

Action for Carers and Employment (ACE National): An Evaluation

Final Report
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ACE National
action for carers and employment
led by **CARERS** UK



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Executive Summary

This executive summary relates to the evaluation of the Carers UK led Action for Carers and Employment (ACE National) project, completed by the Centre for Social Inclusion in June 2005. ACE National was funded by the European Social Fund's EQUAL Community Initiative Programme and ran May 2002-May 2005. It sought to address the barriers faced by carers and former carers in entering, re-entering, or remaining in the labour market, through establishing a national partnership to influence the development of services and policy at local and national level.

The successful ACE partnership included: national policy partners; a national employers' group; four local pilot projects in England (Ealing, Kirklees, Sunderland and Surrey); a City and Guilds e-learning pre-vocational training course designed specifically for carers; and a transnational partnership with F&M Power in Vorarlberg, Austria (working with parents returning to the labour market).

How effective was the ACE National local training and support for carers?

Local ACE delivery successfully empowered carers through: facilitating increased confidence; access to appropriate training; and high levels of individual support, guidance and information. This was done across four sites. Kirklees Carers Gateway included ACE clubs (group personal development courses), individual support, a residential break, a five-week introductory IT course, and a Carers Training Placement Scheme based within Kirklees Metropolitan Council. Surrey Action for Carers and Employment also offered ACE clubs, one-to-one support, carer awareness training for local Jobcentre Plus staff and employers, and specialist workshops on volunteering, learning / training opportunities, and job skills. Ealing Contact a Family ran ACE clubs and IT courses as well as offering individual support and guidance. A group of carers who were active in the project established the ACE Training Network for continued support and information relating to training, work, leisure and childcare. Sunderland Carers Centre and People into Employment supported carers with job-search and

personal development skills to prepare them for the workplace; offered individual advice and support; and ran personal development courses. They also specialised in working with local employers on a Carers in Employment Charter accreditation scheme, and delivered carer awareness training to local Jobcentre Plus front-line staff.

The most important factors in the success of these local projects appear to have been the levels of local responsiveness and the links with local carer support agencies. ACE staff stressed that the informality of the project and the high level of flexible, one-to-one support on offer to beneficiaries had been particularly empowering for participant carers, with project workers mentioning carers' growth in confidence and self-esteem as the most visible impact of project participation. Carers' views on ACE provision were equally positive with the constructive benefits most often mentioned being the value of one-to-one support and enabling them to mix with other carers, thereby sharing problems and making new friends. Limited assessment of the distance travelled monitoring tool data showed broadly positive results.

ACE National, with City and Guilds, also successfully developed an introductory e-learning course for carers, called Learning for Living, which was uniquely designed with carers' particular needs in mind. Delivering the course via the Internet allowed carers to participate in their own home, or in social / group situations in connection with local pilot areas. The course was endorsed with National Qualifications Framework approval in 2004, enabling the qualification to become a Level 2 personal development award entitled the 'Certificate in Personal Development and Learning for Unpaid Carers'.

How effective was ACE National's impact on flexible employment practices / work-life balance policies and alternative care provision?

The national Employers for Carers group was very active, producing a dedicated website offering advice



to both carers and employers on good practice work-life balance policies and flexible employment procedures, including a Benchmark Assessment Tool and a good practice case study brochure and video for employers.

There are also good prospects for long-term benefits from the limited local ACE work with employers which could be developed with the time and resources available. As all the local projects are continuing their work with employers, drawing on different funding sources, it is likely that there will be continuing positive outcomes in the future. Some carers still need to be supported at the local level if they are to identify flexible and understanding employers. To date, the ACE project has been effective mainly (with a few important exceptions) in large, national organisations. It may take some time to develop successful work with small firms and organisations operating only at the local level.

How effective was the project's impact on local and national policy regarding carers in the labour market, and what was the impact of publicity and awareness raising achieved by the project?

