

Evaluation of the Carers in Employment (CiE) Project

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Contents

Executive Summary	i
Background	i
Project activities and reach	i
Outcomes for carers	ii
Outcomes for employers	ii
Challenges and limitations	ii
<i>Legacy</i>	iii
<i>Recommendations: projects supporting working carers:</i>	iii
<i>Recommendations for future initiatives:</i>	iii
Conclusion	iii
Background, aims and objectives	1
Policy background and rationale for the Carers in Employment (CiE) project	1
<i>Research questions</i>	3
<i>Overview of evaluation approach</i>	4
What the CiE project delivered	5
CiE activities	5
<i>Types of CiE activities</i>	5
<i>Activities delivered compared with activities planned</i>	7
<i>Volumes of carers and employers engaged</i>	8
Who did the CiE project reach?	9
<i>Employers</i>	10
Enablers and challenges to effective project delivery	11
<i>Enablers</i>	11
<i>Challenges</i>	13
Outcomes of CiE for carers and employers	16
How were carers helped to find and to remain in work?	16
<i>Employment retention</i>	16
<i>Moving towards work</i>	19
<i>Becoming self-employed</i>	20
<i>Constraints on improving support to find and retain work: learning points</i>	20
How were carers helped to improve their wellbeing?	21
<i>Constraints on improving carer wellbeing: learning points</i>	22
How were cared-for people helped?	23
<i>Constraints on improving CiE benefits for cared-for people: learning points</i>	23
How did the projects work with employers?	23
<i>Constraints on improving impact for employers: learning points</i>	25
Conclusions	26
Legacy of the project and implications for future policy and practice	27
Ongoing delivery and sustainability	27
<i>Continuity of support to carers and employers</i>	27
<i>Sustainability of working relationships</i>	27
Legacy among delivery teams and third parties	27
<i>Local authorities and third sector partners</i>	27
<i>National and local government</i>	28
Conclusions and recommendations	29
Working with carers and employers	29
<i>Working with carers</i>	29
<i>Working with employers</i>	30
Managing and delivering projects to support carers into employment	31
<i>Project delivery</i>	31
<i>Project design and funding delivery</i>	32
<i>Future research</i>	33
<i>Policy implications</i>	35

Executive Summary

Background

1. The government-funded Carers in Employment (CiE) project operated from 2015 to 2017. Its aim was to examine ‘what works’ in supporting carers to remain in or return to employment by testing a range of support interventions. Nine local authorities in England were selected to take part in the project through competitive tender. Projects were encouraged to develop bespoke workable solutions to meet local need. A varied ‘person-centred’ approach was encouraged providing the opportunity for projects to learn from different approaches and develop and change plans by adjusting the range of provision offered over the time-frame. The Social Care Institute for Excellence (SCIE) co-ordinated and supported the delivery of the project. The Institute for Employment Studies (IES) was commissioned to undertake an independent evaluation. The findings reported here are based on the analysis of interviews with 70 carers and 20 employers, as well as attendance at regular project network learning events and the analysis of available project management information.

Project activities and reach

2. Each of the nine CiE project sites varied in the range of activities provided for carers and/or employers. Typical CiE activities were:
 - information, advice and guidance (**IAG**) to carers, including carer assessments with an employment focus, health, career and financial advice, direct advocacy involving employers, signposting to specialist providers, and the negotiation of work placements and training;
 - advice on assistive technology (**AT**), free trials and home installation of equipment to help maintain contact with the cared for person and to alert carers to emergencies, and time to develop bespoke AT solutions;
 - **employer measures**, such as raising awareness of the issues, challenges and potential solutions to help employed carers, delivered through ‘roadshows’ and direct marketing; the promotion of carer support toolkits; training for line managers on how to support working carers; and providing templates for the adoption of workplace policies for carers.
3. The project was in contact with a total of 2,794 carers who received at least one type of intervention, and a total of 384 employers. Carers mainly received ‘**light touch**’ contact, which consisted of a brief conversation with a member of staff, leaflets or information, or advice and guidance materials. A smaller number of carers and employers received **more intensive support**, taking the form of a bespoke carer’s assessment, tailored signposting to support services or, in some cases, regular ongoing contact with a support worker.

Outcomes for carers

4. The key finding is that those carers who received more comprehensive and intensive support were more likely to report benefits. While support and contact provided through the CiE project was reported as making a positive difference to carers' sense of overall **wellbeing**, there was less effect reported on labour market outcomes.
5. The emotional and practical support provided to carers from project delivery staff was reported to lead to **increased morale** and the adoption of 'self-care' activity by carers. It had the important beneficial result of **reducing the sense of isolation typically experienced by people who provide care for others**.
6. The evaluation suggests that **named caseworkers** assigned to deliver bespoke information, advice and guidance to working carers **may be effective in facilitating job retention and helping working carers to continue in work**. Advocacy and support worker services provided by the project were reported to have helped working carers **cope better at crucial 'tipping points' or domestic crises that otherwise were likely to have had a more detrimental effect on maintaining the balance of care and work**.
7. Carers reported that the use of **assistive technology helped them to stay in employment** by reducing their need to interrupt their work to check on the cared for person. Assistive technology solutions were reported to offer **peace of mind** regarding the status of the cared for person and may also therefore have had a beneficial effect on improved carer productivity at work.
8. The project also enabled carers and employers to **improve their awareness** of existing available help, including local voluntary provision and welfare benefits. There was no evidence that CiE activities helped carers increase their working hours or earnings. In fact, the opportunity to consider issues and information provided through the CiE initiative led some carers to reduce their working hours or 'downshift' to a lower paid, less demanding job to achieve a better balance of continuing in work while caring.

Outcomes for employers

9. Qualitative findings indicate that the project had a beneficial effect on raising employer awareness of the realities facing working carers. More **supportive workplace cultures** and **reduced conflict** between staff over work adjustments for carers were reported. Some employers interviewed had pre-existing carers' policies in place. Other employers noted that their interaction with the project had enabled the **introduction of carer-friendly HR policies and practices**; typically the promotion of **flexible working arrangements** and the introduction of new guidance on working and caring for line managers. Employers reported the benefits of raised awareness of working carer issues, knowing where support was available and **signposting** staff to available help.

Challenges and limitations

10. Initial volume targets for the CiE project were not met at programme level and there was a mixed performance at site level, with some sites exceeding and some not reaching targets. Management information showed 40 per cent of the target number of carers and 70 per cent of the target number of employers was achieved in the time frame. There may have

been a degree of optimism bias in the original bids for this new way of working, resulting in overambitious targets. The withdrawal of specialist partners due to financial restructuring issues during the lifetime of the project may have hindered success and there were noted difficulties in attracting appropriately skilled staff to the project. Project management information collection varied across each of the nine sites and was not consistent.

Legacy

11. CiE sites noted that **learning** from the project had been **embedded into wider local networks**, including local carers' services, local employment networks and local authority assessment practices. The initiative has provided **important lessons about** how best to target employers to **help improve the working lives of carers**. While workplace level implementation is important, decisions over the introduction of new carer-friendly policies for staff in large organisations are often made centrally by head office, indicating that both local and national action is important.

Recommendations: projects supporting working carers:

- Similar future projects to help carers in employment would benefit from **screening participants** in order to target appropriate support at those most able to benefit.
- **Outreach activities** outside the workplace and outside working hours can help to engage carers who may be reluctant to discuss caring issues with employers.
- Innovative approaches take time to set up and bed in. Those CiE sites that **built on pre-existing local arrangements** and **used expert staff** reported **greater success**.
- The **employment of project staff** with appropriate business experience as well as health, wellbeing and social care expertise, is important for projects seeking to engage with employers and working carers.

Recommendations for future initiatives:

- **Project management** through dedicated account managers – linking payment milestones to management information and reporting requirements could be used to produce higher-quality and consistent data in any similar future projects.
- More realistic project plans and target setting may be achieved with **closer co-ordination between fund bidders and those responsible for the subsequent delivery of projects**.
- Investment in **intensive assistance targeted at carers** may be more beneficial than wider 'light touch' support.
- To help different sites learn from each other **as initiatives progress, a range of processes could be adopted** including face-to-face contact, telephone meetings, and virtual support through a remote 'hub' using an IT platform to share 'what works'.

Additional recommendations are made in Section 5.2.

Conclusion

12. The CiE project has provided new information on 'what works' and what is less effective in helping working carers remain in employment. The project has **raised the profile of the**

issues that working carers face and informed statutory carer assessments made by local authorities in the localities where CiE operated. Three sites stated that they intended to continue the service after funding ended, six sites awaited funding decisions in order to continue parts of the service, and some intended to sustain parts of the service in association with charities, universities and AT companies.

13. **The project has demonstrated that appropriate forms and styles of messaging can effectively** draw the attention of employers to the benefits of supporting carers in the workplace. Flagging the business benefits and staff retention possibilities to employers of effective workplace policies and practices for people who work and care may prompt greater take-up. The business case in terms of measuring the impact on staff retention, turnover and productivity of successful policies for workers who care was beyond the remit of this study.
14. The evaluation of the CiE project, makes a useful contribution to knowledge that initiatives designed to support carers to remain in or return to employment face a range of complex challenges. **Person-centred approaches that reflect local contexts can be useful.** Project design that enables ‘failing faster’ with real time reflection and learning can encourage the reshaping of initiatives when successful elements can be continued and those elements that are shown to be not working can be dropped. Evidence presented is specific to the nine sites involved and while key lessons can be captured it is important to note that there is **no single solution or ‘magic bullet’** – however, locally devised, ‘person centred’ solutions can play a key role.

