Working for Carers 2019-2022 Evaluation

Report 2: Interim Evaluation Findings

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Acknowledgements

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

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

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

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Executive Summary

Working for Carers supports unpaid carers and former carers in London, who are aged 25 or over, to move closer to employment. Through the project carers can access free support, which includes provision such as one-to-one meetings with a dedicated advisor, access to workshops, and help with job searching and CVs.

Working for Carers is funded by the European Social Fund and The National Lottery Community Fund. The project is led by Carers Trust and delivered across all London boroughs by four Carers Trust Network Partners (Hubs): Camden Carers Service; Carers Lewisham; Harrow Carers; and Redbridge Carers Support Service. The project commenced in October 2016 and is funded to run until September 2022.

This report presents interim evaluation findings, exploring the impact of the COVID-19 pandemic on the delivery of the project, in particular its influence on recruitment and support activities. The key findings are summarised below.

Key Findings

- Recent research has pointed to a considerable increase in the number of unpaid carers as a result of the COVID-19 pandemic. The pandemic has placed considerable pressure on carers who report that they are providing even more care than six months ago. Carers are struggling to continue caring and are reporting high levels of fatigue and stress. The ongoing pressures facing unpaid carers throughout the pandemic is likely to have influenced their ability or motivation to consider moving into employment.

- Delivery of the project has switched from face-to-face sessions to online support due to the pandemic. Whilst this switch has presented some technical challenges, the ability to engage participants through online sessions has provided several logistical benefits, most notably reducing travel time for Employment Personal Advisors and thus increasing their capacity to engage and support carers. The wider challenge associated with the switch to digital is in ensuring equality of access. Given that a lack of digital skills is a key concern among many participants supported by the project, there is a risk that the switch to online delivery may exclude many carers.

- The most recent monitoring data continues to show that the majority of carers accessing Working for Carers are classed as economically inactive when they enter the project. Of those carers who were unemployed on entry, a large proportion are classed as long-term unemployed. The project's monitoring data demonstrates a gradual reduction in the number of participants stating that they were unemployed and a gradual year on year increase in the proportion stating that they were

economically inactive since 2017.

- Whilst a change in caring responsibilities is commonly a trigger for a carer to consider moving into employment, evidence from the participant survey indicates that 91% reported that they were a current carer when they first accessed Working for Carers. This highlights some of the complexities and challenges facing carers who are having to balance their ongoing care responsibilities with potential future work or job searching commitments.

- Finding job opportunities that fit around their caring role, such as flexible and part-time work, continues to be the most common barrier to accessing work, training or education reported by carers.

- A majority of carers are referred into Working for Carers by a Carers Trust Network Partner. Analysis of key referral sources by year of delivery suggests that the project has become more reliant on referral from Network Partners, rising from 69% in 2017 to 90% in 2020.

- Very few carers came into contact with Working for Carers through social media, online or had accessed the project having seen a leaflet, poster, or article. This suggests that the most effective mechanism for promoting the project and generating referrals is through the development and management of strong referral networks.

- All Hub partners continue to experience challenges recruiting male carers to the project. However, there are positive examples of efforts to identify and engage hidden carers and underrepresented groups such as male carers, including establishing links with Men's Sheds and parent groups.

- The process of onboarding participants is challenging and potentially counterproductive to the aims of the project. Feedback indicated that funders' compliance requirements takes up capacity which would be otherwise directed towards other aspects of project delivery such as networking with partners or frontline support to carers. Although the need to demonstrate eligibility of participants was understood, in practice the process presents a barrier for many carers and gives the impression of a service that is impersonal and funder-led as opposed to focusing on the needs of the carer.

- Whilst key support needs of carers around employability skills and building confidence remain, the impact of the pandemic has led to a need for greater emotional support and help in addressing some of the wider and immediate challenges facing carers. This is consistent with the findings of the most recent Building Better Opportunities programme evaluation report.

- Around three in five carers who exit the project move into education, training, employment, or job searching. The remaining two in five exited for another reason and relatively little is known about why these carers leave the project.

- As around one third (27%) of the of the carers who are supported by the Working for Carers project exit into employment, the growing body of research around supporting working carers, such as working with the employer to ensure that they have carer friendly policies, highlights a potential gap in current support.

Introduction

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

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

Working for Carers is funded by the European Social Fund and The National Lottery Community Fund as part of the Building Better Opportunities programme. The project commenced in October 2016 and was extended in March 2019 to run until September 2022. The funders have awarded two grants: delivery of the project across 17 boroughs in North East and West London; and delivery across 16 boroughs in South and Central London

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

North, East and West London:

- Harrow Carers; and
- Redbridge Carers Support Service.

South and Central London:

- Camden Carers Service; and
- Carers Lewisham.

This report presents interim evaluation findings, exploring the impact of the COVID-19 pandemic on delivery of the project, in particular its influence on recruitment and support activities. The report also highlights learning to inform the design of future projects that aim to support unpaid carers and former carers to move into employment. This is the second of three evaluation reports that Wavehill, an independent research organisation, will produce for Carers Trust to evaluate the Working for Carers project 2019-2022. Further information on the aims of the evaluation and the methodology used to produce this report are in Annex 2.

[1] An unpaid carer is anyone who cares, unpaid, for a friend or family member who could not cope without their support.

Key Findings

This section summarises the emerging themes and findings at this interim phase of the evaluation and presents an update from the previous evaluation report produced in September 2020.

The impact of COVID-19 on carers

Recent research by Carers UK has pointed to a considerable increase in the number of unpaid carers as a result of the COVID-19 pandemic. Prior to the pandemic there were up to 9.1 million unpaid carers. However, the pandemic has resulted in 4.5 million new unpaid carers (Carers UK 2020a).

Previous research has highlighted a growing number of people giving up work to care, increasing from 2.3 million in 2013 to 2.6 million in 2019. Research by Carers UK estimates that nearly half a million people have given up work over the past two years as a result of caring. Those over the age of 45 were most likely to have given up work to provide care (Carers UK 2019a).

The pandemic has placed considerable pressure on carers who report to be providing even more care than six months ago. A recent survey of carers found that 40% said they are providing more care because the needs of the person they care for have increased and 38% because of local services reducing or closing (Carers UK 2020b). Research by the Life Changes Trust found that almost two thirds of carers (64%) have not been able to take any breaks from their caring role during the pandemic. As many forms of respite care have been closed, carers are not receiving the short breaks and support from day services they had done pre-COVID (Life Changes Trust 2020).

Carers are struggling to continue caring and are reporting high levels of fatigue and stress. A recent survey found almost three quarters (74%) reported feeling exhausted and worn out as a result of caring during the pandemic. 44% said they are reaching breaking point (Carers UK 2020a). More than half (58%) of carers have seen their physical health impacted by caring through the pandemic, while 64% said their mental health has worsened (Carers UK 2020b).

Unsurprisingly the ongoing pressures facing unpaid carers throughout the pandemic is likely to have influenced their ability or motivation to consider moving into employment. Ongoing concerns around shielding and a lack (or perceived lack) of carer friendly workplaces and practices may also have reduced the number of unpaid carers seeking to engage in return-to-work projects such as Working for Carers.

‘Some of the clients have literally stopped engaging, asked to be put on hold’. (Employment Personal Advisor)

‘Some have expressed concerns around their ability to compete in an increasingly competitive labour market, including people with more recent employment experience.’ (Employment Personal Advisor)

‘Lack of opportunities, no one wants to give you an opportunity to work because you’re a carer.’ (Carer)

At the same time, the pandemic is also creating significant uncertainty for working carers. Recent research by Citizens Advice highlights that 1 in 6 (17%) of the working population are facing redundancy, but that people with caring responsibilities, either for children or vulnerable adults, are disproportionately affected with around 2 in 5 facing redundancy. The research also found that 1 in 2 people who are extremely clinically vulnerable to coronavirus (48%) are also facing redundancy (Citizens Advice 2020).

This suggests that the number of unpaid carers who are either unemployed or economically inactive is likely to grow significantly as the full impacts of the pandemic on the labour market are felt, in particular following the cessation of the existing job retention (furlough) scheme.

‘We’ve had more referrals from people who have been made redundant or furloughed’. (Employment Personal Advisor)

Organisations representing carers have emphasised the need for a dedicated recovery plan. Research by Carers UK has raised concerns around the growth of a two-tier society as lockdown restrictions are loosened, namely those that have additional freedoms and those who feel the need to continue to shield or are vulnerable and for whom services have not restarted and do not have sufficient support (Carers UK 2020c). This places additional risks for carers, and those that they care for, with poorer health and wellbeing, living in poverty, and with a reduced ability to be in paid work. Evidence from the research by Carers UK suggests that this is likely to hit particular groups harder such as women and those from ethnic minority communities.