ACE National achieved impact and engagement with policy-makers well in excess of its original expectations, in particular through supporting and drafting the Private Members' Bill which subsequently became the Carers (Equal Opportunities) Act 2004, thereby helping heighten public and media awareness of carers' needs.

Communication mechanisms within the ACE project were strong, including regular local partnership meetings and national steering group meetings; annual partnership forums; and a variety of successful networking and publicity events, including innovative work with an interactive theatre company. This helped raise awareness among local practitioners and local and national policy-makers.

A wide variety of publicity and training materials were also developed by ACE at the national level. These included: a dedicated website, a Carers Rights Guide, an awareness raising DVD, regular newsletters, an information booklet for carers on learning opportunities, a European Glossary of Social Care Terms brochure, and specific training resources for

working carers, union representatives, and managers. These have helped effectively disseminate key messages about carers in employment to carers, practitioners, service delivery planners, and employers.

How effective was the contribution made by the Transnational Partnership?

This was an effective element of ACE provision. Regular transnational meetings between the English and Austrian projects included both formal opportunities for projects to present their activities, and informal opportunities for networking and exchange of ideas. Evaluation of the transnational work confirmed that most participants felt very positive about this part of the project, and thought that they had gained new ideas about ways of working with the client group as a result.

What is the potential for mainstreaming ACE National's work?

There is great potential for developing and replicating some of the ACE work in mainstream services, both at the local and the national level. While ACE projects and/or general carer support delivered by specialist agencies help carers to overcome their individual barriers, systems and/or labour market barriers may still remain, such as inflexible or poor-quality local alternative care provision; the benefits trap; and localised labour market issues relating to job opportunities, transport arrangements and cultural expectations about caring. These are factors that Carers UK and other providers need to bear in mind in future service-delivery planning. In particular, the three remaining issues in this field which Carers UK could now address are:

- influencing the improvement of local alternative care provision;
- campaigning for the right to request flexible working, and
- tackling the difficulty carers find in bridging the gap between benefits and paid work.

PART ONE

Achievements of the ACE project 2002-5



1. Introduction

The Action for Carers and Employment (ACE National) project, led by Carers UK, was funded by the European Social Fund's EQUAL Community Initiative Programme. Comprising a planning stage (Action 1), a project delivery stage (Action 2) and a dissemination and mainstreaming stage (Action 3), the project ran from May 2002 to May 2005. This report explores ACE National's scope, impact and achievements, and notes lessons learned through the innovative activities and approach undertaken. The report was prepared by the authors as part of the independent evaluation of ACE National commissioned from the Centre for Social Inclusion at Sheffield Hallam University.

Aims and Objectives of ACE National

The ACE National project sought to address the barriers faced by carers¹ in entering, re-entering, or remaining in the labour market. The long-term goal of the project was to mainstream the support offered to carers.

Within this, ACE National's specific aims and objectives were:

- the development of a pre-vocational training programme and accreditation framework, in partnership with City and Guilds²;
- the promotion of flexible employment policies and practices, through work with employers;
- the development of more effective local carer individual support and guidance, including work with employment services;
- the improvement of local alternative care services for the dependants of carers;
- the delivery of carer awareness training to support the development of good practice;
- the development of a national partnership of carers, unions, employers and voluntary organisations to influence the development of services and policy at local and national level.

Prior work, by Carers UK and others, had identified many of the barriers faced by individuals wishing to combine caring and employment. These included:

loss of confidence and/or work skills; limited access to training; the invisibility of carers in relation to mainstream employment services; the problem of finding flexible, understanding employers; difficulties in bridging the gap between benefits and paid work; and inflexible and inadequate alternative care provision.

Carers UK and their partners³ hoped that the ACE National project would achieve the following outcomes for carers: increased 'soft' skills (including work, personal and practical skills); increased participation in Jobcentre Plus/New Deal options; increased participation in the labour market generally; and increased retention of working carers by employers. Desired policy-related outcomes included: the inclusion of carers in campaigns promoting work-life balance; the dissemination of the accreditation framework specifically designed for carers; the development of carer awareness training materials for dissemination through Jobcentre Plus, trade unions, and local authorities; a good practice guide for employers; an employers' charter; a tool kit for setting up local mentoring schemes; and an information booklet on carers and employment for health workers. ACE National also hoped to achieve increased awareness of the need for appropriate, good quality (and affordable) alternative care to enable carers to engage/re-engage with the labour market and/or available training.

