

Supporting carers back into work

Insights from the
Working Potential
project

June 2020



About us

Centre for Ageing Better

The UK's population is undergoing a massive age shift. In less than 20 years, one in four people will be over 65.

The fact that many of us are living longer is a great achievement. But unless radical action is taken by government, business and others in society, millions of us risk missing out on enjoying those extra years.

At the Centre for Ageing Better we want everyone to enjoy later life. We create change in policy and practice informed by evidence and work with partners across England to improve employment, housing, health and communities.

We are a charitable foundation, funded by The National Lottery Community Fund, and part of the government's What Works Network.

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The carers in our midst



No fewer than one in five people aged 50–64 is a carer.¹ Though most provide no more than nine hours of caring a week, there are 1.4 million people who provide 50 or more hours a week.² With these sorts of numbers it is unsurprising that over the past two years, nearly half a million people – around 600 every day – have had to give up work to care.³

In fact, less than a quarter (23.8%) of carers are self-employed or in part-time or full-time paid work.⁴

These are extraordinary statistics. With 50–64 the peak age for caring, this is an enormous number of people who would be working – contributing to the economy and to their own personal finances – but are not. We estimate that at least a million workers aged between 50 and 64 are out of work involuntarily⁵ and

- 1 Carers UK. Facts about Carers. Policy briefing August 2019. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>
- 2 Carers UK. Facts about Carers. Policy briefing August 2019. Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/facts-about-carers-2019>
- 3 Carers UK. Juggling work and unpaid care. A growing issue. Available at: http://www.carersuk.org/images/News_and_campaigns/Juggling_work_and_unpaid_care_report_final_0119_WEB.pdf
- 4 NHS Digital. Personal social services survey of adult carers in England, 2016-17. Available at: <https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-survey-of-adult-carers/personal-social-services-survey-of-adult-carers-in-england-2016-17>
- 5 Office for National Statistics (December 2018). Living longer: fitting it all in – working, caring and health in later life. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/ageing/articles/livinglongerhowourpopulationischangingandwhyitmatters/fittingitalinworkingcaringandhealthinlaterlife>

many of these will be carers. Unsurprisingly, the financial implications are significant: carers report major drops in income as a result of reduced working hours – one in three (30%) has experienced a drop of £20,000 a year in their household income as a result of taking on caring responsibilities.⁶ The 1.4 million working age adults who provide at least 20 hours of care per week have a poverty rate of 37% compared to an average rate of 21% among non-carers.⁷ Yet just two in five carers aged 45–64 and a third of those aged 65 and over are eligible for Carer’s Allowance.⁸ One in five carers (22%) do not know how they are going to pay for retirement.⁹

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Besides the financial implications for families, the impact of caring on an individual’s ability to work is a growing economic challenge for employers and the UK economy and there is a strong business case for helping carers to stay in or return to work. But it is not straightforward to find a suitable position especially for someone who has been out of work for some time. Carers need support to find suitable employment. But even where employment support programmes are available, they are not tailored towards carers’ needs. With a view to providing guidance to providers of support for carers and providers of employment support, this report summarises the key findings of Working Potential – a project that aimed to engage 300 unemployed carers aged 50 and over who were not engaged with statutory programmes.

6 Carers UK. Caring and family finances inquiry: UK report (February 2014). Available at: <https://www.carersuk.org/for-professionals/policy/policy-library/caring-family-finances-inquiry>

7 New Policy Institute (2016). Informal carers and poverty in the UK. AN analysis of the Family Resources Survey. Available at: https://www.npi.org.uk/files/2114/6411/1359/Carers_and_poverty_in_the_UK_-_full_report.pdf

8 Centre for Ageing Better analysis of data from the GP Patient Survey. Available at: <https://www.gp-patient.co.uk/>

9 Carers UK (2019) State of caring. A snapshot of unpaid care in the UK. Available at: <https://www.carersuk.org/news-and-campaigns/news/state-of-caring-report-2019>

Working Potential: design and aims

Working Potential was a project funded by The National Lottery Community Fund and commissioned by Greater Manchester Centre for Voluntary Organisation (GMCVO), as part of their Ambition for Ageing Programme.

