contrast to 105 in 1.8 (154% of target). However, interviews with Carers Trust staff suggests this may be an issue with disclosure rather than reach – due to the wording of the question, which asks whether the carer has a “limiting long-term health condition or disability” next to the question that asks whether they have a “work limiting health condition”. Without being explicit, it may be a concern that they would be ineligible for the employment support if they disclosed a disability. This may suggest some learning around the way the question is being asked or explained by the Employment Personal Advisor in this area. Despite the rationale for the lower attainment of disabled carers, however, this has not appeared to be a problem for 1.8.

“ This is a problem with disclosure, which is also about how the form is set out because the question about disability sounds like we are asking ‘are you able to work?’, rather than our equalities monitoring. ”

Carers Trust staff

42% of unpaid carers are male (Carers UK, 2013). Men are considered a ‘seldom heard’ group, particularly in relation to seeking help and support, which extends to men who have a caring responsibility (Appleton, D, 2018). Therefore, it is important that they are considered as a specific target group for the project. Both areas were below their targets for the number of male carers registered. In 1.7, Harrow and Redbridge combined had 77 registered male carers, 62% of their target. In 1.8, Lewisham and Camden had registered 67 male carers, 81% of the target. As well as the target number of registrations, the funders were also interested in the proportion of registered carers who were male. The target was set for 25% of supported carers to be male; the percentage of male carers by June 2019 was below target at 19.5% of the total carers.

One key area of success in terms of reach has been through the engagement of the BAME community. Both 1.7 and 1.8 far exceeded their target for reaching those within the BAME community, at 141% and 146% of the targets reached.

“ We are doing really well reaching out to people of different ethnicities. ”

Steering group member

Charts 1 and 2 show that the greatest numbers of carers identified as ‘White British’ ($n=198$). Of the BAME communities, the greatest proportion of registered carers were from ‘Black/Black British- Caribbean’ ($n=117$), ‘Black/ Black British- African’ ($n=86$) and ‘Asian/ Asian British- Indian’ ($n=69$). In general, the project has achieved a good variation of ethnicities among those carers registered as well as achieving the overall BAME targets set.

Chart 1: Ethnicity of the 739 registered carers

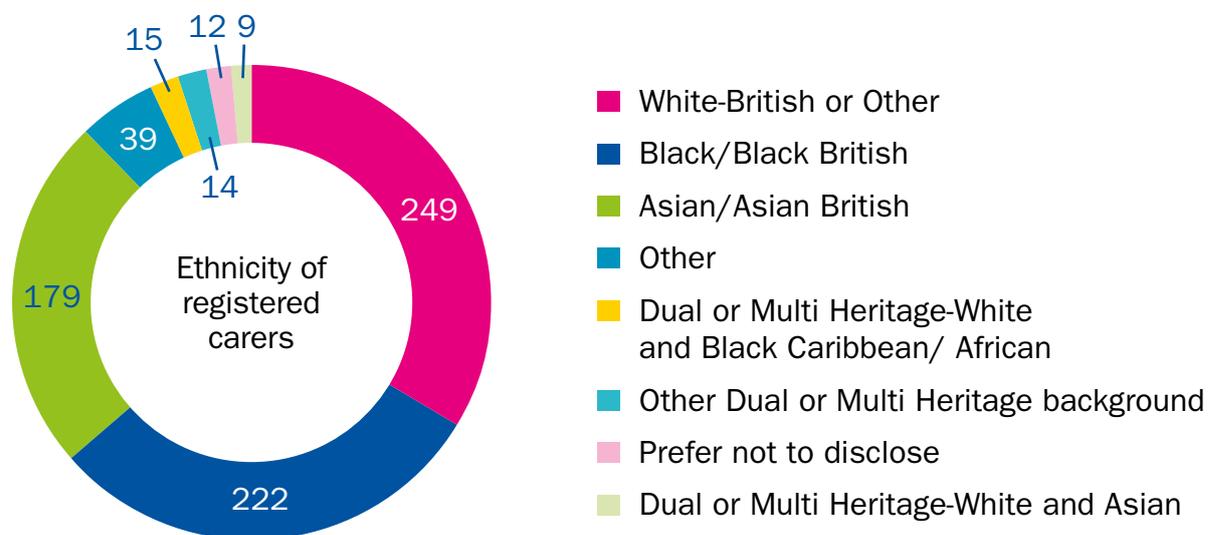
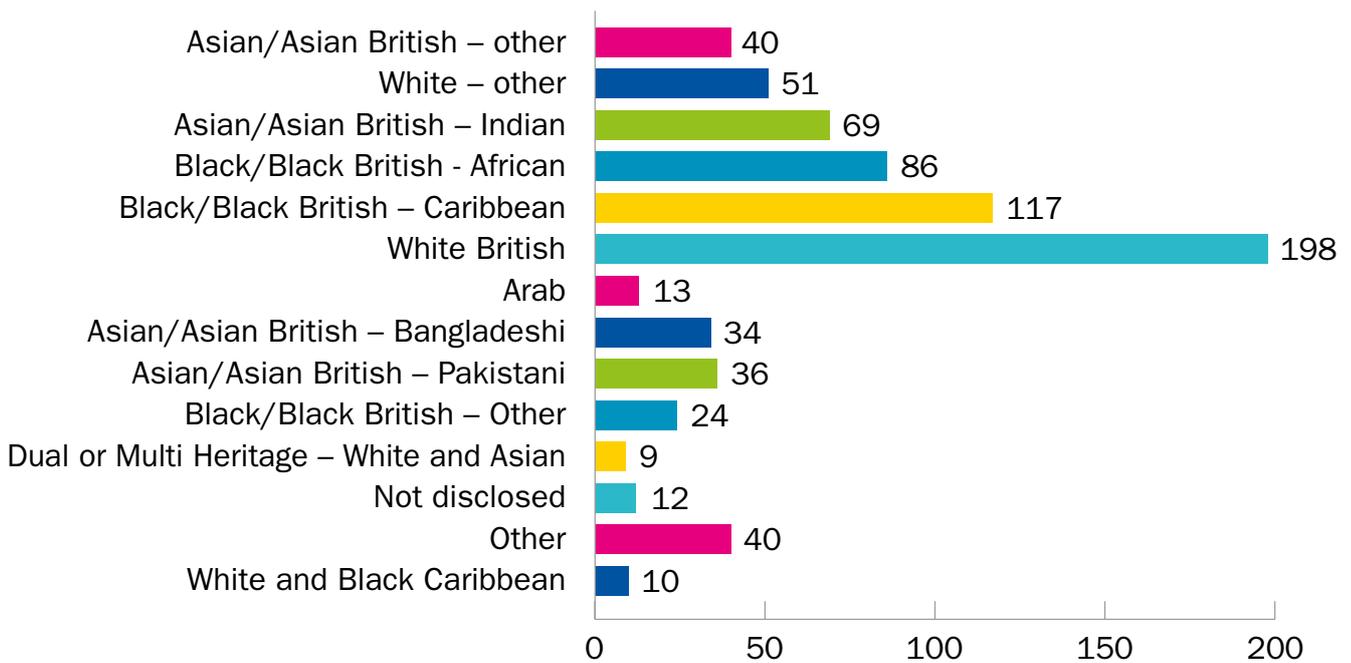


Chart 2: Most frequently cited carer ethnicities



Overall, the Working for Carers project has exceeded its BAME targets to date. However, the qualitative data suggests that some BAME groups have been harder to engage. This includes groups who would fall under the wider ethnic categories such as Somalian carers who would come under ‘Black/ Black British-African’ but are felt to be less represented within this category. Delivery staff see that there is a visible presence of particular BAME groups within the local areas, but they are under-represented in the registrations. These groups do not necessarily view themselves as carers, but rather as fulfilling a duty in caring for members of their extended family who are in need. As these carers are less likely to be engaging with their local carer service, targeted outreach is needed to include these groups.

Beyond the demographics being specifically targeted in Table 4, Working for Carers has supported carers from a range of backgrounds. 105 carers registered on the project lacked basic English skills, 21% of the total number of carers in 1.7 and 7% of those from 1.8. Of the carers registered, 25% in 1.7 ($n=97$) and 12% in 1.8 ($n=42$) did not have basic maths skills when entering the project. Across the project as a whole, 54% of registered carers were living in a jobless household ($n=400$), 21 were currently homeless (3%) and 10 self-reported being an offender or an ex-offender (1%).

Despite the success in hitting overall registration targets and reaching the specified groups, strategic stakeholders felt that the project may reach a saturation, particularly over the next phase of the extended project. Therefore, engaging seldom heard groups such as lesbian, gay, bisexual and transgender carers, BAME carers and those carers living with a disability is of increasing importance.

“ In the first phase, it was new and we had a ready made cohort of carers who would benefit from the project, but we know that even in the most lucrative areas it is beginning to slow. ”

Carers Trust staff

Outreach and marketing

Webpages

In order to reach out to a wide audience, the hub partners feature Working for Carers on their websites. The hub partners were required to have a webpage for the project and as part of the project criteria, the organisations in the wider partnership were also required to have some form of project promotion on their websites. It has sometimes proved difficult to encourage some of the wider partnership organisations to highlight the Working for Carers project on their websites. As mentioned by a Carers Trust staff member, the hubs needed to “prove themselves” and promote the project internally within the partnership. They could not simply “rock up” and expect to be on the homepage of every organisation’s website. They have had to work at internally communicating and promoting the Working for Carers project, this has taken time.

Carers Trust also has several webpages dedicated to the Working for Carers project. Since having the additional capacity of a dedicated Programme Officer, Carers Trust has been able to place a focus on ensuring its webpages are regularly updated and inclusive of positive marketing such as case studies.

Hub partners outreach and marketing

Hub partners across the project have taken steps to reach out into the local communities across their boroughs. The provision of marketing and outreach in each of the hub areas has been varied. The Employment Personal Advisors in some hubs have retained the responsibility for much of the marketing and outreach, while other hubs have redirected funding to provide support for these roles, both on a temporary and permanent basis.

The practice example below illustrates how one hub area has used targeted outreach to engage those seldom heard carers within its communities.

Practice example – Outreach in Redbridge

In Redbridge, the hub has used targeted outreach to engage seldom heard groups and address its slowing numbers of referrals.

The hub is unique in its marketing approach as it is the only hub across the programme to have a dedicated Outreach Marketing Officer. The role began in December 2018, initially covering both North (two days) and East London (three days) areas. Due to funding and resources, the role became redundant in North London, with the Outreach Marketing Officer now focussing exclusively on East London. The post was temporary, originally for six months, however this was increased by three months when the hours reduced. The post is no longer in place at Redbridge.

The role has meant that the hub has been able to have a stronger online presence to market the project, most recently starting a Twitter account. As the hub does not have a carer service in each borough, the Project Manager believes they have had to seek “unconventional ways” of marketing their project. A key part of the role has been identifying new partnership opportunities around London. The hub has been marketing itself wherever it has been able to get a reach into the local community including leaflet drops in libraries and GP surgeries.

The hub has done targeted outreach work to increase its referrals as well as engage some seldom heard groups. It recently attended an event at a special education needs school which brought it ten expressions of interest from parent carers. This group are often more difficult to engage as they may not identify themselves as a carer as they

are caring for their own child. Therefore, spreading awareness of unpaid carers and the project within the special educational needs school event has opened the project up to a new client group. It has also done targeted outreach within BAME groups. For example, it used a Chinese carer support group to engage with the Chinese population living within its boroughs.