The ACE Development Partnership initially comprised the following, discussed in further detail later in this report:

- National policy partners responsible for influencing the development of policy areas, including the Equal Opportunities Commission (EOC); two trade unions; central Government departments including the Department for Work and Pensions (DWP) and the Department of Trade and Industry (DTI); City and Guilds; Contact a Family, and Crossroads-Caring for Carers.
- A national employers' group was established through the ACE National policy partnership,



responsible for promoting work-life balance issues and raising the profile of carers in the workplace. This group included BT, HSBC, Centrica, the Department for Constitutional Affairs, the BBC, the Metropolitan Police, Business in the Community, the Confederation of British Industry, the Department of Trade and Industry, Jobcentre Plus, Nestor Healthcare, the NHS, Listawood and PricewaterhouseCoopers.

- Six local pilot projects responsible for local delivery of ACE in Anglesey, Carmarthenshire, Ealing, Kirklees, Sunderland and Surrey.
- Two national pilot programmes responsible for project delivery across the six local pilot programmes: Parents at Work offering a 'Waving not Drowning' mentoring scheme, and City and Guilds developing an e-learning pre-vocational training course especially designed for carers.
- A Transnational Partnership with F&M Power, working in Vorarlberg, Austria, on activities to support parents returning to the labour market.
- An implementation and delivery partner, the European Institute for Social Services, University of Kent, responsible for financial monitoring and arrangements for the transnational activities.

The Evaluation of ACE National

The evaluation of ACE National explored the project's achievement of specific project-related aims, and its pursuit of broader objectives in relation to the EQUAL programme. As regards ACE National, it explored:

- the effectiveness of the ACE National local training and support for carers, and its carer awareness training
- ACE National's impact on flexible employment practices / work-life balance policies and alternative care provision
- the project's impact on local and national policy regarding carers in the labour market
- the contribution made by the Transnational Partnership

In relation to the objectives of the EQUAL Programme, it assessed:

- the extent to which ACE National's work has been innovative

- the potential for, and success of, mainstreaming ACE National's work
- the impact of publicity and awareness raising achieved by the project

¹ Where 'carers' are mentioned in this report, the term includes both carers and former carers.

² City and Guilds is the leading provider of vocational qualifications in the UK.

³ Carers UK was the lead partner in the 'Development Partnership' established for ACE National (see later in the report for details).



2. Shaping the national policy agenda

ACE National set itself a large and demanding agenda in relation to its impact on national policy. It aimed:

- to influence the development of services in employment and welfare policy (Jobcentre Plus and the New Deal); and in policy on carers and those with related responsibilities (National Strategy for Carers, National Care Standards Commission, National Childcare Strategy)
- to raise overall awareness with policy makers and service providers of carers as a discrete group facing disadvantage and discrimination, with the long term objective of including them in their mainstream support services
- to influence the development of provision in the care sector by highlighting the alternative care needs of working carers and raising the profile of working carers (through influencing the Government's Work-Life Balance campaign, working to develop carer-friendly working policies and practices, and disseminating good practice through employers' organisations and unions).

