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©Carers Trust 2022. Photos in this report are from the Working for Carers showcase event in November 2019. 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 unpaid carers get the extra help they need to live their own lives. With these locally based Network Partners we are able to support unpaid 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 unpaid 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.
Working for Carers supports unpaid carers and former carers in London, who are aged 25 or over, to move closer to employment. Through the project carers can access free support, which includes one-to-one meetings with a dedicated advisor, access to workshops, and help with job searching and CVs.

Working for Carers is jointly funded by the European Social Fund and The National Lottery Community Fund, as part of the Building Better Opportunities programme. The project commenced in 2016 and was originally funded for three years. The project has been extended twice, and is now funded until June 2023.

This report presents the final evaluation findings, exploring the impact of the Covid-19 pandemic on the delivery of the project and outlining a set of principles that those interested in carers employability can replicate. The key findings are summarised below.

**Key Findings**

**Impact of Covid-19:**

- Recent research has pointed to a large increase in the number of unpaid carers as a result of the coronavirus (Covid-19) pandemic. The pandemic has placed considerable pressure on carers who report to be 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 (EPAs), and thus increasing their capacity to engage and support carers. The wider challenge associated with the switch to digital is in ensuring equity 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.

- One of the consequences of the pandemic has been a reduction in the number of carers registering with the project. This is consistent with the wider Building Better Opportunities programme which experienced a significant reduction in referrals and engagement.
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 evaluation findings of the wider Building Better Opportunities programme and the Government’s Work and Health programme.

Who is supported by Working for 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. When compared with the wider Building Better Opportunities programme, Working for Carers has targets to engage a significantly higher proportion of economically inactive participants. Such a high proportion of economically inactive participants is likely to require a greater focus on pre-employability support to enable participants to make an informed decision as to whether they wish to consider actively seeking employment.

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.

All Hubs have experienced 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.

Barriers to employment:

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, followed by low confidence, and having skills that are not up to date.

Project referrals and registrations:

Most carers are referred into Working for Carers by a Carers Trust Network Partner (carers centre). Analysis of key referral sources by year of delivery suggests that the project has become more reliant on referrals from Network Partners between 2017 and 2021. Conversely, referrals from statutory partners and Voluntary & Community Sector (VCS) partners have declined over this period.
• Few carers came into contact with the project through social media or other online channels, or 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. However, the ability to actively manage referral networks across 33 London Boroughs, and a diverse range of potential referral partners, requires dedicated capacity beyond what has been available to the project. This provides a learning point with regards to the design of future support programmes.

• Working for Carers is unique as it focuses specifically on supporting unpaid carers. The approach is by design ‘carer friendly’ and is therefore likely to appeal to carers seeking to move back into employment when compared to programmes with broader eligibility criteria. However, the lack of coordination across employability programmes, and perceived competition to attract and retain participants, has meant that carers have not been signposted to Working for Carers by other providers.

• 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.

**Progress to date:**

• Up to Quarter 4, 2021 (end of December 2021), the project has supported 85% of its revised minimum target of participants, which equates to 60% of the original overall target. Given the delivery trajectory of the project, it is projected that the funder targets will be broadly reached for most outputs, except for engaging men and engaging unemployed unpaid carers.

• 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.

• The proportion of participants moving into employment reached its highest level in 2021 at 30%, perhaps indicating a rebound as the UK emerges from the pandemic. Overall, the progression into employment rate for the project of 27% is slightly under the Building Better Opportunities programme average of 35% but this is influenced by the higher proportion of economically inactive participants in the Working for Carers programme.

• As around one third of the 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.
Recommendations for future 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 four main areas: encouraging economically active carers to transition into actively seeking work; supporting unemployed carers to progress into work; supporting working carers to stay in work; and encouraging employers to adopt carer friendly policies.
INTRODUCTION

Working for Carers supports unpaid carers and former carers in London, who are aged 25 or over, to move closer to employment. 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 (EPA).
- 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 (ESF) and The National Lottery Community Fund as part of the Building Better Opportunities (BBO) programme. The project commenced in 2016 and was originally funded for three years. The project has been extended twice, and is now funded until June 2023. 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; and
- Carers Lewisham.

This report presents final evaluation findings, outlining the delivery of the project, performance against targets, key learning points, recommendations, and a set of principles that those interested in carers employability can replicate. This is the final of three evaluation reports that Wavehill, an independent research organisation, has produced 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 is 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 main findings of the evaluation, drawing together learning and insight from the previous evaluation reports produced in September 2020(2) and February 2021.(3)

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 coronavirus (Covid-19) pandemic (the first national lockdown started in March 2020). 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). This has contributed to rising levels of economic inactivity across the working age population.

The pandemic has placed considerable pressure on carers. A recent survey of carers who were providing care six months ago, 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.

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

“Been offered help with CV and workshops but covid has put me off that”.  
(Carer)

At the same time, the pandemic has also created 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 job retention (furlough) scheme in September 2021.

“We’ve had more referrals from people who have been made redundant or furloughed”.  
(Working for Carers 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, in poverty and 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 people from ethnic minority groups.

These findings have relevance for the project 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
- 80% female
- 69% from ethnic minority groups

Source: Working for Carers Participant Monitoring Data (Base = 1,065) [4]

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 during and beyond 2022. 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.

[4] All monitoring data covers the period February 2017 to December 2021
A survey conducted by Employers for Carers and Carers UK (Employers for Carers & Carers UK 2020) to understand the impact of the Covid-19 pandemic on working carers and how employers have supported them found that:

- **9 out of 10 employers** said they had put in additional arrangements to support carers’ health and wellbeing during the pandemic.

- **Three quarters (75%) of employers** said they had offered additional flexible working arrangements for carers.

- **Around 6 out of 10 employers (61%)** offered different arrangements for staff who were caring for someone in the shielded category.

- **Over 4 in 10 employers (42%)** said they offered additional leave arrangements for carers as a result of the pandemic.

- **Around a half (49%) of respondents** said their organisation had developed, or had plans to develop, new additional organisational/HR/other policies or procedures as a result of the pandemic.

- **Over a third of respondents (37%)** felt their organisations had learned new practical lessons that would help them in supporting carer employees. Implementing better remote working and flexibility were key issues identified.

This suggests that the measures adopted by employers in response to the pandemic may support efforts to create more carer friendly workplaces, thus providing greater reassurance to unpaid carers seeking to return to work. The survey was conducted with existing members of Employers for Carers and is not necessarily representative of the work practices and arrangements for non-members. As such, there is still considerable work required to increase the number of employers creating carer friendly workplaces.
Learning around 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 (EPAs) and Project Managers is largely positive. The ability to engage participants through online sessions has provided several logistical benefits, most notably reducing travel time for EPAs, and thus increasing their capacity to engage and support carers. The use of video calls, as opposed to telephone calls, also enables the EPAs to pick up visual clues from the body language of carers and thus make a better assessment of their status and support needs. EPAs 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 Hubs it has also helped to reduce waiting times for carers, in particular in boroughs where EPAs schedule appointments on a rota basis. EPAs and Project Managers also highlighted some positive innovations around the delivery of online training and groupwork, for example training around Carer Rights or wellbeing and support sessions, which has been well received and achieved higher attendances than physical in-person 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. These challenges are consistent with those experienced by other Building Better Opportunities (BBO) programmes where potential participants have struggled with a lack of access to devices to access online provision, and a lack of skills and knowledge to use them (Ecorys 2021).

Whilst the use of video calls has generally worked well, it is unlikely to provide the same benefits in terms of enabling the EPAs to build trust and rapport with carers, which is central to supporting their continued engagement and progression, in particular for those who are economically inactive and are tentatively exploring a return to work.

The wider challenge associated with the switch to digital is in ensuring equity 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. People on a low income, older people and those without an education were most likely to be offline; all three groups are often associated with carers.
Given that a lack of digital skills and confidence is a key concern among many participants supported by the project (Wavehill 2020), 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 carers. An interaction on a small mobile phone screen will clearly differ from a laptop or tablet.

“I personally think it’s no good for me, it’s just a waste of time for them, they keep sending me emails but I’m not able to access things online, it’s a bit pointless. I’m not far away from the centre so I’d rather go in person.”
(Carer)

Consistent with the arrangements put in place by other BBO schemes to address digital exclusion (Ecorys 2021), Hub partners have been able to access additional resources to secure and loan out devices to carers to enable them to engage with the support, however this created administrative and compliance issues. Without suitable support to facilitate access, there is a risk that some of the most vulnerable carers seeking support to move into work will be unable to engage until physical delivery resumes (and they feel safe and comfortable to attend in-person meetings).