Interestingly, data from the strategic interviews suggest that the staff members working within the Redbridge hub may reflect the demographics of the local area, which may have a positive impact on their ability to reach into the community:

“ I think their staff do reflect their boroughs, so that potentially, it does have an impact on their ability to support a wider range of carers from ethnic minority backgrounds. ”

Carers Trust staff

Most recently in the **Camden** hub area, underspend was used to recruit a marketing professional for a small number of months. The purpose of the role was to support the marketing planning going forward into the second phase of funding. The hub has been pleased with the outputs so far and has valued the expertise of the professional. However, hub staff felt that it was too early to say whether the addition of the role had translated into an increase in carer registrations at this time.

In **Harrow**, the hub placed a great emphasis on its use of social media to engage carers. It was active on social media platforms such as Facebook and Twitter, as well as a blog which is regularly updated. The hub believed that “boots on the ground” are as important as its online presence and ensures that it has a presence in areas where carers are likely to be for example, shopping centres and pharmacies.

“ It is about getting carers through the door. Marketing is massive for us at this moment in time. ”

Steering group member

“ It is about having boots on the ground and being out in public as well. Combined with your social media platforms, your communication through those, you also have to have a presence in the community as well. ”

Steering group member

Interviewees consistently raised that more work is required to evaluate the effectiveness of the marketing strategies in reaching carers. For example, in the **Redbridge** case study illustrated above, the targeted marketing of the project within the special educational needs school produced a number of expressions of interest. However, it is unknown whether these parent carers went on to register, receive support and go on to achieve an exit result, making it difficult to assess the true impact of the marketing strategy used.

There was a general concern raised that the hubs could be putting money into marketing as a solution, without having a true handle on the problem. Where, often costly, marketing resources are being utilised, it is important to ensure they are truly required, are effective and, importantly, are the best use of finite resources.

Network Partners outreach and marketing

The hub and spoke model meant that, in terms of outreach and marketing, the Network Partners would provide a strong link into the local community of carers. It was intended that the Network Partners would be the trusted spoke within the local community. Where a Network Partner was not available, the hubs aimed to engage with a trusted organisation within the borough. They would provide referrals into the project from their existing network of carers as well as reaching out to engage with new carers in the borough. Some Network Partners have achieved these aims and have provided a good number of referrals from a range of demographics, as well as being proactive in their outreach and marketing:

“ Our Network Partners are individually good at reaching carers that meet the demographic profile of the areas. ”

Carers Trust staff

“ Having a Network Partner in that area is having a critical friend in that borough, makes it easier for you to find the carers in that area. You can say, ‘Right, look on your database, can you send a newsletter to all of your carers?’ Right, done. ”

Carers Trust staff

However, the scale in which Network Partners were able to provide the marketing and outreach has varied. This has led to some questions around the value some Network Partners are placing on the project:

“ They would say that they recognise the strategic value of it, but if you look at the evidence, if you recognise the strategic value then why do you not promote it enough? ”

Steering group member

Where there have been issues in partnership working between the hub partner and the Network Partners, there has been a reported negative effect on marketing and outreach. This has included Network Partners wishing to do their own marketing independently. While marketing is the responsibility of the individual Network Partners, there have been issues in coordinating plans, ensuring that the key messages and branding are current and consistent, and resources (for example, videos or materials) can be used by all partners where they are not hub specific. This has caused issues for Carers Trust, particularly as they had staff changes during the course of the project. With the introduction of

a Senior Compliance Officer and Programme Officer at Carers Trust, the Programme Lead will be freed up to support the network more, including in their marketing:

“ It has been a really difficult balancing act. It has been a real frustration to the Network Partners who want to go off and do their own thing. They may have had the resource and the capacity to do something but it can undermine the partnership as well. We have had people go off and do things and not put on the right key messages or mistakes in the branding – that risks clawback. You know we do need it as a central thing. We have a Project Officer who has been in post just over a year now so she is leading on comms now. ”

Carers Trust staff

Another factor to be considered in the rate of referrals from the wider partnership is the imbalance in the distribution of Network Partners across the London hub areas. For example, in the **Camden** hub, there is a Network Partner located within each of the boroughs. As a result, the hub requires little marketing due to a steady number of referrals it receives through its Network Partners.

“ We haven't marketed because we are based in each borough so we have a constant flow of referrals. ”

Project Manager

An added complexity is that the nature of the referral partners affects the demographics of the carers referred into the programme, which can cause difficulties. For example, in one hub the only referring partner within a borough specifically supports older people; this means many of the referrals are people beyond retirement age, meaning there may be some less appropriate referrals.

Again, in the borough of Kingston within the **Camden** hub, the Network Partner has a dedicated mental health service, therefore the hub mostly receives referrals who have mental health concerns. While the service supports those further away from employment, some of those with complex mental health concerns may require specialist mental health support which is bound by the limitations and waiting times of the NHS (see Barriers section).

Furthermore, a reliance on the reach of Network Partners may be excluding some hidden carers from the benefit of the project. Those who engage with their local carer service already recognise their role as an unpaid carer and are more likely to be seeking help. Particularly in areas where the Network Partners have a strong coverage in the boroughs and are providing steady referrals, such as in **Camden**, there is no active marketing to target seldom heard groups. This was felt across all hub areas.

“ It tends to be how well the partner is doing in that area. It is who they are reaching. ”

Project Manager

The qualitative data across the strategic interviews suggests that into the second phase of the funding, the problems surrounding marketing and outreach within the partnership will be rectified with the introduction of the memorandum of understanding. This will clearly set out the requirements of the partnership, including those around marketing expectations (see Sustainability and future development section).

Partnership working

Due to the dual hub and spoke model of the Working for Carers programme, partnership working is key to successful delivery. Prior to the funding, London already had a number of well-connected Network Partners with established working relationships (although not all carer services across the London boroughs are Network Partners of Carers Trust). The Network Partners felt that they were best placed to apply for the Working for Carers funding. The initial enthusiasm for the project is reported to have remained, despite a small number of Network Partners withdrawing from the project. Overall the project has succeeded in developing partnership working across the London network. Notwithstanding, in a project that has not been conducted to this scale before:

“ One of the great successes has been bringing the London Network Partners together, that has been really good. ”

Steering group member

Carers Trust and the Network Partners have worked hard to develop a Working for Carers identity. Carers Trust was conscious that it did not want the project partners to feel Carers Trust was at the head of a programme with the Network Partners simply helping to deliver it; they wanted co-production and collaboration to run through the project. The data from strategic interviews suggest that Working for Carers has developed a positive profile, particularly in its partnership working.

“ Never wanted it to feel like ... Carers Trust were saying do this, do that. I feel like Working for Carers has got its identity. Its identity is not just Carers Trust, it is Carers Trust and the partners. ”

Carers Trust staff

“ Rather than hub partners treating Network Partners like, ‘You are here to help us’, it is kind of, ‘What can we do together? What can we do to make all partners feel more involved?’ So, we have drafted up a memorandum of understanding. That has been a real focus of how we can improve partnership working. ”

Carers Trust staff

Furthermore, there seems to be a good level of partnership working between Carers Trust and the four hubs partners, as noted by Carers Trust staff:

“**The London network are quite strong. I feel like we have chosen four very good hub partners who are respected within that London network. That has worked well.**”

Carers Trust staff

The positive working relationship between the network is suggested to be, by members of the steering group, at least in part, due to the dedicated staff leading the project within Carers Trust:

“**[Name of Carers Trust staff member] is excellent, I think [name of Carers Trust staff member] is absolutely brilliant. She is very spot on in what she does. The information delivery from [name of Carers Trust staff member] is amazing, it is fantastic. She has an extremely good feel for the project.**”

Steering group member

“**[Name of Carers Trust staff member] and [name of Carers Trust staff member] are fantastic, they are so highly organised. They always send us all the information as it comes out, so that bit has worked well.**”

Steering group member

From a strategic standpoint, partnership working between members of the steering group took a while to embed. Members of the steering group note that partnership working on a project of this scale was new to all within the network. One key issue raised by those interviewed was around aligning the processes, policies and salaries across the four separate organisations that had taken on the role of hub partners. This proved difficult and was an initial source of disagreement among those on the group. The issue has since been resolved, with one member of the steering group saying they have to see the project as external to their organisation in order for staff to understand why the project does not necessarily fit with their agreed ways of working within the organisation. Some contention has been raised around salaries, particularly those that do not fit within the pay bands of the hub organisation (see Barriers section).

Partnership working between the hubs has developed over the project, with some initial relationships proving difficult. There is a natural split between the four hubs due to the two separate grants (1.7 and 1.8), with partnership working observed to be the strongest between the hubs within each of the two grants. For example, **Lewisham** had some uncertainty due to the departure of its Chief Executive Officer and some financial concerns. During this time, it was able to work with **Camden** to pool resources and deliver the support across the two hubs. At another time, **Camden** lost an Employment Personal Advisor and **Lewisham** was able to step in and help to cover some of Camden’s boroughs for a while. In the case of **Harrow** and **Redbridge**, they had identified a need for greater marketing and they were able to work together and share a full-time marketing post. Therefore, without effective partnerships there would be times throughout the programme when individually the hubs would have struggled to deliver.

In terms of the hubs working with Carers Trust Network Partners and other partners across the hub area, the partnership working is variable. In some areas, the local partners are working really well with the hub, with consistent referrals and a strong reach into the local communities. Hub areas that report generally good working relationships have still experienced some challenges associated with partnership working.

Perhaps unsurprisingly, good communication between the hubs and local partners was key to effective partnership working. Conversely, in some instances poor communication between the hub and the local partners led to the duplication of services. In the borough of **Croydon** within the **Lewisham** hub it was known that the delivery partner was providing an employment service, however the service was believed to be an in-work support programme, with the extent of the project scope not communicated between the hub and the delivery partner. This has led to the Working for Carers project overlapping with an arm of the delivery partner's employment initiative, leading to a lack of engagement and referrals in this borough.

Furthermore, some stakeholders felt that communication with the local partners could be improved more generally, especially when key decisions were made. For example, the **Lewisham** hub highlighted that relationships between it and its partners could be strengthened through more effective communication around carers they had referred. Partners had expressed the need for more information on the progress of those carers, however this has been difficult due to limited resources, namely staff time.

There have been instances where the relationship between the hubs and the wider partnership has suffered.

“ We didn't keep some Network Partners as informed as we should have and I know there has been some, you know, some concerns around that and I think those are not unfounded concerns. We were all testing the water and those things take a while to embed on top of the fact that we all had problems with staffing. ”

Steering group member



Barriers and facilitators

Facilitators

A key success factor has been the hub teams working together to deliver the project. While all hub areas have experienced some issues with staff changes, across the qualitative data, the characteristics of the teams were identified as one of the facilitators to success. Across the stakeholder interviews, it was noted that project delivery staff on the whole are passionate, hardworking and experienced. They are able to adapt to the pressures of the project and the changing requirements of the funders. They are also able to work effectively as a team despite a lack of resources.