Background, aims and objectives

Policy background and rationale for the Carers in Employment (CiE) project

15. The demands of reconciling work and care for adult family members are becoming increasingly important for the UK economy, as well as for carers¹. According to 2011 Census data, one in nine workers in the UK has informal caring responsibilities. Eighty per cent of UK carers are of working age, and nearly half undertake paid work as well as providing unpaid care. This amounts to two million people in full-time jobs and one million in part-time jobs having care responsibilities. Four hundred thousand people combine work with at least 20 hours of caring per week, and 200,000 combine work with caring for at least 50 hours per week². For many individuals, reconciling work and care is difficult; over a quarter of carers of working age report that caring responsibilities affect their ability to take up or stay in employment³. Over two million people have given up work at some point to care for family, and three million have reduced working hours⁴. As many as 315,000 adults below State Pension Age are estimated to be unemployed after leaving work due to caring responsibilities⁵.
16. The demand for care and support will increase considerably over the next 30 years, and a growing group of unpaid carers will have multiple caring responsibilities. A common pattern is for people between the ages of 50 and 64 to assume caring responsibilities for older relatives at the same time as they have the greatest labour market value because of their cumulative skills and experience⁶. The numbers in this group will rise in the next 50 years as the relative proportion of people working and not working (the population dependency ratio) drops from 4:1 to 2:1⁷.
17. There are substantial costs to individuals and families, businesses and the wider economy when carers reduce their earnings through reducing working hours or moving into lower-paid work, or if they give up paid work entirely⁸. Survey data from

¹ This report focuses exclusively on caring responsibilities of working age adults for adult relatives and excludes childcare responsibilities, with the exception of adult children aged over 18 who have a disability or long-term health condition.

² <http://webarchive.nationalarchives.gov.uk/20160105160709/http://www.ons.gov.uk/ons/guide-method/census/2011/carers-week/index.html>

³ Health and Social Care Information Centre (2010) *Survey of Carers in Households – England, 2009–10*.

⁴ Carers UK and YouGov (2013) *Caring & Family Finances Inquiry UK Report (2014)*. London: Carers UK.

⁵ <https://www.gov.uk/government/uploads/system/uploads/.../fuller-working-lives.ft>

⁶ Carers UK (2016) *The State of Caring Survey*. London: Carers UK.

⁷ European Commission (2009) *The 2009 Ageing Report: Dealing with the impact of an ageing population in the EU*. Brussels: European Commission.

⁸ <http://www.carersuk.org/news-and-campaigns/press-releases/one-million-give-up-work-to-care>.

Carers UK from self-selecting respondents shows that among carers who had given up work or reduced their working hours, one-fifth lost in the region of £10,000 to £15,000 per year, with an additional fifth losing between £15,000 and £20,000 of their income⁹. This figure is likely to be higher for older carers, as they are likely to be higher earners. Carers who drop out of work create considerable labour turnover and recruitment costs for employers. Across the wider population, costs of turnover are estimated to be at least £30,000 per person, based on analysis in five sectors of workers earning £25,000 per year¹⁰. Those carers who remain in work can struggle to balance the demands of working and caring. One in five UK adults with caring responsibilities surveyed by Carers UK felt that their work was negatively affected because of their caring responsibilities¹¹.

18. The CiE project has its origins in three different developments. In 2013, the Carers in Employment Task and Finish Group report, *Supporting Working Carers: The Benefits to Families, Business and the Economy*¹² included the specific recommendation that: ‘The Department of Health should work with key stakeholders in a number of local authority areas to explore ways in which people can be supported to combine work and care and the market for care and support services can be stimulated to grow to encompass their needs.’ In the same year, a Women’s Business Council report¹³ recommended government collaboration with local authorities and Local Enterprise Partnerships to test assistive technology (AT) and IT for carers, to help them stay in work. In addition, the Department for Work and Pensions’ report *Extending Working Lives* examined barriers to continuing in employment, including the impact of caring responsibilities, for those aged in their 50s and 60s.
19. Government invited expressions of interest (EOI) from local authorities in England for CiE funding. The terms of the EOI stated that Government understood that there was no ‘magic bullet’ policy solution to help working carers and that the initiative would “*help explore how a combination of local policies and support mechanisms could make it easier for carers to combine paid work with their caring responsibilities*”. The purpose of the CiE project was to test out a range of support interventions including:
- the use of IT and AT to support cared-for people and/or help carers to manage their work and caring responsibilities;

⁹ Carers UK (2011) *The State of Caring Survey*, (Carers UK, London).

¹⁰ Oxford Economics (2014) *The Cost of Brain Drain Understanding the financial impact of staff turnover. A Report for Unum.* www.oxfordeconomics.com/myoxford/projects/264283

¹¹ Carers UK (2011) *The State of Caring Survey*. London: Carers UK.

¹² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/232303/Supporting_Working_Carers_Final_Report_accessible_.pdf

¹³ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255595/1270-B_Women_WEB.PDF

- flexible working arrangements and features of effective practice that support carers to remain in or return to work;
- proactive encouragement of employers to identify carers in their workforce and explore ways of supporting them.

20. In early 2015, using a competitive bidding process, the Department of Health, Department for Work and Pensions, and the Government Equalities Office selected nine local authority areas (Bury, Cheshire West and Chester, Gateshead, North Somerset, North Tyneside, Northamptonshire, Sefton, South Gloucestershire, and Stoke and Staffordshire) to receive funding to deliver support to carers through the CiE project¹⁴. The selection criteria covered clarity of aims and objectives, how realistic and achievable the proposed activities were, justified project costs, coherence and clarity of the project plan, evidence of existing activity and progress, suitable workable partnerships and realistic/appropriate monitoring and evaluation plans. The nine areas variously explored how technology can be combined with professional support from the local authority and the assistance of informal networks to ease the pressure of caring. Information, advice and guidance (IAG) as well as case working and advocacy were offered to support job retention and labour market entry, balancing work and care, and carer wellbeing. Additionally, the initiative explored how businesses can give more help to employees with caring responsibilities.

21. The CiE project was delivered across a two-year period ending in May 2017, with site selection and project support managed by the Social Care Institute for Excellence (SCIE). The project was independently evaluated by IES. This final report provides formative and summative findings, together with recommendations for design and management of any future similar initiatives and their evaluation.

Research questions

22. Overall, the aim of the CiE project was to find out what works, what does not work and what works best to keep carers in employment or to support their return to paid work. To examine specifically the contributions made by information technology and the creation of self-employment opportunities for carers.

The evaluation focused on the following research questions:

- What outputs were delivered?
- Who did the initiative reach?
- What were the outcomes of CiE for carers and those cared for and what kinds of factors affected these outcomes?
- What were the outcomes of CiE for employers and what kinds of factors affected these outcomes?

¹⁴ Fifty-six local authorities originally made applications and were sifted in a two-stage process.

- What were the costs and benefits?
- What was its legacy?

Overview of evaluation approach

23. A largely formative qualitative process focussed evaluation was employed (see Technical Appendix). Evaluators also had an active role as ‘learning partners’ for the projects. Emerging findings were shared with the nine sites, to inform thinking and project development. A scoping phase brought clarity to project management enabling each site to develop a site-specific logic model setting out inputs, activities, outputs, outcomes and intended impacts.

24. IES initially explored the possibility of adopting a quasi-experimental approach to enable comparison of project outcomes and impact measurement with a counterfactual scenario. After conducting a feasibility study, the research team identified that:

- insufficient numbers of carers had been engaged by sites for meaningful comparisons with a control group to be drawn;
- no suitable counterfactual data were available detailing labour market outcomes for carers or the labour market status of carers in ‘control group’ local authorities not involved in the initiative¹⁵.

25. As it was not possible to carry out an impact evaluation, the evaluation approach adopted has been largely qualitative - with some indicative analysis of available Management Information. Research presented is based on:

- seventy semi-structured qualitative interviews with carers;
- twenty semi-structured qualitative interviews with employers;
- sixteen semi-structured qualitative interviews with people being cared for, linked to carer interviews;
- nine sets of individual, paired and group profiling interviews with sites;
- quantitative analysis of carer-level management information;
- quantitative analysis of six-monthly site progress reports (four per site in total).

26. Overall data collection and recording by sites was not systematic. A common template prepared by the research team was not used consistently due to limitations in site IT systems and resourcing. The implications for this analysis and any future initiatives of this kind are drawn out where relevant.

¹⁵ Recommendations on how future, similar projects could proceed which would allow satisfactory impact analysis are made in Section 5.2.2.

What the CiE project delivered

CiE activities

Types of CiE activities

27. CiE activities fell into four main categories shown in Table 2.1 (detailed in Annex Table A 16). These were: involvement with IAG; AT; self-employment support for individuals and employer focussed activities. Most activity focused on the first three types of intervention. Most carers (87 per cent) received some form of IAG. Around 30 per cent of carers had either been offered or received AT (see Annex, Table A 18 for activities delivered against targets at site level).