ACE activities at national level designed to support the achievement of these aims included:

- its prevocational training for carers developed with City and Guilds
- working with Jobcentre Plus at the national level to encourage it to focus attention on reaching carers and offering them appropriate services
- developing an employers' guide to support the development of carer-friendly employment, working through the Employers for Carers Group drawn together by ACE National
- contributing to debates about issues of access to and delivery of appropriate services for carers, in dialogue with the Department of Health and other agencies

This area of ACE National's work achieved impact and engagement with the policy-makers well in excess of its original expectations. This arose in part through the good fortune which (via Hywel Francis MP's

success in the Private Members' Ballot in the House of Commons) enabled Carers UK and its partners to support the drafting and development of the Parliamentary Bill which subsequently became the Carers (Equal Opportunities) Act 2004. This was one among many significant policy impacts. By seizing the opportunity to contribute to the Prime Minister's Big Conversation about policy issues, ACE National played its part in encouraging the Government to make a commitment to extend the review of the statutory 'right to request flexible working' to other carers in addition to those who have a disabled child. It brought together a powerful and influential partnership of major and progressive employers committed to developing employment policies suitable for supporting carers, determined to lead by example, and to give voice to their perspective emphasising the business gain to be achieved by providing good working arrangements for working carers. The national partners also grasped a number of opportunities to engage with other relevant agendas and debates, including becoming actively involved in the Equal Opportunities Commission's Parents And Carers Coalition activities.

In face-to-face interviews with the evaluators, ACE staff had no difficulty in identifying the national impact of the ACE project. An impressive range of evidence cited included the establishment of the active Employers for Carers group; increased central government interest in carers' work-life balance and equality issues, and the introduction of the Carers (Equal Opportunities) Act 2004. Some ACE staff felt that this development, in particular, had been influenced by ACE National making a high profile and effective contribution at what was a 'right time' for carers' issues to be on the national government agenda.

"it's a great vehicle for the whole carers' movement"

"..the most successful part of the project has been to get major national organisations on board"



A triumphant Dr Hywel Francis, MP for Aberavon (centre) who sponsored the Carers (Equal Opportunities) Act, joined by the other two politicians who brought in legislation for carers – Lord Pendry (left) and Malcolm Wicks MP (right).

Success in this area was more impressive than had been anticipated and set an important context for the ACE National work relating to beneficiary outcomes. Beneficiary numbers across all sites were lower than originally estimated, reflecting the time needed to build local partnerships and to recruit carers onto the project.

By establishing a strong national partnership of employers, government agencies and employment organisations, ACE has been particularly effective in influencing the national development of services and in shaping public policy regarding carers' issues. These national policy developments, and perhaps even more importantly, a heightened public awareness of carers' needs, have been some of the most successful features of ACE, with carers, and Carers UK, now firmly on the political map.

A retrospective survey of the ACE National Partners, which asked them to reflect on what had been achieved, was strongly positive. However, there were some differences between respondents' perspectives, with most partners saying they "knew a lot about" policy level work but only "a little about" the ACE clubs and individual carer support offered at local level. The impact of ACE for individuals actively involved in the partnership was often an increased awareness of carers' issues. Most national partners

mentioned the impact of ACE on the development of carer friendly policies in workplaces, through the work undertaken by the Employers for Carers group. The practical and informational support of the ACE National Partnership by Carers UK was praised, with particular mention of the strong contribution made by individual members of staff. Suggestions for improvements included: more educational partners; less paperwork; more involved trade unions; and clarity of expectations and operational mechanisms for national partners. The majority of participants stressed that the key future development for carers which they hoped to see was improved alternative care services.

The national partnership produced the 'Employers for Carers' group, which has launched its own campaign website, promoting the business benefits of supporting carers in the workplace, and aiming to "influence employment policy and practice to create a culture which will support carers in and into work" (www.employersforcarers.org.uk, 2004). Recent events hosted by this group included a 'Face Up To Carers' breakfast event in November 2004 to promote the launch of a series of good practice case studies of employers with working carers.

The evaluation questionnaire sent to Employers for Carers (Efc) members revealed that most members of



this group knew more about the EfC group itself and the work of ACE National staff than they did about 'Learning for Living', local ACE delivery or individual carer support. Aspects of EfC work that were considered particularly effective included the development of the website and the benchmarking tool. Many respondents felt that there were no weaknesses or limitations within the ACE partnership / project as a whole. Within the EfC group, members drew attention to some over-reliance on the involvement of a 'core' group within the employer members, with difficulty in engaging others outside of this 'core'. Possible improvements suggested included establishing a clearer remit for organisations involved in EfC, the inclusion of more SMEs (Small and Medium-sized Enterprises), and the extension / continuation of the group beyond the lifetime of the ACE project. Proposals that this group felt would help carers in employment included an extension of the statutory right to request flexible working, and the development, by central government, of a National Care Strategy to mirror the National Childcare Strategy. Individuals were extremely positive about their involvement in the group:

"One of the best and most successful groups with real output that I have been part of in my role."