“ If I leave tomorrow, I will never find a team like this. ”

Employment Personal Advisor

“ As a team I think we work really well, even though we are sort of short on resources. What I think we all have is a shared understanding of what the project is for and meeting targets, so having that shared understanding. We also sort of communicate a lot about everything that is going on. So, because we work well together we have been able to deliver. ”

Administrator

“ The adaptability of the team, the way that we engage, because obviously with funders you are always engaging with them, you are always changing plans and we are having to sort of adapt the way that we work to accommodate that quite often. So, I think that if we weren't able to do that we would stagnate. But we are able to roll with the punches. ”

Employment Personal Advisor

The skill set of the Project Manager is a facilitator to the Working for Carers project, both in the day-to-day delivery of the project within the hub and the provision of wider partnership working. The benefits strengthened where the Project Manager remains in post throughout the project.

“ We were so delighted to take [name of Project Manager] on as PM [Project Manager] who has experience of working with the ESF [European Social Fund] before, which none of us had. ”

Steering group member

“ We have kept the same Project Manager throughout and for us that has been an absolutely marvellous thing. She has got all of that experience that she brings to the project. ”

Steering group member

Conversely, where there have been gaps in staffing, including Project Managers, there have been clear negative implications to the running of the project within the hub (see Barriers section).

The hub delivery staff have become efficient in maximising their time resource across large geographical areas through working well as a team. For example, in **Harrow** the three Employment Personal Advisors split themselves across the nine boroughs, holding caseloads in three boroughs each. If there is sickness or annual leave, the team worked together to cover one another's caseload.

They have also seen positive changes to the staffing structure over the course of the project. Administrator roles were not initially written into the bid, however as the burden of compliance became clear, all hubs were able to hire an administrator to relieve the delivery staff. More specifically, areas have been able to alter their staffing structure to fit the needs of their individual hub. For example, in both **Redbridge** and **Camden**, they have been able to promote their Employment Personal Advisors to a Senior Employment Personal Advisor level, reflecting the challenges in recruitment at the time. **Redbridge** was also able to temporarily create the role of Outreach Marketing Officer, to increase its marketing work in light of slowing referral rates.

There is an imbalance in the distribution of Network Partners across the London boroughs. Where there is an engaged Network Partner, hubs report the benefit of more effective referrals, therefore reducing the need to spend resources on marketing (see Reach section).

While resources are limited and training is expensive to source, external funding has been a facilitator in the hubs being able to put the needs of the carer first. All hubs received a grant from Deloitte, this was predominantly used to support the training for Working for Carers participants. For example, in **Camden** the hub was able to use this money to commission external trainers to deliver workshops on self-employment. The grant also enabled it to send carers on external training courses. Although more costly, external courses were seen as a valuable way to get carers out into the community.

Despite the rigid criteria and compliance regulations set by the funder, the programme allows for elements of flexibility to adapt the delivery of the project to suit the needs of the hub demography, as mentioned previously.

Barriers

There were a number of key themes that emerged from the qualitative data relating to the challenges in delivering the Working for Carers project:

- 1. Issues with compliance:** The most frequently cited challenge across all interviews was the compliance expectations of the project. The intensity of the paperwork has meant that for some areas, registration targets have been difficult, as well as slips in other areas of delivery such as partnership working and engaging employers. There have been changes made to the compliance rules over the course of the project. This has made it increasingly difficult for staff members as it is felt that as they become accustomed to the way of doing things, then changes are made. The delivery staff members note that their ability to keep up with compliance demands is through their dedicated administrators. Initially, administrative support was not written into the bid, however as the compliance demands became clear this role was created. Despite having an administrator, the demands of compliance are still felt among delivery staff.

There is also a burden of evidencing outcomes as part of compliance, this means that everything from job applications to CVs have to be uploaded. Although delivery staff recognise the need to evidence their claims, it is reported across the hubs that the extent of these expectations puts an increased pressure on their workload. Due to the partnership model, it is the responsibility of the hub to disseminate the information around any changes in compliance to its Network Partners. This has led to push back from some of the Network Partners, particularly around how necessary some of the changes are. Some stakeholders also felt that compliance issues dominated discussions within the programme, such as at monthly management meetings, diminishing partners' abilities to share practice and discuss delivery. Finally, the compliance expectations do not fit with the funders' cross-cutting theme of sustainability. For example, when documents are digital they still require printing so that they can be signed and then scanned. Not only does this increase the time taken to complete the task but it increases printing. There have also been examples given when a hub has bulk printed forms or leaflets, then to find out compliance has changed leading to reprints.

“ The paperwork is ridiculous. What should take me two minutes takes half an hour. ”

Employment Personal Advisor

“ Every spare moment was being spent on compliance. The goal posts are changed so often. ”

Project Manager

“ I don't think that the monthly management meetings have been as effective as we hoped because they are the perfect place to communicate compliance issues and changes. It has been at the detriment of some of the other work. ”

Programme Lead

““ The time and effort we have put into compliance, we could have put into helping another, you know, 400 carers. That is just a number but there would have been a percentage of extra people we could have helped or added in-work support. ””

Steering group member

““ If we are thinking about our sustainability and the environmental impact then look at what we are asking people to do. Look at the amount of paperwork. ””

Steering group member

It is important to note, however, that the issues with compliance have been felt by a number of providers across the Building Better Opportunities programme, and are a consequence of providers working under European Social Fund requirements for the first time. These points are therefore not a criticism of Carers Trust or stakeholders within the programme, but it is nevertheless an important context when considering the barriers to implementing the programme. In addition, members of the steering group note that the network has somewhat adjusted to the requirements.

““ It is an irritation but people just get on with it now. It is still an irritation but there is an acceptance that this is just the way it is and this is what needs to be done in terms of paperwork. ””

Steering group member

2. **Changes in staff and recruitment delays:** Across all of the hub areas there have been some issues concerning staffing during the delivery of the project, including staff changes and trouble recruiting replacements. The recruitment process to fill positions has been difficult for the hubs due to the experience required for the role and the salary offered (see point 3). The level of staffing affects the delivery of the project, particularly due to the coverage both in terms of borough geography (see point 4) and the needs of the carers being supported. As a result of staffing issues, the hubs have had to make changes in their delivery, including limiting the number of carers they see per day, focussing on particular boroughs and increasing the expectation on carers to travel for workshops and appointments.

““ In terms of staffing, that does have a direct impact in how we deliver. Obviously if we only have one Employment Personal Advisor then we only have the capacity to see so many carers. One outreach advisor cannot hit all eight boroughs, one admin cannot organise workshops across all eight boroughs. So, we have to be more strategic in terms of how and where we deliver things. ””

Project Manager

3. **The Employment Personal Advisor salary offer:** Linked to the trouble in recruiting staff members is the wage offered for the Employment Personal Advisor role and the experience of the candidates that this attracts. The qualitative data from across the hubs report that the wage offered does not reflect the expectations of the role in practice, particularly considering the high cost of living in London. For example, the **Camden** hub required candidates to have a level 4 qualification in advice and guidance, but the salary offer meant they did not receive applicants with this level of experience. This has meant that existing Employment Personal Advisors have had to spend more time supporting appointments to bring those new to the role up to the desired level of skills and expertise. This becomes increasingly difficult as the hubs are not allowed to fund staff training and development through the project funding (see point 5).

“ Look the issue that we are having with recruiting is that the salary that we give or advertise positions for doesn't attract one, the right candidate, and two, the candidates that are willing to do that amount of work for that little money. Because it is a lot of work and the salary doesn't really match the work that these guys are doing. ”

Project Manager

It must be noted that the creation of the Senior Employment Personal Advisor role was highly valued by stakeholders, particularly in recognition of those who were skilled, experienced and had shown commitment to the project (see Facilitators section). The position provided financial recognition as well as opportunities for career progression within the project. However, the issue of the Employment Personal Advisor salary offer, regarding the recruitment and retainment of quality applicants, was a recurrent theme within the hub stakeholder interviews.

From a strategic standpoint, the views around the appropriateness of the Employment Personal Advisor salary offer were very mixed. While one member of the steering group felt that the salary was too low, particularly in reference to the skillset required, another member believes that the salary is well in line with the current market. A third member of the steering group was unaware of any discontent.

“ I personally think they are too low. I know that others don't. ”

Steering group member

4. **The time taken to travel between boroughs:** Linked to the issues in Employment Personal Advisor recruitment and partly due to the geographical spread of the hub boroughs, across all stakeholders travel time was reported to be a significant challenge in delivery. For at least some duration of time, all hub areas have reported working with fewer Employment Personal Advisors than optimum to cover their eight to nine boroughs, with **Camden** and **Redbridge** having just one full-time Employment Personal Advisor at some time points during delivery. In **Camden** this could mean a journey from the office to the Kingston borough could take four hours as a round trip; this was unsustainable while working as the sole Employment Personal Advisor in the hub. Furthermore, travel expectations can lead to staff burnout, further contributing to the

cycle of staff changes and issues with recruitment. As a result of these challenges, the delivery staff within the hub have had to be strategic with their time and use a focussed approach to minimise the negative impact of travel time:

“Over the course of the project we have had to develop ways of working smart. It is all a learning curve I guess.”

Senior Employment Personal Advisor

“So yeah you do have to be strategic. So, this month we are solely focussing on Hackney, next month we are solely focussing on Tower Hamlets. That doesn't mean that we are not accepting referrals from other boroughs, but it just means I am not going to expect the Employment Personal Advisor to travel from Greenwich to Waltham Forest.”

Project Manager

To respond to the limited resources, the hubs reduced the original intentions around engaging employers, as described previously. The evaluators would advise against making a similar decision in future iterations of the project. As we outlined earlier in the report (see The needs of carers), one of the major barriers for carers is that the workplace does not accommodate their needs. This would suggest that this is a key area of focus if trying to support carers to move closer to work and, as one carer highlighted, there will only be marginal gains if the carer goes back into a work environment that they found challenging in the first place. Indeed, the programme Theory of Change highlights key Outcomes as being ‘Carers in work have more flexible working conditions’, ‘Carers better able to balance work with caring’ and an Impact, ‘More flexible employers’. Without fully engaging with employers it is not possible to achieve these outcomes, and thus the programme is unable to achieve its full intended impact. Therefore, for the programme to be fully effective and meet its intended objectives, it must make concerted efforts to engage employers and affect change in the workplace.

- 5. The fund does not allow staff to be trained as part of the project:** As part of the funding guidelines, staff may not be trained using the Working for Carers project fund. The stakeholders interviewed were disappointed by this, highlighting that roles within other services would offer personal development and training opportunities. From a strategic standpoint it is difficult to expect capacity building without being able to offer staff these opportunities. This, when combined with the low salary and high workload, meant the offer was not appropriate for many potential applicants (see points 2, 3 and 4).
- 6. The line between providing holistic support and retaining an employment focus:** The project has a holistic design to employment support, in recognising that there are barriers to employment for carers beyond simply being supported to get a job. While there are clear benefits to the holistic design reported in the qualitative data, it also creates some challenges. Some of the carers supported by the project are far from the job market, therefore they need support beyond the expertise of the Employment Personal Advisor. Signposting has been used to support carers with issues that may be a potential barrier to employment such as mental health, benefits and housing. However, the general reduction in public service funding means that there have been cuts to the services carers are signposted to, or at the very least, a waiting list, particularly for

mental health support. This is described as a vicious circle as the sector all signpost to one another due to a lack of resources and can lead to the participant not receiving the support they require.