These findings have specific relevance for Working for Carers given the participant profile includes:

- 22% with a work-limiting health condition
- 24% with a limiting long-term health condition or disability
- 21% single adult household with dependent children
- 26% jobless household with dependent children

- 81% female
- 64% from an ethnic minority group

Source: Working for Carers Participant Monitoring Data (Base = 930)[2]

What this suggests is that a combination of ongoing pressures facing unpaid carers and levels of anxiety around workplace safety may continue to limit the number of unpaid carers seeking to move into work throughout 2021 and potentially beyond. However, at the same time the fallout from the economic downturn may increase the number of previously employed unpaid carers seeking to return to work following redundancy.

Switch to digital delivery

As a result of guidance from the UK Government, and to ensure the safety of both staff and carers, delivery of the project has switched from face-to-face sessions to online support. Whilst this switch has presented some technical challenges, feedback from Employment Personal Advisors and Project Managers is largely positive. The ability to engage clients through online sessions has provided several logistical benefits, most notably reducing travel time for Employment Personal Advisors and thus increasing their capacity to engage and support carers. The use of video calls, as opposed to telephone calls, also enables the Employment Personal Advisors to pick up visual clues from the body language of carers and thus make a better assessment of their status and support needs. Employment Personal Advisors also stated that they experienced fewer missed appointments online when compared with physical meetings.

It has also provided benefits for carers who may otherwise struggle to physically attend meetings (due to mobility issues or through their ongoing care responsibilities). Given the size of the areas covered by the Hub partners it has also helped to reduce waiting times for carers, in particular in boroughs where Employment Personal Advisors schedule appointments on a rota basis. Employment Personal Advisors and Project Managers also highlighted some positive innovations around the delivery of online training and groupwork, for example training around carers' rights or wellbeing and support sessions, which has been well received and achieved higher attendances than physical sessions.

However, this switch also presents several challenges. These include the difficulties of registering carers onto the project given the requirements to provide several forms of identification to confirm eligibility. In the early stages of the pandemic this presented significant problems and is likely to have led to some carers deciding not to engage.

Whilst the use of video calls has generally worked well, it is unlikely to provide the same benefits in terms of enabling the Employment Personal Advisors to build trust and rapport with carers, which is central to supporting their continued engagement and progression.

[2] All monitoring data covers the period February 2017 to December 2020

The wider challenge associated with the switch to digital is in ensuring equality of access. The 2014 Government Digital Inclusion Strategy reported that of those applying for Carers Allowance, 44% reported not having access to the internet and 23% reported not having the skills or confidence to complete the forms. The Good Things Foundation estimated the offline population in 2018 at 11.3 million with the main categories being offline as low income, older and uneducated; all three groups are often associated with carers.

Given that a lack of digital skills is a key concern among many participants supported by the project (as outlined in our last report), there is a risk that the switch to online delivery may exclude many carers. The quality of an online support session is also dependent on a range of factors including connection speed and reliability and the device used by the carer. An interaction on a small mobile phone screen will clearly differ from a laptop or tablet.

'The support should include more to help with digital skills. I need someone to go through that stuff with me to show me how to use online.' (Carer)

One of the compounding factors for the project through COVID-19 is that many of the community-based venues where carers could access the internet, such as libraries, have also been closed (and many remain closed). These are also venues that may have provided basic digital skills training.

It is understood that some initial work has been undertaken to secure and loan out devices to carers to enable them to engage with the support, however this has created administrative and compliance issues. As the guidance on social distancing and shielding may continue well into 2021, this is an issue that the Steering Group needs to consider in more detail. Without suitable support to facilitate access, there is a risk as some of the most vulnerable carers seeking support to move into work will be unable to engage until physical delivery resumes. Moving forward beyond COVID-19, it is helpful for the Hub partners to share practice around the use of online delivery.

Beyond the current guidance and restrictions, it is unlikely that all delivery will revert to physical sessions. What is more likely is the use of a blended model of delivery, using both physical and online sessions to support sessions. This should be explored in further detail to develop a consistent service model across the project.

How and when do carers enter the project?

One of the consequences of the pandemic has been a reduction in the number of carers registering with the project. As such there has been minimal change in the profile of participants since Report One. The most recent monitoring data[3] continues to show that the majority of carers (82%; 766/930) accessing Working for Carers are

[3] Includes data up to Quarter 3 2020/21.

classed as economically inactive when they enter the project. Correspondingly, 18% (161/930) of carers were unemployed when they started accessing Working for Carers. Both figures remain closely aligned to Working for Carers targets for the project, which require 81% of participants to be economically inactive, and 20% to be unemployed.[4]

Of those carers who were unemployed when they entered Working for Carers, 28% (45/161) had been out of work for 12 months or less. However, a large proportion of this group (72%; 116/161) are classed as long-term unemployed.[5] Of this group, 38% (62/161) reported that they had been unemployed for more than five years, and 12% (20/161) has been unemployed for more than ten years (see Table 3.1).

Table 3.1: How long participants had been unemployed on entry to the project.

Length of unemployment	Number of participants	Proportion of participants
Total	161	
Less than 6 months	24	15%
6 months - less than 1 year	21	13%
1 - 2 years	38	24%
3 - 4 years	16	10%
5 - 6 years	20	12%
7 - 8 years	11	7%
9 - 10 years	11	7%
Over 10 years	20	12%

Source: Participant Monitoring Data (Base = 161)

Using the project's participant monitoring data, it is possible to assess changes in the employment status of carers on entry since the launch of the project in 2017 (Table 3.2). What this demonstrates is a gradual reduction in the number of participants stating that they were unemployed and a gradual year on year increase in the proportion stating that they were economically inactive.

Table 3.2: Time series analysis of participants employment status

	Unemployed, including long-term unemployed	Inactive, including not in education or training	1+ years unemployed	5+ years unemployed
2017	24%	76%	17%	8%
2018	17%	83%	14%	8%
2019	12%	88%	6%	4%
2020	9%	91%	5%	1%

[4] These figures total above 100%. This is a result of the targets being set as raw numbers separately, which has given rise to a rounding issue.
[5] Long-term unemployment refers to when a person has been unemployed for 12 months or more.

Whilst there may be a degree of inaccurate recording in the data,[6] the gradual shift towards supporting a greater proportion of participants who are economically inactive is important as they have differing, and perhaps more in-depth, support needs compared with people that have actively been seeking employment.

To supplement the monitoring data captured by the project, Wavehill, in conjunction with Project Administrators across the Hub partners, conducted a survey of a sample of participants who had left the project in the last two years. The survey collected a range of data including asking participants how long it had been since they were last employed. The data shows that many of the carers supported through Working for Carers have been out of work for a long period of time. Indeed, the participant survey data suggests that around half of carers (49%) receiving support have been out of the workplace for more than five years when they accessed the project.

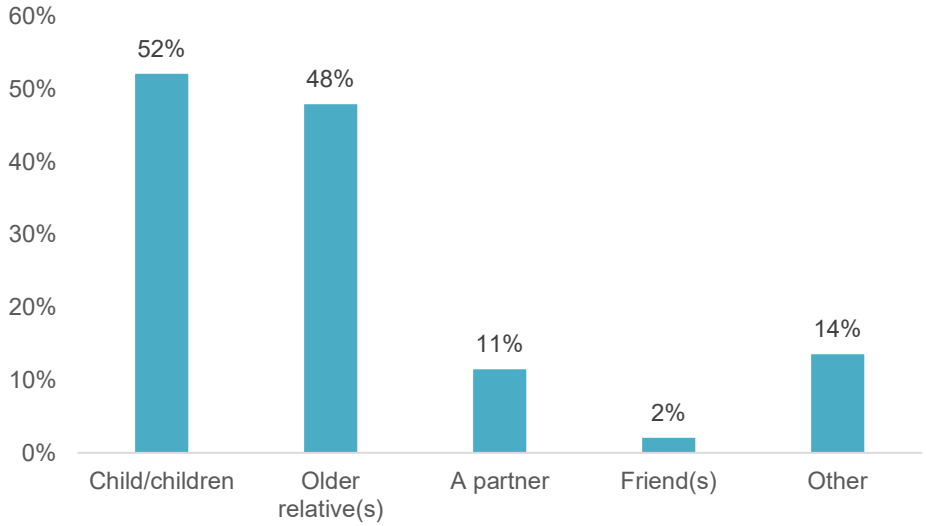
Whilst a change in caring responsibilities is commonly a trigger for a carer to consider moving into employment, evidence from the participant survey indicates that 91% (n=96/105) reported that they were a current carer when they first accessed Working for Carers. Comparatively, 9% (n=9/105) had cared for someone in the past. Of these nine, the caring responsibilities of seven of them had come to an end within the last nine months. This profile of participants is relevant to an understanding of the performance of the project over the last 12 months, most notably as wider research has indicated that many carers have seen their caring responsibilities increase during the pandemic.