"This has been an excellent group and has provided a unique opportunity for like minded organisations to meet and share best practice."



Carers outside number 10 Downing Street, before a 'Big Conversation' with the Prime Minister.



Imelda Redmond, Chief Executive of Carers UK; Caroline Waters, Director of Policy and People at BT; and Dr Stephen Ladyman, then Parliamentary Under-Secretary of State for Community, DoH at the launch of 'Employers for Carers'.



3. Working in partnership

The ACE National project contained a commitment to working in partnership, both at the national level (previously discussed) and at local level. This section focuses on the local pilot ACE sites, and the activities based within these. The approaches taken by each of the organisations aiming to provide direct carer support as part of ACE National, either locally or across the local sites, have been summarised below.

Kirklees Carers Gateway

The ACE programme in Kirklees built upon an existing project established via ESF Objective 3 funding and undertaken through Carers Gateway (the Kirklees Metropolitan Council carers' centre). Here ACE was operationalised by a Team Manager based within Carers Gateway, a part-time Carers Support Officer, a full-time Project Co-ordinator, and a part-time Project Administrator. Provision included: ACE clubs; piloting 'Learning for Living' (in groups and via distance learning); individual carer support; a three-day residential break at Northern College; and a five-week introductory IT course. Continuation funding for the project from Jobcentre Plus (commencing October 2004 under the guise of 'ACE Plus') will allow the staff to provide a 26-week training programme for carers involving ACE club modules, job-search skills, and work-experience placements.

Kirklees also developed a Carers Training Placement Scheme, funded through the Neighbourhood Renewal Fund, which provided placements for a trainee in the equipment shop, a carer support officer, a receptionist with the Citizen's Advice Bureau, a trainee IT technician and two trainee clerical officers within Carers Gateway. The Carers Support Officer was subsequently appointed as Employer Liaison Officer for the ACE Project, who will be responsible for taking forward the dedicated work with employers in Kirklees (see Working with local employers).

Surrey Action for Carers and Employment

This was the longest running project (c1998), having started life as an ESF INTEGRA funded project, similar to Kirklees. In Surrey, ACE was split across two sites in Guildford and Reigate, with no actual carers centre. This project had the largest number of staff, with a full-time Project Co-ordinator, three Project Workers (two full-time equivalents), and a part-time Project Administrator.

The project offered ACE clubs (in various locations across Surrey): one-to-one support for carers; the City and Guilds 'Learning for Living' pilot; carer awareness training for local Jobcentre Plus staff, and for employers; and specialist workshops covering volunteering, learning / training opportunities, and job skills. Towards the end of the project, Surrey ACE experienced some difficulty recruiting carers, probably as a result of its activities prior to receiving ACE funding. This meant that the team had already reached many local carers interested in and/or ready to return to employment or training. Despite putting great effort into concerted and targeted advertising campaigns, this resulted in the cancellation of a number of planned ACE courses in 2004/5. However, more recently, the campaign has started to lead to new referrals.

Ealing Contact a Family

The Ealing ACE pilot was based within the local branch of Contact a Family (CaF), a voluntary organisation providing support for parent carers. It aimed to follow the examples of Kirklees and Surrey in providing employment-related carer support, by running ACE clubs and offering individual support and guidance. One part-time worker staffed this project. The project ran a number of very successful IT courses, and was the first to pilot the City and Guilds e-learning programme. A group of Ealing CaF parents who were active in the ACE project have established the 'ACE Training Network', for continued support and information relating to training, work, leisure and childcare.