There is also a lack of robust evidence around the relative effectiveness of face-to-face employability sessions when compared with online sessions. This should be factored into the design of Management Information Systems for future programmes to explore any trends and differences in engagement, progression, and outcomes for participants. Recent research by the Learning and Work Institute (2021) exploring the impact of moving employability training online found that some aspects of online delivery worked particularly well. Some less confident participants found it easier to contribute and participate, and the programme was more accessible for participants and employers. However, some aspects were more challenging. It was hard to keep participants engaged, and online delivery was tiring for everyone.

Not all participants engaged with their camera on which made it difficult to develop the relationship with staff. Some participants had challenging working environments, including problems with Wi-Fi, a lack of access in their homes to a quiet or confidential place to engage in sessions, or a lack of skills in using the digital tools they needed.

One of the recommendations from their research was using a hybrid (blended) model which would vary according to the needs and preferences of the participants whilst also addressing practical barriers, including access to a suitable physical space for those without a suitable home environment and training in the use of digital tools.
This may highlight a need for future programmes to identify suitable local spaces for carers to engage online, which may include local carers centres, public libraries, or educational institutions, in addition to retaining the use of physical sessions where required (and based on an initial assessment conducted as part of registration).

Moving forward beyond Covid-19 it is helpful for the Hubs to share practice around the use of online delivery and for any future programmes to consider incorporating digital support and access for participants. This is particularly relevant given the likely adoption of a blended delivery model incorporating physical and virtual sessions between participants and EPAs. This may require appropriate funds to be ring-fenced in future funding bids to cover hardware costs (i.e. devices) and training to ensure that delivery is accessible and digitally inclusive.

**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. This is consistent with the wider BBO programme, which experienced a significant reduction in referrals and engagement activity, including a 74 percentage point decrease in engagement between March and June 2020 compared to the same period in 2019 (Ecorys 2021).

As such there has been minimal change in the profile of participants since Report Two. The most recent monitoring data (5) continues to show that most carers (82%; 874/1,065) accessing Working for Carers are classed as economically inactive when they enter the project. Correspondingly, 18% (192/1,065) 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 80% of participants to be economically inactive, and 20% to be unemployed.

> So I was thinking about getting back to work but I didn’t know how to start, or if I even can - I don’t have any confidence.”
> (Carer)  

When compared with the wider BBO Programme, Working for Carers has targets to engage a significantly higher proportion of economically inactive participants. At the point of engaging with the programme, 47% of participants in the BBO Programme were economically inactive, compared to the 82% for Working for Carers. This is relevant context given that the BBO Programme defines an economically inactive participant as someone who is not looking for work or not available for work (Ecorys 2021).

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(5) Includes data up to Quarter 4, 2021 (up until end December 2021).
Based on the most recent data from the Annual Population Survey (Office for National Statistics 2022) only 19.5% of people who are economically inactive want a job. This suggests that within the cohort of participants targeted by Working for Carers, a high proportion may not, initially at least, be actively seeking work. As such, the project is working to transition these participants from being economically inactive to being unemployed.

“I’ve been out of work a long time and wanted to see what my options were”. (Carer)

This is an important consideration for any assessment of the project’s performance and any future model of working. Such a high proportion of economically inactive participants is likely to require a greater focus on pre-employability support to enable participants to make an informed decision as to whether they wish to consider actively seeking employment. This transition is also significant as by being registered as unemployed, participants are eligible to access provision that is not always available to economically inactive groups. The implications of the focus on economically inactive participants are covered in further detail in the following sections of this report.

(6) https://www.nomisweb.co.uk/
Of those carers who were unemployed when they entered Working for Carers, 31% (59/192) had been out of work for less than 12 months. However, a large proportion of this group (69%; 133/192) are classed as long-term unemployed. (7) Of this group, 23% (45/192) reported that they had been unemployed for more than five years, and 10% (20/192) has been unemployed for more than ten years (see Table 1).

**Table 1: How long participants had been unemployed on entry to the project.**

<table>
<thead>
<tr>
<th>Length of unemployment</th>
<th>Number of participants</th>
<th>Proportion of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 6 months</td>
<td>32</td>
<td>17%</td>
</tr>
<tr>
<td>6 months - less than 1 year</td>
<td>27</td>
<td>14%</td>
</tr>
<tr>
<td>1 - 2 years</td>
<td>50</td>
<td>26%</td>
</tr>
<tr>
<td>3 - 4 years</td>
<td>18</td>
<td>9%</td>
</tr>
<tr>
<td>5 - 6 years</td>
<td>21</td>
<td>11%</td>
</tr>
<tr>
<td>7 - 8 years</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>9 - 10 years</td>
<td>12</td>
<td>6%</td>
</tr>
<tr>
<td>Over 10 years</td>
<td>20</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Participant Monitoring Data (Base = 192)

To supplement the monitoring data captured by the project, Wavehill, in conjunction with Project Administrators across the Hubs, 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.

(7) When a person has been unemployed for 12 months or more.
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 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 up until the most recent year of delivery in 2021.

Whilst there may be a degree of inaccurate recording in the data, 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. Given the implications of such a high proportion of participants being classed as economically inactive, the assessment of progression outcomes throughout the duration of the project needs to take this into account.

<table>
<thead>
<tr>
<th></th>
<th>Unemployed, including long-term unemployed</th>
<th>Inactive, including not in education or training</th>
<th>1+ years unemployed</th>
<th>5+ years unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2017</strong></td>
<td>24%</td>
<td>76%</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>2018</strong></td>
<td>17%</td>
<td>83%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>2019</strong></td>
<td>12%</td>
<td>88%</td>
<td>6%</td>
<td>4%</td>
</tr>
<tr>
<td><strong>2020</strong></td>
<td>9%</td>
<td>91%</td>
<td>5%</td>
<td>1%</td>
</tr>
<tr>
<td><strong>2021</strong></td>
<td>22%</td>
<td>78%</td>
<td>13%</td>
<td>2%</td>
</tr>
</tbody>
</table>

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, most notably as wider research has indicated that many carers have seen their caring responsibilities increase during the pandemic. For example, and relevant to the responses from carers on who they are caring for (Figure 1), most commonly carers reported that they were caring for a child or an older relative.

(8) This may be the result of misunderstanding among participants and EPAs around what the terms unemployed and economically inactive mean.
The closure of schools (and a resultant impact on home schooling) and respite provision, including day centres for a proportion of the pandemic, 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 so have been unable to send their child to school in line with guidance from the Department for Education for the duration that schools have been closed. The pandemic has also disproportionately impacted on the adult social care workforce, with staff shortages due to Covid-19 related sickness absence meaning that many participants with ongoing care responsibilities may have experienced disruptions in the delivery of the care package for those they are caring for.

During 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.

**Figure 1: Who were you caring for?**

![Bar chart showing the distribution of care recipients](chart.png)

Source: Participant Survey (Base = 112)

Most 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 carers 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 more than 61 hours per week (Figure 2).

**Figure 2: When you started Working for Carers, how many hours per week did you spend caring?**

Source: Participant Survey (Base = 105)

As outlined in the second evaluation report, the number 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 many 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).
Figure 3: Reported barriers to entering the workplace or accessing training or education opportunities

- Finding opportunities that fit around my caring role, such as flexible or part-time work: 68%
- Financial concerns, such as loss of Carers Allowance or other benefits: 31%
- My skills were not up to date: 36%
- Lack of access to alternative care to meet caring needs whilst I’m away: 30%
- Unsure how to identify carer-friendly employers: 30%
- Unsure how to search for jobs: 28%
- Lack of available work relevant to my skills: 25%
- Concerns about stigma in the workplace due to my caring role: 17%
- Waiting to change career: 17%
- Mental health: 4%
- Health issues: 3%
- Location: 2%
- Age: 2%
- Other: 4%

Source: Participant Survey (Base = 105)
One of the challenges that the project has faced is identifying and reaching 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, the project has adopted a targeted recruitment approach, working with key organisations and services identified during stakeholder mapping.

**Project performance against output targets**

Drawing on the most recently available monitoring information it is possible to determine the progress of the project towards its output targets. This demonstrates that up to Quarter 4, 2021 (end of December 2021) the project has supported 85% of its revised minimum target of participants (Table 3), which equates to 60% of the original overall target of 1,778.\(^{(10)}\) The project has made stronger progress in engaging women compared with men. It has also made slightly further progress in engaging economically inactive participants over unemployed participants, which is likely to have been influenced by the pandemic.