Table Error! No text of specified style in document..1: Type of CiE activity by site

Site	Type of activity
Bury	<p>Face-to-face bespoke guidance and support to carers though a CiE-funded local authority project officer; free trials of AT (telecare alarm services, sensors etc.). Awareness raising and support to employers.</p> <p>Just under half of the budget was spent on project staff costs, with the remainder on AT.</p>
North Tyneside	<p>Carers' needs awareness training for local business managers delivered by local authority (and online training from local university), an AT care management application, trip and fall alarms, and carer peer support events.</p> <p>Nearly two-thirds of funds were spent on salaries, with the remainder on 'service delivery costs'.</p>
Gateshead	<p>Support for large employers to help support working carers, including Carers' Passports and management training delivered by a local charity; IAG services for carers; and an app to help communication between carers called 'Jointly' (developed by Carers UK) and AT (trip/fall alarms).</p> <p>Most funding spent on salaries, with a small allocation for the development of an e-learning package and AT.</p>
Sefton	<p>Delivering carer support groups through the Sefton Carers Centre charity, promoting the Workplace Wellbeing Charter to employers through local charity, and providing work placements for unemployed carers through Her Majesty's Passport Office. IAG for employers and carers.</p> <p>Just over half of funding allocated to salaries, with the remainder covering out-of-hours service expansion, carer focus groups, direct client spend, publicity, project management and evaluation activities.</p>

Site	Type of activity
Cheshire West and Chester	<p>Promoted online software package (Rally Round) for sharing care. Carer signposting to local charity, and developing carer-friendly employer standard.</p> <p>Just half of funding allocated to salaries, a small proportion on AT and the remainder on recruitment, publicity, dissemination, volunteer expenses, training expenses, launch events and roadshows.</p>
North Somerset	<p>IAG on employment to carers and employers and through caseworkers from Alliance Homes (charity) and app trials ('Jointly' developed by Carers UK).</p> <p>Two thirds of funding spent on salaries, remainder on recruitment, travel, marketing and IT and some matched funding covers AT and overheads.</p>
South Gloucestershire	<p>Advice and support to local employers and carers to support carers in the workplace from Carers Centre.</p> <p>Around half of funding allocated to salaries, one-sixth to AT, and around one-third covers training, expenses, recruitment and overhead costs, e.g. rent and insurance.</p>
Northamptonshire	<p>Tailored IAG to working age carers and employers according to needs identified in enhanced assessments; signposting to 'try before you buy' app and extended call centre services for carer support; social enterprise established for carers by Northamptonshire Carers (charity).</p> <p>No breakdown of funding allocation supplied.</p>
Staffordshire and Stoke	<p>Guidance and support to carers, support for employers to identify and help carers in their workplace, and trial of AT with carers from local charity.</p> <p>Most funding allocated for salaries, with a small budget for AT, a conference and IT.</p>

Carer-focused activities

28. Support offered by CiE sites 'in-house' and through partners was diverse, including:

- contacting carers or advertising carer support services through leaflets, websites and marketing;
- repeated contact with individual carers to offer guidance/mentoring;
- app and AT installation and follow-up;
- workplace advocacy and employer liaison.

A diagrammatic representation of the provision of services, showing the main routes to delivering support to carers, is included in the Annex Figure A1.

Employer-focused activities

29. Employers typically came into contact with the project through: voluntary attendance at an employer event organised by CiE staff; direct approach from a network contact (for example, local Chambers of Commerce, Local Enterprise Partnership (LEP); previous working relationship with a CiE team member); or receiving a 'cold call'.
30. CiE staff focused on raising employer awareness of the issues faced by working carers, their rights at work, and the business benefits of being a carer-friendly employer. Where possible, teams sought to foster good practice and encourage favourable HR policy changes.
31. CiE support workers tried to convert any 'warm' employer contacts into more intensive intervention, such as one-on-one meetings with HR staff to provide tailored IAG and/or a workplace visit or 'surgery', enabling support to be provided direct to employees. Advice focused on areas where change was possible and desirable, such as organisational policy on carers, line manager practice (through the offer of training) or case-focused support, where employers required advice on managing individual workers.

Activities delivered compared with activities planned

Changes in strategy

32. Most sites made changes stemming from learning and reflecting on what was or was not working in **employer engagement**. Six sites took a more flexible approach with employers as they gained experience: giving up on cold leads faster and offering a 'menu' of options for action that could help carers, rather than encouraging employers to make numerous changes simultaneously. These included pre-prepared carer policy templates for employers to adapt and advice on training for line managers on supporting carers. All sites whose remit included employer engagement modified their strategies for engaging hard-to-reach employers such as microbusinesses or national companies with headquarters outside the area. These changes enabled some sites to achieve employer engagement targets in numerical terms through focusing on 'easy wins', such as sectors known to be female dominated and potentially more likely to have more employees with caring responsibilities.
33. Four sites adapted their offer and **mode of engagement with carers**. One site found that carers did not have time to make use of the offer of free gym membership and so instead developed a home fitness exercise sheet. At three sites, limited demand for specialist apps led the project to increase the promotion of mainstream social media and other forms of support. Most notably, both schemes aimed at enlisting volunteers to provide substitute care were abandoned or scaled down, either because volunteers did not meet project requirements or suitable volunteers were already working for established charities. One site dropped roadshows because employees did not feel

comfortable identifying as carers in their own workplaces. Instead, the site focused on reaching carers through other referral routes.

Changes in timetable and/or delivery model

34. Challenges in recruiting project staff (arising from difficulties attracting appropriately skilled staff to the projects) delayed initial activity in eight out of nine sites.
35. Six sites modified their delivery models to accommodate unforeseen changes that affected referral routes into CiE services, such as closures/mergers of LEPs. Where partners offering specialist provision dropped out of the project due to wider funding problems, their strand of work ceased. This reduced access to training providers, AT and recruitment of substitute carers for some sites. In two cases, project partners pulled out (Staffordshire Council) or ceased operation (in North Somerset) as a result of funding issues. Affected sites responded by using alternative referral routes and/or re-orienting support to use their in-house expertise.

Volumes of carers and employers engaged

36. Over the course of the project, **sites supported 2,794 carers** with at least one type of intervention described in 2.1.1. Full data is available in Appendices A18.

Participant numbers compared to targets set

37. Overall, the project **engaged 40 per cent of the targeted number of carers and 70 per cent of targeted employers**. Two sites exceeded or met both carer and employer engagement targets. Most project delivery staff were not involved in planning the CiE intervention or preparing the funding bids, and subsequently reported that targets were unrealistic. Optimistic targets¹⁶ for employer engagement drove sites to chase 'low-hanging fruit' (i.e. employers in sectors they presumed to be more sympathetic to CiE aims). When innovative approaches are being tested, a scoping phase to confirm and test assumptions may help establish more realistic targets for delivery. Compliance with management information requirements could also be linked to the payment of funding milestones to drive the submission of useful and complete project monitoring information.

¹⁶ The rationale underlying the targets were not known to those interviewed; frequently staff involved in the bidding process were no longer in post at the time of evaluation interview.

Participant engagement volumes – ‘light touch’ versus ‘intensive’ activity

38. An important variation in project delivery concerned the level or depth of engagement with each carer.
- **Seventy-nine per cent of carers** received ‘**light touch**’ support, comprising brief one-off contact and/or receiving printed marketing or IAG material, and this approach was slightly more common for AT interventions (see Annex, Table A 42).
 - **Twenty-one per cent of carers** received a **deeper level of engagement**, offering more intensive tailored support (see Annex, Table A 42), including interventions such as help to develop a Carer's Plan or more sustained support over a number of sessions.
39. Developing innovative products such as apps, training packages and corporate standard materials – especially those requiring collaboration between multiple stakeholders – took more time than was anticipated to realise a useful end product. Delays in the launch date of some projects, meant that some sites were unable to market their offers effectively before the end of the time-frame when site activities were due to cease operation. Three sites that successfully engaged employers, conversely encountered difficulty in meeting targets for engaging carers. A site that successfully engaged carers, found more difficulty engaging employers. This pattern resulted from the different skills and professional backgrounds of delivery staff, whose skills and experience tended to be oriented towards employers *or* carers, rather than both.

Who did the CiE project reach?

40. Monitoring data from sites showed that a typical CiE participant reflected the typical profile of carers in the UK, being female, with a mean age of 51 years old¹⁷.
41. There was significant variation in carer characteristics by site, although regional labour market differences, for example in localised ethnic diversity, account for some variations. Some sites had more success in engaging hard-to-reach groups than others because they had prior experience or well-established relationships with specialist partners in targeting these groups. Although most project plans acknowledged the importance of engaging hard-to-reach groups, sites did not set particular targets for engaging carers by ethnicity or gender. There was no increase in the proportions of carers engaged from hard-to-reach groups during the initiative.

¹⁷A full breakdown of carer demographics is provided in Tables A 37 to A 40 in the Annex to this report.

Labour market status and type of employer

42. The occupational profile of carers spanned a broad spectrum of occupational levels and was relatively evenly split between those in lower-skilled and those in higher-skilled work. Thirty per cent were in semi-skilled occupations, 37 per cent were in professional occupations, 19 per cent were in skilled roles and 14 per cent were in unskilled roles. Caring responsibilities were pervasive. Over half (61 per cent) of all carer participants worked for a large employer, commonly in health, social care and government sectors (including local authorities). Most sites did not set targets for the engagement of particular types of employers, so the carer profile did not reflect purposive sampling to engage carers by employer size or sector. Unemployed carers were principally concentrated in one site, which specifically targeted out-of-work carers^{18 19}.

Care responsibilities

43. Carers in employment within the sites worked an average of 34 hours per week with a minimum of 7.5 hours and a maximum of 60 hours (Annex, Table A 27). In addition, carers either in or out of work spent, on average, 34 hours per week caring. There was a lot of variation between individuals and between sites in time spent caring. While the average carer was in full-time paid employment, some carers spent fewer than 10 hours per week caring, while others spent at least 12 hours per day, depending on the definition of 'caring'. This typically related to whether carers included more passive care (such as listening out for) during conventional sleeping hours at night in their calculations²⁰.