Most commonly, carers reported that they were caring for a child or an older relative (Figure 3.1). The closure of schools for much of the pandemic and an increase in home schooling is likely to have impacted on the motivation and ability of carers to seek work. As carers entering the project are currently not in work, they cannot be classed as key workers and, as a result, have been unable to send their child to school in line with guidance from the Department for Education.

Around two in five carers reported that they were caring for an older relative. Again, through the pandemic the requirement to shield vulnerable groups and form 'support bubbles' is also likely to have reduced the willingness for carers to seek employment, given concerns around the safety of workplaces but also due to the closure of many of the support and respite services that those caring for older relatives may have otherwise relied on.

[6] This may be the result of misunderstanding among participants and Employment Personal Advisors around what the terms unemployed and economically inactive mean, which has given rise to some misreporting.

Figure 3.1: Who were you caring for?

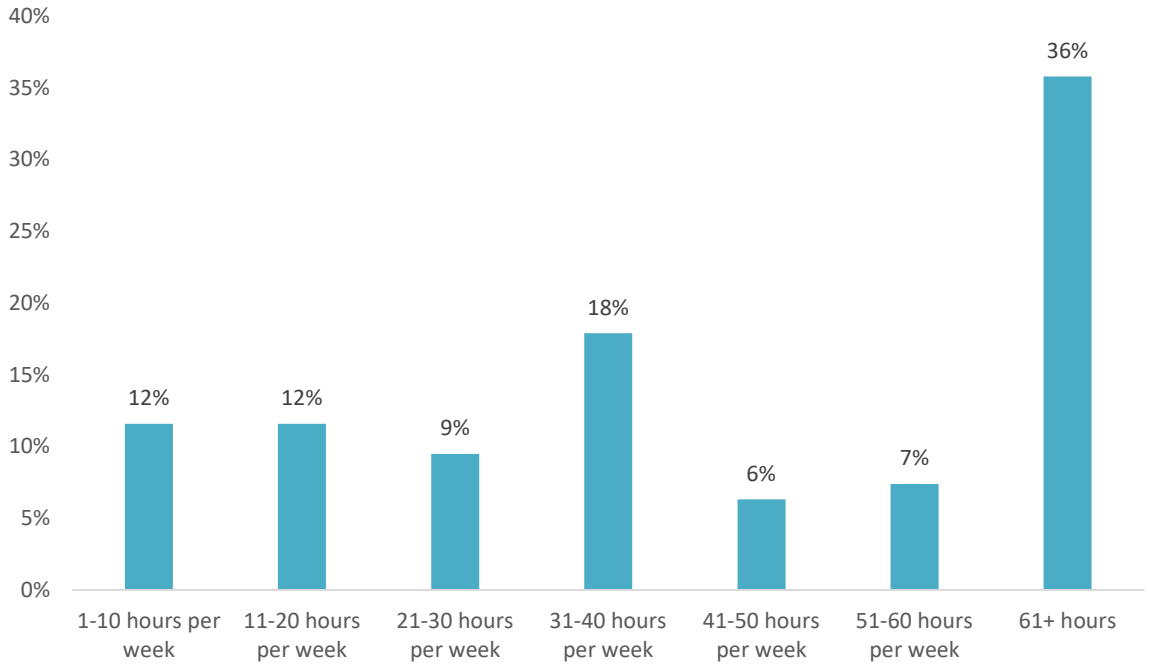


Source: Participant Survey (Base = 96)

The majority of carers reported that they cared for one person (72%, n=72/100). However, 25% (n=25/100) of respondents reported that they had caring responsibilities for two people, and three were caring for three or more people. As well as their caring responsibilities, 45% of respondents indicated that they also had responsibilities for other children. This highlights some of the complexities and challenges facing carers who are having to balance their ongoing care responsibilities with potential future work or job searching commitments.

A minority of carers (12%, n=13/107) reported that they also received care from another individual for themselves, in addition to their own caring responsibilities. 67% of survey respondents (n=64/95) reported that they were caring for more than 31 hours per week when they joined Working for Carers. 36% of respondents (n=34/95) were providing care for more than 61 hours per week (Figure 3.2).

Figure 3.2: When you started Working for Carers, how many hours per week did you spend caring?

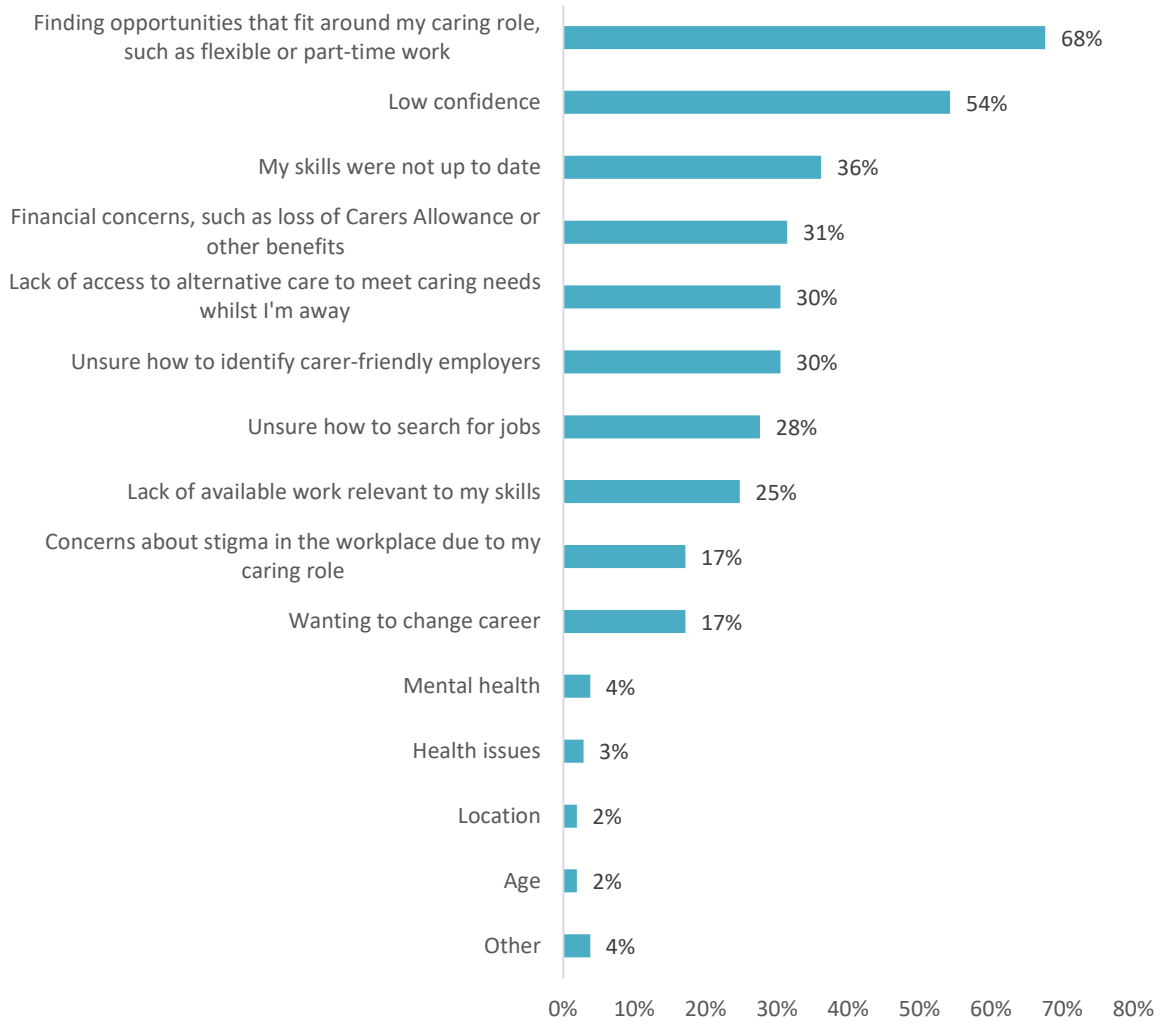


Source: Participant Survey (Base = 95)

As outlined in the previous evaluation report, the amount of hours a person spends providing unpaid care will constrain the time they have available for work, and vice versa. Given that 49% of respondents report to have been spending over 41 hours per week providing care when they started Working for Carers, it is perhaps unsurprising that the majority of survey respondents (68%, n= 71/105) reported that finding job opportunities that fit around their caring role, such as flexible and part-time work, had made it difficult for them to enter the workplace or access training or educational opportunities. This continues to be the most common barrier to accessing work, training or education reported by survey respondents (Figure 3.3 over page).

'My mother has MS which is remitting so sometimes needs me more than others.' (Carer)

Figure 3.3: Reported barriers to entering the workplace or accessing training or education opportunities



Source: Participant Survey (Base = 105)

One of the challenges facing the project over the next 18 months will be to identify and reach out to carers who are able to engage and progress towards employment. Given the ongoing pressures associated with the pandemic and future uncertainty around work within specific sectors, this is likely to require a more targeted recruitment approach.