### Table 3: Progress towards output target

<table>
<thead>
<tr>
<th>Output Target</th>
<th>Revised minimum Target</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of participants</td>
<td>1,253</td>
<td>1,065</td>
<td>85%</td>
</tr>
<tr>
<td>Number of men</td>
<td>294</td>
<td>209</td>
<td>71%</td>
</tr>
<tr>
<td>Number of women</td>
<td>1,002</td>
<td>855</td>
<td>85%</td>
</tr>
<tr>
<td>Other gender</td>
<td>0</td>
<td>1</td>
<td>-</td>
</tr>
<tr>
<td>Number unemployed</td>
<td>249</td>
<td>191</td>
<td>77%</td>
</tr>
<tr>
<td>Number economically inactive</td>
<td>1,048</td>
<td>874</td>
<td>83%</td>
</tr>
<tr>
<td>Number aged over 50</td>
<td>526</td>
<td>479</td>
<td>91%</td>
</tr>
<tr>
<td>Number with disabilities</td>
<td>282</td>
<td>249</td>
<td>88%</td>
</tr>
<tr>
<td>Number from ethnic minorities</td>
<td>670</td>
<td>692</td>
<td>103%</td>
</tr>
</tbody>
</table>

Source: Working for Carers Monitoring Data (Base = 1,065)

Given the delivery trajectory of the project, it is projected that the targets will be broadly reached for most outputs except for engaging men and engaging unemployed unpaid carers.

\(^{(10)}\) The minimum target was agreed by the Steering Group and funders due to the impact of Covid-19 on the ability of the project to meet the original agreed targets.
Recruitment of carers to the Working for Carers project

A majority (37%) of carers (390/1,065) are referred into Working for Carers by a Carers Trust Network Partner (Table 4). 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 Carers Trust Network Partners (carers centres) is reasonable, the project commenced in 2017 and so it is possible that the delivery has exhausted the pool of existing carers of working age registered with their local carers centre who may be considering progressing into work.

“I had been trying to get back to work and finding it really difficult, I was getting a lot of rejections, I got an email alerting me to what they were doing and thought it’d be good to get help to see what I was doing wrong.” (Carer)

Table 4: Where did you hear about Working for Carers?

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Overall</th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>1,066</td>
<td>361</td>
<td>288</td>
<td>201</td>
<td>92</td>
<td>124</td>
</tr>
<tr>
<td>Referral - Network Partner</td>
<td>37%</td>
<td>30%</td>
<td>39%</td>
<td>50%</td>
<td>42%</td>
<td>27%</td>
</tr>
<tr>
<td>Referral - VCS partner</td>
<td>5%</td>
<td>9%</td>
<td>3%</td>
<td>5%</td>
<td>0%</td>
<td>1%</td>
</tr>
<tr>
<td>Poster/Leaflet/Article</td>
<td>3%</td>
<td>3%</td>
<td>4%</td>
<td>5%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Website</td>
<td>4%</td>
<td>8%</td>
<td>2%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Referral - carer</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
<td>7%</td>
<td>4%</td>
<td>0%</td>
</tr>
<tr>
<td>Referral - Statutory partner</td>
<td>2%</td>
<td>3%</td>
<td>5%</td>
<td>2%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Carers organisation / network</td>
<td>0%</td>
<td>1%</td>
<td>6%</td>
<td>6%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Event</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Another organisation</td>
<td>0%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Workshop</td>
<td>0%</td>
<td>2%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Online</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Word of mouth</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Social media</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>1%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Phone</td>
<td>0%</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Unknown</td>
<td>38%</td>
<td>38%</td>
<td>36%</td>
<td>22%</td>
<td>43%</td>
<td>65%</td>
</tr>
<tr>
<td>Other</td>
<td>8%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>2%</td>
<td>3%</td>
</tr>
</tbody>
</table>

Source: Working for Carers Monitoring Data (Base = 1,065)
The most recent data from Carers Trust indicates that 23% of unpaid carers reached by Network Partners are of working age (Carers Trust 2021). From this pool of working age carers registered with their local carers organisation, only a proportion may be interested in exploring options to progress into work. As such it is unlikely that the volume of referrals from Network Partners would remain constant or at a high level throughout the project, even without the influence of the pandemic.

“Most of our carers are retired so they’re not looking for work. I haven’t therefore made many referrals, it’s more about signposting and promoting the work they do. Bit more advocacy [is needed] as most the carers that come to us are struggling enough with caring that they don’t need a job.” (Network Partner)

Analysis of those that heard of the programme through direct referral sources specifically, by year of delivery suggests that the project has become more reliant on referrals from Network Partners over any other referral route, rising from 69% in 2017 to 97% in 2021. Conversely referrals from statutory partners and the Voluntary & Community Sector (VCS) partners have declined over this period (Table 5).

<table>
<thead>
<tr>
<th>Year</th>
<th>Referral - Network Partner</th>
<th>Referral - VCS partner</th>
<th>Referral - carer</th>
<th>Referral - Statutory partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>69%</td>
<td>20%</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>2018</td>
<td>82%</td>
<td>7%</td>
<td>1%</td>
<td>10%</td>
</tr>
<tr>
<td>2019</td>
<td>79%</td>
<td>8%</td>
<td>10%</td>
<td>2%</td>
</tr>
<tr>
<td>2020</td>
<td>90%</td>
<td>0%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>2021</td>
<td>97%</td>
<td>3%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Working for Carers Monitoring Data (Base = 1,065)
There are three aspects to consider here, the first of which is the respective reach of carers organisations in their local area. This is likely to differ across the 33 London Boroughs covered by the project and, as such, influences the reach of the project given the high reliance of referrals from Network Partners. The second consideration is that many people providing unpaid care may not consider themselves to be a carer and as such would not be immediately attracted to the project. Finally, not all boroughs have had a Network Partner or dedicated carers service throughout the lifetime of the project.

For future programmes, it would 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 release of the Census 2021\(^{(11)}\) data in Spring 2022 will provide an update on the number of people who report to be providing unpaid care, which can inform future programme design and delivery. Existing research (Carers UK 2020d) already outlines the profile of unpaid carers, with adults aged 55–64 most likely to care for others and, in age groups under 75, women being more likely to provide unpaid care than men. As outlined later in this report, registrations recorded by Working for Carers have been high for older carers, and older carers are achieving outcomes at similar levels to all participants. This indicates the continuing role that the project can play to reach and support older age groups who are most likely to care for others.

The next most common referral route into the project is through VCS partners; however just 5% (52/1,065) of carers were referred from this group, and one in 2021. 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 (EPAs) and Project Managers have 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. This is particularly true where the original reason for the referral was not related to support to progress into work.

\(^{(11)}\) Census 2021 contains a specific question on the provision of unpaid care: “Do you look after, or give help or support to, anyone because they have long-term physical or mental health conditions or illnesses, or problems related to old age?”
The rationale for engaging VCS partners is that many unpaid carers may be accessing support from a range of different community-based services delivered by the Voluntary and Community Sector. This could help to raise the profile and reach of the project outside of the cohort of unpaid carers registered with their local carers centre. Connecting with local Councils for Voluntary Services (CVSs) may help to promote the programme and facilitate links with other services that unpaid carers may draw on to support them to progress into work. Moving forward, establishing stronger links with local CVSs\(^{(12)}\) may help to increase inward referral numbers outside of Network Partners as well as engaging underrepresented groups in the profile of participants. It may also be useful to ask participants what other VCS services they are using as this may highlight specific organisations to engage to promote Working for Carers.

Very few carers came into contact with Working for Carers through social media (0.4%) and only 3.3% (35/1,065) had accessed the project having seen a leaflet, poster, or article.

Whilst feedback from EPAs 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.

\(^{(12)}\) CVSs are operating in 29 of the 33 London Boroughs.
As outlined in our previous reports, 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 project, the number of carers for whom the referral route was unknown is high, with data not available for 38% (403/1,065) of carers who entered the project. This continues to represent a proportion of referral sources. Whilst the proportion of ‘unknowns’ fell between 2017 and 2019, it has increased again since the start of the pandemic and during the last year accounted for nearly two thirds (65%) of all referrals. It is possible that this may have related from challenges collecting participant data associated with remote delivery through the pandemic.

One of the operational lessons from the project is ensuring that the monitoring information accurately captures routes into the support as this can help Hubs identify which organisations 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.

Feedback from referral partners has highlighted that the process of submitting a referral was simple and straightforward and promptly acknowledged by the recipient Hub partner. This suggests that the profile of referrals received by the project has not been affected by an overly complicated referral system which has been raised as problematic in other employability schemes such as the Work and Health Programmes (SQW 2019) where low numbers of inward referrals have been attributed to the complexity of the process.

Developing effective referral networks

Whilst the pandemic has undoubtedly created challenges in partnership working, the project has worked to extend its referral routes to increase the number of referrals from sources other than Network Partners. Initially a stakeholder mapping exercise was undertaken 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 (EPAs) 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’ are less likely to result in a response from potential referral partners. EPAs 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.

Yet the ability to adopt a more persistent approach across 33 London Boroughs and a potentially diverse range of potential referral partners requires dedicated capacity beyond what has been available to the project. This provides a learning point with regards to the design of future support programmes.