Employers

Characteristics of employers

44. CiE sites **contacted 384 employers**, according to management information supplied²¹. Record keeping by sites was not consistent, which has limited the ability to report a profile of the types of employers who were engaged. CiE staff reported that employers in the health and social care sector were readier to engage than others, potentially a reflection of the demographic working in those sectors - female and older

¹⁸ The figure presented refers to the first year of project activity only, as Sefton did not provide management information for the second year of the project.

¹⁹ A full breakdown of the carer population for these characteristics is included in Table A 24 in the Annex to this report.

²⁰ Note that the definition of caring is important: it can be reported as up to 100 hours per week if the carer and cared for person share accommodation.

²¹ A breakdown of this total by site is provided in the Table A 15 in the Annex to this report.

workers - familiar with caring issues and more likely to have HR carer policies with flexible working arrangements.

Engagement methods

45. Networking events such as business fairs, breakfasts and commercial exhibitions provided a potential opening to access multiple employers.
46. Once CiE staff had engaged employers, advice focused on areas where changes in management practice was possible and desirable, such as organisational policy on carers, line manager practice (through the offer of training) or case-focused support where employers required guidance on supporting individual workers.

Enablers and challenges to effective project delivery

Enablers

Staffing

47. **Flexible working arrangements for CiE staff** were instrumental in supporting carers who could not take time out to seek or obtain support within conventional working hours. Where intensive contact took place, **skills to manage potentially lengthy discussions** were an advantage to support the maximum possible number of carers. Some staff initially had conversations with carers for 'as long as it took', but this proved unsustainable to deliver project targets and so the delivery approach was refined to make the service more efficient by having shorter conversations with more carers.
48. **Mediation skills** were essential to navigate areas of potential conflict when liaising with employers on behalf of carers, or consulting with people being cared for on their views about AT use. Having **at least one mobile team member** was essential to employer engagement. A willingness to 'hot-desk' or hold surgeries at a variety of local venues enabled projects to target carers during their care activities or at points when they were most receptive to support. **Using people with relevant experience** to provide substitute care enabled the creation of a service with detailed understanding of carers' needs. For example, the Care for Carers enterprise initiative in Northamptonshire was mainly staffed by people whose own family caring responsibilities had ended, and so drew on their own experience and offered them training and relevant work experience.

Targeting and referral routes

49. To reach as many carers as possible, sites used **numerous referral routes**, including contact through healthcare, social care (social services, youth services, housing) and employment support (Jobcentre Plus or training provider) routes, as was the case in Sefton. Most sites relied on the principle of 'spreading the word', although staffing

levels affected how responsive sites could be. Those already **well networked with referral partners**, and with **established pathways to service providers**, benefited from knowledge of suitable local support.

Case study – Site referral methods

In Bury referrals came from Bury Carers Centre, the Carelink Service, The Fed (a meeting point for those of Jewish faith), and Bury Council's Carers Assessment Team, Mental Health Team and HR department. Carers not in work were referred to CiE through contacts at Jobcentre Plus and the Greater Manchester Working Well Programme. Later on in the project a member of the team 'hot-desked' at a local GP surgery and this proved a successful strategy in gaining further referrals.

50. Sites that were the most successful in achieving their targets had substantial **experience in conducting carer assessments**. They were able to identify their target group and reach high volumes early on. Those engaging new audiences, such as younger carers aged 16 to 24, needed more **time to form networks and generate referrals**. Sites planning to reach carers in new ways, such as through primary care or Jobcentre Plus, also needed time to establish links and open doors.
51. Experience of establishing and nurturing **relationships with business contacts** was intrinsic to success in engaging employers. Staff with pre-existing carer and local employer networks were quicker to start delivering services, with early referrals of carers or approaches to employers. As the CiE project progressed, **early success stories helped generate interest** from other employers and build momentum.

Working effectively with partners

52. **Successful relationships** occurred between project teams and third-party agencies who offered employment, community or housing support, such as Stoke-on-Trent where a partner was able to offer one-to-one counselling.
53. **Delivering AT through a third-party expert was more successful**. CiE site staff themselves generally did not have the specialist technical knowledge required. In Northamptonshire, the project was able to build on an existing AT offer, reconfigured specifically to assist working carers.
54. Projects providing a range of services were **most resilient** to partners ceasing operation, as they had **more scope for refocusing their activities**.
55. Local schemes, such as '*I Will If You Will*', funded by Sport England, and '*Bury Means Business*', **provided credible, known brands**, which enhanced CiE recognition. Joining up with local initiatives provided a means of reaching more carers or employers and potentially broadening the support offer.

Getting messages right for employer audiences

56. **Employers responded better to a menu of options rather than a long list of recommendations.** (Employer Case Study 2 exemplifies this – see Section 3.4). Options enabled employers to explore what they would be able to offer carers before raising staff expectations. Some CiE teams used workplace-based carers' events to canvass carers about support preferences, such as face-to-face rather than virtual groups. This was helpful in identifying useful workplace support strategies and priorities.
57. Delivery staff found that most employers responded positively when presented with the **ethical case** for supporting carers combined with their **statutory responsibilities**. For private sector firms in particular, highlighting the **economic case** of the impact of sickness absence caused by caring responsibilities, either directly or indirectly, on business and the economy more widely was perceived as effective. These **business-friendly arguments** served to give the CiE initiative credibility, as did **signposting to relevant agencies** that could provide expert support and guidance. CiE teams also advised individual working carers, with the secondary aim of changing mindsets more widely in a 'land and expand' approach. Other ways of accessing employers included discussions with occupational health advisers, depending on whether carer issues fell within their remit.
58. **Framing carer-friendly policies as a wellbeing issue** helped engage employers who had already been convinced of the business case of looking after the health of their employees.
59. Educating employers by **raising awareness of carer needs and what carer-friendly practice might look like** proved helpful. For example, a handbook developed for use with small and medium enterprises in Sefton contained basic guidance and was especially useful for those employers who were unfamiliar with the challenges presented by caring.

Challenges

Eligibility of carers

60. The geographical boundaries operated by the nine local authority-led schemes created some difficulties in offering support to carers who worked within a local authority area but lived elsewhere. In Bury, for example, around half of carers reached through employers commuted from outside the area, and similar issues arose in the two projects in the North East. Carers who travelled long distances from their homes to care also faced barriers in making use of some support options, such as AT, because they were not within sufficient travel time to respond quickly in case of emergencies. Any similar future initiatives could usefully consider solutions to the challenges involved in travel to work and care areas that cross local authority boundaries.

'Hidden' carers: disclosure, self-identification

61. CiE teams found that the many of the carers they engaged outside the workplace **did not wish to disclose their carer status** to their employer. CiE staff were concerned that many carers could be missed during employer visits, because roadshows and surgeries providing workplace site assessment and support depended on carers being prepared to identify themselves..
62. In some instances flexible working was seen as a problematic concept to gain employer buy-in. However, exposure to the lives of working carers provided useful examples for CiE staff to have constructive conversations with employers about the benefits of flexible working arrangements to both employers and employees.
63. There was also some **confusion in employer focus**: adopting a policy of being 'dementia friendly' as a result of the initiative did not necessarily translate into the workplace being more supportive of carers.

Access to and acceptability of assistive technology

64. **The use of AT in social care settings, is not uncontroversial and can be seen as de-personalisation.** Relatives being cared for did not always believe that the benefits of AT outweighed any changes required to their lifestyle or environment. Patient and tactful support from specialist staff was sometimes helpful in persuading cared-for people to experiment with AT, as noted in Section 2.3.1.
65. **AT could be a 'hard sell' without supporting expertise.** Some sites received **more AT referrals than could be supported.** Sites that used specialist partners and did not directly provide AT themselves were able to handle more referrals, and partnerships with expert organisations were most likely to be effective in providing this form of support.

Availability of substitute carers

66. Initiatives that were dependent on **sustained commitment from volunteer** substitute care, struggled. Volunteers were hard to recruit, despite advertising, and some dropped out due to changed circumstances. One site found that that **people preferred to volunteer with known and established agencies and charities** and applicants were often unsuitable. Investment in further projects relying on substitute carers is operationally risky and other types of initiatives may prove more effective. Similarly, CiE sites aiming to create opportunities for unemployed carers found that carers were often unwilling or unable to do voluntary work because of caring or other personal commitments.

Employer interest

67. All sites originally intended to engage businesses that represented the local area but subsequently adopted a more reactive approach aimed at easier targets, which one site summed up as 'whoever we can get into'. Incentives such as offering free line manager training or presentations to staff did not appear to overcome barriers and a 'corporate' DVD produced by one site also achieved limited impact. Common challenges were: **employer motivation solely to 'tick a box'** so HR staff could say that they had explored options to support carers, which was not followed up with action; **employer reluctance to allow CiE site staff to visit their premises** and requirements such as Disclosure and Barring Service clearance before going on-site.
68. There was also a common **lack of recognition of carers within the workforce**, because few (or none) had declared themselves as working carers or staff had never been asked by their employer if they had caring responsibilities. CiE staff countered the issue of 'invisible carers' through the promotion of information on the known prevalence of caring responsibilities among working people in the UK. There was some **reluctance among private sector firms to accept advice from a third sector organisation**, because of suspicion that CiE site staff would not understand 'for-profit' organisations. Using an individual with marketing skills to engage employers helped to counter this, as noted in Section 2.3.1, and would be helpful to include in any future initiatives.

Outcomes of CiE for carers and employers

69. The following chapter details findings about the perceived outcomes and benefits of the CiE project from the perspectives of carers, people being cared for, employers and project delivery staff. Table Error! No text of specified style in document..2 highlights some of the key lessons from individual case studies (using pseudonyms to ensure anonymity) presented in the chapter.