It must be considered that this was the experience recorded by only one hub area, therefore may not be felt across the programme. However, a dependence on the Employment Personal Advisor for support beyond employment was recognised across stakeholder interviews. This may be particularly prevalent for those Employment Personal Advisors recruited from support and advice services. This was seen by staff within **Camden** as a “culture shock”. At a strategic level it is recognised that this is not what the funding was designed for, however the hub acknowledges that it is difficult to simply signpost a carer to another service. There have been experiences where carers have come in for support not relating to Working for Carers and they have asked for their Employment Personal Advisor specifically. Having that named person has clear benefits, but being clear about the line between providing employment support and a holistic service is difficult across the hubs.

“ One thing our carers need is that contact, but it has to remain focussed. ”

Project Manager

“ People see you have the skills to help them with something. You are a people’s person and people see that. That actually it is not what the project is about, but people get sucked into that. ”

Steering group member

“ Almost every carer on the project is low in confidence when they start, but some people will have specific mental health needs. The problem is EPAs [Employment Personal Advisors] may end up trying to address those needs without being qualified to, so it is who can they link in with, where can they signpost. But we appreciate there are always issues with those who will not want to be signposted. ”

Carers Trust staff

“ It can be disempowering for EPAs [Employment Personal Advisors] if they feel that they can’t help someone. ”

Carers Trust staff

“ We are that friendly face, they have already made that connection with you, they want you. ”

Employment Personal Advisor

This leads to the effect whereby a number of carers are being supported who will make minimal gains on the programme. At the same time, the projects had waiting lists, meaning carers that could benefit from the programme were unable to. We discuss this challenge further in the Recommendations section.

- 7. Setting up the project while having targets for the first quarter:** A number of hubs reported that the simultaneous delivery and set up during the first quarter was a challenge. Respondents note that they would have liked to have seen the first quarter dedicated to setting up the project with time for a more thought out delivery process. The data suggests that given the time, hubs would have taken more consideration over key areas including marketing strategies, a hub launch event, planning out their workshop agenda and time to develop partnerships.

“ We had targets so we effectively had to crisis create the project. ”

Project Manager

“ Once you are live it is really hard to kind of get back to those grassroots and put systems in place when you are already running things. ”

Project Manager

Conclusion

One of the key lessons highlighted in delivering the Working for Carers programme has been the need to tailor the specific mix of activities to the demographics and needs of carers in each local area. The flexibility within the Working for Carers model has enabled this to be achieved.

The programme has also highlighted the importance of partnership working between the hubs and spokes. The partnership working between Carers Trust and the hubs has been good, as has the partnership working between the hubs within each of the grant projects. Working with Network Partners has been more variable, and the programme has highlighted the importance of communication between the hubs and Network Partners.

The hubs have faced a number of barriers in implementing the programme, which has affected their capacity and ability to deliver the programme in its entirety. The challenges combined suggest that the project was perhaps ambitious in what it could deliver within its resources, in terms of the number of carers, the scope of its support, the reach of the project across Greater London, the extent to which it could move some carers closer to the workplace, and how quickly the hub areas could get set up. We would suggest that, for future iterations of the programme, emphasis should be placed on depth as opposed to breadth, placing more funding into posts so that the right number of Employment Personal Advisors can be recruited; focussing on a smaller number of boroughs per Employment Personal Advisor to reduce inefficiencies in travel; spending more time upfront embedding the service; providing a broader support offer, including engaging with employers; and targeting its support at the carers that would benefit from it the most.

4.0 Outcomes

This chapter considers the both the qualitative and quantitative evidence for outcomes achieved through the Working for Carers project. We consider outcomes for the carers themselves and the factors that affect their outcomes, as well as outcomes for the organisations involved in the delivery of this project.

Key findings

Carer outcomes

- The main exit result for carers leaving the project was employment (45%). The progress towards targets was varied across the hubs. No significant differences were found in the exit results of the target sub-groups, suggesting that the project is effective in supporting a range of carers towards a result. Outcome targets were generally below target with some exceptions. During case study visits both project staff and carers reported that Working for Carers had helped carers to build confidence; gain skills; increase their wellbeing; improve their mental health; have more social connections; be less isolated; and have an increased sense of purpose. This would, interviewees believed, put carers in a stronger position to search for, achieve and sustain their employment goals.

Factors affecting carer outcomes

- Carer attributes, both personal and circumstantial, affect their outcomes on the project. They include the extent of their caring responsibility, the complexity of the needs of the person in receipt of care, their own mental health and an ability to separate themselves as an individual from their caring role.

Organisational outcomes

- At a strategic level, the project has highlighted the benefits of Carers Trust co-producing and co-delivering work with its Network Partners. The involvement in a Building Better Opportunities project will increase the capacity of the network. The experience gained through the project will enhance the future funding applications of the Network Partner members, particularly as they are able to demonstrate their ability to work in partnership and work with European funding. There has been wider interest in the project and its outcomes from the Department for Work and Pensions (DWP), giving The Carers Trust Network an opportunity to influence policy decisions around employment support for carers.

Carer outcomes

The impact that the programme has on carers fall into two overlapping categories. The first are exit results – these are final outcomes in which the carer leaves the project:

Working for Carers exit categories	
1	Education or training
2	Job-searching
3	Employment
4	Sustained employment

Secondly, carers may be reported to have achieved outcomes based on their journey through the project, referred to as ‘soft outcomes’.

Working for Carers set outputs, outcomes and targets	
1	Volunteering or placements opportunities by project participants
2	Carers who have joined carers support groups or had one-to-one support through befriending or mentoring by another carer
3	Carers who have reported feeling more confident and/or an improvement on their wellbeing and health
4	Carers who have received holistic support services
5	Noticeable improvements achieved against individual’s action plans
6	Carers who have been referred to other specialist services (signposting)
7	Carers who report feeling more confident and having gained new skills and experience
8	Carers who have accessed information and training
9	Carers who have demonstrated a proactive approach to look after their own physical and emotional health and wellbeing
10	Carers having access to carer support groups/champions within their place of work
11	Carers who have accessed employment or internship opportunities report having flexible working conditions
12	Carers who report being able to balance employment with caring responsibilities

Exit results

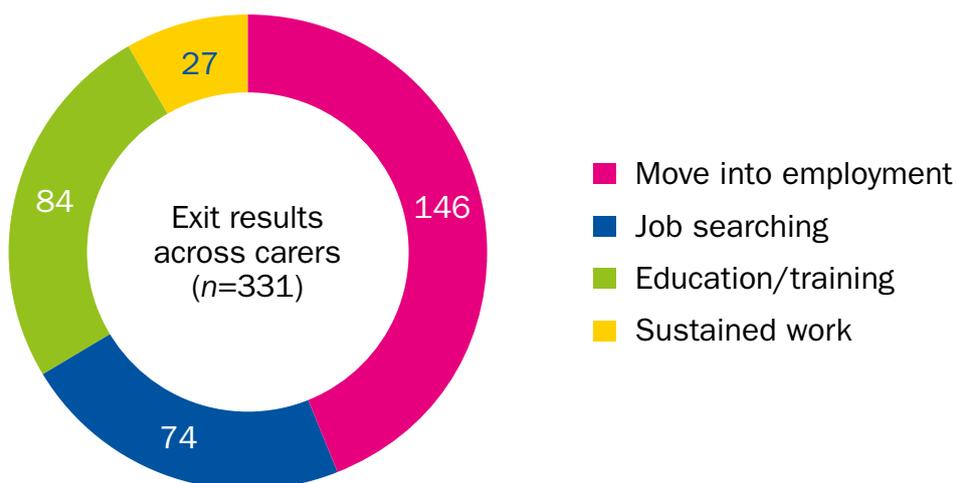
Of the 739 carers registered onto the Working for Carers project, 331 had exited with a result by the end of June 2019. The exit data is shown in the table 5 below:

Table 5: Reasons for carer exit from by hub and borough

Grant	Hub area	Borough	Education /training	Job searching	Employment	Sustained employment (26 out of 32 weeks)	
1.7	Harrow	Barnet	4	7	8	0	
		Brent	2	4	5	0	
		Ealing	3	4	2	1	
		Enfield	4	2	5	2	
		Hammersmith & Fulham	0	1	1	0	
		Haringey	0	0	1	0	
		Harrow	5	11	18	6	
		Hillingdon	1	4	5	3	
		Hounslow	0	0	0	0	
		Redbridge	Barking & Dagenham	1	1	2	0
	Greenwich		1	1	1	0	
	Hackney		12	7	4	1	
	Havering		0	0	0	0	
	Newham		2	2	2	1	
	Redbridge		7	4	5	2	
	Tower Hamlets		0	3	2	1	
	Waltham Forest		2	4	8	1	
	Total			44	56	69	18
	Target			85	108	100	58
	Percent of target achieved			52%	52%	69%	31%

Grant	Hub area	Borough	Education /training	Job searching	Employment	Sustained employment (26 out of 32 weeks)	
1.8	Camden	Camden	13	9	18	2	
		Kensington & Chelsea	0	0	0	0	
		Kingston	3	2	6	2	
		Merton	1	1	2	0	
		Richmond	2	2	3	0	
		Sutton	3	1	3	0	
		Westminster	3	1	7	3	
	Camden/ Lewisham	Islington	1	0	3	0	
		Wandsworth	0	0	2	0	
	Lewisham	Bexley	1	0	1	0	
		Bromley	2	0	8	0	
		Croydon	1	0	3	0	
		City	0	0	0	0	
		Lambeth	2	0	4	0	
		Lewisham	8	3	15	1	
		Southwark	0	0	2	1	
	Total			40	18	77	9
	Target			57	72	67	38
	Percent of target achieved			70%	25%	115%	24%

Chart 3: Exit results across carers (n=331)



As Chart 3 shows, employment was the main exit result for carers on the Working for Carers project with 45% of those exited achieving this result ($n=146$). While moving carers into employment was not the sole aim of the project, it is encouraging to see a large percentage of those exiting the project doing so into paid employment. This was followed by moving into education/training (25%, $n=84$) and job-searching (22%, $n=74$). Sustained work was an exit result for only 8% ($n=27$) of those leaving the project. However, it must be noted that the low percentage of carers achieving a sustained work outcome is likely to be affected by how the data was collected; the hubs run surveys with those in employment for 26 weeks or more. Due to a lack of in-work support, the response rate to this survey is lower than originally hoped. This, in combination with the time taken to achieve this exit result, means that by June 2019, this overall percentage was low.

The progress data within Table 5 shows that some exit targets were not being achieved across the project as a whole, as well as highlighting variance across the hubs. The most notable is exits through sustained employment, both 1.7 and 1.8 attained less than a third of their target results. In line with the barriers discussed earlier in the section above, the targets for sustained employment were already low compared with other targets (also see Barriers section). Moving into education and/or training and job-searching exits were below target across the two grants. For job searching, 1.7 attained 52% of its target, while 1.8 achieved only 25% of its target with only 18 carers exiting into job-searching. Carers Trust staff highlight a reluctance of the delivery staff to exit participants into job-searching, in the anticipation that they could be supported into employment. Instead, job-searching can be recorded as an outcome, perhaps skewing the exit data.