Feedback from EPAs 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). This suggests that some referral partners require training and ongoing contact to facilitate a regular flow of appropriate referrals, which again points to a need for sufficient capacity to manage this level of work. Partners also referenced issues relating to the turnover of staff within the project which has limited their ability to maintain working relationships and made it more difficult for the profile of the project to be retained.

“It’s been very stop start... there’s been an issue with recruitment and retention in the Working for Carers team... so consistency has been the problem. Every so often they email us asking for referrals, and we have a meeting where there is good communication, but outside of the meeting it falls to the wayside.”
(Referral Partner)

There has been some positive development to address these issues. Camden Carers Service has delivered 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 the Network Partners.

The project has secured a low proportion of inward referrals through statutory partners (2%). This is consistent with evidence from the Building Better Opportunities (BBO) Programme evaluation that highlights challenges in securing referrals particularly from statutory partners (Ecorys 2021). Links with local authority Carer Leads are variable, and even where strong links are in place, this does not necessarily result in a regular flow of referrals from adult social care teams or welfare rights teams.
Links are also underdeveloped with a range of independent advice agencies (such as Citizens Advice and Age UK) who will be providing support and guidance to working age carers, which is likely to be due to capacity pressures associated with the delivery of the programme. Whilst a few Hubs reported to have made presentations to Jobcentre Plus, this has not resulted in a regular flow of inward referrals. Camden Carers Service and Carers Lewisham, for example, have delivered training for Jobcentre Plus Partnership Managers on ‘Who is a Carer’.

Whilst the absence of referrals may in part be due to differing priorities for Jobcentre Plus work coaches and the often complex and confusing nature of employability provision, it may simply be due to lower proportions of unpaid carers registering as unemployed and seeking work when compared to those without care responsibilities. It is worth noting that the project has a focus on engaging and supporting economically inactive participants and that referrals from Jobcentre Plus would be classed as unemployed. As such, achieving large volumes of referrals from Jobcentre Plus would change the balance of the project and be contrary to its contracted targets.

Further work is required to determine whether Jobcentre Plus ask for information on whether an individual provides unpaid care as part of their application for Jobseeker’s Allowance. This would provide context for the level of potential referrals that Jobcentre Plus work coaches could direct towards employability schemes specifically focused on unpaid carers.

The process of developing, managing, and maintaining an active and strong referral network should not be underestimated. Given the challenge of securing regular referrals from partner agencies, many BBO programmes have sought to increase self-referrals, shifting their focus to advertise directly to participants. However, for a programme with a geographical focus as large as Working for Carers, this would require resources over and above what is budgeted for in the current grant agreement.

One of the themes raised by some referral partners was the lack of any feedback from the EPAs on the outcome of a referral that has been made. This was highlighted as an area that the project needed to address to help to develop and sustain a positive working relationship with referral partners.

“\[I’d like to see more of outcomes, we’re an outcomes-based service so we’d love to know whether or not the carer has met their employment goals. If they could report back to me.\]”
(Referral Partner)
For future programmes, one option may be to consider focusing partnership working activities on a more targeted geographic basis, whilst maintaining links with existing referral partners (a targeted and universal model). The importance of local knowledge was acknowledged by several Network Partners as an important factor in supporting carers into local employment opportunities.

“Local knowledge of what’s out there means we can provide them with more meaningful employment opportunities.”
(Network Partner)

The recruitment of dedicated outreach capacity to maintain relationships with referral partners may be considered as part of any future programme design. Whilst responsibility for managing referral networks is included in the job role for EPAs,(13) in practice this requires a different set of skills and dedicated capacity to deliver tangible results.

Coordination across employability schemes

Another delivery challenge raised during consultations with Employment Personal Advisors (EPAs), Project Managers and partner organisations was the lack of coordination across the range of employability and return to work schemes active across 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.

As the project is delivered by local carers organisations, who are not traditional providers of employability provision, its visibility amongst other employability schemes has not been as strong as it could have been. As a result, both inward and onward referrals between the project and other employability schemes have remained low throughout its delivery. This challenge is not unique to Working for Carers with the flagship Work and Health Programmes across London also reporting challenges in securing referral numbers, as well as issues with referral quality from Jobcentre Plus work coaches (e.g. missing information about participants or participants not fully understanding the programme).(14)

(13) EPA duties as per the job role includes building and maintaining relationships with other voluntary agencies and service providers to identify and co-refer carers.

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.

The high proportion of economically inactive participants entering the project does raise several questions with regards to their perceptions of or experience of employability provision. Given that most individuals registered as economically inactive are not actively looking for work, they are unlikely to register for support through Jobcentre Plus or other employability provision, given that this would require them to comply with progression and job search requirements. Where an individual is at a pre-employability stage, for example considering their options of whether they feel ready or, in the context of their care responsibilities, able to progress into work, then Working for Carers is likely to be a more appropriate and attractive option.

This is a highly relevant issue as the country emerges from the Covid-19 pandemic. Whilst fears of a huge spike in unemployment when support provided by the coronavirus Job Retention Scheme (furlough scheme) was withdrawn\(^{(15)}\) has failed to materialise, employers are struggling to cope with a shortage of skilled workers\(^{(16)}\) with vacancies at a record high of 1.2 million. Since the onset of the pandemic there has been a large rise in the number of people classed as economically inactive. The Office for National Statistics estimates that there are 400,000 more people falling within the economically inactive category than before the pandemic hit. This trend is also increasing.

Whilst the direct impact of the pandemic will have contributed to this rise initially, the falls in levels of unemployment, as the country has emerged from the pandemic, have not been mirrored with falls in economically inactive numbers, in particular for those aged over 50 (which equates to 45% of the programme’s participants). This suggests that large numbers of working age people feel excluded from the labour market.

This has led to a call by the Recruitment and Employment Confederation for a greater focus on persuading and supporting the economically inactive to return to the job market.\(^{(17)}\) As such, this indicates a growing need for projects such as Working for Carers which engage economically inactive groups and support them either directly into work or progressing into other schemes supporting unemployed groups into work (i.e. developing an onward referral pipeline).

\(^{(15)}\) The Coronavirus Job Retention Scheme ended on the 30th September 2021


\(^{(17)}\) [https://www.bbc.co.uk/news/business-60039923](https://www.bbc.co.uk/news/business-60039923)
How does recruitment differ according to participant demographics?

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

All Hubs reported to have experienced challenges to recruiting male carers to the project. This is borne out in the monitoring data for the project which shows that just 20% (209/1,065) of Working for Carers participants are male. As a result, Working for Carers is currently underperforming against its target for 25% of the carers supported by the project to be male. However, it is worth noting that males are less likely to be economically inactive than females (females 24% and males 16% Nomis 2021)(18).

There are some positive examples of efforts to identify and engage underrepresented groups such as male carers. This includes establishing links with Men’s Sheds and parent groups. Moving forward there is merit in EPAs and Project Managers sharing practice and learning across the Network and with wider stakeholders including VCS organisations and employability providers that have developed strategies to engage and recruit underrepresented groups of carers.

“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 to the project. They reported that many of the carers they support are aged 50+. Indeed, monitoring data shows that 45% of participants (479/1,065) who access Working for Carers are aged 51+, whilst just 5% (53/1,065) are aged 30 and under. However, this may in part be influenced by the fact that the project is unable to support carers aged 25 and under.

Analysis of the most recent project monitoring data indicates that all Hubs are continuing to overperform against the target for participants aged over 50 (Table 6). Given the higher proportion of referrals into the project from Network Partners, this may simply be due to the age profile of carers registered with their local carers centre and the profile of those more likely to be economically inactive.

(18) https://www.nomisweb.co.uk/
Table 6: Proportion of participants in each age group, by Hub

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Redbridge Carers</th>
<th>Camden Carers</th>
<th>Harrow Carers</th>
<th>Carers Lewisham</th>
<th>All hubs</th>
</tr>
</thead>
<tbody>
<tr>
<td>25 - 30</td>
<td>7%</td>
<td>5%</td>
<td>4%</td>
<td>3%</td>
<td>5%</td>
</tr>
<tr>
<td>31 - 40</td>
<td>20%</td>
<td>18%</td>
<td>19%</td>
<td>16%</td>
<td>18%</td>
</tr>
<tr>
<td>41 - 50</td>
<td>38%</td>
<td>28%</td>
<td>34%</td>
<td>26%</td>
<td>32%</td>
</tr>
<tr>
<td>51 - 60</td>
<td>25%</td>
<td>38%</td>
<td>37%</td>
<td>46%</td>
<td>36%</td>
</tr>
<tr>
<td>61 - 70</td>
<td>8%</td>
<td>10%</td>
<td>6%</td>
<td>9%</td>
<td>8%</td>
</tr>
<tr>
<td>71+</td>
<td>1%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Source: Participant Monitoring Date (Base = 1,065)

This highlights the need for the Hubs to extend links into organisations and services currently working with carers in the younger age cohorts (25–40). This action could be expanded to include young adult carers should any future programme be opened to all working age groups.