Three regional providers in Greater Manchester (Making Space, Wigan; Bolton at Home, Bolton; Upturn Enterprise, Salford) were commissioned to deliver a service to support older carers into employment between July 2018 and March 2020. The delivery model is outlined in Figure 1.

In parallel with GMCVO's own data collection, the Centre for Ageing Better commissioned Manchester Metropolitan University to conduct qualitative research to capture the emerging insights of carers, frontline project delivery staff and employers as Working Potential proceeded.

The aims of this research were:

- To understand the views, experiences and stories of people aged 50 and over, who are carers, and who are currently not working
- To understand the different approaches of the Working Potential providers for identifying, engaging and supporting carers
- To understand employers' current practices and attitudes towards recruiting older carers.¹⁰

Figure 1. Working Potential delivery model

Each provider had two job coaches
All had small job loads
To provide holistic and bespoke support for six months
A test and learn approach
Financial support available to assist the journey to work
One employer engagement officer to liaise with employers

¹⁰ Employers' perceptions of, and perceived barriers to, employing carers are not covered in this report. See the full 'Working Potential' report for details of this aspect of the research.



The experiences of older carers



A total of 91 carers engaged with the three regional providers as part of the Working Potential project. Most were providing high levels of care with little free time, flexibility or predictability in their lives. Most felt acutely the lack of legitimacy accorded to unpaid care work and spoke of their loss of identity as a person in their own right. Yet, for many, the anticipated loss of their caring role in the future was associated with uncertainty, making it difficult for them to formulate any hopes or plans for the future.

Carers were interested in finding something for themselves outside of caring, whether a regular social activity, peer support, volunteering or training. There was a strong desire to socialise with other people in the same situation but many carers reported a lack of suitable, age-specific social opportunities. Most so-called 'over 50s' provision is attended by over 70s, so younger carers reported finding it difficult to meet other carers their own age. At the same time, carers felt guilty at the prospect of engaging in activities for themselves.

Figure 2. What worries carers as they consider employment

Their own perceived inadequacies	Practical	Employer-related
Gaps in their CV	No previous job seeking experience	Perceive that employers want flexibility
No longer hold relevant qualifications/need for upskilling	No access to support	Concern that they, as carers, might place demands upon employer
Inadequate technical skills	No access to up-to-date job searching tools and equipment	Believe that employers would prefer a younger employee who costs less to employ and do not have caring duties
Wouldn't fit in contemporary workplace culture	Handling the practical and financial demands of their caring role while working	Do not want to let employers down
	Employment and skills support is not tailored and not flexible enough for carers	Do not want to disappoint colleagues
		Reluctant to ask for help
		Don't want to disclose carer responsibilities as don't want to appear dependent or in need of 'help'; fear that they will be labelled lazy or unwilling to work; fear stigmatisation

Perceived barriers to employment

The majority of carers perceived significant barriers to getting back into employment. For some, merely contemplating an interaction with a potential employer caused enormous anxiety due to the pressure they felt to explain their caring duties and long-term absence from the workplace. In fact, many were reluctant to even let employers know that they were carers. Barriers to employment can be categorised as those relating to issues of self-worth; practical or logistical issues; and what carers projected onto employers (Figure 2).

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The experiences of older carers

There were different challenges for carers who had given up work to care and those who had never worked. For carers who had worked, returning to their previous careers was not considered practicable and the prospect of trying to return to work at their previous skill level caused anxiety. None of the carers framed the relationship between carer and employer in terms of the legal duties of employers and of their statutory rights as carers. Carers were more concerned with being able to provide the flexibility they imagined the employer needed than expecting an employer to provide them with the flexibility they themselves needed to be carers.

At a practical level, carers were interested in support that could help them address their individual circumstances and to navigate services but did not know what support is available to them locally or how to access it. Their previous experiences meant that they had very low expectations of statutory

services and formal employment support, both in terms of when and how these were provided. This explains why some carers may be reluctant to re-engage with services and hints at challenges in reaching this group.