Recruitment of carers to the project

How do carers typically enter Working for Carers?

A majority (38%) of carers (353/923) are referred into Working for Carers by a Carers Trust Network Partner (Table 3.3). This suggests that most referrals relate to carers who are already in contact with their local carers centre. Whilst the approach of seeking referrals through Network Partners is reasonable, the project commenced in

2017 and so it is possible that the pool of existing carers of working age registered with their local carers centre has been largely exhausted.

Table 3.3: Where did you hear about Working for Carers?

Referral Source	Number of carers	Proportion of carers
Total	923	
Referral – Network Partner	353	38%
Referral – VCS partner	51	6%
Poster/Leaflet/Article	36	4%
Website	39	4%
Referral – carer	27	3%
Referral – Statutory partner	26	3%
Carers organisation / network	32	3%
Event	8	1%
Another organisation	13	1%
Workshop	10	1%
Online	4	0.4%
Word of mouth	2	0.2%
Social media	4	0.4%
Phone	4	0.4%
Unknown	314	34%

Source: Working for Carers Monitoring Data (Base = 923)

Analysis of key referral sources by year of delivery suggests that the project has become more reliant on referral from Network Partners, rising from 69% in 2017 to 90% in 2020. Conversely referrals from statutory partners and the Voluntary & Community Sector (VCS) partners have declined over this period (Table 3.4 over page).

Table 3.4: Analysis of key referral sources by delivery year

	Referral - Network Partner	Referral - VCS partner	Referral - carer	Referral - Statutory partner
2017	69%	20%	6%	6%
2018	82%	7%	1%	10%
2019	79%	8%	10%	2%
2020	90%	0%	10%	0%

Source: Working for Carers Monitoring Data (Base = 923)

It may be helpful for the Hubs to work with their Network Partners to collate information on the number and profile of working age carers they have registered. This will be valuable data to ascertain the numbers of potential participants that may be referred into the project. In this regard, the age profile of registered carers is

important as this may reveal something about their motivation and willingness to consider moving back into employment.

The next most common referral route into the project is through VCS partners; however just 6% (51/923) of carers were referred from this group, and none in 2020. Limited additional data is provided on the source of the referral, which restricts the ability for Working for Carers to understand which voluntary organisations are facilitating greater engagement with the project than others. Whilst interviews with Employment Personal Advisors and Project Managers has outlined ongoing work to develop links with referral partners, the monitoring data would suggest that this is not generating the volume of referrals hoped for. As a caveat, it is recognised that a proportion of the carers being referred to the project through a Network Partner may have been initially referred from another source and for a non-employability related support need.

Very few carers came into contact with Working for Carers through social media (0.4%) or online (0.4%) and only 4% (36/930) had accessed the project having seen a leaflet, poster, or article. Whilst feedback Employment Personal Advisors and Project Managers has highlighted a concern regarding a lack of capacity or experience for marketing and promotion, this is somewhat of a red herring as the most effective mechanism for promoting the project and generating referrals is through the development and management of strong referral networks.

As outlined in our previous report, gaps in the monitoring information collected by Working for Carers makes it difficult to discern which partnerships are performing well in relation to referrals into the project. Since the launch of the programme the number of carers for whom the referral route was unknown is high, with data not available for 34% (314/923) of carers who entered the project. This continues to represent a proportion of referral sources, however the proportion of those reporting 'unknown' has fallen from 44% in 2017 to 10% in 2020.
More systematic collection of this data is required to identify which Network Partners are driving referrals or where further engagement with specific partners could help to boost referrals for carers that are actively seeking to progress towards employment.

Developing effective referral networks

Whilst the pandemic has undoubtedly created challenges in partnership working, the project should extend its referral routes to increase the number of referrals from sources other than Network Partners. There is merit in revisiting previous stakeholder mapping exercises to identify key organisations and services that are already working with and supporting people with care responsibilities or former carers of working age. One of the advantages of adopting a targeted and strategic approach to recruiting carers, when compared with public facing marketing and promotion activities, is that it helps to ensure the quality and appropriateness of inward referrals (i.e. carers that are actively looking to enter employment as opposed to seeking support for something else).

Ensuring that referral partners are clear on the objectives of the project and its eligibility criteria reduces the number of inappropriate referrals, which serves to drain the capacity of the Employment Personal Advisors, Project Administrators, and triage teams. It can also help with managing the volume of referrals rather than over-stimulated demand from carers that have viewed promotional material but who are not eligible.

The key to developing effective referral networks is establishing strong relationships across a range of organisations and services. Although the pandemic has limited the more traditional engagement opportunities through partnership events and network meetings, adopting a strong, proactive approach to connecting with referral partners can help to diversify the profile of inward referrals.

Emails and generic 'reach out' is less likely to result in a response from potential referral partners. Employment Personal Advisors and Project Managers have highlighted the difficulties in securing a response from partner organisations throughout the pandemic. The use of video/telephone calls (and when permitted face to face meetings) allied with a degree of persistence is more likely to develop regular referral routes into the project. Personal contact is important to ensure that partner organisations are clear on the focus and parameters of the Working for Carers project.

Feedback from Employment Personal Advisors and Project Managers has highlighted a lack of understanding or misunderstanding of the focus of the project and what is meant by 'a carer' by some partners (for example, some partners had assumed that the project was about paid care workers, not unpaid carers).

There has been some positive development to address these issues. Camden Carers Service has been delivering training on 'Who is a Carer' to help inform and educate referral partners and extend the reach of the project to hidden carers. Working for Carers has been integrated into this training. This approach could be rolled out across Hub partners and other Carers Trust Network Partners in London.

The low proportion of inward referrals through statutory partners (3%) suggests that efforts should be directed to engaging local authority social care teams. At present, links with local authority Carer Leads are variable, but this is likely to be a useful route to establish referral pathways with social care teams (Camden Carers Service for example has strong links to their Carer Commissioner). Hubs, and other Carers Trust Network Partners, should also work to establish links with a range of independent advice agencies (e.g. Citizen Advice, Age UK, Welfare Rights Teams) who will be providing support and guidance to working age carers.

Whilst a few Hub partners reported to have made presentations to Jobcentre Plus, this has not as yet resulted in a regular flow of inward referrals. Camden Carers Service and Carers Lewisham have recently organised training for Jobcentre Plus Partnership Managers on 'Who is a Carer'. Harrow Carers and Redbridge Carers Support Service will also be involved in delivering these sessions. This should be reviewed by Carers Trust and the Steering Group to ensure that these links are able to yield results in terms of Jobcentre Plus actively referring carers into the project.

NHS mental health in West London is sending me a lot of referrals, have a very good working relationship.' (Employment Personal Advisor)

One of the challenges in managing a referral network is that the Hub partners are working across very large areas, covering multiple local authorities. This understandably requires sufficient capacity to develop and maintain an effective and active referral network. One option may be for the Hubs to focus their partnership working activities on a more targeted geographic basis, whilst maintaining links with existing referral partners (a targeted and universal model).

Whilst feedback from one of the Hub partners suggested that the appointment of a dedicated Outreach Officer would be advantageous and provide a focus on extending links with partner organisations and services, given the project is in its latter stages of delivery this may not be a viable option.

There is merit in the Steering Group reviewing the roles and responsibilities around managing referral networks and providing training to Employment Personal Advisors given that this forms part of their substantive job role.[7]

Coordination across employability schemes

Another delivery challenge raised during consultations with Employment Personal Advisors and Project Managers was the lack of coordination across the range of employability and return-to-work schemes active in London (including but not restricted to those funded through the Building Better Opportunities programme).

The Working for Carers project is unique as it focuses specifically on supporting unpaid carers. The approach is by design 'carer friendly' and so is likely to appeal to carers seeking to move back into employment when compared with programmes with broader eligibility criteria. However, it was suggested that the lack of coordination across employability programmes, and perceived competition to attract and retain participants, meant that carers were not suitably signposted to Working for Carers by other providers.

This is a broader challenge over and above the remit of the project but nevertheless requires future action (by funders, providers, and statutory partners). Ensuring that carers can be suitably navigated to the Working for Carers project is likely to produce a stronger outcome for the participant when compared with employability programmes that are not specifically focused on those with care responsibilities.

Understanding the experience of carers that have engaged with other employability programmes will provide useful information on the extent to which these are

[7] Employment Personal Advisor duties, as per the job role, includes building and maintaining relationships with other voluntary agencies and service providers to identify and co-refer carers.

adequately supporting and progressing carers into work. There is potential scope for the learning from the Working for Carers project to be used to help design and influence other employability programmes to ensure that they are carer friendly.

How does recruitment differ according to participant demographics?

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

All Hub partners continue to experience challenges recruiting male carers to the project. This is borne out in the monitoring data for the project which shows that just 19% (179/930) of Working for Carers participants are male. As a result, Working for Carers is currently underperforming against its target of 25% of carers supported by the project are male.