Table Error! No text of specified style in document..2: Case study key lessons

Case study	Key lesson(s)
Denise	Support from a trusted support worker can give carers the confidence to approach employers about caring and accessing flexible working arrangements or other support.
Emily	Emotional support from caseworkers and companionship from fellow carers can tackle social isolation and help carers to maintain or improve their own mental health.
Rhiannon	Training at the right level best supports carers seeking work, meeting their interests and labour market needs. Support to access work placements is particularly appreciated.
Clara	Low-cost and practical assistive technology, such as personal alarms and key safes, offers peace of mind to carers.
Sophie	Peer support and counselling can improve carers' health and wellbeing, and increase their confidence about entering the labour market.
Employer 1	One-to-one work with employers can help them identify gaps in HR policies and practice, and introduce practical solutions to better support carers in the organisation. Bespoke, tailored and face-to-face support is particularly valued.
Employer 2	Employers welcome on-site support to raise awareness of the realities of caring and their own responsibilities. Being more aware of carer needs helps organisations adopt good practice.

How were carers helped to find and to remain in work?

Employment retention

70. The evaluation explored how the CiE project supported people to balance work, caring and employment by exploring the impact of IAG²² about carers' rights and access to employment adjustments. For example, the right to request flexible working, available caseworker and peer support, AT and awareness of Carers' Allowance and other welfare benefits.
71. Sites reported that they had supported **1,598 carers to remain in work out of 2,794 carers engaged, representing 57 per cent of the total**²³.
72. According to interviewed carers, named caseworkers delivering IAG to carers provided the most prominent and effective driver of employment retention through:
- prompting workplace changes to make caring responsibilities more manageable;
 - support with caring responsibilities at home.
73. Case work - ongoing help from an empathetic and trustworthy professional - was valued by carers as providing a 'safety buffer', giving emotional support to carers facing challenges in juggling conflicting commitments and demands. Short, regular conversations - face-to-face, over the phone or on email with the same member of CiE site staff, was reported as helping carers gain emotional resilience and build self-esteem in their ability to continue in paid employment. As a result, there is some evidence that carers were comfortable with openly expressing the 'caring' part of their identity, registering as carers²⁴ and requesting support packages.

Denise's experience

Denise cares for her husband who has had multiple mobility and health conditions for several years. She felt overwhelmed with the level of care required and frustrated that her career progression had stalled since she became a carer. Denise contacted the CiE team for help sourcing support with housework. Although this was not possible, she gained funding for a weekend of respite care, which delighted her.

Local staff held several meetings with her and encouraged her to approach her employer's HR department about her caring responsibilities, which she had not considered before. Her company had always been very supportive and flexible, but she

²²Due to lack of completeness in contact details for carers, outcomes cannot be validated. At least 62 carers from the sample were not employed or considering employment, so it cannot be assumed that the entire sample was either in work or seeking it.

²⁴ There is no national register, but carers can choose to be registered with their GP, consultant and/or social services.

did not know of their schemes to support carers. In addition to flexible working, her employer teamed up with a third-party specialist care agency to provide emergency support. When she travels for work and returns home late, she is now entitled to five hours of paid care from an outside agency, funded by her employer.

74. Overall, it was estimated from the evaluative research that around one-fifth of carers had been helped by the initiative to better access flexible working arrangements. Participant awareness of this support was generally low before CiE site engagement. A single, brief conversation with a caseworker was often enough to improve some carers' awareness of their right to request flexible working and to help them feel comfortable approaching their employer for adjustments. Many welcomed ongoing support, including discussions to scrutinise organisational policies, or an advocate in meetings about working arrangements to make it 'more official'. This also presented an opportunity for CiE site staff to build an ongoing relationship with the carer and their employer.
75. The evaluation found that **increasing working hours was not possible for carers often working at least 30 hours per week**. As a result, no carers increased the number of paid hours they worked (see Annex Table A 27).
76. However, CiE staff advice and support about Carers' Allowance and other in-work welfare benefits helped **a few carers to reduce their hours** and therefore regain time during the week, sometimes by moving to new, less pressured, typically private sector roles. These new roles often featured reduced seniority, working on zero-hours contracts for the minimum wage or low pay (sometimes supported by in-work benefits). Carers commented that despite the disadvantages in loss of status and income, this form of employment was more sustainable in the longer term.
77. Many working carers (including some with significant caring commitments) reported that work provided a respite from caring and made them 'come alive'. They were not willing to reduce their hours or spend less time working and sacrifice their independence, social contact, self-worth and autonomy. These carers typically had reported supportive employers and access to support structures if they hit crisis point.
78. Carers were also signposted towards AT to help them balance their employment and caring roles. Examples of acceptable and highly valued solutions included pendant/watch alarms, medication reminders and, to a lesser degree, door alarms. Working carers who introduced these to their care routine experienced fewer interruptions at work and needed to leave their workplaces less often to attend to caring crises or check on those at home.
79. A minority of carers found that peer support groups and meeting people facing similar challenges provided emotional support which bolstered their confidence about staying in work. Tried-and-tested strategies to manage work and caring were shared, and some carers met volunteers offering substitute care.

Emily's experience

Emily cares for her adult child who has severe mental health problems, and a partner who has multiple health conditions. After landing her 'dream job', the pressure became too much so she moved to a less pressured, part-time role. However, Emily still felt overwhelmed and on some days did not want to get up. A friend alerted her to the CiE initiative. Staff encouraged her to register as a carer and she received guidance from an adviser. She then began attending a carers' group, which grew to around 30 members. After a difficult period when she stopped attending, another member contacted her and encouraged her to ask for support from CiE staff. They then helped her tackle the challenges she was facing by providing emotional support in a safe space. The support and guidance she received from CiE staff and the motivation, friendship and companionship from her carers' group helped her cope with isolation and her own mental health, and gave her strategies to manage daily responsibilities, which enabled her to carry on working.

Moving towards work

80. Five CiE sites offered support to help carers move towards work, including mentoring, careers advice, CV help, practice interviews and existing schemes at local employers with the aim of reducing worklessness and helping unemployed carers into work.
81. One site specifically targeted out-of-work carers²⁵ and three sites offered some support as part of a broader package (for example, a telephone advice line for generic guidance about caring). Based on self-reported data from CiE sites, 20 unemployed carers were helped into work (27 per cent²⁶), the majority coming from the site with a dedicated focus on out-of-work carers.
82. Out-of-work carers were typically far from being job-ready lacking recent qualifications or work experience and often dealing with a health condition of their own. Key indicators of some progression towards employment through engagement with CiE were: better self-esteem, self-efficacy and confidence in developing skills and building CVs for future labour market entry. Younger carers aged 16 to 24 were often reluctant to be defined as a 'carer' and reported benefitting most from practical help such as suitable clothing and travel costs when looking for work. Older carers who had been out of work for several years were most receptive to developing job-search skills and writing CVs as a 'first step' towards work, and were also interested in accredited and unaccredited training. Positive outcomes such as taking up and completing training courses, were more likely if training was aligned to the interests and expertise of carers.

²⁵ Data for this site was only available up until 31 March 2017

²⁶ Of unemployed carers for whom data is available. There was a high volume of missing data on employment status.

Rhiannon's experience

Rhiannon is a single parent who left work to care for her sister full time. When her daughter became a teenager and family members were able to share caring responsibilities, Rhiannon began to think about returning to work. Her Jobcentre Plus work coach suggested talking to the Carers Centre and this led her to the CiE project.

Rhiannon wanted to refresh her maths, English and ICT skills but felt that the available courses were too short or basic. However, delivery staff helped her write a CV and secured her a 10-week work placement specifically designed for people with caring responsibilities, which she appreciated. Rhiannon was really pleased with the placement as an opportunity to build her CV and become more job-ready.

Becoming self-employed

83. Supporting self-employment formed a small part of activities in six of the nine CiE sites. For example one site ran a 'pop-up' business school for carers. However, supporting self-employment was not a central focus of CiE. Self-reported data from CiE sites showed that three carers were helped into self-employment. The vast majority of self-employed carers supported by the initiative – 71 in total – were already self-employed. A few self-employed carers felt that CiE was not set up to cater for entrepreneurs and felt that site staff did not understand the realities of running a business. As a result, they felt that much information provided was inappropriate.

Constraints on improving support to find and retain work: learning points

84. While carers were generally positive about the support they had received, isolated **dissatisfaction with delivery** emerged, reflecting unsuitable targeting and knowledge gaps of CiE site staff. Some carers who were well informed about their rights and employer responsibilities, and made use of AT, found the CiE offered them no additional help. Others expressed the view that CiE staff required training to provide effective work and caring support such as legal advice.

85. **Work-related barriers** also prevented carers from finding a better balance between work and care:

- Some carers interviewed explained that because they were low-paid they had no viable way to reduce working hours, even if it would reduce the pressure on them, because they had bills, rent and mortgages to pay.
- A minority of carers found they were able to reduce their hours but were still expected to do (almost) the same amount of work, so still struggled. A few found that work became unsustainable because care needs intensified over time as the health of the cared for person deteriorated.
- Out-of-work carers and carers claiming benefits with few contracted hours commented that they would be worse off financially if they were to enter the

labour market or increase their hours. They explained that cuts to welfare benefits and the additional costs of respite care would ultimately reduce their weekly take-home income.