**Compliance**

The compliance requirements required by the European Social Fund (ESF), referenced repeatedly in consultations with EPAs and Project Managers, are challenging and potentially counterproductive to the aims of the project. This is perhaps more acute for Working for Carers when compared with other Building Better Opportunities schemes as a greater proportion of participants are economically inactive at the point that they registered with the programme and thus perhaps less willing to complete detailed paperwork when they may only be exploring options as opposed to committing to progressing into work.

Compliance takes-up capacity which could 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 is 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 EPAs. However, anecdotal evidence from EPAs and Project Managers suggests that a proportion of potential participants have withdrawn from the project at the registration stage due to the requirement to provide the level of identification mandated by the funder.\(^{(19)}\)

Moving beyond the project, should the project continue to focus on economically inactive groups of unpaid carers, the registration and referral (inward and onward) process should be more appropriately tailored to the needs of participants. The complex system of eligibility for claiming outcomes should also be redesigned to encourage as opposed to inhibit referrals where this is in the best interests of the individual.

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

Feedback from Employment Personal Advisors (EPAs) and Project Managers has highlighted a shift in the wider support needs of carers when they access support. Whilst key support needs including 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). Emotional support and confidence building was the most frequently cited reason by carers consulted by the evaluation team.

This was particularly true for carers who had been out of work for a long time (over seven years), some of whom said they felt like they had a lot to offer but did not know where to start, whereas others were seeking general emotional support to start thinking about employment.

> Speaking to my adviser and the support they’ve given me has helped me to be more confident, sometimes I feel like no one will employ me but she explains there are many people in the same position and gives me the confidence I need.”
> 
> (Carer)

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. Carers consulted in the most recent discussions were still receiving support, except for two that had exited.

\(^{(19)}\) No consistent data has been captured across the Hubs to determine the exact scale of this issue.
A common theme highlighted by EPAs 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. Given that most participants were economically inactive at the point they entered the programme, then their employability journey is likely to require more in-depth and upfront work discussing options, providing reassurance, and building confidence prior to engagement in more traditional employability activities. This was also recognised by wider stakeholders, including Carers Trust Network Partners (carers centres) and other referral partners.

“**The local authority has some schemes but this is a bespoke model, and carers are at the heart of that. There’s a level of understanding, that at the job centre you have to demonstrate you’re a carer and jump through the hoops. They’re so much more flexible. Other employment programmes can be quite rigid, that’s the uniqueness of it.**”

(Referral Partner)

Throughout the pandemic Network Partners have hosted an increased number of online wellbeing and mindfulness courses in recognition of the support needs of carers and these have been useful in retaining engagement whilst participants build their confidence to progress to the next step.

This is consistent with some of the themes from the evaluation of the Work and Health Programmes (SQW 2019) which highlighted the importance of addressing issues relating to confidence, motivation, and wellbeing as a step towards encouraging participants to actively progress to job seeking.

Key workers in the Work and Health Programme outlined challenges in relation to the high level of barriers some participants enter the programme with and the unwillingness of some people to look for work. The evaluation of the Building Better Opportunities Programme (Ecorys 2021) has also highlighted that through, and emerging from, the pandemic, the focus of support shifted with a greater emphasis on wellbeing and mental health, although the core business of employability support has restarted.

“**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)
This highlights a need for clarity around the initial assessment and registration process for the project to determine whether a prospective participant is ready to progress their employability journey or whether they require pre-employability support that is more holistic in nature. Whilst EPAs have been undertaking both aspects, this raises challenges in terms of their capacity to undertake more in-depth casework with participants, as well as questions as to their suitability in terms of skills and experience to deliver wider, holistic support.

This is not to suggest that the provision of holistic support is not a necessary part of a carer’s journey into work, in particular for economically inactive participants, but rather a question on whether or where 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.

The provision of broader holistic support as a step into the project perhaps more appropriately sits within the wider work of local carers 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.

This should be factored into the design of any future programme with a focus to engage and support predominantly economically inactive unpaid carers. Future programme models should also consider the potential different staff roles and skillsets required to provide holistic support to carers at different stages of their employability journey. The skills required to provide effective wellbeing support differ from more traditional employability skills support, as do the skills required to engage employers or provide in-work support.

“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)
Another issue raised during consultations is that carers registering with the project do not always disclose barriers as part of their initial assessment, but that these are subsequently raised as part of their support work with EPAs (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. The ability of the EPAs to develop trust and build rapport with participants is central to the progression journey. This process cannot be rushed if high levels of participant attrition are to be avoided and strong levels of progression achieved.

A high proportion of carers lack some of the key basic skills needed to enable them to secure employment (Figure 4). The ability of EPAs 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 4: Proportion of participants lacking basic skills**

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>13%</td>
</tr>
<tr>
<td>Maths</td>
<td>17%</td>
</tr>
<tr>
<td>Both</td>
<td>11%</td>
</tr>
</tbody>
</table>

Source: Participant Monitoring Data (Base = 1,065)
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 (EPAs) 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
- Reassurance and motivational coaching to persuade participants that can they secure and sustain work

“The [CV] session was very useful, it was showing how you are a volunteer carer and the responsibilities that entails. I had never put that on my application – I do everything for my Mum for free, writing letters, calling the doctors, caregiving itself.”

(Carer)

The Hubs 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 have helped to address social isolation and improve participants’ motivation, and are key stepping stones to encourage them to progress to active job seeking.

One of the challenges presented by the pandemic was the ability for EPAs to signpost the carers into voluntary work opportunities, in part 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, concerns around safety and changing support needs for the person they are caring for.

“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

Data captured via a satisfaction survey on the exit form provides information on carers' ratings of the support they have received across a range of areas. The feedback in Figure 5 demonstrates strong ratings across all areas with most carers providing a very good rating.

**Figure 5: Client satisfaction survey responses: rating of support received**

![Bar chart showing client satisfaction survey responses for different areas of support provided by Working for Carers.](chart)

- **Knowledge of subject/activity**: 52% Very Good, 15% Good, 3% Not good or bad
- **Understanding of needs**: 52% Very Good, 16% Good, 2% Not good or bad
- **Support target setting**: 48% Very Good, 18% Good, 3% Not good or bad
- **Help finding other support**: 47% Very Good, 17% Good, 5% Not good or bad
- **Support planning next steps**: 48% Very Good, 17% Good, 4% Not good or bad

Participant Monitoring Data, all exited participants (Base=457)
The satisfaction survey also highlights that the support has provided carers with greater confidence and motivation to make next steps (Figure 6). Just over eight in ten carers stated that the support had improved their prospects of getting a job and for nine in ten it had provided them with greater knowledge of their options, enabling them to make informed decisions about their next steps.

**Figure 6: Client satisfaction survey responses: impact on carer**

![Bar chart showing satisfaction levels in different aspects: Motivation to make next steps (67%), Prospects - getting a job (62%), Confidence (62%), Knowledge of options (61%), Manage time and responsibilities (52%).]

Further insight was captured from respondents to the Wavehill survey of carers who 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 7.

Participant Monitoring Data, all exited participants (Base=656)
Figure 7: 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)?

<table>
<thead>
<tr>
<th>Statement</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>The support has helped me feel work ready</td>
<td>7%</td>
<td>13%</td>
<td>33%</td>
<td>31%</td>
<td>16%</td>
</tr>
<tr>
<td>The support has prepared me for job searching independently</td>
<td>4%</td>
<td>13%</td>
<td>33%</td>
<td>30%</td>
<td>20%</td>
</tr>
<tr>
<td>The support has supported me to build positive relationships</td>
<td>12%</td>
<td>13%</td>
<td>26%</td>
<td>34%</td>
<td>15%</td>
</tr>
<tr>
<td>The support has made a positive contribution to my personal / mental health</td>
<td>8%</td>
<td>13%</td>
<td>25%</td>
<td>38%</td>
<td>17%</td>
</tr>
<tr>
<td>The support has improved my social skills</td>
<td>11%</td>
<td>13%</td>
<td>28%</td>
<td>34%</td>
<td>14%</td>
</tr>
<tr>
<td>The support has given me the opportunity to have time to myself</td>
<td>8%</td>
<td>17%</td>
<td>36%</td>
<td>29%</td>
<td>10%</td>
</tr>
<tr>
<td>The support has improved my management of my own wellbeing</td>
<td>6%</td>
<td>15%</td>
<td>29%</td>
<td>36%</td>
<td>15%</td>
</tr>
<tr>
<td>The support has helped me improve my confidence</td>
<td>6%</td>
<td>9%</td>
<td>30%</td>
<td>38%</td>
<td>18%</td>
</tr>
</tbody>
</table>

As illustrated by Figure 7, most carers agreed that the support they had received from Working for Carers had prepared them for job searching independently and improved their confidence. These are key factors in enabling the participants to transition from being economically inactive to being unemployed.

