
Executive Summary
Acknowledgements

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All library photos posed by models except for images on pages 5, 11 and 13. Identities of carers have been changed in the interest of privacy.

About Carers Trust

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

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

Our vision is that unpaid carers count and can access the help they need to live their lives.
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1. About Working for Carers

Working for Carers supports unpaid carers and former carers, aged 25 or over, to move closer to employment. The project is delivered across all London boroughs.

Working for Carers is led by Carers Trust and funded by the European Social Fund and The National Lottery Community Fund as part of the Building Better Opportunities programme. Carers Trust was awarded two grants, totalling £2 million, to deliver the project between October 2016 and September 2019.

The project is set up as a partnership between Carers Trust and Carers Trust Network Partners (carers organisations) in London. Four Network Partners have a lead role as hub partners:

- North, East and West London, also referred to as grant 1.7, led by Harrow Carers and Redbridge Carers Support Service: awarded £1.2 million.
- South and Central London, also referred to as grant 1.8, led by Camden Carers Service and Carers Lewisham: awarded £800,000.

The project aims to:

- Support carers to pursue their employment goals through confidence building and skills development.
- Offer a flexible service that considers individual needs and ambitions.
- Engage with local businesses and organisations to create employment, training and volunteering opportunities for carers.
- Highlight the benefits of employing carers, adopting carer friendly policies, and understanding the needs of carers in the workplace.

Employment Personal Advisers, employed by the hub partners, work directly with carers and former carers to assess their needs and barriers to employment, and support them to develop an individualised action plan. Carers and former carers can access varied and flexible support, provided in their local area, which may include:

- One-to-one support and advice.
- Workshops and group activities.
- Support with writing CVs and interview techniques.
- Help with job-searching.
- Access to employment, volunteering and training opportunities.
- Access to financial support to address specific barriers to finding employment, for example help with travel costs, replacement care or clothes for interviews.

In March 2019, the funders extended both grants until September 2022.
Delivering the Working for Carers project across London

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

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

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

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

Grant 1.7: North, East and West London

Grant 1.8: South and Central London
2. Rationale for the Working for Carers programme

The number of people living in the UK with unpaid caring responsibilities is increasing. The most recent census figures show 1 in 8 adults have a caring responsibility in the UK, an estimated total of 6.5 million people (Carers UK, 2013).

The replacement value of the support provided by unpaid carers is worth an estimated £132 billion per year, the equivalent cost of providing a second NHS service (Yeandle, S and Bucker, L, 2015). It has been estimated that the number of carers in the UK will continue to rise, reaching 9 million carers by 2037 (Carers UK, 2015). While the number of carers continues to increase, the largest growth is seen in those providing 50 or more hours of unpaid care per week. Census data estimates 1.4 million people in the UK are providing over 50 hours of unpaid care per week, an 11% increase in the last 10 years (Carers UK, 2015).

For those with a caring responsibility, finding, retaining and progressing in employment may pose a significant challenge. A survey carried out by Carers Trust in 2016 showed that 68% of unpaid carers in London were unemployed (Carers Trust, 2016).

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

Aside from the financial constraints brought on by leaving employment or reducing working hours, carers may also face a higher cost of living than those who do not have caring responsibilities.

The pressures of caring has been shown to have an effect on the mental health of the person with caring responsibilities. Mental health problems of carers include emotional stress, depressive symptoms and, in some cases, clinical depression (Shah, A J, Wadoo, O, and Latoo, J, 2010). Caring responsibilities can also cause social isolation and loneliness, having a significant impact upon the carer’s ability to maintain important wider networks. Recent figures suggest that up to as many as eight in ten carers have experienced loneliness and/or social isolation (Carers UK, 2019a).

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

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

The aims of the evaluation were as follows:

- To evaluate the impact that focused support from the Working for Carers project has on the skills, confidence and overall abilities of carers to move towards employment.
- To provide a focused evaluation of the qualitative and quantitative data to measure the impact of the Working for Carers project on carers’ lives and their abilities to move into and retain employment.
- To evaluate the impact that the focused support from the Working for Carers project has had on the practices of organisations required to help carers find and retain employment.
- To provide an evaluation of the extent to which the models of employability support differs across Greater London and can be replicated in other geographical areas.

The evaluation included a mixed methods approach, including quantitative and qualitative data collection and analysis. The evaluation involved interviews with five key groups of stakeholders: Carers Trust staff members, steering group members, hub staff members, partner organisations and carers.

Limitations of the evidence

The data that informed the quantitative strand of this evaluation was most recently extracted in July 2019, including all data up to and including 30 June 2019. Although it may have been optimal to have the data in its entirety for phase one, due to the time constraints of the evaluation, this was not feasible.
4. Results

At the end of June 2019, 739 carers and former carers had registered with the project. The 1.8 hubs (South and Central London) achieved a total of 356 registrations, 107% of their target of 333 at the end of September 2019. 1.7 (North, East and West London) achieved 383 registrations, 76.6% of their overall target of 500. Carers registered from all 33 London boroughs.

Reach

The project was tasked to recruit specific groups within the carer population. The number of registrations within each of the target groups is outlined in the table below.