Sunderland Carers Centre and People into Employment

The ACE partnership in Sunderland comprised the voluntary organisation 'People into Employment' (PIE) and the national charity The Princess Royal Trust for Carers (PRTC), through its Sunderland Carers Centre. Three members of staff were involved in the Sunderland project: a Co-ordinator at the Carers Centre; and a Team Leader and Project Development Officer at PIE. PIE supported carers with job-search and personal development skills needs, to prepare them for the workplace. The Carers Centre offered individual advice and support, and personal development courses for carers.

Since 1995, Sunderland Carers Centre has specialised in working with local employers on its Carers in Employment Charter accreditation scheme (see Working with local employers). Organisations awarded the charter have included: Littlewoods Home Shopping; City of Sunderland Council; Wearside Benefits Agency; the Child Benefit Centre; and Tyne and Wear Fire Brigade. Sunderland ACE also delivered carer awareness training to local Jobcentre Plus front-line staff.

Carers Wales

The Carers Wales partners planned to provide carer support in two localities as part of the ACE project: in Anglesey in North Wales, and in Carmarthenshire in South Wales. Agencies working alongside Carers Wales to achieve this included: local training providers; voluntary agencies; local employers; the Benefits Agency and local Jobcentre Plus; Anglesey and Carmarthen County Councils; North Wales Police; and Contact a Family. However, in April 2004 Carers Wales confirmed that due to the "very limited take up by carers" of ACE project provision, the post of ACE Project Officer in Wales would cease as of the 5th of May 2004. The focus then turned to increasing the policy development work in Wales.

The City and Guilds 'Learning for Living' e-learning for carers

The ACE National e-learning course 'Learning for Living' was designed with carers' particular needs in mind and drew on City and Guilds' extensive experience of adult learning: the context for the learning thus had to be flexibility to suit individuals' circumstances, with carers able to cover 'bite-sized chunks' of learning at their own pace. Delivering

courses via the Internet also allowed carers to participate in their own home, or in social / group situations in connection with ACE clubs run in local pilot areas. The presentation of the materials was highly visual, and contained audio, instead of relying on a large amount of reading time. Face-to-face support was offered via the local ACE programmes.

The successful development of this course was endorsed via National Qualifications Framework approval, granted in 2004, enabling the qualification to become a Level 2 personal development award entitled the 'Certificate in Personal Development and Learning for Unpaid Carers'. The website for this is: www.learning-for-living.co.uk. The final product went live in September 2004.

Parents at Work mentoring programme

Although this national voluntary organisation (now re-branded Working Families) was not a local ACE pilot project, it agreed to operate a mentoring programme for parent carers who were currently in / planning to enter the labour market across each of the ACE pilot areas. It aimed to pilot the provision across each of the local sites, to help carers with general support, and with CV preparation and interview skills. Unfortunately, the scheme became delayed because of staffing difficulties, and in July 2003 the organisation formally confirmed that it had ceased work on the pilot, explaining that:

- the recruitment and logistics of training mentors, and of developing working partnership arrangements with other organisations, had proved too difficult (mainly due to financial and staffing resource constraints); and that
- parents of children with disabilities were a tiny group compared with its other key stakeholder groups, such as lone parents, the group on which the mentoring model had originally been based

Inter-agency referrals

Individual carers were referred to local ACE projects in the following ways:

- By other local agencies in the voluntary sector
- Word of mouth among carers
- Local statutory bodies / departments
- Contact with local special needs schools



- Self-referral by the individual carer (arising from publicity leaflets, posters, events, local media, etc.)
- The 'host' / attached organisation i.e. Ealing Contact a Family, Kirklees Carers Gateway, Sunderland Carers Centre

The variety of sources for referrals demonstrates the local ACE projects' commitment to working in partnership with other local agencies, whether voluntary or statutory. Nevertheless, most pilot areas reported self-referral as the most important source of carers participating in their activities.