The support has also provided benefits in terms of their mental health and wellbeing and helping them to build positive relationships, which in turn can aid retention for those moving into employment outcomes. 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.
“I felt empowered, mentally stronger, more confident.’
(Carer)

“Everything is on me and it’s difficult - you feel devalued, and you just get lower. Doors are opening for me now.’
(Carer)

“They’ve helped me to look at confidence building with small volunteering, and I’ve managed to apply for that as I struggled with the application - they helped and I’ve got the position now. It interests me doing this volunteering, I didn’t want to do paid caring, I wanted to give back with charity campaigning and have the flexibility.’
(Carer)

“I have an employment advisor who calls me and offers to check my CV. She goes through stuff with me, she would forward any openings that she comes across and asks me exactly what I want, she helps me search for jobs.’
(Carer)

Carers noted that through continually engaging with the project they were motivated to take steps towards finding employment. The opportunity to speak to other participants was referenced by several carers, demonstrating the value of group work, and facilitated peer support sessions.

Conversations that took place in the final consultations complemented the above, indicating that carers now feel more confident searching for jobs as well as feeling more confident in themselves overall. Many felt it gave them the motivation to look for work and support them with finding the right direction to take their career in.
“I got to speak to other people in my situation to help me and really motivated me.”
(Carer)

“It’s a very important project, to have dedicated money for carers, to support our employment, our health and mental health.”
(Carer)

“Big impact – more confidence, rebuilding myself, knowing I can achieve something for myself.”
(Carer)
What happens to carers when they exit Working for Carers?

Most recent monitoring data reveals that to date 978 participants (92% of all registered participants) have exited Working for Carers (Table 7). Of those that have exited, 42% entered employment, education, or training. A further 18% entered job searching, or a combination of job searching and education/training. The remaining 39% of participants exited for another reason, which is consistent with the project targets.

Table 7: Exit destinations, all participants

<table>
<thead>
<tr>
<th>Reason for exit</th>
<th>Number of participants (n)</th>
<th>Proportion of participants</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>205</td>
<td>21%</td>
</tr>
<tr>
<td>Employment</td>
<td>260</td>
<td>27%</td>
</tr>
<tr>
<td>Job-searching</td>
<td>161</td>
<td>16%</td>
</tr>
<tr>
<td>Education/training</td>
<td>128</td>
<td>13%</td>
</tr>
<tr>
<td>Employment and education/training</td>
<td>25</td>
<td>3%</td>
</tr>
<tr>
<td>Job-searching and education/training</td>
<td>19</td>
<td>2%</td>
</tr>
<tr>
<td>Volunteering</td>
<td>2</td>
<td>0%</td>
</tr>
<tr>
<td>Volunteering and education/training</td>
<td>1</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>177</td>
<td>18%</td>
</tr>
</tbody>
</table>

Source: Participant Monitoring Data, all exited participants (Base=978)

The proportion of participants moving into employment reached its highest level in 2021 at 30%, perhaps indicating a rebound as the UK emerges from the pandemic. Overall, the progression into employment rate for the project of 27% is slightly under the Building Better Opportunities (BBO) average of 35% (Ecorys 2021) but is influenced by the higher proportion of economically inactive participants in the Working for Carers programme. Some 20% of economically inactive participants for the programme have moved into job searching, compared with 14% for the BBO Programme.

Analysis of the monitoring data also shows that older age carers (51 and over) are achieving outcomes at the same level as all participants, demonstrating the role that the project can play in supporting an age cohort most likely to be providing unpaid care to progress into employment, education or training or job-searching.

(20) 21.9% of older carers moved into employment (21.5% all); 12.2% moved into education/training (11.6% all) and 11.7% job-searching (12.1% all).
Time series analysis of the monitoring data reveals that the proportion of disengagements has remained relatively stable in the first four years of delivery but jumped up in 2021 (Table 8). This may be explained by the higher proportion of economically inactive participants registering with the programme in 2020 and then deciding that on reflection they aren’t ready to actively seek work following a period of support by the Employment Personal Advisors (EPAs).

The compliance requirements for the programme have limited the ability to recontact exited participants to determine whether they may now be able to actively seek work. This approach should be factored into the design of any future programme.

### Table 8: Exit destinations, all participants (by year)

<table>
<thead>
<tr>
<th></th>
<th>2017</th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disengaged</td>
<td>20%</td>
<td>21%</td>
<td>19%</td>
<td>19%</td>
<td>30%</td>
</tr>
<tr>
<td>Employment</td>
<td>29%</td>
<td>25%</td>
<td>24%</td>
<td>23%</td>
<td>30%</td>
</tr>
<tr>
<td>Job-searching</td>
<td>18%</td>
<td>15%</td>
<td>16%</td>
<td>18%</td>
<td>13%</td>
</tr>
<tr>
<td>Education/training</td>
<td>14%</td>
<td>13%</td>
<td>12%</td>
<td>16%</td>
<td>8%</td>
</tr>
<tr>
<td>Employment and education/training</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>3%</td>
<td>0%</td>
</tr>
<tr>
<td>Job-searching and education/training</td>
<td>2%</td>
<td>2%</td>
<td>2%</td>
<td>1%</td>
<td>1%</td>
</tr>
<tr>
<td>Volunteering</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Volunteering and education/training</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other</td>
<td>14%</td>
<td>20%</td>
<td>24%</td>
<td>19%</td>
<td>17%</td>
</tr>
</tbody>
</table>

Source: Participant Monitoring Data, all exited participants (Base=978)

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

> “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)
This was attributed to a perception from carers that the competitive labour market would make it difficult for them to secure a job or challenges in obtaining the necessary care package to enable them to move into work.

“If I’ve called anyone about vacancies, they often say they’re doing redundancies.”
(Employment Personal Advisor)

“Haven’t been able to get the support I needed because I was too busy caring for my mum.”
(Carer)

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, 72% (84/117) had sustained employment for 26 out of 32 weeks. Additionally:

- 82% (74/90) agreed that they were able to balance work and caring;
- 67% (59/88) were able to access flexible working; and
- 26% (22/86) 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% (48/105) entered employment or self-employment and 30% (30/102) exited into education or training or job searching (Table 9)
Table 9: Destinations of participants who responded to the Wavehill participant survey.

<table>
<thead>
<tr>
<th>Destination</th>
<th>Number of respondents (n)</th>
<th>Proportion of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entered employment or self-employment</td>
<td>48</td>
<td>47%</td>
</tr>
<tr>
<td>Chose to exit for another reason</td>
<td>24</td>
<td>24%</td>
</tr>
<tr>
<td>Entered education or training</td>
<td>20</td>
<td>20%</td>
</tr>
<tr>
<td>Entered job searching</td>
<td>10</td>
<td>10%</td>
</tr>
</tbody>
</table>

Source: Participant Survey (Base = 105)

The sectors that these individuals entered are detailed in Table 10 suggesting that education and health and social care were the most common sectors. This data is useful as the adoption of carer friendly policies differs across sectors and understanding where participants progress can inform future work to encourage employers to adopt policies and practice that support carers to stay in work.

Table 10: What sector did you work in? (Participants entering employment).

<table>
<thead>
<tr>
<th>Sector</th>
<th>Number of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>13</td>
</tr>
<tr>
<td>Health and Social care</td>
<td>11</td>
</tr>
<tr>
<td>Financial &amp; insurance</td>
<td>4</td>
</tr>
<tr>
<td>Business administration &amp; support services</td>
<td>4</td>
</tr>
<tr>
<td>Property</td>
<td>2</td>
</tr>
<tr>
<td>Arts, entertainment, recreation &amp; other services</td>
<td>2</td>
</tr>
<tr>
<td>Information &amp; communication</td>
<td>2</td>
</tr>
<tr>
<td>Construction</td>
<td>1</td>
</tr>
<tr>
<td>Professional, scientific &amp; technical</td>
<td>1</td>
</tr>
<tr>
<td>Retail</td>
<td>1</td>
</tr>
<tr>
<td>Not sure</td>
<td>6</td>
</tr>
</tbody>
</table>

Source: Participant Survey (Base = 47)
Survey respondents were also asked to indicate their starting salary. A breakdown of responses is provided in Table 11. This suggests that most respondents have gone on to earn below the national average salary, which in December 2021 was £25,971 although the average salary for London is likely to be higher (Office for National Statistics, 2021).