- In a few cases, IAG led carers to reassess their situation and decide paid work of any nature was not appropriate or possible. One decided that voluntary work was more suitable after talking to a carers' group.
- A small number found it was impossible to reduce the level of care they needed to provide, so giving up work was the only solution.
- Some carers not in work may have been able to remain employed with greater financial support or more respite care, but other carers felt the best or only choice for them was to leave work in order to provide full-time care.
- Several carers felt vulnerable to public sector cutbacks or precarious private sector contracts. They were unwilling to request flexibility at work as they were convinced this would label them 'difficult' or a 'troublemaker' and jeopardise their jobs.

How were carers helped to improve their wellbeing?

86. Carers reported improved peace of mind and reduced stress and anxiety resulting from:

- Help to fill in forms, for example for welfare benefits or Blue Badge parking permits so carers did not have to negotiate bureaucratic processes alone and experienced reduced financial anxiety. It is worth noting that this was important because carers in the sample interviewed had typically never made any claim for benefits from central or local government before.
- Securing one-off grants to help fund unpaid leave, holiday or respite care, or bridge the gap before welfare benefits were paid.
- Advice to secure flexible working arrangements, reducing the stress of balancing work and care.
- Low-cost practical AT (personal alarms, key safes) offering peace of mind.

Clara's experience

Clara works full time in the public sector and cares for her mother who is in the early stages of Alzheimer's disease. Her local CiE site provided a package of support including a wrist alarm for her mother, and domestic sensors to raise an alarm if, for example, the taps have been left running. Clara has also been offered fitness and de-stress resources to support her wellbeing.

- Expert 'listening ears' from empathetic support workers offering one-to-one advice on an ongoing basis: many carers said this was the first safe space they had to talk about themselves with someone who understood. It was validating, for example, to discover that feeling overwhelmed as a carer is normal and to

be advised to put themselves first sometimes. Peer support groups, social activities and counselling supported good mental health by offering therapies such as Cognitive Behavioural Therapy (CBT). These were viewed as valuable strategies to help manage stress, anxiety, depression and low mood.

Sophie's experience

Sophie is the sole carer for her mother, who has had multiple complex health conditions for nearly a decade. She left further education because of her caring responsibilities and has not had paid work since. This has led to self-reported negative effects on her confidence, emotional wellbeing and mental health.

Sophie attended a 'Think Differently, Cope Differently' course and received a lifeline alarm for emergencies. After her confidence improved, she started work-related training in interviewing and job-search skills. Sophie is now hopeful about beginning her journey towards finding work. She believes she can combine work and care, and tackle the challenges that will arise along the way, and has a new positive outlook, free from previous stresses and anxiety.

"I know that those courses are available to me and I basically want to grip them with both hands...I don't want to waste my life, I want to do something with it...how can I learn these other skills if I don't put my name down for these courses?"

Constraints on improving carer wellbeing: learning points

87. Wellbeing initiatives tried, had moderate success.

- Bespoke care-sharing apps were unpopular because carers either simply spoke to a joint carer in person or used existing social media apps such as WhatsApp or Facebook Messenger.
- A few carers who had been offered gym discounts or invitations to social groups could not fit activities into their already busy schedules, particularly during working hours.
- Personal alarms and sensors were less suitable for people with advanced dementia or significantly restricted mobility. People with advanced dementia were sometimes distressed by changes to routine or were unable to learn how to operate new technology. Some people with restricted mobility were unable to move about so were unlikely to exit the home or be at risk of a fall and therefore could not benefit from sensor technology.
- AT meant that carers spent more time away from home and worried about the social isolation of the person they care for. A minority of carers interviewed, comprising those who looked after people with rare conditions or for someone at the end of life, felt that people with more complex needs who required constant or very frequent personal care could not be adequately supported by AT such as panic alarms and sensors.

- A small group of carers in typically low-paid sectors (care, retail, call centres) felt that government would obtain greater fiscal benefit by supporting them to care rather than encouraging them into work without corresponding formal social care support.

How were cared-for people helped?

88. The main benefits of CiE for people being cared for were:

- Improved perceptions of personal safety through AT, by for example, providing an alarm in case of accident or as a reminder to take medication.
- Reduced social isolation. Adult education had opened a 'world of opportunities'. Condition-specific and peer support groups provided opportunities to share experiences. Visits by domiciliary care and secondary care healthcare professionals, for example after the introduction of a care package or AT, 'keeps one in touch with the outside world'.
- Flexible working and reduced working hours so carers and people being cared for could have some stress-free time together.
- CiE staff providing bespoke suggestions addressing particular concerns, such as support for post-19 transition, support for young people with autism, or nutrition advice, for example investing in a Nutribullet blender/juicer. One carer suggested their parent was more receptive to suggestions made by CiE site staff because they were 'professionals'.

Constraints on improving CiE benefits for cared-for people: learning points

89. A minority of carers reported that AT was unsuitable or inappropriate, particularly personal alarms and sensors that involved contacting a third party. Some people being cared for were reluctant to accept it as they felt 'embarrassed' and that using technology to call for help made them a 'burden'. Some people being cared for were also reluctant to attend social groups because of stigma about their condition. Working carers sometimes found it difficult to take the person they cared for to meetings hosted far away and scheduled during the day. Lastly, a few carers and their families were disappointed when funding and support was withdrawn without a supported transition. One carer explained they felt 'abandoned' after their caseworker left and they were not provided with any information on availability of replacement support.

How did the projects work with employers?

90. CiE sites worked with employers – free of cost – setting up roadshows, one-to-one carer appointments and surgeries, talks, and internal and external working groups (see Section 0 for further detail on employer-focused activities).

91. Most employers felt the CiE initiative built a clear business case for supporting working carers. A few cited reduced sickness absence, increased staff retention and a reputation for supportive practice as benefits from their involvement.

'It shows, you know, that we're willing to make those extra moves for our staff and it means we've got a dedicated staff... that shows in the fact that we don't have a big staff turnover.'

Employer, Small, Private Sector

92. CiE site staff worked with employers to make HR policies and practices more carer friendly:

- A local council dropped rules that prohibited job applicants from using references from voluntary work, removing a key barrier to carers' labour market re-entry.
- Employers introduced elements such as a Carers' Passport, specific mention of carers in flexible working or absence policies, and line management training.
- Larger organisations focused on changing management behaviour as HR policies were typically set centrally and could not be rewritten locally.
- Many small and medium enterprises had no existing policies for carers and were amenable to introducing them.

Employer experience

A large public sector employer had many strategies in place to support carers, but was concerned that line managers were not consistent and confident in applying good practice. As a starting point, CiE staff offered one-to-one support for working carers during working hours. They found that employees were much more comfortable talking to CiE site staff than central HR staff and consequently some 'hidden' carers came forward. As a result, many more flexible working arrangements were put in place for staff.

Delivery staff also worked with line management to cascade policies through the organisation more effectively. Managers felt the bespoke support received was exceptional, and hoped they could create an internal post to deliver similar work as they saw the value of tailored, face-to-face support.

"You always find that you can have as many policies in place as you want but they will not always be applied consistently due to a lack of a common understanding. So you need that time to sit down with the staff and the management and say "this is what you're entitled to, this is what you can do, and this is how it works". [The CiE project] gave that extra element."

93. Individual managers – often HR managers or carer leads – frequently stated they felt more knowledgeable about their responsibilities, the realities of caring and the availability of local support. They felt better able to support carers effectively through internal policies and signposting to external agencies.

94. A minority of employers, and a few carers, reported that carers felt more welcomed at work and had more trust that employers would fulfil (or exceed) their responsibilities. Openness about caring responsibilities reduced workplace conflict, as other staff understood why carers needed adjustments. This encouraged a supportive workplace culture, which had led to staff talking about caring more openly.

“You can’t put a cost on morale and employee engagement, which has benefited greatly as a result of their work with [the CiE project].”

Employer, Large, Private Sector

Employer experience

A large public sector employer became concerned that employees with caring responsibilities may be more susceptible to stress and wellbeing problems. The CiE team offered a range of activities, including a drop-in clinic, awareness raising, a Carers’ Week and a showcase of AT. The demand for the drop-in clinic has been sufficient to continue running sessions staffed by CiE site caseworkers.

The organisation now has a better understanding of individuals with caring responsibilities and noted there had been a few ‘eye-openers’ about how carers perceive themselves and the realities of caring. As a public sector employer, managers felt it was crucial to demonstrate good practice and that CiE participation enabled them to do this.

95. Some managers in public-facing organisations believed that CiE support improved delivery for customers and service users; as staff who were not carers were better able to understand the caring responsibilities of their clients.

Constraints on improving impact for employers: learning points

96. CiE site staff found it challenging to reach employers who had taken very little action to support carers rather than those already implementing good practices, so the project may not have had added value for a number of employers engaged. In addition, efforts to expand employer activity led some interviewees to suggest that project staff had been ‘spread too thin’, which meant that ‘pushier’ or more assertive employers received more support.

- Many employers had no formal process for identifying carers or any intention of introducing an ‘invasive’ process. Instead, they relied on voluntary and proactive disclosure from carers to their line managers or HR. Organisations therefore risked not identifying carers and missing out on available support.
- Six sites suggested that employers feared increased demand for flexible working, which they could not meet. Around half of employers interviewed noted limitations to flexibility because of the impact on business delivery.