There are some positive examples of efforts to identify and engage hidden carers and underrepresented groups such as male carers. This includes establishing links with Men's Sheds and parent groups. There is merit in Employment Personal Advisors and Project Managers coming together to share practice and ideas on approaches to engaging hidden carers and underrepresented groups. This will help to inform stakeholder mapping work and the further development of the Hub partners' referral networks.

'I think it would be good to learn from each other and not feel like I'm trying to reinvent the wheel.'
(Employment Personal Advisor)

One Project Manager highlighted that their Hub was having difficulties recruiting younger carers. They reported that many of the carers they support are aged 50+. Indeed, monitoring data shows that 46% of participants (425/930) who access Working for Carers are aged 51+, whilst just 5% (38/930) are aged 30 and under. However, this may in part be influenced by the fact that the project is unable to support carers aged under 25.

Analysis of the most recent project monitoring data indicates that all Hubs are continuing to overperform against the target of recruiting participants aged over 50 (Table 3.5). Given the higher proportion of referrals into the project from Carers Trust Network Partners, this may simply be due to the age profile of carers registered with their local carer centre.

Table 3.5: Proportion of participants in each age group, by Hub.

	Redbridge Carers Support Service	Camden Carers Service	Harrow Carers	Carers Lewisham
25 - 30	8%	5%	4%	3%
31 - 40	18%	16%	17%	17%
41 - 50	40%	29%	35%	24%
51 - 60	25%	39%	38%	47%
61 - 70	8%	10%	5%	9%
71+	1%	0%	0%	0%

Source: Participant Monitoring Date (Base = 930)

This highlights the need for the Hub partners to extend links into organisations and services currently working with carers in the younger age cohorts (25-40).

Compliance

There is consensus amongst Employment Personal Advisors and Project Managers that the process of onboarding participants is challenging and potentially counterproductive to the aims of the project. Feedback indicated that compliance takes up capacity which would be otherwise directed towards other aspects of project delivery such as networking with partners or frontline support to carers. Although the need to demonstrate eligibility of participants was understood, in practice the process presents a barrier for many carers and gives the impression of a service that is impersonal and funder-led as opposed to focusing on the needs of the carer.

'The initial onboarding process and compliance requirement remains challenging and can put off some carers.' (Employment Personal Advisor)

The appointment of Project Administrators has helped to manage the compliance work and has freed up the time of the Employment Personal Advisors. However, anecdotal evidence from Employment Personal Advisors and Project Managers suggests that a proportion of clients have withdrawn from the project at the registration stage due to the requirement to provide the level of identification mandated by the funder.

Whilst the requirement to provide 'wet signatures' has been changed as a result of the pandemic, given the increased use of digital platforms to support delivery there is a clear learning point for funders around achieving a suitable balance between confirming funds are reaching eligible groups whilst ensuring that the registration processes do not serve to perpetuate inequalities of access.

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

Feedback from Employment Personal Advisors and Project Managers has highlighted a shift in the wider support needs of carers when they access support. Whilst key support needs such as employability skills and building confidence remain, the impact of the pandemic has led to a need for greater emotional support and addressing some of the wider and immediate challenges facing carers (for example financial pressures or respite care). A common theme highlighted by Employment Personal Advisors was the importance of providing holistic support for the carers to enable them to address their immediate needs which are preventing them from re-entering the labour market. Throughout the pandemic Hub partners have hosted an increased number of online wellbeing and mindfulness courses in recognition of the support needs of carers.

This feedback is consistent with the findings of the most recent Building Better Opportunities programme evaluation report (Ecorys 2020), which highlights that as employment opportunities have been limited, as a consequence of the pandemic, projects have placed less emphasis on delivering employment related support and have focused on keeping in touch with participants and focusing on wellbeing or the development of other skills.

'Before you can engage in identifying their needs you often need to break the wellbeing barrier before you can think about what employability needs they have.' (Employment Personal Advisor)

'Just working on C.V. writing and interviewing skills were not enough.' (Carer)

Whilst this is understandable, it does raise potential concerns around a blurring of the key focus of the project in moving carers closer to employment. This is not to suggest that the provision of holistic support is not a necessary part of a carers journey into work, but rather a question on whether this fits within the scope of the Working for Carers project. There is also an issue of wanting to avoid over-reliance and dependency by carers.

'I had been with the Carers for work for two years and they said that I had had all the support that I could get.' (Carer)

The provision of broader holistic support as a step into the project perhaps more appropriately sits within the wider work of local carer organisations and other support services and should be assessed as part of an initial triage conversation. This would help to ensure that carers referred into the project are ready to engage in

employability support and are actively seeking to progress towards the labour market. It will also ensure that carers receive suitable support from someone that has the necessary skills, training, and expertise to provide the emotional and wellbeing support that is increasingly required.

Data from the participant survey undertaken by Wavehill reveals that not feeling ready to enter employment, education or training is the most frequent reason provided by respondents as to why they chose to leave the project, stated by 25% of respondents.

'We've been wearing so many different hats and for many carers we're the only professionals they're in touch with.' (Employment Personal Advisor)

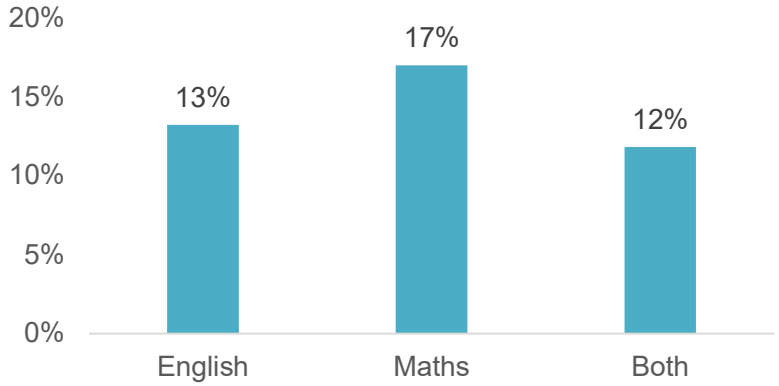
Achieving an appropriate balance between Employment Personal Advisors providing carers with the support they need to progress to employment and providing support that is outside the scope of the project should be discussed at a Steering Group level.

This perhaps highlights a need for the initial triage conversation and assessment to be clear on the expectations of carers seeking support from the project so that they can make an informed decision as to whether they are ready to proceed. Whilst not currently captured in the projects monitoring data, feedback from Employment Personal Advisors and Project Managers suggests that whilst the number of carers registering with the project has dropped during the pandemic, the Hub partners are spending time engaging many carers at this 'pre-employability stage'.

Another issue raised during consultations is that carers registering with the project do not always disclose barriers as part of their initial assessment, but these are subsequently raised as part of their support work with Employment Personal Advisors (e.g. dyslexia, personality disorders and Attention Deficit Hyperactivity Disorder). This provides a useful example of the level of support that carers may require to enable them to engage with the employability support sessions and progress into work.

A high proportion of carers lack some of the key basic skills needed to enable them to secure employment (Figure 3.6). The ability of Employment Personal Advisors to connect participants into basic skills training and support has been directly impacted by the pandemic with community learning programmes being suspended or shifted online (reinforcing issues related to digital access).

Figure 3.6: Proportion of participants lacking basic skills



Source: Participant Monitoring Data (Base = 930)

What are the key enablers that support unpaid carers and former carers to move closer to employment and/or into employment?

The key enablers highlighted by Employment Personal Advisors that support carers to progress towards employment include:

- Interview practice and building confidence
- Completing application forms
- Personal statements, in particular identifying transferable skills
- Digital skills, in particular as many interviews are now online
- Volunteering, to build confidence and skills
- Job searching

The Hub partners are delivering a range of online group support sessions which anecdotal feedback suggests have been well received by participants and facilitate an element of peer support into the project. This is a valuable component of the project, in particular through the pandemic, as carers can gain confidence and reassurance in speaking with other participants. These sessions also help to address social isolation and improve participants' motivation.

One of the challenges presented by the pandemic is the ability for Employment Personal Advisors to signpost the carers into voluntary work opportunities. This in part is due to the closure of many voluntary sector organisations and/or suspension of volunteer programmes. Although there has been a strong voluntary sector response to the pandemic, carers with ongoing care responsibilities may feel less confident taking up these opportunities due to shielding requirements and concerns around safety.