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 11: What was your annual starting salary?**

<table>
<thead>
<tr>
<th>Salary Band</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £10,000</td>
<td>12</td>
</tr>
<tr>
<td>£10,001 - £15,000</td>
<td>12</td>
</tr>
<tr>
<td>£15,001 - £20,000</td>
<td>7</td>
</tr>
<tr>
<td>£21,000 - £25,000</td>
<td>10</td>
</tr>
<tr>
<td>£25,001 - £30,000</td>
<td>2</td>
</tr>
<tr>
<td>£40,000 - £50,000</td>
<td>1</td>
</tr>
<tr>
<td>£50,001 +</td>
<td>3</td>
</tr>
</tbody>
</table>

Source: Participant Survey (Base = 47)

**Performance of programme against result and outcome targets**

Drawing on the most recently available monitoring information it is possible to determine the progress of the project towards its results and outcome targets. This demonstrates that up to Quarter 4, 2021 (up until December 2021) the project has considerably over-performed in relation to supporting unemployed participants into employment but has only achieved half of the target for moving economically inactive participants into employment or job searching (Table 12).

This is likely to be strongly influenced by the pandemic which has made it more challenging to encourage and persuade economically inactive unpaid carers to commence active job searching or progression into work.
Table 12: Project performance against result and outcome targets

<table>
<thead>
<tr>
<th>Results</th>
<th>Total until 31 December 2021</th>
<th>Target</th>
<th>Total</th>
<th>% of target achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total education/training</td>
<td></td>
<td>177</td>
<td>123</td>
<td>69%</td>
</tr>
<tr>
<td>Unemployed into employment</td>
<td></td>
<td>61</td>
<td>147</td>
<td>241%</td>
</tr>
<tr>
<td>Inactive into employment or job-searching</td>
<td></td>
<td>396</td>
<td>204</td>
<td>52%</td>
</tr>
<tr>
<td>Total sustained employment result</td>
<td></td>
<td>110</td>
<td>83</td>
<td>75%</td>
</tr>
<tr>
<td>Other exit (not a result)</td>
<td></td>
<td>0</td>
<td>310</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcomes</th>
<th></th>
<th>Target</th>
<th>Total</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Participants access volunteering opportunities</td>
<td></td>
<td>210</td>
<td>165</td>
<td>79%</td>
</tr>
<tr>
<td>1. Participants access peer support</td>
<td></td>
<td>678</td>
<td>610</td>
<td>90%</td>
</tr>
<tr>
<td>1. Participants report their confidence has improved</td>
<td></td>
<td>751</td>
<td>621</td>
<td>83%</td>
</tr>
<tr>
<td>2. Participants supported to actively search for jobs</td>
<td></td>
<td>644</td>
<td>535</td>
<td>83%</td>
</tr>
<tr>
<td>2. Participants achieve improvements against action plans</td>
<td></td>
<td>912</td>
<td>772</td>
<td>85%</td>
</tr>
<tr>
<td>2. Participants are referred to other specialist services</td>
<td></td>
<td>292</td>
<td>235</td>
<td>80%</td>
</tr>
<tr>
<td>3. Participants report they have gained skills/experiences</td>
<td></td>
<td>740</td>
<td>606</td>
<td>82%</td>
</tr>
<tr>
<td>3. Participants attend training</td>
<td></td>
<td>703</td>
<td>658</td>
<td>94%</td>
</tr>
<tr>
<td>3. Participants access info/support to look after their own health</td>
<td></td>
<td>644</td>
<td>680</td>
<td>106%</td>
</tr>
<tr>
<td>4. Participants have access to support groups/champions at work</td>
<td></td>
<td>25</td>
<td>22</td>
<td>88%</td>
</tr>
<tr>
<td>4. Participants have flexible working conditions</td>
<td></td>
<td>98</td>
<td>57</td>
<td>58%</td>
</tr>
<tr>
<td>4. Participants are able to balance employment with caring</td>
<td></td>
<td>105</td>
<td>73</td>
<td>70%</td>
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</table>

Source: Participant Monitoring Data
The project has made positive progress across most outcome targets, in particular with regards to supporting participants to look after their own health and to attend training. These are both linked to the uplift in wellbeing support offered to participants over the last couple of years through the pandemic.

Notably the outcome areas where the project has made the least progress against targets are in relation to participants having flexible working conditions or being able to balance employment with caring. This can be attributed to the challenge of engaging employers and encouraging them to adopt carer friendly working arrangements and highlights a need for continued efforts to support these objectives.

**Labour market recovery beyond the pandemic**

As the UK moves beyond the pandemic the most recent labour market statistics suggest a continued recovery for the UK labour market, with some of the labour market indicators returning to pre-pandemic levels. Employment levels have been increasing, while unemployment levels have been falling. To date, the pandemic has had more of an impact on the labour market status of particular age groups. Young workers (under 25) and workers aged 65+ have been most likely to have left employment and have seen the biggest increase in unemployment.

Some workers have been disproportionately economically impacted by the coronavirus outbreak, including those from an ethnic minority group, low paid workers, and disabled workers.(21) Given the profile of Working for Carers participants, including carers with a work limiting health condition, a long-term health condition or disability and a high proportion from an ethnic minority group, this demonstrates the work that is likely to be required to persuade economically inactive carers to consider taking steps towards moving into work.

A recent briefing report by the Institute for Employment Studies (IES) (2021) raises concern that labour supply isn’t keeping up with demand. Whilst unemployment has fallen back to 4.5%, vacancies have reached a new peak of 1.1 million. There are now 1.45 unemployed people per vacancy, the lowest figure for half a century, making this the most challenging labour market in modern times.

Taking account of the pre-pandemic trend of a growing labour market overall, the total level of economic activity (i.e. those either in work or looking/available for work) is now nearly one million below pre-crisis trends. The IES estimates that whilst approximately one third of this is explained by a smaller population, mainly due to lower migration, two thirds is due to higher ‘economic inactivity’, with 310,000 fewer older people in the labour market than expected (especially older women), and 210,000 fewer young people (especially men).

(21) https://commonslibrary.parliament.uk/research-briefings/cbp-8898/
This highlights an increasing need for interventions that engage and activate a growing proportion of people who are economically inactive to help address the rising number of shortages evident across many sectors. This will need to be sensitive to the barriers that are likely to be preventing carers from entering the workforce.

“We now need a new and different plan, that will work with employers and wider public services to far better support older people, disabled people, those with health conditions, parents and students to prepare for and get (back) into work.”

(IES 2021)

**Employer engagement**

Feedback from Project Managers and Employment Personal Advisors (EPAs) 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 EPA 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 Hubs have tried to engage their respective Chambers of Commerce, business networks and employment and skills 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 it 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 an application phase or once in work.

“Wider work is needed around engaging employers and advocacy work around carer rights.”

(Network Partner)
Whilst Working for Carers has contributed to this bigger national objective, the experience of the project to date has highlighted a need for a coordinated approach to raise awareness amongst employers of the needs of unpaid carers in their workforce and the benefits of adopting carer friendly work practices. This can also drive efforts to increase the number of employers offering work experience and work placement opportunities for carers seeking to progress into work.

This sits within a wider context of work to support inclusive economy strategic objectives both across London and the wider UK.

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. 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). This is particularly relevant for Working for Carers given 80% of participants are female. 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 just over a quarter (27%) 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. 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 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 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. This is evident in the recent employer survey conducted by Employers for Carers and Carers UK (2020).

As such the prospects for Working for Carers participants may improve as the workplace embraces policies that can support carers to balance work alongside their care responsibilities. This should form part of the conversation with economically inactive participants to encourage them to transition towards active job seeking.

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. Future programme design should consider extending the model to provide time-limited in-work support for participants that have moved into an employment outcome or support to those in insecure or low paid jobs.

“Sometimes people who work full time want to change their career but you have to be unemployed and over a certain age to be eligible for support… a lot of carers are interested in charitable work and voluntary sector work, and if they’re working in other industries they wanted to make inroads within those sectors as a career.”
(Network Partner)

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 four main areas: encouraging economically active carers to transition into actively seeking work; supporting unemployed carers to progress into work; supporting working carers to stay in work; and encouraging employers to adopt carer friendly policies.

Addressing these four 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 8 provides an overview of a holistic model of support which may form part of any future funding submission by Carers Trust and Network Partners (carers centres).