Conclusions

97. Considered overall, the carers, cared-for people and employers interviewed expressed positive attitudes towards the project, seeing benefits from the range of support offered. Negative feedback was rare.
98. Project activity helped address ‘tipping points’ or crises that typically cause carers to leave the labour market. The support helped carers to balance work and care more effectively. In particular, carers reported that they believed emotional support from named caseworkers, guidance about employment rights, advocacy and common AT solutions were most effective. The value of providing support for emotional wellbeing from people with understanding of carers’ needs should not be underestimated, as it was clear this helped reduce feelings of isolation.
99. There is little evidence that the initiative helped unemployed carers move into paid employment. Most sites had a focus on working carers and the issues associated with improving their working and caring life.. However, those carers who were out of work did report many softer outcomes, such as better self-esteem, self-efficacy and confidence in developing skills and building CVs for future labour market entry.
100. Continuity in staff support and engagement was important to generate sustained outcomes for carers and employers. The project illustrated a range of useful areas which any future funding opportunities could focus on, to support carers to have improved working lives. The project usefully provided an opportunity to raise employer awareness of the needs of carers, and how workplace adjustments and better use of flexible working can help people who care to remain in work. It also served to raise the awareness of carers about the range of support and benefits that are available for people who work and care.

Legacy of the project and implications for future policy and practice

Ongoing delivery and sustainability

Continuity of support to carers and employers

101. Few sites had complete sustainability plans at the time of the evaluation. Sites were invited to develop sustainability plans to optimise project legacy from the start of CiE. No specific goals were set which they were required to meet. Three projects had applied for other funds that would enable the work to continue some elements of project activity. For example, in Bury the AT scheme trialled in the CiE project will continue for another year. In North Tyneside employer roadshows will continue on a quarterly basis beyond the lifetime of CiE and South Gloucestershire funded line manager training activity beyond the time-frame of CiE, to Autumn 2017.
102. One site expected to continue work with employers through new initiatives with a different focus, including interview practice and skills assessment for carers, dependent on external funding decisions.

Sustainability of working relationships

103. CiE site staff from seven out of the nine sites stated that many working relationships with partners that had been initiated by the CiE project would be sustained. Links established with Clinical Commissioning Groups (CCGs) and GPs, Jobcentre Plus, employer organisations and professional care providers increased the future likelihood of carer referral from third parties to carer support services in a timely manner. Similarly links with AT providers would facilitate future referrals to their services. Where sites were disbanding initiatives following the end of the project, CiE site staff reported that services and relationships would probably not be sustained. Networks established in three sites were not anticipated to continue after CiE funding ceased.

Legacy among delivery teams and third parties

Local authorities and third sector partners

104. The main legacy of the CiE project for local authorities was **knowledge of the challenges faced by working carers** compared to retired carers, particularly in relation to combining challenges of work and care and the need to obtain flexible working opportunities in a wide variety of forms. They recognised that working carers had previously been overlooked or marginalised. Care support professionals had not anticipated the pressures working carers were under because they had never reached out to them before the CiE project.

105. As a result of the CiE project, Local authorities and their partners had begun to **include 'employment' within formal carer assessments** and expressed the intention to monitor the numbers of working carers and their needs in the future. The project also equipped sites with more appropriate support and IAG for working carers. CiE raised the profile of the issues faced by working carers and promoted **enhanced knowledge about carer support options, including use of AT**.
106. The experience of engaging employers equipped CiE staff with new networking and marketing skills to help them maximise their reach. There is also potential for further employer liaison work at two of the sites, although this will depend on securing funding from external sources. **High-quality guidance developed for employers** left a legacy for future dissemination, as many resources in electronic format could be easily shared more widely.

National and local government

107. The CiE project represented an **innovative pooling of resource** and funding by the Department of Health, Department for Work and Pensions and the Government Equalities Office, which was allocated to agencies **to meet local priorities by devising local solutions**, managed by an expert sector partner (SCIE).
108. The project has demonstrated that **partnership working between local authorities, third sector providers and health service partners can be effective**. The presence of **CiE site staff at GP surgeries and hospital wards** proved to be effective in identifying working carers and signposting carers to available support provision. This reach underpins the notion of **co-location of health and employment support services** as described in the recent Health, Work and Disability Green Paper²⁷.

²⁷ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/564038/work-and-health-green-paper-improving-lives.pdf

Conclusions and recommendations

Working with carers and employers

109. **CiE sites supported 2,794 carers** with at least one type of intervention and had contact with **384 employers**. This equates to **40 per cent of the number of carers targeted** in project proposals, and **70 per cent of numbers of targeted employers**. While several factors account for variance in performance, including the degree of novelty or innovation in services being provided, CiE site staff believed that the original target numbers of carers were over-ambitious.

Working with carers

110. CiE sites reported that they had supported **1,598 carers to remain in work out of 2,794 carers engaged, representing 57 per cent of the total²⁸**. Three carers were helped to **enter self-employment**.

111. **Twenty-one per cent of carers engaged received more intensive support while 79 per cent received 'light touch' contact**. Personalised rather than generic information, advice and support was reported to be most effective in achieving change. Success in engaging hard to reach groups was patchy and often depended on delivery partners' prior knowledge and experience.

112. **Some workplaces provided an effective setting to reach out to working carers**, although known issues around the unwillingness or inability to self-identify as a carer could limit participation. Where people were wary of revealing their carer status to employers, **referral routes that offered anonymity or which took place through health or care stakeholders were more effective**.

113. Qualitative evidence from carers indicated that the project **helped to secure the attachment of working carers to the labour market**. However quantifying the number who would have remained in work without CiE project support was not possible.

114. The project also investigated methods of enhancing carer wellbeing. Many carers reported **improved mental wellbeing and stated that they felt better able to cope with balancing care and work**, potentially also boosting and prolonging labour market attachment.

115. There was **mixed evidence on the value of AT, depending on individual circumstances**. AT solutions helped increase carers' 'peace of mind' at work and helped them focus on their jobs. Those already using AT, and those looking after people for whom available AT was unsuitable, gained no benefit. Common AT systems such as emergency alarms, automated medication reminders and personal

²⁸ Lack of contact information for carers mean that it was not possible to verify this data.

alarms, were popular with carers and the people they cared for. ‘Apps’ to organise care had a mixed reception since they were rejected by carers adept at using mainstream social media to organise their lives, as well as by those who were less proficient with IT.

116. People being cared for sometimes expressed opposition to AT, including environmental sensors and trackers, because of perceived intrusiveness or risk of ‘false alarms’ in households with multiple occupancy. Individuals with long-term and/or chronic conditions were more positive towards using AT than those with age-related degenerative conditions.
117. Carers interviewed, reported better **awareness of employment law such as the right to request flexible working**. Similarly, advice about welfare benefit entitlement led to some carers making claims. Carers interviewed reported no previous contact with the benefits system and appreciated **help received to access benefits**.
118. There was **no evidence that the project led carers to increase their working hours or earnings**. Information received about available support for working carers led some to decide that taking a break from work would help them cope. A small number ‘downshifted’ to less demanding and lower paid jobs, which enabled them to reconcile working and caring. Projects seeking to offer substitute carers had less impact on desired outcomes.

Working with employers

119. Most sites achieved their target number of employers engaged. **Prior experience of providing support to employers was instrumental**. To meet project targets, sites focused on ‘low hanging fruit’ and worked with employers who were already well disposed to meeting employees’ needs for flexible working. The CiE initiative added value to smaller employers typically lacking HR policies and practices, in terms of raising awareness of work and care issues and providing carer policy templates and a menu of support options.
120. A range of methods and approaches to helping employers realise the benefits of assisting carers to remain in work is required. No single strategy was universally effective to deliver changes within organisations. **Roadshows, carer surgeries and bespoke one-to-one coaching** were all helpful. Offering a **choice of support options for employers was helpful in gaining engagement**.
121. CiE **raised awareness of the challenges of working and caring among employers** and observed the increased take-up of training for line managers. Some employers reported intermediate benefits of engagement with the project including reduced sickness absence, lower staff turnover, improved employment relations and improved service for customers.

Managing and delivering projects to support carers into employment

122. This section summarises learning points which could inform future interventions, including project design and delivery, funding, site-level monitoring and self-evaluation, dissemination plans and opportunities for wider learning.

Project delivery

- Evidence from carers and employers suggested that some of those contacted were unable to benefit from project activity. **Clearer targeting and screening of beneficiaries by CiE sites** for maximum impact is desirable and would help manage expectations of what support can be offered. This needs to identify carers who are working and have little or no support already in place, and where it is possible to leave the cared-for person for sufficiently long periods to sustain employment.
- It is helpful to **use multiple referral mechanisms and access points to reach and engage carers** including Jobcentre Plus, faith centres and health and social care settings. Activities focused on reaching people caring for those discharged from, or admitted to, hospital, were likely to reach carers most in need. Outreach activities could usefully take place in community settings routinely visited by carers from a range of backgrounds.
- Larger employers set HR policies affecting carers at Head Office level, so individual branches were unable to enact change. It would be more effective to **target multi-site employers at Head Office level** while supporting training/education of, for example, line managers at branch level.
- Delivery teams in different locations would benefit from **sharing information and expertise around more challenging aspects of service delivery**, such as employer engagement at an early stage, potentially through buddying or mentoring.
- Research indicates that there are potential benefits to be gained from a better **alignment of strategies to engage both employers and carers**. Project staff skilled in dealing with both would be beneficial in any future projects.
- Initiatives able to operate across travel-to-work areas, capturing places where carers live and work, suggests that **LEP areas could be a suitable geography for future similar projects, rather than Local Authority areas**.
- **Effective employer engagement strategies** work with the grain of existing arrangements. Both promoting **'best practice' examples and raising employer awareness** of opportunities within existing employment law, such as the right to request flexible working, can be helpful. **Dovetailing working carer issues into pre-existing employer networks** could be beneficial.
- Carers were often reluctant to disclose their role or status as a carer due to a variety of reasons – not realising that their activities are caring, fear of social

stigma, or concern about how employers might perceive them and their commitment in the workplace. Any future similar initiatives could usefully **encourage carers to access support**, recognising that for some people signposting to information, advice and guidance will be sufficient, while others need more intensive support. For ‘hidden carers’, initial support is most likely to be welcomed when signposted and delivered outside the workplace.