Exits into education and/or training were also consistently below target across the project. Again, it is anticipated that being able to record this as an outcome rather than an exit may have affected the exit numbers, as well as the barrier of being unable to claim an exit if the project had paid for the training. For employment, grant 1.8 had exceeded its target by 15% by June 2019, while 1.7 had only achieved 69% of its target. It must be considered that, overall, 1.7 had a below target number of registrations, which then reflects on its low attainment of exit targets which were consistently below what had been predicted. At the time of data extraction in July 2019, the first phase of the project had not yet ended. Data was correct until 30 June 2019, with targets set for September 2019. It is therefore possible that some hubs were “holding on” to carers. A Carers Trust staff member spoke of a “cluster” who are awaiting exit, but the hubs are holding onto them in the anticipation that they will exit into a result that fits with their targets.

“ If we ended now at phase one, there would be a cluster of carers that would exit overnight. ”

Carers Trust staff

- **Gender:** Of the male carers registered on the project, 58 had achieved a result by the end of June 2019, in comparison with 245 women. When taken into account with the number of registrations for each gender, the data shows that 40% of men and 41% of women registered on the project exited with a result, therefore there was no significant effect of gender on likelihood of exit. Furthermore, gender did not have a significant effect on the type of exit result. Men were shown to be more likely to exit under job-searching than women (M 29%, F 23%), while women were more likely to exit as moving into employment than men (F 49%, M 41%).

- **Employment status at entry:** Carers were listed as unemployed or economically inactive on registering for the project. Those who were unemployed at the start of the project were twice as more likely to exit into employment than education and training, with 65% of those who exited having done so into employment. Of those who were registered inactive at registration, 21% of exits went into education and training and 43% into employment.
- **BAME community:** Interestingly, only 23% of those from the BAME community who had exited the project by the end of June 2019 had moved into education and training, in comparison with 42% of those from a White British background. The percentage of the BAME community moving into employment was slightly higher (51%) than those of White British ethnicity (41%). All other exit data was consistent across the two groups.
- **Disability:** 163 registered carers identified themselves as having a disability or a limiting long-term health condition. Of those, 63 had exited the project with a result by the end of June 2019. 33% went into education or training, 36% into employment, 29% into job-searching. Only one carer who registered with a disability provided the survey data to show sustained employment.

As expected, there are some differences among the exit results, both in the percentage of those exiting the project with a result and the type of exit result achieved. Despite some of the differences seen among the target sub-groups, the achievements were fairly consistent. This suggests that the project was successful in supporting all types of carers, including those from the target sub-groups.

The Working for Carers project is not solely concerned with supporting those who are closer to the job market to move into employment. One example of those who may be further away from employment being supported by the project are those who lack basic maths and English skills. While both grants supported those with lower levels of education, 1.7 had the greatest proportion of registered carers being supported who did not have basic maths (25%) or English (21%). Of those who registered without these basic skills, 40% across both 1.7 and 1.8 had successfully exited with a result by June 2019 (see Table 6).

Table 6: Outcomes for carers with low levels of English and maths at baseline

	Lack basic English	Lack basic maths	Exit achieved
1.7	79 (21%)	97 (25%)	70 (40%)
1.8	26 (7%)	42 (12%)	27 (40%)

In total there were 739 carers registered for support through the Working for Carers project, of those there were 331 exit results gained by the 30 June 2019. This means there are 408 carers, who at the point of data analysis had not exited under a result. 114 registered carers had been exited under 'other', thus leaving the support of the project without an exit result. The reasons for carers being exited without a result varied, most frequently carers were archived due to a lack of engagement with the Employment Personal Advisor and the support offered. Other reasons for carers exiting the project without a result included bereavement, changes in their caring responsibilities and pregnancy. There were 294 carers still registered for support with the project at the time of data extraction. As mentioned earlier in the section, as the data extraction was completed ahead of phase one conclusion and with the extension of the funding into phase two, it is possible that a greater number of carers were still deemed to be actively supported at this time.

Soft outcomes

The Working for Carers project makes no expectation that carers will move straight into employment as a single step. As part of the holistic support offered by the project, the journey-based soft outcomes are recognised for their important impact on carers.

“It is important to work on that softer stuff, like the confidence, before you get to the CV building, applying for jobs etc, it is really important.”

Steering group member

“Those journey outcomes are the essence of the project.”

Carers Trust staff

The table below outlines the outcomes and summarises the projects’ progress towards targets.

Table 7: Carer outcomes

Key: H = Harrow, R = Redbridge, C = Camden, L = Lewisham

Outcome	Project	Hub	Hub total	Total	Target	% of target																																																																												
Participants access volunteering opportunities	1.7	H	36	57	87	66%																																																																												
		R	21					1.8	C	40	61	58	105%	L	21	Participants access peer support	1.7	H	185	318	250	127%	R	133		1.8	C	68	144	167	86%	L	76	Participants report their confidence has improved	1.7	H	160	273	375	73%	R	113		1.8	C	81	145	250	58%	L	64	Participants achieve improvements against action plans	1.7	H	120	223	375	61%	R	103		1.8	C	149	239	250	96%	L	90	Participants are referred to other specialist services	1.7	H	27	48	250	19%	R	21		1.8	C	46
	1.8	C	40	61	58	105%																																																																												
		L	21				Participants access peer support	1.7	H	185	318	250	127%	R	133		1.8	C	68	144	167	86%	L	76	Participants report their confidence has improved	1.7	H	160	273	375	73%	R	113		1.8	C	81	145	250	58%	L	64	Participants achieve improvements against action plans	1.7	H	120	223	375	61%	R	103		1.8	C	149	239	250	96%	L	90	Participants are referred to other specialist services	1.7	H	27	48	250	19%	R	21		1.8	C	46	74	167	44%	L	28				
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	1.8	C	46	74	167	44%																																																																												
		L	28																																																																															

Outcome	Project	Hub	Hub total	Total	Target	% of target
Participants report they have gained skills/experiences	1.7	H	151	248	400	62%
		R	97			
	1.8	C	75	135	266	51%
		L	60			
Participants access info/support to look after their own health	1.7	H	184	249	165	151%
		R	65			
	1.8	C	114	161	109	148%
		L	47			
Participants have access to support groups/champions at work	1.7	H	5	5	87	6%
		R	0			
	1.8	C	2	3	57	5%
		L	1			
Participants have flexible working conditions	1.7	H	10	12	87	14%
		R	2			
	1.8	C	3	4	57	7%
		L	1			
Participants are able to balance employment with caring	1.7	H	11	12	100	12%
		R	1			
	1.8	C	7	8	67	12%
		L	1			

In **Harrow** and **Redbridge** (1.7), carer access to peer support exceeded the target by 27%. During the qualitative interviews, Harrow and Redbridge had a clear approach to achieving peer support targets and valued it as a tool to building confidence and social connections. In **Redbridge** the hub allowed peer support to develop naturally during its workshop sessions without the need for standalone peer-support sessions. In **Harrow** the hub had a dedicated peer support group called the Job Club. For 1.8, the target number of carers accessing peer support was lower; falling short of meeting the target of 167 carers (86% of target), this is in keeping with the qualitative findings of a lower emphasis placed on peer support within these hub areas.

The qualitative strand of the evaluation found that a lack of confidence was a recurrent thread leading to carers from all demographics to seek employment support. Therefore, building confidence is a critical outcome to enable carers to become employment ready. Carers who had exited the project were asked whether their confidence had increased due to the support they had received; of the 306 carers who responded to the question, 89% felt that their confidence had improved 'a lot' or 'a little'.

Across the project, the targets for signposting were not met. Grant 1.7 achieved 19% of its target of 250 carers, while 1.8 referred 74 carers out of its target of 167, only 44% of its target. There are a number of explanations for the poor uptake in signposting from Employment Personal Advisors. Most prominent, that the carers are seeing the Employment Personal Advisors as their key contact beyond their employment needs, which has led to some difficulties in supporting carers to engage with other services. Services may also have extensive waiting lists or a lack of capacity to take on additional clients, which in turn brings in the question of what to do with carers registered on the project who are awaiting

a referral, appointment or outcome from a signposted service. Finally, there are potential issues around Employment Personal Advisors knowledge of the extensive support options on offer in each other boroughs, (see Barriers and Recommendations sections).

The number of registered carers reporting a lack of basic maths and English skills was relatively high, particularly in 1.7 (see Table 6 in Exit results). This, in addition to the confidence and learning needs highlighted within the qualitative data, means training is an important outcome in moving carers closer to employment. The training outcome has been added for the next phase of the project; this will allow the project to show the carer's journey to funders. Some carers will access training without this being a final exit.

Initially the 'health and wellbeing' target was around participants demonstrating a proactive approach to their own health and wellbeing, but in practice the hubs were giving out information to their supported carers. Notably, Harrow and Camden provided the vast majority of these outcomes for their respective hubs ($n=184$, $n=114$) comparative to their grant partner hubs ($n=65$, $n=47$). There may be some key learning to be shared across the hubs to ensure that carers across the project are gaining access to the same standard of information.

The targets for carer access to support groups/champions at work, having flexible working conditions and feeling able to balance employment with caring responsibilities were not met across the project. The low attainment of these targets may in part be due to the poor response rate to the follow-up survey and perhaps also, the lack of in-work support which may lead to some carers disengaging with the project once they receive an exit of employment. Another barrier to achieving these outcomes has been that the project also supports former carers, therefore some of these outcomes are no longer relevant to them. With relatively low numbers of survey responses it is not possible to reliably make assertions around how the project has performed against these targets. More reliably, the qualitative evidence supports the more important learning around these points:

“ If we exit someone into employment and we carry on providing in-work support, we can't declare the result until we stop working with them. It became a risk because we were just not getting employment results and then also capacity, spreading ourselves so thinly. So, we did sacrifice the in-work support, but all the feedback has been that this is the area that really needs more work so looking at what we can reasonably do within the funders' restrictions and within our capacity.”

Carers Trust staff

Finally, from the qualitative interviews, stakeholders across all hub areas were keen to stress the positive effect the programme was having on carers. Carers were reported to have built confidence; gained skills; increased wellbeing; improved mental health; made more social connections; become less isolated; and developed an increased sense of purpose. This would put carers in a stronger position to search for, achieve and sustain their employment goals.

“ Their development from the beginning to the end is so good, number one is wellbeing. They feel they are part of something and that they can develop themselves. ”

Employment Personal Advisor

“ It is bringing me back to life. ”

Carer

“ I feel positive that a project like this exists. It is good for someone like me who has cared for many years and now wants to get back into work. It's not just about getting any job, they are supporting me to change career. ”

Carer

“ We need to make them see that things are possible, what is out there and how to approach it. Once they have gone through this process ... workshops, telephone calls, 121 meetings ... their confidence and motivation grows. ”

Project Manager

“ The bottom line for me is the project and what it has done is fantastic. It has done what it has said on the tin and it is getting people back into work. The stories that you hear are fantastic. That for me it is what it is all about. ”

Steering group member

In addition, by gaining something that is their own and perhaps fulfilling the goals that they had prior to their caring role, in some instances this improved the carer's relationship with the person they are caring for:

“ Because they have something that is their own it kind of improves their relationship with the cared for. It is not a hidden resentment of how their life is now. Because we all had those goals before getting into the caring role. There is a sense of loss and grief that somebody could feel during that time, so they tend to lose that and feel more positive towards their cared for. It is not the person that is keeping them back from what they wanted to do in life. ”

Project Manager

Finally, carers who exited the project were asked how satisfied they were overall with the project. Of the 312 responses by June 2019, 93% reported being 'Very satisfied' or 'Satisfied' with the project.