Overall, anxiety about work and the high levels of caring meant that although the carers were thinking about the possibility – or even the inevitability (for financial reasons) – of needing to find paid employment, they were not yet ready to take that step. So the Working Potential providers shifted the focus from gaining employment to starting preparation for employment and became an engagement programme whose aim was to introduce employment at the appropriate time while encouraging the exploration of work-related opportunities (e.g. volunteering and training). It is likely that this is a generalisable finding and that carers will need support to prepare them mentally for the prospect of employment before they can undertake the next steps of finding a suitable job.

Identifying and engaging carers

Significant challenges were identified in finding and engaging carers, in particular the so-called ‘hidden’ carers who don’t identify as such, either because they are not entitled to Carer’s Allowance or because they perceive what they are doing – looking after loved ones – as simply their duty. This feeling of duty and lack of identification as a carer may be particularly prevalent in ethnic minority communities. Certainly, the Working Potential course providers had difficulty reaching carers of BAME communities. While the coaches in Bolton did reach out to different BAME and faith groups several times with some success, engagement did not reflect the demographics of Bolton. There were also challenges in engaging male carers. This was at least in part because outreach mainly entailed attending carers support groups where most of the carers were women. Those men who engaged with the programme were reached via events or word of mouth. Indeed, face-to-face and word of mouth communication were found to be the best ways to engage with the targeted client group. In addition, best practice to engage ‘hidden’ carers was to attend a variety of community groups, not just those targeted at carers or the over 50s.

Engagement with employers

While researching the attitudes and perceptions of employers to employing carers and to flexible working, the employer engagement officer established relationships with a number of local and regional employers. This resulted in the creation of roles for carer champions by one major retailer. One carer who did go on to get a job with this retailer was recruited based on a stint working in a store rather than via a formal interview. This is a resourceful approach to the hiring of carers and suggests that carer champions have a potential role to play in representing the needs of carers in the workplace.

The employer engagement officer also undertook widespread engagement with employers at a strategic level through attendance at working groups. These were seen to be important forums at which to share learning, discuss barriers to employment and influence best practice around flexible working.

Carer champions have a potential role to play in representing the needs of carers in the workplace.

The attributes of Working Potential coaches

Carer support, in general, and employment support for carers, in particular, requires coaches who are equipped to operate outside the traditional employability paradigm. Working Potential coaches had relatively small caseloads (compared with statutory providers) and a large degree of discretion in terms of how they operated. With a remit to provide holistic and bespoke support to individuals with complex requirements for a period of six months, coaches needed to be in possession of a broad range of skills, knowledge and experience (Figure 3). Coaches intervened during a period when the physical and emotional impact of unpaid caring was high; when the vocational aspirations of carers were not well articulated; and carers' expectations of their employment potential were low. As such, the qualities and skills that coaches brought to Working Potential were essential to the success of the programme. From the first meeting, the interpersonal skills of the coaches were instrumental to engagement, with carers

describing how the tone and style of the initial encounter were critical to their decision to sustain contact. Over the ensuing months, an ongoing and supportive relationship between coach and carer was vital. Creating space for people to develop was a cornerstone of the Working Potential relationship.

An important component of the coaching interaction was the emotional support coaches found themselves providing. This was in addition to helping carers to access counselling and therapy. In fact, one coach described her role as requiring some of the skills of a counselling relationship. This emotional work formed the foundation upon which further preparation for employment could be made. It will be an essential part of a coaching interaction for older carers in employment support.

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Figure 3. Attributes of coaches

Interpersonal	Practical or knowledge-based
Informal (for some carers this was their primary social contact outside the home)	Employment experience beyond traditional employment guidance
Managing engagement and disengagement from coaching relationships	Community-facing or community development experience helpful
Warmth, integrity and authenticity	Problem-solving, creativity and adaptability
Sophisticated, non-transactional communication skills	Leadership or management experience
Providing friendship, common bond	Ability to undertake emotional work

What did Working Potential achieve?