- Sites often achieved their targets for engaging either employers or carers, but less frequently both groups. This suggests the need for **acquiring in-house skills or partnering with organisations that can supply additional services for targeting both employers and carers** to meet the needs of both groups.
- Sites seeking to provide substitute carers on a voluntary basis found recruitment difficult. These are challenging roles to which it can be hard to attract people on a voluntary basis, or to ensure that people recruited are suitable. Volunteering opportunities helped to bring some people with caring skills closer to the labour market, but did not provide a sustainable solution to filling ‘care gaps’.
- Any potential of AT to improve the lives of carers and cared-for people depends on having the requisite expertise to match the solution to individual needs. Acceptability to the user is paramount so **interpersonal skills as well as IT understanding are required to promote AT**. Where health conditions are progressive or where symptoms fluctuate, regular review is necessary.
- Carers from BAME groups were under-represented across the projects, showing the **importance of involving partners who can reach those groups and understand cultural requirements**. Targeting carers from BAME groups could be useful in future initiatives, potentially using champions to engage people who are ‘hidden’ from mainstream support.
- Services initiated by CiE continued beyond the end of the project in a minority of sites. While several had applied for further external funding a number were awaiting for confirmation of any future local authority funding at the time of the evaluation. Carers engaged by the project were referred to alternative services where appropriate. The importance of sustainability **planning at an early stage by projects** in receipt of time-limited funding would be useful for any future similar initiatives.

Project design and funding delivery

- Based on evidence from the interviews, more **intensive support** delivered more tangible outcomes and benefits for carers and employers than ‘light touch’ support. Both employers and carers are time poor so often require active support to act on information provided. In future it would be helpful to target government funds towards supporting a smaller number of carers with more intensive assistance, possibly following up initial light touch contact with intensive engagement.

- Barriers were encountered in **delivering support across local boundaries**. Designing initiatives to span travel-to-work areas is important to help working carers, and it may be appropriate to stream funding by, for example, LEPs rather than local authorities.
- **Contract design for CiE sites**, which provided all funds up front, restricted leverage in cases of delivery variation or management information not being supplied or supplied in the wrong format. Staged, conditional payments should be considered for future similar initiatives as a means of ensuring accurate record keeping and data sharing.
- **Application of a benchmark to assess realism of proposed targets** at bidding stage may be helpful in project site selection.
- **Explicit guidance from an evaluation partner** on the nature of information required and likely expertise needed would be helpful to support evaluation activity. Co-production of research tools with delivery partners and beneficiaries has enriched the findings but has been dependent on voluntary input from sites.
- Assessing what works in project delivery across different models and locations requires **specification and variation of key project design features and trial at sufficient scale** to be able to undertake comparisons in outcomes and impact between sites and suitable control groups.
- **Value of spend per CiE site** was around £150,000. This typically supported salaried positions and some additional marketing and equipment purchase. It had some limiting effects for projects requiring substantial investment in developing AT and in getting projects off the ground that did not have existing staff.
- New or innovative services gained traction in the second year of the project while mainstream services enacted lessons learned from the first year. In supporting unemployed carers to return to the labour market, it is likely to take longer for impact to be evident, so **monitoring outcomes needs to cover a longer period**. However it is recognised that all partners are keen to see emerging findings and project outcomes as early as possible.
- **Specialist carers 'one stop' service**: CiE teams were acting as a channel for delivery of support/advice on employment rights and welfare entitlement which duplicate other publicly funded support services, for example Acas, Jobcentre Plus and voluntary sector services. There is evidence that carers have an appetite for a specialist service with dedicated staff that they can contact on a repeat basis.

Future research

- The feasibility of undertaking a **cost-benefit analysis** of the CiE project was considered but not attempted. This was due to sites not reaching the target numbers of carers, lower than anticipated numbers of valid carer contact details being supplied by sites to the evaluation team and low response rates to a survey of carers (which partly reflected lack of recall among carers receiving

‘light touch’ contact). This resulted in a small carer sample with high risk of multiple forms of bias and for which weighting to mitigate the lack of representativeness of the wider target population was not possible. To undertake a cost-benefit analysis of any similar future intervention, strategies are required to ensure management information is representative of the population engaged. Securing compliance with supply of management information and use of techniques to prompt deeper carer engagement is likely to yield a larger and more representative sample suitable for analysis of ‘what works’ in supporting this group.

- Using carer surveys would be helpful to profile the job types and earnings levels of typical carers and those who less commonly access support to **estimate the economic value** of moving a viable proportion of ‘hidden’ carers not in work into employment. This should make the case for the societal value of supporting this growing segment of the population.

Policy implications

123. Policy implications and recommendations are outlined in Table 5.1 and discussed below.

Table 5.1 Summary of policy recommendations

Recommendation	Explanation
Develop strategy to identify ‘hidden’ carers	Work with health, social services and community groups to identify those not receiving but most likely to benefit from support. Promote workplace diversity to encourage carers to disclose their status and take up support.
Offer support separately for employers and carers	Use agencies and employer networks able to demonstrate sympathy for business concerns to work with employers.
Develop a national engagement strategy to work with large employers	Large employers form and apply HR policies centrally and require engagement at national level.
Share learning resources created by the project widely	Work with LEPs, the wider community of local authorities and third sector agencies.
Specify evaluation requirements, resources and skill mix required among delivery partners when seeking funding applications	This would enable project delivery organisations to make appropriate resourcing decisions for collecting monitoring data and enable accurate performance assessment.
Offer a range of employment support to suit the circumstances of the carer and cared for, including carers of individuals with more extensive support needs	AT is unlikely to be a suitable replacement for continuous daily support to people with severe conditions and/or terminal illness. In the absence of a more comprehensive support package, carers of individuals with extensive support needs may find that care requirements are too demanding to reconcile with employment.

- Working with carers’ charities and expert practitioners in supporting carers would be useful in **developing a future strategy to identify ‘hidden’ carers** as most CiE sites did not reach their targets. People typically have multiple complex identities as individuals, workers and family members deriving mutual benefit between carer and recipients of care and any strategy needs to acknowledge this. It is worthwhile exploring outreach to those registered for Carers’ Allowance and those presenting to health, social services and community/voluntary groups as facing challenges in caring. It is important to achieve a balance between the right to privacy and ensuring that vulnerable working carers access support where they want it. **Government policy to**

support workplace diversity initiatives and encourage employers to recognise and meet individuals' needs has a role to play in creating workplace cultures where carers are more comfortable in voicing their needs.

- **Separating channels of support for carers and employers is important.** To view advice as credible, employers need to feel that agencies working with them understand business concerns. The Department for Business, Energy and Industrial Strategy could consider badging future initiatives, supported by suitable employer networks such as Business in the Community, the Employer Network for Equality and Inclusion, and Employers for Carers.
- Delivering a national project locally raised some barriers for employers. Large employers operating nationally typically have centralised HR policies. This means that **sustaining contact with large employer project participants requires a national level engagement strategy**, supported by tailored signposting to local voluntary organisations at workplace level. This could be fostered through a suitable employer network such as Business in the Community, the Employer Network for Equality and Inclusion, Employers for Carers and the Centre for Ageing Better or the Centre for Wellbeing.
- **Providing a learning network facilitated by carer experts** offered regular group meetings and online support to help projects share information, exchange ideas on how to overcome delivery challenges and consider examples of promising practice. The face-to-face element facilitated contact between local partners facing similar issues in different sites. These **learning resources could be disseminated and shared more widely** as they contain a repository of useful information. SCIE and the government departments that have funded the project could usefully consider optimal ways of maximising learning events in any similar future initiatives. SCIE's online Hub, a remote learning and sharing portal, was less well used than anticipated.
- CiE project site staff generally had low or no previous experience of gathering and providing monitoring data to support evaluation; their expertise lay in service delivery. Greater clarity at the outset regarding data requirements and built in contractual arrangements to facilitate data collection could be considered as part of any future similar initiative.
- The right type of carers employment support has to be offered to suit the circumstances of the carer and cared for. Of those caring for people with terminal illnesses or more severe conditions such as advanced dementia AT is unlikely to be a suitable replacement to continuous daily personal contact.

124. The evaluation of the Carers in Employment Project has illustrated a number of areas for consideration. The project had many soft outcomes but there was less evidence of outcomes for employment than for wellbeing. The findings from this report will make a beneficial contribution to future care and work policies, including the forthcoming NICE guidelines on provision of support for adult carers scheduled for publication in 2019. They will also make a useful contribution to the development

of government employment policies to support people who care to stay in and re-enter the labour market.

125. The evaluation of the CiE project has illustrated the **complex set of challenges** involved when developing solutions to support carers to remain in or return to employment. The initiative **was an attempt to learn from a range of locally designed, person-centred approaches that reflected local context**. The project has illustrated 'what works' in 'what circumstances' in terms of the application of information, advice and guidance to reach carers who work and in the use and application of Assistive Technology. The Carers in Employment project has also illustrated the importance of raising the profile of working carers as a group in the workplace, ensuring that both employers and employees can benefit from the use of existing opportunities such as the right to request flexible working. The project has also illustrated where initiatives such as this one can add value to the working practices of small and medium sized enterprises who are less likely than larger employers to have established HR policies and practices to support working carers.