Factors affecting carer outcomes

The qualitative data suggests that carer attributes, both personal and circumstantial, affect their outcomes on the project. They include the extent of their caring responsibility, the complexity of the needs of the person in receipt of care, their own mental health, and an ability to separate themselves as an individual from their caring role. The experience of guilt and a loss of self-identity is illustrated below:

Practice example – Separation from the guilt and a loss of self-identity

For some carers it is difficult to separate their own identity from their caring role. In **Lewisham**, this is seen as a key factor in the drop-off rate of its supported carers. For some carers who disengaged from the project, it was simply not the right time for them. For many carers they have spent a period of time putting their own desires, ambitions and needs second to those they are caring for. Some of the carers supported can struggle with the feeling that employment will take them away from their caring responsibilities, leading to a worry that they are abandoning the person in receipt of care and subsequent guilt. This is particularly true for those who have taken on the identity of a carer:

“A key factor is whether it is somebody whose identity has become a carer, or whether they still see themselves as their own person with their own identity but just with a caring role. I think that is a key factor in whether they engage.”

Project Manager

In addition to the personal contribution that the carer plays in their own progression, there are also programme level restrictions that affect carer outcomes. Across the stakeholder interviews, both strategic and operational, there were frustrations shared around exit rules, namely training exits. The Building Better Opportunities funding criteria stipulates that if the hub area provides the funding for a training course, then the participant may not be exited as a training result. This presents issues for all hub areas, but particularly those with lower levels of baseline education where carers require more training. For example, in **Redbridge** the interviewees gave the example of a carer who wished to go into health and social care. For them, finances were the main barrier to pursuing training so having identified these challenges, the hub was able to provide the funding for the training. However, as it funded the educational course, it was unable to claim an exit despite the long-term journey the carer had begun. Hubs have noted the need to be “creative” in achieving their training targets and have described the balancing act of trying to reach them.

“Helping a carer identify, ‘I have got this gap, this skills gap.’ Addressing this skills gap will mean that I can’t exit them into a job because I would have had to exit them as training. That is really frustrating.”

Carers Trust staff

“ It is difficult to have a project that can identify that need and have the funding to provide short courses to meet that need but then be penalised if you do so. ”

Project Manager

“ We are always jumping through these hoops to meet the targets. But ultimately we need to meet the needs of the carer. If the carer wants to go into employment but they can't until they learn their English first, we have to, we are doing them a disservice by not putting them through the right training. ”

Project Manager

“ What is more important, the client needs or the exit? ”

Employment Personal Advisor

It is not only the training exit that presents a challenge in exiting carers from the project. The delivery staff express the need for volunteering to be formally recognised as an end goal for some of their carers. For those who are far away from the job market or have very limited experience in the workplace, volunteering is a valued opportunity. For some, they may need to volunteer for six plus months as part of a long-term journey to gain the relevant experience and a good reference. For others, volunteering may be a final outcome with no aspirations to move into paid employment beyond this. However, as volunteering is not regarded as an exit, these carers will continue to be registered on the project.

The challenges around the exit restrictions mean that the hub areas are not efficiently progressing towards targets. It is felt that there is a cluster of carers that are awaiting exit, but they are being held onto in the anticipation that they may exit into employment. This places a strain on the limited resources of the project. The hubs have been recording job-searching as a journey-based outcome as opposed to an exit, as once someone exits they may not be supported again. Across the stakeholder interviews it is proposed that job-searching becomes a recognised journey outcome so that they can make use of this data.

“ Those kinds of things don't meet the spirit of the fund. ”

Carers Trust staff

However, as mentioned previously, these are a consequence of the restrictions placed upon European Social Fund funding and are beyond the influence of Carers Trust.

Carer case study: Self-employment

Jane* has always had a passion for travel, working abroad for many years of her life. She described herself as being fulfilled and well connected. Jane had been working in Asia when her mother became ill and Jane decided to return to and remain in the UK to care for her. Her mother went on to live for a number of years with the cancer diagnosis, sadly passing away in 2018.

Jane only found out about her local carer service in the last year of her mother's life. She was referred through a friend. Jane retracted from the support of the centre when her mother was very ill, as it was not the right time for her to engage. Some time passed and she received a phone call from the service to tell her about the Working for Carers project.

She had an initial phone call with the Employment Personal Advisor, during which she was able to share her ambition to become self-employed, to re-connect with the world, retain a sense of freedom and her desire not to be sitting in an office 9–5. They were also able to discuss her challenges – she had gone from being a professional living abroad to poverty, made increasingly difficult considering her mother's illness, her own mental health and feeling that “doors were closed”. The Employment Personal Advisor was understanding when Jane had to cancel appointments during the period of her mother's passing. She felt unable to reach out for help but the support that her Employment Personal Advisor provided gave her “hope”. “My EPA [Employment Personal Advisor] was amazing” and Jane credits her as part of her recovery.

Ultimately, Jane is pursuing her ambition to become self-employed and is becoming an Uber driver. She attended a self-employment workshop, which she found helpful. Having worked abroad for many years, receiving up-to-date key information on things such as bookkeeping and tax allowances was valuable. The workshops also provided her with an opportunity for peer support, and this was important to her. She notes that lots of the carers in the room were swapping stories, ideas and numbers. The Working for Carers project has provided her with the financial assistance that she needed to complete all of the required tests and Jane is currently in the final stages of becoming a qualified Uber driver.

* The names of carers have been changed.

“ It is bringing me back to life. ”

“ This place has been my haven. ”

“ This service has been absolutely fantastic. ”

Carer case study: Gaining skills

Helen* is a carer for her adult son who has mild autism and severe chronic anxiety. Her son is relatively independent and has a job although he still lives at home. While her son was growing up she never viewed herself as a carer as his autism was mild. However, as he has grown older and developed the chronic anxiety, she recognises her role in caring for his mental wellbeing. Helen also has elderly parents who she helps to care for. In the past Helen has worked in office environments but has been out of work for many years.

Having experienced post-natal depression when her son was born, she was able to recognise her current mental health issues and knew she needed to seek help. Helen self-referred herself to one of the Network Partners for support; through their support she was referred to the Working for Carers project in December 2018. At this time, her situation at home had improved and she recognised that it was the right time for her to think about her own needs for the first time.

Helen described the process of gaining support, “quick, it wasn’t stressful”. She had a face-to-face meeting with her Employment Personal Advisor to discuss her situation, needs and challenges. She felt her Employment Personal Advisor was “really nice” and that the support she received was bespoke to her personal needs and wants. In total, Helen met with her Employment Personal Advisor three times, but she also received remote support, which she valued.

She completed an IT course through the Working for Carers project. This was important to her as it allowed her to refresh her IT skills and be confident that she could re-enter the office working environment. The IT course was delivered by an external facilitator but the Employment Personal Advisor attended one of the sessions, which Helen liked. She was signposted to a six-week peer support group at one of the Network Partners, and she found it useful to share her experiences. The Employment Personal Advisor also took a copy of Helen’s CV; she is currently awaiting this feedback. Helen noted that the support was tailored to her needs as a carer and everything was very professionally delivered.

“ I really can’t fault any of it to be honest with you. ”

Helen was seeking a part-time role in administration. She had applied for some jobs but has so far been unsuccessful because her IT skills were outdated. She feels that the IT course has given her the skills she needs and is now confident that she will move into employment.

Some learning from Helen’s case study is that she was someone who was actively ‘help seeking’. She has sought support over the years and sees herself as quite forthcoming in addressing her own issues and seeking the support she needs. She is unsure how she would have come across the information about the Network Partner, the carer support services or the Working for Carers project had she not been such a help-seeking individual (see Reach section in Chapter 3).

* The names of carers have been changed.

Carer case study: Changing career

Amy* had worked at Marks & Spencer for 12 years before leaving to become a full-time carer for her mother. She was her carer for four years before her mother sadly passed away in 2018.

Amy had a negative experience with her transfer to Universal Credit after her mother's passing. She had always worked before becoming a carer so this was all new to her, and she did not want to go through this again and felt ready to get back into employment. She went to the Jobcentre Plus office and told them of her aspirations to go into some kind of community-based work, preferably with looked-after children. She felt that the advisor was only able to give her very generic advice and CV support. She felt that they just wanted her to go into any work rather than help her pursue a career. She felt anxious and unsupported.

Amy was already receiving support from her local carer service and she had valued the support while her mother was alive. Staff signposted her to the Working for Carers project. She had an initial telephone interview, then one week later had a face-to-face meeting with her Employment Personal Advisor. Her Employment Personal Advisor asked her about her hopes, looked at her CV and gave her tailored guidance. The Employment Personal Advisor suggested that Amy go into volunteering to build up her experience in the sector. The Employment Personal Advisor then helped her with her application form as some of the sections, especially the person specification, were all new to Amy. She was supported to recognise her skills as a carer as being transferable.

She missed some appointments with her Employment Personal Advisor due to stress and anxiety. However, the Employment Personal Advisor was understanding and always willing to offer remote support instead. The Employment Personal Advisor suggested some courses for Amy to attend to build on her confidence and assertiveness. The Employment Personal Advisor has got to know her as a person and is supportive of her aspirations.

In the future, Amy hopes that she can achieve her dream career, working in a children's home with older children helping them to transition into independent living.

* The names of carers have been changed.

“ I forgot how much I love to learn. ”

Organisational outcomes

The qualitative data suggests that there are positive organisational outcomes both for the Network Partners and Carers Trust.

“When you think outside of the box, when you deliver a new service for carers then you know actually, the organisation will benefit from it.”

Carers Trust staff

At a strategic level, it is believed that the project has “opened the eyes of Carers Trust” to the benefits of co-producing and co-delivering work with its Network Partners. This is the first time Carers Trust has delivered a partnership working programme to this scale and strategically this is something it would like to continue to focus on. Carers Trust is pleased that it has established a true partnership arrangement. While it holds the national reputational and financial risk, it acknowledges that for the Network Partners and organisations working within the communities, the carer services hold a true risk of losing the trust of the local people they support. Therefore, both sides of the hub and spoke model are equally invested and have shown that, as the first project of its kind in London, partnership working can be an effective means of delivery. Carers Trust aims to consult with its Network Partners, showing a willingness to shape things as a wider network:

“As the host organisation it has really opened our eyes to the huge benefits in co-producing and co-delivering with Network Partners. It is something that we are now applying to a lot of work that we do. So, any new programmes we are developing, we consult with Network Partners. So, we are now taking the time to really understand what their needs are and what they can deliver and allowing them to shape projects with us.”

Carers Trust staff

Importantly, the Working for Carers project has given Carers Trust a national platform to engage key policy makers in the conversations about unpaid carers, their role in the workplace and, importantly, the solutions to getting them there. The DWP has shown interest in the delivery and outcomes of the project. It has been able to draw on the experience of Carers Trust in the development of its own projects. For example, the Behavioural Insights Team at DWP is currently working on a project looking at how carers get information and how this information may affect their employment decisions; Carers Trust has been invited to feed into this research and provide insight from the Working for Carers project. The network has also contributed to the DWP’s Fuller Working Lives project, looking at how carers interact with JobCentre Plus. The national interest in the Working for Carers project has therefore brought Carers Trust to the attention of key policy makers:

“It has brought Carers Trust around the table.”

Carers Trust staff

“Linking to the DWP is really important, getting what we are doing out there into the policy world.”