Several referral partners highlighted the restrictive nature of focusing support on unpaid carers aged over 25 with a call for any future delivery model to be open to all age groups, to carers who may be underemployed and those in work but struggling to balance their work and care commitments.
"The eligibility criteria are very restrictive; over 25 is not appropriate when we support carers from 16 onwards, so many doing part-time work or in full time education."
(Network Partner)

"We have carers already in employment wanting to sustain it, we don’t really have anyone to signpost them to in that way."
(Network Partner)

Figure 8: Holistic model of supporting carers into work

As part of legacy planning, Carers Trust and the Working for Carers Steering Group should discuss options and opportunities to evolve the Working for Carers project beyond June 2023. This may include assessing the potential to develop a new project which is able to work across the four main areas that can underpin a step change in the approach to supporting carers to move into sustainable and quality employment.
CONCLUSIONS & RECOMMENDATIONS

This section summarises the key conclusions and recommendations identified from the evaluation of the Working for Carers programme. It outlines the principles that those interested in carers employability can replicate, in Greater London and in other geographical areas.

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.

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 during 2022. 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.

Whilst there is emerging evidence that the pandemic is encouraging employers to adopt more flexible working arrangements and put in place arrangements that are more conducive to supporting carers in the workforce, the pace of this change is likely to be uneven across different sectors and employer size.

A fundamental challenge remains, many unpaid carers seeking to move into work can find it difficult to identify carer friendly employers. This continues to influence levels of confidence to consider returning to work as London, and the rest of the UK, emerges from the pandemic. Schemes need to address both issues relating to confidence and motivation as well as enabling carers to identify roles and employers that are flexible and carer friendly.

The 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 Advisor (EPAs) and Project Managers is largely positive.
The ability to engage participants through online sessions has provided several logistical benefits, most notably reducing travel time for EPAs, and thus increasing their capacity to engage and support carers.

The use of video calls, as opposed to telephone calls, also enables the EPAs to pick up visual clues from the body language of carers and thus make a better assessment of their status and support needs. The use of video calls has resulted in 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).

However, this switch also presents several challenges. Whilst the use of video calls has generally worked well, it is unlikely to provide the same benefits in terms of enabling the EPAs to build trust and rapport with carers, which is central to supporting their continued engagement and progression. 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 emergence of blended models of delivery across the employability and Information, Advice and Guidance (IAG) landscape presents continuing opportunities but future schemes seeking to support carers into work need to recognise and address digital access issues facing participants.

**How and when do carers enter Working for Carers**

One of the consequences of the pandemic has been a reduction in the number of carers registering with the project. This is consistent with the wider Building Better Opportunities (BBO) Programme, which experienced a significant reduction in referrals and engagement activity. When compared with the wider BBO Programme, Working for Carers has targets to engage a significantly higher proportion of economically inactive participants, that is people who are not currently looking for work or not available for work.

Such a high proportion of economically inactive participants is likely to require pre-employability support to enable participants to make an informed decision as to whether they wish to consider actively seeking employment. This transition is also significant as by being registered as unemployed, participants are eligible to access provision that is not available to economically inactive groups.

The project has seen a gradual shift towards supporting a greater proportion of participants who are economically inactive. This is important as they have differing and more in-depth support needs compared with people that have actively been seeking employment. Evidence from the survey of Working for Carers participants indicated that around nine in ten participants have ongoing care responsibilities. As such the profile of participants require more holistic support over and above more traditional employability skills. Future schemes need to support a wider range of barriers facing carers seeking to progress into work, over and above standard employability skills.
Performance against output targets

Drawing on the most recently available monitoring information, up to Quarter 4, 2021 (end December 2021) the project has achieved 85% of its target of participants. The project has made stronger progress in engaging women compared with men. It has also made slightly further progress in engaging economically inactive participants over unemployed participants, which is likely to have been influenced by the pandemic. Given the delivery trajectory of the project, it is projected that the targets will be broadly reached for the majority of outputs except for engaging men and engaging unemployed unpaid carers.

Recruitment of carers

Most carers are referred into the project by a Carers Trust Network Partner (carer centre). Whilst the approach of seeking referrals through Network Partners is reasonable, the project commenced in 2016 and so it is possible that as the delivery has exhausted the pool of existing carers of working age registered with their local carers organisation who may be considering progressing into work. Gaps in the monitoring information collected by the project makes it difficult to discern which partnerships are performing well in relation to referrals into the project. Since the launch of the project, the number of carers for whom the referral route was unknown is high, with data not available for 38% of carers who entered the project.

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.

The process of developing, managing, and maintaining an active and strong referral network should not be underestimated. Given the challenge of securing regular referrals from partner agencies, many BBO programmes have sought to increase self-referrals, shifting their focus to advertise directly to participants. However, for a project with a geographical focus as large as Working for Carers, this would require resources over and above what is budgeted for in the current grant agreement.

Coordination across employability schemes

The 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, the lack of coordination across employability programmes, and perceived competition to attract and retain participants, has meant that unpaid carers are not being suitably signposted into the project 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).
Wider support needs of participants

Feedback from EPAs and Project Managers has highlighted a shift in the wider support needs of carers when they access support. Whilst key support needs including 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. This is consistent with some of the themes from the evaluation of the Government’s Work and Health Programmes and the wider BBO Programme.

Whilst this is understandable, it does potentially blur the key focus of the project in moving carers closer to employment. The provision of broader holistic support as a step into the project more appropriately sits within the wider work of local carers organisations and other support services and should be assessed as part of an initial triage conversation, including defining roles and responsibilities. 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.

However, referral partners and stakeholders acknowledged the value of the person-centred, holistic approach adopted by the project and its clear empathy with the barriers to employment facing many unpaid carers.

“The strengths are definitely the individual approach... the team understand carers and how that can impact on your ability to work and how flexible you need work to be.”
(Referral Partner)

“Really understanding that being a carer is at the heart of everything they’re doing, matching them up with carer friendly organisation and not setting them up to fail.”
(Referral Partner)

Performance against outcome targets

Up to Quarter 4, 2021 (end December 2021) the project has considerably over-performed in relation to supporting unemployed participants into employment but has only achieved half of the target for moving economically inactive participants into employment or job searching. This is likely to be strongly influenced by the pandemic which has made it more challenging to encourage and persuade economically inactive unpaid carers to commence active job searching or progression into work.
The project has made positive progress across most outcome targets, in particular with regards to supporting participants to look after their own health and to attend training. These are both linked to the uplift in wellbeing support offered to participants over the last couple of years through the pandemic.

Notably the outcome areas where the project has made the least progress against targets are relation to participants having flexible working conditions or being able to balance employment with caring. This can be attributed to the challenge of engaging employers and encouraging them to adopt carer friendly working arrangements and highlights a need for continued efforts to support these objectives.

**Employer engagement**

Feedback from Project Managers and EPAs 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 EPA 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 EPAs 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 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 EPAs to provide time-limited in-work support for participants that have moved into an employment outcome. Future schemes should seek to support retention rates for carers that have progressed into work, education, or training outcomes.

The eligibility criteria for future schemes should also be extended to enable support to be provided to carers currently in work, to help them stay in work or to move into more secure, better quality or higher paid roles.
Inclusive economy objectives

As the UK moves beyond the pandemic the most recent labour market statistics suggest a continued recovery for the UK labour market, with some of the labour market indicators returning to pre-pandemic levels. Yet some workers have been disproportionately economically impacted by the coronavirus outbreak, including those from an ethnic minority group, low paid workers, and disabled workers.

Since the onset of the pandemic there has been a large rise in the number of people classed as economically inactive. This trend is also increasing. Whilst the direct impact of the pandemic will have contributed to this rise initially, the falls in levels of unemployment as the country has emerged from the pandemic have not been mirrored with falls in economically inactive numbers.

This has led to calls for a greater focus on persuading and supporting people who are economically inactive to return to the job market. Working for Carers already successfully engages high proportions of economically inactive carers which highlights an increasingly valuable role for the project and future schemes in providing direct support to progress participants into work, as well as referring participants into other employability provision.

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 should include:

- encouraging economically active unpaid carers to transition into actively seeking work;
- supporting unemployed carers to progress into work;
- supporting working carers to stay in work; and
- encouraging employers to adopt carer friendly policies.

As part of legacy planning, Carers Trust and the Working for Carers Steering Group should discuss options and opportunities to evolve the Working for Carers project beyond June 2023.
REFERENCES

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Carers UK (2019a)- ‘Juggling work and unpaid care: A growing issue’.
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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’.
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.

<table>
<thead>
<tr>
<th>Demographics</th>
<th>All Working for Carers participants (n=978)</th>
<th>Wavehill survey respondents (n=260)</th>
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ANNEX 2: AIMS OF THE EVALUATION & METHODOLOGY

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

Aims of the Evaluation

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

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, Network Partners, and other key organisations supporting carers across Greater London.

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

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 1,065 individuals who have registered with Working for Carers since the beginning of the project.
- In-depth telephone interviews with Project Managers, from each of the four Hubs.
- In-depth telephone interviews with Employment Personal Advisors (EPAs), from each of the four Hubs.
- 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.