'Often the first point of call for a client is doing voluntary work, but they can't do that in covid so those skills don't get improved.' (Employment Personal Advisor)

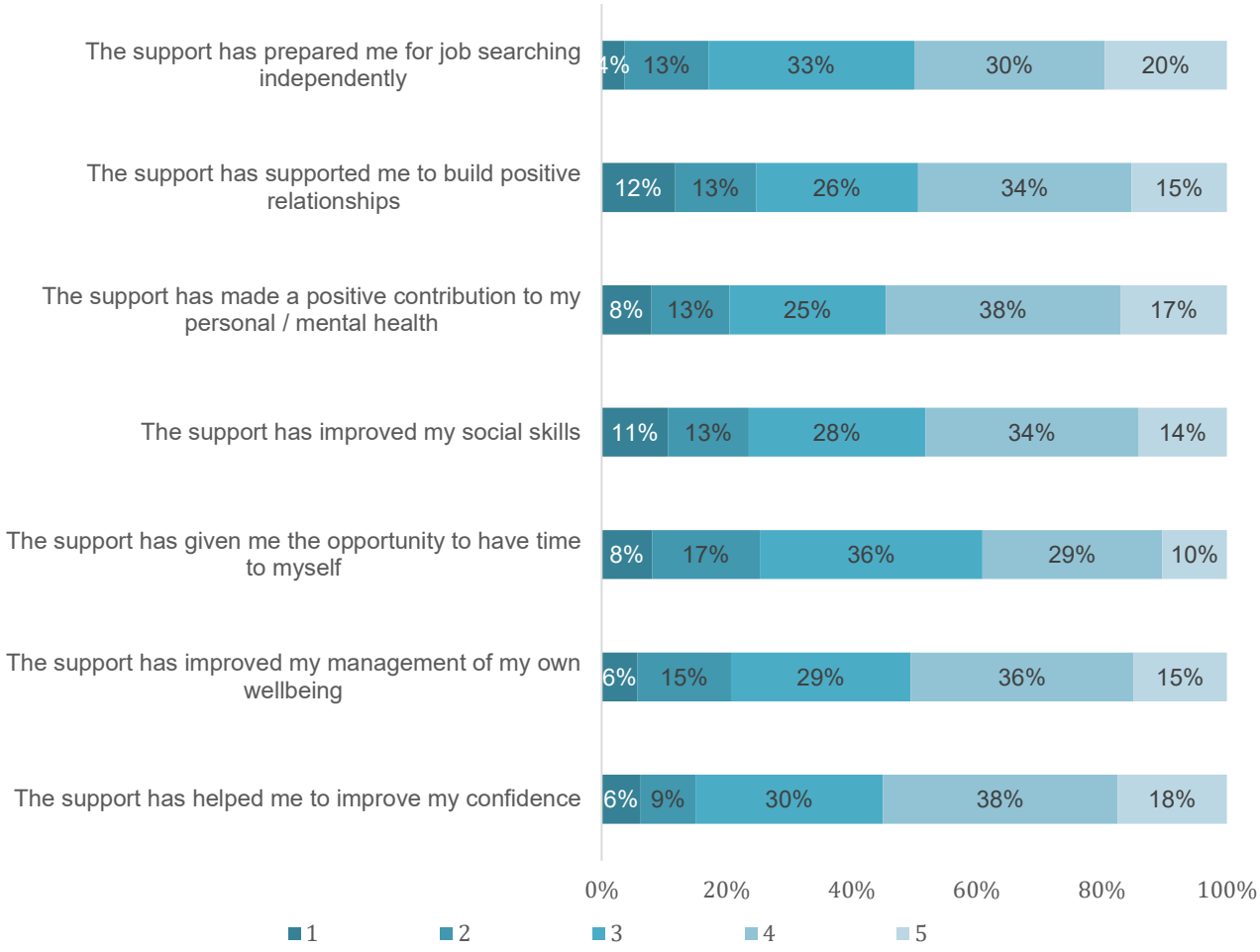
Receiving support from Working for Carers

Respondents to the Wavehill survey of carers were asked to answer a series of statements about the impact of Working for Carers on them. They were asked to provide their responses on a 5-point scale, where 1 indicated 'no extent' and 5 indicated 'to a great extent'. Their responses are summarised in Figure 3.4.

'I felt empowered, mentally stronger, more confident.' (Carer)

'They've empowered me, enabled me to do things I didn't think I could… I can't thank them enough. If I could rate them 10 I would. Many factors, the personalities of the staff are incredible, the kindness, patience, humility, knowledge… all great. A lot of psychological and emotional support.' (Carer)

Figure 3.4: Reflecting on your experience of receiving Working for Carers support, to what extent do you agree with the following statements (1 = to no extent, 5 = to a great extent)?



Source: Participant Survey (Base = 105)

As illustrated by Figure 3.4, most carers agreed that the support they had received from Working for Carers had prepared them for job searching independently and improved their confidence. The support also provided benefits in terms of their mental health and wellbeing and helping them to build positive relationships. These softer progress outcomes are important steps to enabling participants to move closer to entering work and, whilst they form part of reporting to the funder, they are not captured consistently for all participants due to a desire to limit the assessment paperwork they are asked to complete.

What happens to carers when they exit Working for Carers?

Most recent monitoring data reveals that to date 661 participants have exited Working for Carers (Table 3.8). Of those that have exited, 42% (278/661) entered employment, education, or training. A further 18% (116/661) entered job searching, or a combination of job searching and education/training. The remaining 40% of participants (267/661) exited for another reason.

Table 3.8: Exit destinations, all participants

Reason for exit	Number of participants (n)	Proportion of participants
Disengaged	205	31%
Employment	179	27%
Job-searching	104	16%
Education/training	85	13%
Employment and education/training	14	2%
Job-searching and education/training	12	2%
Volunteering	2	0%
Volunteering and Education/training	1	0%
Other	59	9%

Source: Participant Monitoring Data, all exited participants (Base=661)

Time series analysis of the monitoring data reveals that the proportion of disengagements has declined over the last three years (Table 3.9 over page). The proportion of participants moving into employment reached its highest level in 2019 before the onset of the pandemic. During 2020, many more participants were exiting the project to continue job searching. This reflects the challenges over the last 12 months in brokering links to employers and the absence of live job vacancies.

Feedback from respondents to the participant survey reveals that despite support provided by Employment Personal Advisors, on reflection some carers decide that they are not ready to progress into work.

'As a 64 year old woman, who has been out of work for over four years, after taking early retirement from my last job of 16 years, I found the whole job searching business quite daunting. I decided I wasn't quite ready for the workplace, so decided to continue to focus on my caring role.' (Carer)

'If I've called anyone about vacancies they often say they're doing redundancies.' (Employment Personal Advisor)

Table 3.9: Exit destinations, all participants (by year)

	2017	2018	2019	2020
Disengaged	28%	39%	25%	25%
Employment	28%	24%	32%	0%
Job-searching	17%	13%	15%	50%
Education/training	13%	12%	16%	0%
Employment and education/training	2%	1%	4%	0%
Job-searching and education/training	2%	1%	2%	25%
Volunteering	0%	0%	0%	0%
Volunteering and Education/training	0%	0%	0%	0%
Other	10%	9%	7%	0%

Source: Participant Monitoring Data, all exited participants (Base=661)

What happens to those who exit into employment?

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

Of those who respond to the follow up survey, 71% (61/86) had sustained employment for 26 out of 32 weeks. Additionally:

- 81% (51/63) agreed that they were able to balance work and caring;
- 70% (43/62) were able to access flexible working; and
- 32% (18/57) had access to a carers group or champion.

Further detail on what happens to those who exit into employment is available through the participant survey conducted by Wavehill. This includes feedback from carers who have exited Working for Carers in the last two years and provides a breakdown of the exit destinations of the carers who responded.

It should be emphasised that due to the low response rate these findings may not be representative of the wider participant sample. Of this group, 47% (48/102) entered employment or self-employment and 30% (30/102) exited into education or training or job searching (Table 3.10)

Table 3.10: Destinations of participants who responded to the Wavehill participant survey.

Destination	Number of respondents (n)	Proportion of respondents
Entered employment or self-employment	48	47%
Chose to exit for another reason	24	24%
Entered education or training	20	20%
Entered job searching	10	10%

Source: Participant Survey (Base = 105)

The sectors that these individuals entered are detailed in Table 3.11, suggesting that education and health and social care were the most frequently referenced sectors. This data is useful as the adoption of carer friendly policies differs across sectors and understanding where participants progress to may inform future work around encouraging employers to adopt policies and practice that support carer to stay in work.

Table 3.11: What sector did you work in? (Responses from survey participants who entered employment).

Sector	Number of respondents
Education	13
Health and Social care	11
Financial & insurance	4
Business administration & support services	4
Property	2
Arts, entertainment, recreation & other services	2
Information & communication	2
Construction	1
Professional, scientific & technical	1
Retail	1
Not sure	6

Source: Participant Survey (Base = 47)

Survey respondents were also asked to indicate their starting salary. A breakdown of responses is provided in Table 3.12. This suggests that most respondents have gone on to earn below the average salary, which in February 2020 was £26,208 although this average salary for London is likely to be higher (Office for National Statistics, 2020).

However, the average salary includes both full and part-time workers, and it is possible that a large proportion of respondents may have gone on to do part-time work to balance their caring responsibilities.

Table 3.12: What was your annual starting salary?