The Working Potential project had a significant impact on the personal and practical domains of carers' lives. Carers felt that they had overcome practical and emotional barriers to self-sufficiency and spoke of looking forward to positive experiences in the future. They reported that the support they received helped them reclaim their personal identity beyond that of a carer and helped to re-establish their connections to others – often via carer-specific social groups that sprang up across delivery areas. For example, 'walk and talk' sessions were a great success, enabling people to socialise – and often for the first time – with others in similar situations as themselves. Carers contrasted the ease of these walks with the experience, which they characterised as forced, of sitting face-to-face around a table as at other carers' groups.

On a practical level, carers were helped with specific professional qualifications and to engage with formal programmes of study (for instance, numeracy). They were helped with CVs and introduced to stimulating, informal

learning environments (such as 'U3A'). Help to navigate paperwork and bureaucracy was often critical because even when support is available, those with high levels of stress or without experience of complex bureaucracy or IT skills can struggle to engage with it. Direct financial support was provided when needed for travel and clothing (there can be an assumption that some services or activities are free of charge but there may be hidden barriers to accessibility such as suitable clothing and this is true even for volunteer roles).

Some coaches used their business links and technical knowledge of self-employment to raise carers' awareness of sources of local community funding and provided carers with guidance for grant applications. In some cases, coaching nurtured volunteering: for example, one provider used a 'champion' engagement model, whereby former carers

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were employed (by the provider) or acted in a volunteering capacity so as to identify, engage and support other older carers in their local communities.

And alongside their acquisition of specific employment-related skills, carers became more confident about the idea of work—they re-appraised their experiences and were able to identify transferable skills suited to the contemporary workplace and to see how they could explain their past lack of engagement in the workplace.

Working Potential outcomes in numbers are shown in Figure 4. Because most carers were not ready to contemplate employment, the project resulted in nine carers in work. However, more than a quarter (27%) secured volunteering positions and the majority of carers were much more ‘work-ready’ following participation in Working Potential than they had been at the start of the project. For example, two-thirds of carers reported feeling more confident about their ability to search for work.

Figure 4. Outcomes of Working Potential

- 91 carers supported
- 9 entered employment
- 25 secured volunteering
- 22 participated in further education and/or training
- 60% feel their skill level is less of a barrier to work
- 48% feel their work experience level is less of a barrier
- 63% are more confident in their ability to search for work
- 67% are more confident that there is work available for them
- 32% feel their health is less of a barrier to work
- 38% feel their personal circumstances are less of a barrier

Conclusion

Older carers who have fallen out of work face significant barriers to getting back into employment, both from a practical point of view (e.g. skills, training and CVs) and from a personal point of view (lack of confidence and self-worth).

Support for carers should include support to get back into work, and employment support should recognise the specific challenges faced by carers. The findings from Working Potential suggest that this is best done

through a holistic approach that helps carers address the practical and emotional barriers to work and explore work-related opportunities such as volunteering and training. Early stage, individual, and group-based coaching interventions and peer support, such as that offered by Working Potential will be a useful adjunct to employment support for older carers. In this, the skills of the coach to provide individualised support are key, as is investing time in creating effective relationships between the providers of employment support and employers so that opportunities can be identified or created.

Recommendations

- Employment support for carers should be holistic in nature, encompassing practical issues such as skills and qualifications but also emotional issues around lack of confidence and self-worth.
 - This support is best delivered through a one-to-one coaching relationship, with coaches who have a broad range of skills including employment experience and the ability to offer emotional support.
 - Employment support and training provision must take into consideration carers' responsibilities and be sufficiently flexible for carers to participate.
 - Carer support and employment support for carers should be mindful of the difficulty in reaching male carers and of identifying 'hidden carers' who do not identify as such. The latter are often from ethnic minority groups.
- Engagement of carers requires attendance at a range of community groups – not merely those for carers or the over 50s – and use a range of communication strategies, including face-to-face and word of mouth.
 - Alongside support for carers, programmes should include an employer-facing role to engage with employers and make the case for employing carers; demonstrate ways of breaking down barriers (for example, through flexible working); and provide ongoing support when carers gain employment.

Let's take action today for all our tomorrows.
Let's make ageing better.



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