Table 1: Number of registrations for target groups across the hubs

<table>
<thead>
<tr>
<th>Target group</th>
<th>Target %</th>
<th>Totals and % of all participants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>1.7</td>
</tr>
<tr>
<td>Men</td>
<td>25%</td>
<td>77 (20%)</td>
</tr>
<tr>
<td>Women</td>
<td>75%</td>
<td>306 (80%)</td>
</tr>
<tr>
<td>Unemployed at registration</td>
<td>20%</td>
<td>92 (24%)</td>
</tr>
<tr>
<td>Economically inactive at registration</td>
<td>80%</td>
<td>291 (76%)</td>
</tr>
<tr>
<td>Over 50 years old</td>
<td>36%</td>
<td>145 (38%)</td>
</tr>
<tr>
<td>With a disability</td>
<td>20%</td>
<td>58 (15%)</td>
</tr>
<tr>
<td>From ethnic minority groups</td>
<td>40%</td>
<td>284 (74%)</td>
</tr>
</tbody>
</table>

Exit results

Of the 739 carers registered onto the Working for Carers project, 331 had exited the project with a result by the end of June 2019. Employment was the main exit result with 45% achieving this result across both grants (n=146). This was followed by moving into education/training (25%, n=84) and job-searching (22%, n=74).

For employment, 1.8 had exceeded their target by 15% by June 2019, while 1.7 had achieved 69% of their target.

Chart 1: Exit results across carers (n=331)
**Soft outcomes**

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

Soft outcomes recorded within the project include: volunteering opportunities; peer support; reported improvements in confidence and skills; looking after their own health and wellbeing; and improvements achieved against action plans.

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

Table 2: Carer outcomes for both 1.7 and 1.8

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Total</th>
<th>Target</th>
<th>% of target</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access to volunteering opportunities</td>
<td>118</td>
<td>145</td>
<td>81%</td>
</tr>
<tr>
<td>Access to peer support</td>
<td>462</td>
<td>417</td>
<td>111%</td>
</tr>
<tr>
<td>Report improved confidence</td>
<td>418</td>
<td>625</td>
<td>67%</td>
</tr>
<tr>
<td>Improvements against action plan</td>
<td>462</td>
<td>625</td>
<td>74%</td>
</tr>
<tr>
<td>Referred to specialist support</td>
<td>122</td>
<td>417</td>
<td>29%</td>
</tr>
<tr>
<td>Report gained skills/experiences</td>
<td>383</td>
<td>666</td>
<td>58%</td>
</tr>
<tr>
<td>Access information to look after own health and wellbeing</td>
<td>410</td>
<td>274</td>
<td>150%</td>
</tr>
</tbody>
</table>

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

Steering group member
Case study

About Jane

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

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

How did Working for Carers help?

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

What was the result?

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

* The names of carers have been changed.

“**It is bringing me back to life.**”

“**This place has been my haven.**”
5. Key findings

What lessons can be drawn for future planning?

- The qualitative data highlights the necessity of a varied and holistic support service as opposed to targeted employment support. There is a compromise within the resource limits as to what holistic support the Employment Personal Adviser may personally provide.

- Within the hub and spoke model there is a benefit to having a national charity working with community-based spokes. While Carers Trust may provide the national voice for the project and the network as a whole, the community-based Network Partners contribute an important reach into the local community.

- The stakeholders suggest that the model is replicable outside of London. In order to achieve successful implementation, there are some considerations in the selection of areas for expansion – the delivery components of the project need to be tailored to the demographics of the local area, the area needs to have Network Partners and be able to establish positive working relationships, the area should have a sense of a shared identity and the area must be able to replicate the hub and spoke model.

- There is a need for a carer specialist organisation to deliver the Working for Carers project. Carers Trust and its Network Partners are knowledgeable and understanding of the needs of carers, well placed to signpost carers to services within their own network, have established trust with the local community and have specialist Network Partners across the city. Importantly, carers have a loss of trust in employment support services at Job Centre Plus.

- Internal communications are important during a long-term funded project with multiple spokes. It is essential to maintain engagement and consistency of referrals. There have been issues with some internal communication as a result of staff turnover.

- It is important to understand the compliance requirements from the outset of the project. The scale and continued changes to the requirements has caused a burden on staff time and project resources.

- An internal audit of the services provided by organisations within the partnership should be conducted. This would support the Employment Personal Advisers to work efficiently in signposting carers to the relevant services locally, this may in turn increase the rate of signposting.

Sustainability and dissemination

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

Future development

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

The key recommendations from the report are as follows:

**Have a stronger focus on employer engagement**

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

**Set the salary for the Employment Personal Adviser at the correct level**

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

**Focus on communication with hubs and Network Partners**

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

**Consider the most appropriate referrals for the project**

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

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

Carry out an internal audit to inform signposting within the network

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

- You can read more from some of the many carers in London who’ve been supported back into training, work and voluntary work by the Working for Carers programme at Carers.org/working-and-learning/going-back-work-stories-carers.

Find out more and sign up if you’re a carer

For carers in Barnet, Brent, Ealing, Enfield, Hammersmith & Fulham, Haringey, Harrow, Hillingdon or Hounslow:
Tel: 020 8868 5224, Ext 218
Email: workingforcarers@harrowcarers.org
www.harrowcarers.org/working-for-carers/

For carers in Barking and Dagenham, Greenwich, Hackney, Havering, Newham, Redbridge, Tower Hamlets or Waltham Forest:
Tel: 020 8514 6251
Email: wfc@rcss.org.uk
www.rcss.uk/services/working-for-carers/

For carers in Camden, Islington, Kensington and Chelsea, Kingston, Merton, Richmond, Sutton or Westminster:
Tel: 020 7428 8950
Email: wfc@camdencarers.org.uk
www.camdencs.org.uk/pages/22-working-for-carers-project

For carers in Bexley, Bromley, Croydon, City, Lambeth, Lewisham, Southwark or Wandsworth:
Tel: 020 8699 8686
Email: workingforcarers@carerslewisham.org.uk
www.carerslewisham.org.uk/working-for-carers/

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

Carer
8. References

Carers Trust (2016), Working for Carers Evaluation – Invitation to Tender (Carers Trust).

Carers UK (2013), Census Data Update: Carer Age, Gender, Ethnicity, Employment and Health – Local and National Datasets (Carers UK).