Salary Band	Number of Respondents
Less than £10,000	12
£10,001 - £15,000	12
£15,001 - £20,000	7
£21,000 - £25,000	10
£25,001 - £30,000	2
£40,000 - £50,000	1
£50,001 +	3

Source: Participant Survey (Base = 47)

Over the next 18 months there is likely to be continued pressure on the labour market as the full effects of the pandemic are felt across all economic sectors. This has the potential to disproportionally impact on people with care responsibilities. As such, this highlights the importance of Working for Carers undertaking follow-up contact with carers exited into employment outcomes to understand their experiences. This can inform future work focused on providing in-work support to carers, including efforts to encourage and enable employers to adopt carer friendly policies and working practices.

Employer engagement

Feedback from Project Managers and Employment Personal Advisors highlighted ongoing challenges in undertaking direct brokerage with employers. Despite building and maintaining relationships with employers and employment agencies being included as one of the Employment Personal Advisors' duties, in practice this has not formed part of their work. This in part was attributed to a lack of capacity to engage employers, with a suggestion that the project could have recruited a dedicated Employment Engagement Officer to lead this aspect of delivery.

One of the difficulties highlighted in consultations was the potential for confusion on behalf of employers with so many competing employability programmes and a lack of understanding of the term 'carer' and 'unpaid carer'. Whilst the Hub partners have tried to engage their respective Chambers of Commerce and business networks, to date this has achieved a limited response.

Engaging employers as a mechanism of supporting carers into work and increasing the number of carer friendly workplaces is a much broader national objective. Initiatives such as Employers for Carers and the use of the Carer Confident benchmarking scheme are already actively working to address these objectives. A lack of understanding of what is means to be a carer and inaccurate stereotypes on carers in the workplace continue to present barriers for some employers. This leads to many carers simply deciding not to disclose their care responsibilities at application phase or once in work.

Whilst Working for Carers can contribute to this bigger national objective, in the context of the remaining funding period for the project the capacity of Employment Personal Advisors is perhaps best directed towards managing referral networks and supporting carers. What this demonstrates is a need for more holistic programme models in the future.

Support needs of working carers

Almost 3.7 million employees in England and Wales are working carers. For about 2.6 million (72%) of these working carers, care is additional to full-time paid work. Recent research by CIPD and the University of Sheffield found that 44% of working carers reported that they found it difficult to combine their paid employment and caring responsibilities. This suggests that there are almost 1.6 million carers in England and Wales struggling to combine work and care. The research also found that women are more likely than men to find it difficult to combine their job and caring responsibilities (CIPD & University of Sheffield 2020).

Most working carers have experienced difficulty in concentrating at work because of their caring responsibilities, contributing to concerns around presenteeism in the workplace. Presenteeism refers to workers' being on the job but, because of illness or other medical conditions, not fully functioning. Research has found that this can cut individual productivity by one-third or more and may be a much costlier problem than absenteeism.

'I just didn't feel I could cope with going back to work and being a carer.' (Carer)

The research by CIPD and the University of Sheffield also found that:

- 30% of working carers had reduced their hours of work because of their caring role. A further 36% had refused a job offer or promotion, or decided against applying for a job, because of their caring responsibilities.
- 29% of working carers said that they were considering reducing their working hours, and 24% were considering giving up their job because of their caring role.
- Only 14% of working carers said that they never came home from work too tired to do some of the caring tasks that need to be done.

Further evidence is presented in the findings from a survey of over 2,000 unpaid carers conducted by Carers Trust, which reported that 54% of carers have given up, or reduced, paid work because of caring responsibilities (Carers Trust 2020).

'My dad's dementia became progressively worse on the day I started work and after 2 weeks we agreed it wasn't the right time for me, so we terminated my contract.' (Carer)

As around one third (27%) of the carers who are supported by Working for Carers exit into employment, the growing body of research on supporting working carers, such as working with the employer to ensure that they have carer friendly policies, highlights a potential gap in current support.

Interestingly research from Carers UK suggests that there are lower numbers of people juggling work and care in the private sector (13%) compared to the public sector (19%). Workers in the private sector had less access to supportive policies listed for carers (28%) compared with the public (20%) and third sectors (22%). This demonstrates the variability in the workplace experiences of unpaid carers (Carers UK 2019b).

Awareness of unpaid carers is higher since the outbreak of coronavirus according to the general public. Half (48%) of those who had never been a carer said they were either more aware or much more aware of unpaid carers (Carers UK 2020d). Formally recognising working carers is an important step in developing effective measures and in creating an organisational culture that is supportive of those with care responsibilities. The research from Carers UK suggests that many working carers lack knowledge about existing support and this may also serve to limit the confidence of carers seeking to move back into the workplace.

'I know some of them are reluctant to talk about their caring role in their cover letter as they think they won't be employed.' (Employment Personal Advisor)

The COVID-19 pandemic has forced many employers to shift to flexible working arrangements and this is likely to form an increasing feature of the workplace. Increasing numbers of employers may recognise the benefits of enabling staff to work more flexibly (for example, flexible start and finish times and opportunities to work at home) which has the potential to widen opportunities for unpaid carers to move back into work. As such, the prospects for Working for Carers participants may be improving as the workplace embraces policies that can support carers to juggle work alongside their care responsibilities.

Moving forwards, whilst there is a continuing need to support carers to move back into employment, including those who may be made redundant following the cessation of the furlough scheme, there is also a need to help participants progressed into employment to stay in work. This raises a question on the exit arrangements for the project and potential for Employment Personal Advisors to provide time-limited in work support for participants that have moved into an employment outcome.

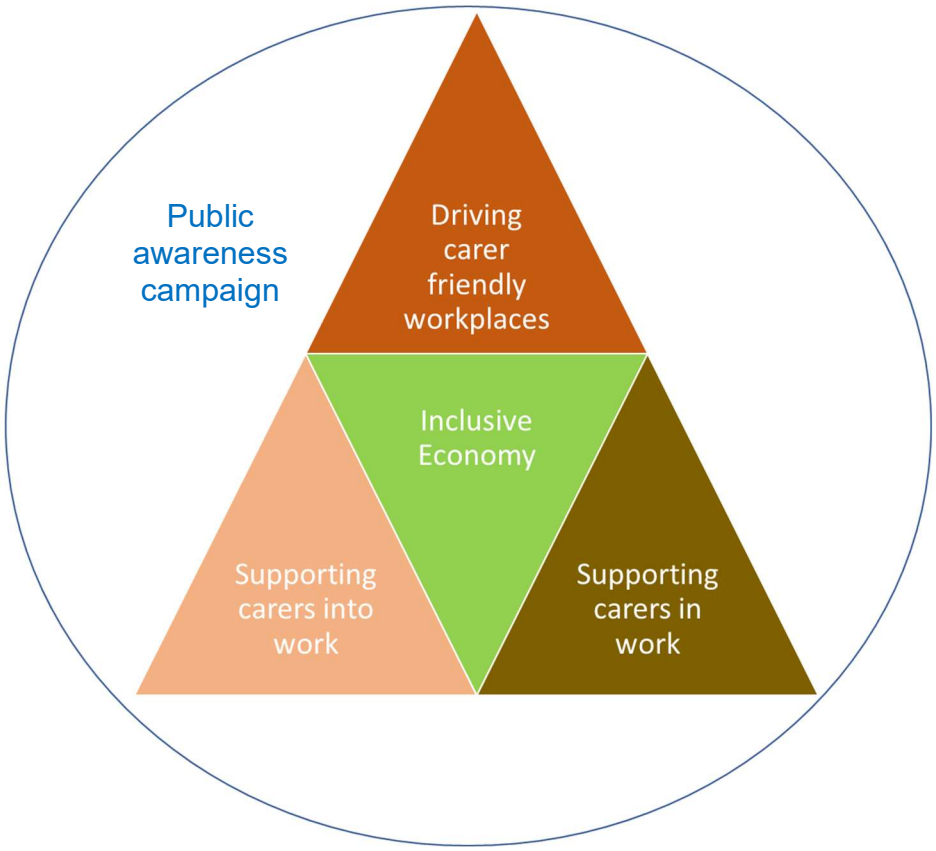
Future models of support

The impact of COVID-19, allied to the learning from Working for Carers, demonstrates a need to consider a more holistic approach to supporting carers to move into and sustain employment. Broadly speaking, the design of any future programme should

consider addressing three main areas: supporting unemployed and economically inactive carers to progress into work; supporting working carers to stay in work; and encouraging employers to adopt carer friendly policies.

Addressing these three areas is likely to deliver a more sustainable approach in terms of employment outcomes and creating the conditions for a more carer friendly labour market. The experiences of the Working for Carers project and emerging evidence from the pandemic demonstrates the challenges associated with addressing only one of these three areas or different providers addressing them in isolation. Figure 3.5 provides an overview of a holistic model of support which may form part of any future funding submission by Carers Trust and Network Partners.