Carers Trust staff

“ Even if we don’t do enough to fill the gap in these three years, at least we are doing enough work to highlight what the gap is and what needs to be done going forward. ”

Carers Trust staff

“ Carers Trust learning, it is very easy to bring someone in to run a project in isolation from the rest of Carers Trust and nobody has that legacy. So, for meetings with the DWP, the Policy team come to pretty much all of them. Then other policy issues might arise outside of the remit of the project, which they may follow up on. I think Carers Trust would say that their relationship with DWP has strengthened as a result of the project and that gives it the longevity. If it isn’t funded and it stops, we still have those relationships. ”

Carers Trust staff

By being a part of a Building Better Opportunities funded project, it is hoped that this has built capacity in the Network Partners. The Network Partners will be able to use Working for Carers to enhance future funding bids; this will reflect well particularly as it is European Social Fund funding and is a demonstration of their ability to work in partnership. The funding has challenged the network, but from this they have found solutions, particularly in how they have dealt with compliance and, at times, a lack of resources. This experience has made both Carers Trust and the wider network ready for future projects:

“ This funding has made us ready for anything. ”

Carers Trust staff

Finally, the outcomes can be seen for individual staff members:

“ When someone rings you and says that they have got a job that is what it is for. ”

Employment Personal Advisor

Conclusion

Both the qualitative and quantitative data suggests that carers have made good progress in moving towards employment and other outcomes. However, the individual circumstances of some carers has affected their ability to move closer to employment. In addition, the timing of the data extraction and the extension of the funding may have hindered progress towards targets during this time.

The organisations themselves, Carers Trust and the wider network, have seen benefits from being involved in the programme including increased capacity; effective partnership working and engagement with key policy makers.

5.0 Learning

This chapter considers the learning from the Working for Carers project, outlining lessons and key factors affecting all areas of the project including set-up, delivery and outcomes. The chapter also presents the sustainability plans for the project as well as future development as Working for Carers progresses into the next phase of funding.

Key findings

What lessons can be drawn for future planning and approaches?

- ♥ The qualitative data highlights the necessity of a varied and holistic support service as opposed to targeted employment support. There is a compromise within the resource limits as to what holistic support the Employment Personal Advisor may personally provide.
- ♣ Within the hub and spoke model there is a benefit to having a national charity working with community-based spokes. While Carers Trust may provide the national voice for the project and the network as a whole, the community-based Network Partners contribute an important reach into the local community.
- ♥ The stakeholders suggest that the model is replicable outside of London. In order to achieve successful implementation, there are some considerations in the selection of areas for expansion – the delivery components of the project need to be tailored to the demographics of the local area, the area needs to have Network Partners and be able to establish positive working relationships, the area should have a sense of a shared identity and the area must be able to replicate the hub and spoke model.
- ♣ There is a need for a carer specialist organisation to deliver the Working for Carers project. Carers Trust and its Network Partners are knowledgeable and understanding of the needs of carers, well placed to signpost carers to services within their own network, have established trust with the local community and specialist partners across London. Importantly, carers have a loss of trust in employment support services available at Jobcentre Plus.
- ♥ Internal communications are important during a long-term funded project with multiple spokes. It is essential to maintain engagement and consistency of referrals. There have been issues with some internal communication as a result of staff turnover.
- ♣ It is important to understand the compliance requirements from the outset of the project. The scale and continued changes to the requirements has caused a burden on staff time and project resources.
- ♥ An internal audit of the services provided by organisations within the partnership should be conducted. This would support the Employment Personal Advisors to work efficiently in signposting carers to the relevant services locally, this may in turn increase the rate of signposting.

Sustainability and dissemination

- Despite the extension of the funding, the emphasis on sustainability and dissemination remains the same. Carers Trust is working with its marketing team to devise a strategy to celebrate and share the learning of phase one of the project. It is working to empower the Network Partners to work independently.

Future development

- There are key changes going into phase two of the project, they include a risk planning approach to proactively manage the risks, increasing the role of the steering group, a focussed borough approach to delivery, an internal audit of services available within the partnership and strengthened partnership working between the hub partners and other partners.

What lessons can be drawn for future planning and approaches?

- The need for holistic support as opposed to targeted employment support:** Across all of the stakeholder interviews, the need for a holistic approach to support was clear. This is particularly relevant for those who still maintain a caring role and for those further away from the job market. There is an importance placed on maintaining the flexibility of the programme to suit the needs of the individual and provide holistic support to address their needs as a carer beyond generic employment support. There is the concern that a more targeted approach would appear prescriptive and share similarities to the service that Jobcentre Plus could provide (see bullet point below). There has been some internal learning throughout the course of the project around the extent in which Employment Personal Advisors can or should provide holistic support in practice. It was found that the Carers Star tool, used for assessment of carer needs, was “too holistic”. The tool had a focus far beyond the means of the Working for Carers support and was thought to deliver the wrong message to carers about what support could be provided and was also not applicable to those who needed more surface-level employment support. At a delivery level, while it was felt that holistic support was necessary, there had to remain a clear focus on the aims of the project, linking back to the difficulties of Employment Personal Advisors being seen as a one-stop for all carer issues (see Barriers section).

“ I feel like it is very difficult for any organisations who support carers. Even if you try to support carers with just one thing, you really can’t just work with them on one thing. You have to look at them as a carer. ”

Carers Trust staff

“ When I first meet people at the registration point they are always a bit scared that this support is going to be the same as the Job Centre and other employment support. It is that understanding and our coaching and guiding them into achieving their results. So, it is much more than the employment, it is all about the journey than the destination for them. ”

Senior Employment Personal Advisor

There therefore seems to be a ‘sweet spot’ in terms of the type of carer who would benefit most from the project – someone who has more complex needs than can be addressed by Jobcentre Plus, while having needs not so complex that they require fully holistic support rather than dedicated employment support. The loose referral criteria does not reflect this specific sweet spot, and in the future funding round we would encourage the partnership to communicate clearly to Network Partners the types of carers the project is most appropriate for, and consider refining the referral criteria to reflect this.

■ **The importance of the national charity as a hub with community-based spokes:**

Beyond the basic structure of a hub and spoke model, there appears to be learning around the importance of the organisations that make up the model. The hub in this instance is a national charity with a recognisable brand and contact with central government stakeholders while the spokes are made up of Network Partners each based in the individual communities around London. Carers Trust holds the voice for the Network Partners while the community-based partners work on the ground providing an open door, a safe space and contact with a trusted person. There is no substitute for the trust within communities for their local carer services – carers value the face-to-face contact with a person. In future iterations of the project, it would therefore appear important that this hub and spoke approach is maintained.

“ **We have that voice, which if the 24* Network Partners were trying to do ... You know the government wouldn’t want 24* meetings and that is something they have told the sector before. They say it is useful if you can come as a group. So that is something we do, we represent the network and we can highlight and showcase those solutions as well.** ”

Carers Trust staff

* Number in the quote has been amended to reflect actual number of Network Partners in the project.

■ **Replicability of the project to areas outside of London:** The qualitative data suggests that the delivery model that has been developed could be transferred to areas outside of London. The demographics of London are so varied that elements of the project learning could be selected and made applicable to other regions or cities. In replicating the project, though, the following aspects would need to be considered:

- The specific delivery components would need to be tailored to match the demographics of the local area, with more one-to-one support for areas where carers are more removed from the labour market, more ESOL provision for areas with high level of BAME populations, and more self-employment support for areas with carers with higher levels of qualifications.
- The area would need to have Network Partners (or a reach into non-Network Partners) and establish positive partnership working. The Network Partners would also need a strong knowledge around the needs of the local community and an understanding of the demographics.

- The importance of London's shared identity, despite its diversity. This was noted by the strategic level stakeholders. This is in part due to the distribution of well-connected Network Partners across London. While the number of Network Partners is unlikely to be seen in other UK cities, the sense of a common identity is believed to be an important aspect of replicability for any prospective city or region.
- The project would need to be able to replicate a hub and spoke mode, with a central hub in the region to enable face-to-face meetings and to foster strong partnership working.

Carers Trust is confident that this is something that could be replicated. Some Network Partners outside of London have employment projects, which already shows the potential for national dissemination. It is noted that the expectations would have to be scaled to the size of the investment. As seen in the Network Partner projects outside of London, the scale of delivery is smaller, as are the outcomes. The scale of the Working for Carers funding may not be repeated, so the expectations of replicability need to keep the size of the investment in mind.

“ I feel like we have a model now that we could place in any part of the UK across our network and make it work. ”

Carers Trust staff

“ The interventions are very replicable and could be delivered across the Network Partners, definitely! It is about, you are walking in step with the carer. You are understanding their perspective. It is not, ‘You must get a job’, it is about building confidence, it’s about CVs, interviews ... the model of the intervention with the carer is absolutely replicable. ”

Steering group member

- **The need for carer specialists to deliver the Working for Carers project:** The qualitative data suggests the importance of a carer specialist organisation delivering the carer employment service. The Carers Trust Network has a deep understanding of the needs of unpaid carers and, importantly, trust within the local carer community. The Carers Trust Network is well placed as carer specialists to provide a truly holistic support service through signposting to not only external organisations, but to services run by its own network. In providing a holistic service, it is prepared to support those who are further away from the job market. Specifically, The Carers Trust Network is in a unique position to provide the reach into local communities with the established trust of the local carers necessary for the delivery.

While other organisations may have more experience in employment support, they crucially lack knowledge of unpaid carers. Furthermore, there was a distinct lack of trust felt towards other employment support services, Jobcentre Plus specifically. Carers report feeling unheard by their advisor, that the guidance was generic and that Jobcentre Plus was only interested in moving them straight into employment. There were experiences where carers had been sanctioned due to missing the strict appointments at the Jobcentre Plus office, highlighting a lack of understanding around the unpaid carer role. To add to this, carers report problems navigating the benefits system, namely

Universal Credit, which has contributed to a lack of trust in the system. These views are backed up with evidence from a National Audit Office report, Supporting Carers to Care, which found that a quarter of people on Carer's Allowance wanted paid work but over 70% of them felt the services provided by Jobcentre Plus were not well suited to their personal circumstances. Furthermore, only a fifth of Jobcentre Plus staff thought they had all the skills and knowledge they needed to support carers who want to do paid work (National Audit Office, 2009).

“ We needed to find a space specifically for carers to help them look for work, we didn't have that. There are other support services, but it is about having a service that specifically targets carers and understands their needs. ”

Project Manager

“ I definitely do not think the Job Centre could do this project. The JC does not understand [carers'] needs. We have so many carers who have been sanctioned, they don't understand unpaid carers. ”

Employment Personal Advisor

“ It isn't just that they (project delivery staff) support carers into employment, training, volunteering etc ... but it has been in conjunction with the specialist support that our local services provide. The specialist wrap-around service is key. ”

Carers Trust staff

- ▣ **The need for internal communication within the network:** The project is entirely new to many of those involved, both in scale and focus. Therefore, internal communications are important. For many of the Network Partners, employment for carers does not fit immediately within their strategies. This, coupled with staff turnover, means that people can feel further removed from the project and ultimately disengage. This applies at all levels of the network from Carers Trust to the Network Partners working within the boroughs. All hub areas will be implementing quarterly reports for their Network Partners. In **Lewisham**, the importance of the addition of quarterly reports was recognised due to the breakdown of partnership working between the hub and some Network Partners due to communication issues.
- ▣ **An importance of understanding the compliance requirements from the start:** Compliance has been a thread running through stakeholder interviews across the evaluation. Beyond the scale of the requirements, the importance of having a full understanding of them from the very start was emphasised. This has led to the network feeling overwhelmed and underprepared, with staffing hours taken away from delivery. The continual changes to requirements, coupled with the lack of clear guidance led to further frustrations. The stakeholders highlighted the need for the funders to provide clear guidance and expectations of the requirements from the very outset of the project,

perhaps in the form of a compliance meeting prior to launch. However, as discussed, the compliance requirements were a steep learning curve for the whole network and the changing requirements meant that any attempt at providing clear guidance was at risk of becoming outdated as changes were imposed. The scale of the requirements and the changing guidance combined with partnership working created added complexity to the project.