Figure 3.5: Holistic model of supporting carers into work



As part of legacy planning, the Working for Carers Steering Group should discuss options and opportunities to evolve the Working for Carers project beyond September 2022. This may include assessing the potential to develop a new project which is able to work across the three main areas that underpin a step change in the approach to supporting carer to move into sustainable and quality employment.

Conclusions & Recommendations

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

Impact of COVID-19 on carers

Recent research by Carers UK has pointed to a considerable increase in the number of unpaid carers as a result of the COVID-19 pandemic. The pandemic has placed considerable pressure on carers who report to be providing even more care than six months ago. Unsurprisingly the ongoing pressures facing unpaid carers throughout the pandemic is likely to have influenced their ability or motivation to consider moving into employment.

Ongoing concerns around shielding and a lack (or perceived lack) of carer friendly workplaces may also have reduced the number of unpaid carers seeking to engage in return-to-work projects such as Working for Carers. At the same time, the number of unpaid carers who are either unemployed or economically inactive is likely to grow significantly as the full impacts of the pandemic on the labour market are felt, in particular following the cessation of the existing job retention (furlough) scheme.

The switch to digital delivery

As a result of guidance from the UK Government, and to ensure the safety of both staff and carers, over the last 12 months delivery of the project has switched from face-to-face sessions to online support. Whilst this switch has presented some technical challenges, feedback from Employment Personal Advisors and Project Managers is largely positive. The wider challenge associated with the switch to digital is in ensuring equality of access. Given that a lack of digital skills is a key concern among many participants supported by the project, there is a risk that the switch to online delivery may exclude many carers. Moving forward beyond COVID-19 it is helpful for the Hubs to share practice around the use of online delivery and for the Steering Group to discuss digital access arrangements.

How and when do carers enter Working for Carers

The project's participant monitoring data demonstrates a gradual reduction since 2017 in the number of participants stating that they were unemployed and a gradual year on year increase in the proportion stating that they were economically inactive. This shift towards supporting a greater proportion of participants who are economically inactive is important as they have differing, and perhaps more in-depth, support needs compared with people that have actively been seeking employment.

Whilst a change in caring responsibilities is commonly a trigger for a carer to consider moving into employment, evidence from the participant survey indicates that 91%

reported that they were a current carer when they first accessed Working for Carers. 36% of respondents indicated that they were providing care more than 61 hours per week. This highlights the complexity facing Employment Personal Advisors when working to support participants with ongoing care responsibilities to progress closer to the labour market.

Recruitment of carers

Analysis of key referral sources by year of delivery suggests that the project has become more reliant on referral from Carers Trust Network Partners, rising from 69% in 2017 to 90% in 2020. Conversely referrals from statutory partners and voluntary and community sector partners have declined over this period. Whilst the pandemic has undoubtedly created challenges in partnership working, the project should move away from an over reliance on Network Partners as the main source of referrals. There is merit in revisiting previous stakeholder mapping exercises to identify key organisations and services that are already working with and supporting people with care responsibilities or former carers. The Steering Group should also engage Jobcentre Plus Service Leaders to review referral pathways into the project.

Wider support needs of participants

Feedback from Employment Personal Advisors and Project Managers has highlighted a shift in the wider support needs of carers when they access support. Whilst key support needs such as employability skills and building confidence remain, the impact of the pandemic has led to a need for greater emotional support and addressing some of the wider and immediate challenges facing carers. Whilst this is understandable, it does raise potential concerns around a blurring of the key focus of the project in moving carers closer to employment. The Steering Group should review and discuss the parameters of the support provided by Employment Personal Advisors to carers.

Employer engagement

Feedback from Project Managers and Employment Personal Advisors highlights ongoing challenges in undertaking direct brokerage with employers. Despite building and maintaining relationships with employers and employment agencies being included as one of the Employment Personal Advisors' duties, in practice this has not formed part of their work. Engaging employers as a mechanism of supporting carers into work and increasing the number of carer friendly workplaces is a much broader national objective. Whilst Working for Carers can contribute to this bigger national objective, in the context of the remaining funding period for the project, the capacity of Employment Personal Advisors is best directed towards managing referral networks and supporting carers.

Supporting working carers

Almost 3.7 million employees in England and Wales are working carers. For about 2.6 million of these working carers, care is additional to full-time paid work. As around one third of the carers who are supported by Working for Carers exit into employment, the growing body of research around supporting working carers, such as working with the

employer to ensure that they have carer friendly policies, highlights a potential gap in current support.

Moving forwards, whilst there is a continuing need to support carers to move back into employment, including those who may be made redundant following the cessation of the furlough scheme, there is also a need to help participants progressed into employment to stay in work. This raises a question on the exit arrangements for the project and the potential for Employment Personal Advisors to provide time-limited in-work support for participants that have moved into an employment outcome.

Future models of support

The impact of COVID-19, allied to the learning from Working for Carers, demonstrates a need to consider a more holistic approach to supporting carers to move into and sustain employment. This may include:

- supporting unemployed and economically inactive carers to progress into work;
- supporting carers in insecure roles and/or low paid jobs;
- supporting working carers to stay in work;
- and encouraging employers to adopt carer friendly policies.

As part of legacy planning, the Steering Group should discuss options and opportunities to evolve the Working for Carers project beyond September 2022.

References

Carers Trust (2020)- 'A Few Hours A Week to Call My Own'. November 2020

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CIPD & University of Sheffield (2020)- 'Supporting working carers: How employers and employees can benefit'.

Citizens Advice (2020)- 'An unequal crisis: Why workers need better enforcement of their rights'.

Ecorys (2020)- 'Building Better Opportunities Evaluation'. Annual Report 2020

Life Changes Trust (2020)- 'COVID-19 Learning Report'.

Office for National Statistics. (2020). Average weekly earnings in Great Britain: July 2020. ONS.

The Good Things Foundation (2019)- 'Digital Motivation: Exploring the reasons people are offline'.

Annex 1: Survey Response Rates

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

Demographics	All Working for Carers participants	Wavehill survey respondents
Gender		
Male	19%	17%
Female	81%	83%
Ethnicity		
Asian/Asian British	23%	21%
Black/Black British	30%	26%
White	34%	29%
Dual Heritage	6%	7%
Other Ethnic Group	5%	12%
Prefer not to say	2%	5%
Age		
25-30	5%	4%
31-40	17%	12%
41-50	32%	33%
51-60	37%	38%
61-70	8%	9%
71+	0%	1%
Prefer not to say	0%	3%
Employment Status		
Unemployed	18%	
Inactive	82%	

Annex 2: Aims of the Evaluation & Methodology

This section outlines the methodology used to inform this report.

Aims of the evaluation

In February 2020, Wavehill was appointed by Carers Trust to undertake an independent evaluation of the Working for Carers project 2019-2022. The evaluation objectives are as follows:[8]

1. To evaluate the carer cycle through the Working for Carers project identifying if there is a correlation between the following factors:
   a. how/when carers enter the project – we are particularly interested in understanding how the type, level, and structures around caring roles impact carers movement through the Working for Carers cycle,
   b. what the identified wider support needs for carers are (i.e. emotional or practical) and how these are managed e.g. when are referrals made? What routes have been effective to enable positive re-entry into the project?
   c. how/when carers exit the project and what happens next.

2. To evaluate the impact of outreach activities and partnerships with local providers on recruitment of carers to the Working for Carers project. The evaluation will identify and evidence effective approaches in an initial impact report. The effect the focused application of identified approaches has on recruitment across the project will be a key element of the final report.

3. To evaluate the impact of the employability support strategies provided to Working for Carers participants on the outcomes they have or go on to achieve. Current strategies range from strategies to support carers into employment (including workshops, peer supports. one-to-one support), information on carers employment rights, supporting carers to speak to employers about their caring role, through to direct brokerage with employers.

4. To provide a focused evaluation of the experiences of organisations involved in the delivery and receipt of support from Working for Carers. This will include Carers Trust, Hub partners, Carers Trust Network Partners, and other key organisations supporting carers across Greater London.

[8] This evaluation was commissioned before the Coronavirus Pandemic (COVID-19) spread to the UK. The evaluation questions have been amended to account for the impact of the pandemic on project delivery and outcomes for participants.

5. To identify a clear set of principles that those interested in carers employability can replicate, in Greater London and in other geographical areas.

The evaluation will be comprised of three separate reports. This interim report will be followed by a final report, that will address the remaining objectives and be delivered in February 2022.

Research methods

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

- Analysis of Working for Carers participant monitoring data, which captures data relating to the 930 individuals who have registered with Working for Carers since the beginning of the project.
- In-depth telephone interviews with Project Managers, from each of the four Hub partners.
- In-depth telephone interviews with Employment Personal Advisors from each of the four Hub partners.
- A survey of carers who have exited Working for Carers within the last two years. The survey was hosted on the online platform Qualtrics, and either self-completed by the carer online, or completed by phone with assistance from a member of the research team.
- A document review, including recent research on the impact of COVID-19 on unpaid carers.