“Some of those are the smallest charities who reach the most hard to reach people, but they cannot do the compliance. Then if you have something that cannot reach the people who need the project the most because of compliance then you have got to look at that, you have got to find a way around that.”

Carers Trust staff

- ▶ **An internal audit to inform signposting within the network:** The quantitative data shows that signposting rates are below target, while the qualitative data points to a struggle to maintain an employment focus while catering to the holistic support needs of carers. In addition, some Employment Personal Advisors had a lack of awareness around the services that the Network Partners provide for those living within the local community. Employment Personal Advisors can feel overwhelmed by the range of support needs and locating the appropriate local services to tap into which, may at least in part, be why they are taking on a greater support role beyond their requirements. Learning from the evaluation suggests that there is a need for a full and comprehensive audit of the services available within the partnership. This would allow all Employment Personal Advisors to have efficient access to a list of services provided by the network within each individual borough.

“One of the things that really came out is that the hub partners need to do an audit with the non-hub partners. They need to find out, first of all, a really clear idea of the services that they offer. There might be a service right there on the doorstep that they are not accessing.”

Carers Trust staff

“There is a bit of reinventing the wheel going on where people feel that they have to start from scratch.”

Carers Trust staff

Sustainability, dissemination and future development

The funding for the Working for Carers project has been extended, bringing a second phase to the project and a new opportunity for learning and dissemination. At a strategic level, Carers Trust is working with its marketing team to devise a strategy to celebrate the successes of phase one. The stakeholders have acknowledged the role of the carer's story in creating an impact. They will be working with carers in speaking to the media and sharing case studies on their websites to highlight the successes of phase one. To ensure maximum dissemination Carers Trust is employing a dedicated Senior Compliance Officer, which will free the time of the Programme Lead. This can be used to attend conferences, meet with key stakeholders and more generally retain the interest and momentum of the project going forward into phase two.

Despite the extension of the funding, the emphasis on sustainability remains the same. At a strategic level the Project Managers are continually working to empower the Network Partners, promoting independent working. Only by enabling the individual Network Partners can the learning reach beyond the limits of Working for Carers, this is already seen within London:

“ I am seeing a lot more carers centres take on their own employment projects. So, they are recognising that need as well. ”

Project Manager

Key to sustainability is ensuring that the project and, importantly, the learning has a national platform to engage with key policy makers. This has engaged Carers Trust and the wider network in national conversations about unpaid carers, their role in the workplace and the solutions to getting them there (see Organisational Outcomes section).

The qualitative data provides some of the key delivery changes to be made moving into phase two, as well as the learning the developments were based upon:

- The programme will develop a risk planning approach to project management going forward, so they are proactively looking at issues as they arise, including how they are managing targets and budgets. During phase one, points have been flagged from the quarterly reports, but decisions are not being made proactively.
- There has been the sense that Carers Trust is being relied upon to make some of the higher-level decisions. Moving forward, the Programme Lead is looking to increase the role of the steering group to ensure it is managing the governance and strategic decision making in an effective way.
- The hubs will have a focussed borough approach to delivery, focussing delivery to a smaller number of boroughs while still accepting referrals from across the whole area. Due to capacity issues, some hubs had already implemented this during phase one. The project is well placed to achieve a successful focussed approach to delivery moving forwards into phase two, due to its reach into all boroughs during the current phase of delivery. The project has been stretched and to prevent the risks of compromised quality, a focussed borough approach appears promising for the delivery of phase two.

“ We are going to be honing down on our delivery and focussing on particular boroughs. ”

Carers Trust staff

- On a governance level, all of the Network Partners signed a contract for phase one. However, this was too general to support partnership working between the hubs and non-hub partners. For phase two, to strengthen partnership working and build relationships, Carers Trust is encouraging the use of a memorandum of understanding. The contracts were felt to have created unclear expectations of the project; stakeholders hope the memorandum of understanding will provide clarity.

“ We are going to continue with the hub and spoke model but we are going to focus on fewer boroughs. We are going to focus more on the partnerships working, more on what is needed there. We are going to look at being very clear on our expectations of the spoke partners and very clear with the hub partners what we are going to provide for them, what Carers Trust is going to provide. Looking at new partners as well, it doesn't have to be just the Network Partners even if you have been working with the Network Partner in one borough. ”

Carers Trust staff

Conclusion

The data suggests examples of key learning from the delivery of the project in phase one. Despite the extension of the funding into a second phase, the emphasis on sustainability and dissemination remains the same. The network is working to celebrate phase one and disseminate its learning, while the extension of the funding has enabled the network to put its learning into practice during the second phase of delivery.



6.0 Recommendations and conclusion

Conclusion

Overall the findings of the evaluation, accounting for both qualitative and quantitative data, is positive. The aim of Working for Carers was to test whether a set of organisations focussed on supporting carers are well placed to work together to support carers to move closer to the labour market. It was clear that the partnership of a national charity leading the project, working with hubs to co-ordinate support on the ground worked well (though perhaps more focus can be placed on strengthening relationships/reliance on Network Partners). Furthermore, the ‘added value’ of a set of carer organisations providing this support was strong. Carers felt Jobcentre Plus struggled to understand the needs of carers; in contrast they felt the carer organisations understood the challenges carers can face (logistically and emotionally) in reducing their caring role and moving towards work, and were able to approach this in an empathetic and supportive manner.

The programme also sought to understand the most effective approach to supporting carers to move closer to employment. The Working for Carers project is successfully supporting carers from all backgrounds in moving towards their aims and ambitions. The project has not only been successful in moving those closer to the labour market into employment, they have also worked with those who are further away from being employment ready. What has emerged from the evaluation is that there is no ‘one size fits all’ approach to supporting carers closer to employment, but rather the precise delivery mechanism needs to be tailored to the carers’ characteristics, particularly in relation to the local demographics, the carer’s skill base, and the extent to which their individual identity is intertwined with their identity as a carer. The project has also shown there seems to be a ‘sweet spot’ in terms of the type of carer who would benefit most from the project – someone who has more complex needs than can be addressed by Jobcentre Plus, while having needs not so complex that they require fully holistic support rather than dedicated employment support.

The hubs have faced a number of barriers in implementing the programme, which has affected their capacity and ability to deliver the programme in its entirety. The challenges combined suggest that the project was perhaps ambitious in what it could deliver within its resources, in terms of the number of carers, the scope of its support, the reach of the project across Greater London, the extent to which it could move some carers closer to the workplace, and how quickly the hub areas could get set up. Our overarching view is that the programme would benefit from taking a more targeted approach. In line with this, below we provide some recommendations for Carers Trust and the partners to consider in the follow-on phase of the programme.

Recommendations

Based upon the findings outlined within the report, the following recommendations are made:

Have a stronger focus on employer engagement

Although an original aim of the programme, employer engagement during phase one has been limited. In instances where engagement has been initiated, activity has diminished as resources have been diverted to other areas of the project. We recommend that, as part of phase two, the Working for Carers project broadens its support offer by including engagement of employers in its delivery.

Set the salary for the Employment Personal Advisor at the correct level

While an increase in the salary of one of the key delivery roles may have a financial implication on the project resources, the experience and qualifications of applicants has not always been in line with the requirements of the role. We recommend that a readjustment of the salary offer may overcome some of the recruitment challenges the project has faced, seeing good quality candidates fill the roles quicker.

Focus on communication with hubs and Network Partners

Communication is key for the continued engagement of Network Partners throughout the project delivery. The extent of communication between the Network Partners was found to be variable. We recommend that open communication is a focus of partnership working moving forward; ensuring that Network Partners, including non-hub partners, are aware of the compliance guidance and updated on any changes; the outcomes of referrals are communicated; and the general progress of the programme is communicated effectively.

Consider the most appropriate referrals for the project

Although the holistic project aims to include even those furthest from the job market, the limits on resources mean that the project may be spreading itself too thinly in trying to capture all within the eligibility criteria. This leads to the effect whereby a number of carers are being supported who will make minimal gains on the programme. At the same time, the projects had waiting lists, meaning carers that could benefit from the programme were unable to. One potential solution to this challenge is having a tighter referral criteria, focussing on those that could move closer to the labour market from this type of support and excluding those who have more complex issues that need resolving before they could gain from this programme (such as mental health issues). While this may appear inequitable, it would ensure an efficient use of resources and likely increase the impact of the programme.

Undertake more targeted outreach to engage seldom heard carers

The provision of outreach varied across the hub areas. This was mainly due to either the limited capacity of Employment Personal Advisors or a steady flow of referrals from the Network Partners. We recommend that hubs undertake more targeted outreach to engage harder-to-reach carers.

Carry out an internal audit to inform signposting within the network

The evaluation has found that signposting rates are below target, while there is an evident need for external support beyond that provided by the Employment Personal Advisor within the project remit. The findings have highlighted gaps within the knowledge of what services are available within the partnership. Therefore, based on the learning, we recommend that a full and comprehensive audit of the services available within the partnership is completed. This would allow all Employment Personal Advisors to have efficient access to a list of services provided by the network within each individual borough.



7.0 References

- Appleton, D (2018), *The Effect of Gender Role Constructs on Help-seeking and Carer Burden in Male Carers of People with Multiple Sclerosis* (Doctoral dissertation, Department of Neuroscience, Psychology and Behaviour). <http://hdl.handle.net/2381/43069>.
- Carers UK (2013), *Census Data Update: Carer Age, Gender, Ethnicity, Employment and Health – Local and National Datasets* (Carers UK).
- Carers UK (2014), *Facts about Carers*. Available at <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2014> [Accessed 12/08/2019].
- Carers UK (2015a), *Facts about Carers. Policy Briefing* (Carers UK).
- Carers UK (2015b), *State of Caring 2015* (Carers UK). Retrieved from [carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015](https://www.carersuk.org/for-professionals/policy/policy-library/state-of-caring-2015) [Accessed 12/08/19].
- Carers UK (2019a), *Stories of Loneliness*. Available at <https://www.carersuk.org/news-and-campaigns/ending-isolation-among-carers/stories-of-loneliness> [Accessed 12/08/2019].
- Carers UK (2019b), *Juggling Work and Unpaid Care: A Growing Issue* (Carers UK).
- National Audit Office (2009), *Supporting Carers to Care* (National Audit office). <https://www.nao.org.uk/report/supporting-carers-to-care/>
- Ritchie, J and Lewis, J (2003), *Qualitative Research Practice: A Guide for Social Science Students and Researchers* (Sage).
- Shah, A J, Wadoo, O, and Latoor, J (2010), *Review Article: Psychological Distress in Carers of People with Mental Disorders. British Journal of Medical Practitioners*, 3(3), 327.
- Yeandle, S and Bucker, L (2015), *Valuing Carers* (Carers UK).



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