Impact of the partnership activities

Although the evaluation was not designed to compare the performance of individual local ACE projects, it is clear that all projects which sustained their involvement throughout succeeded in providing enhanced direct support for carers, with this support delivered in a variety of ways. The City and Guilds e-learning programme was also successfully designed, piloted, and began its marketing stage during the lifetime of ACE. The most important factors in the success of the local projects appear to have been:

LOCAL RESPONSIVENESS

Each project was able to mould its provision, and respond to the needs of the local community of carers, offering a variety of tailored support. This aspect of the evolution of local ACE services was illustrated by Kirklees, which developed work placements, and by Surrey, which developed specialist workshops on volunteering, training, and job skills.

LINKS WITH CARER SUPPORT AGENCIES

The placement of an ACE project within a wider framework of carer support also contributed to success, especially in facilitating the referral process. However, some projects experienced some inappropriate referrals, as not all carers were employment or training-focused. Reasons for this probably included both the referral process, and styles of delivery, for example a support worker making employment seem more 'scary' than it needed to be. As one interviewee put it, the key to successful ACE provision was removing the fear on the part of a carer about entering work.

Evaluation evidence from the staff interviews showed that a collective impact of the ACE partnership was to

boost confidence among ACE workers, with the local work aided by national involvement, and associated prestige. Focus groups held with ACE staff to explore their perspectives on ACE produced a list of core elements of ACE provision, with a consensus on how successful these were (see Table 1 overleaf).

Exchange of good practice

Most local ACE staff felt that they had learned from the experience and approach of other ACE pilot areas. Sunderland developed a service level agreement with their local Jobcentre Plus, using the Kirklees approach as an example, and both Surrey and Kirklees developed their work with employers building on the example of the Sunderland Employers' Charter. Those who regularly attended partnership meetings for the local projects were able to exchange the most information, and had most opportunities to engage in extensive good practice exchange. Those who were more willing to trial new areas of provision probably gained most through the inter-agency dialogue. Good practice exchange could have been improved further with more active engagement of some staff members.



Table 1: Views of ACE staff on the success of different elements of ACE provision

ELEMENT OF ACE PROVISION	SUCCESS LEVEL
Helping carers explore/access training opportunities	High
Helping carers with work preparation	High
1 to 1 support, building confidence and self-esteem	High (for those reached)*
Bringing carers together	High
Policy influence	High
City and Guilds e-learning provision	High
Monitoring and research activities	High
Raising awareness among local agencies/ employers	Quite high (this was more successful at the national level)
Reaching carers	Quite high
Work with alternative care providers	Low

*This caveat both demonstrates that project workers were aware of the smaller than planned numbers of carers engaging with the project, and shows they believed the quality of the service provided was very good.

Perhaps inevitably, the structure of the ACE National project engendered something of a ‘them and us’ atmosphere, with the national staff in more influential roles than the local teams. The Carers UK national staff were charged with overseeing the ESF monitoring requirements and co-ordinating the overall project. Some improvements in the communication between the national partners/staff and the local teams could have prevented some gradual separation of aims for local projects and ACE national staff. Staff participating in one of the focus groups concluded that building close partnership relationships was always a very slow process, with operational issues relating to the logistics and process of partnership working taking time to achieve. Carers UK perhaps under-estimated how much time and effort this would take in their initial EQUAL bid. Carers UK acknowledge that the energy and effort this aspect requires need to be borne in mind in any future work of this nature.

During the evaluation, staff at all levels were very positive about the outcomes of ACE. Two key successful elements of ACE highlighted through this aspect of the evaluation were the strong impact local ACE provision had on individual carers participating in the project (discussed in the next chapter), and the strong and continuing impact of ACE on the policy agenda.



4. Empowering individual carers

As mentioned earlier, a key aspect of the ACE project was its work with individual carers to:

- increase their confidence;
- support them in accessing appropriate training;
- help them progress on their journey towards employment (the distance travelled); and
- provide individual support, guidance and information

Staff stressed that the following had been particularly empowering for participant carers:

- the informality of the projects and staff
- the use of local networks' information-exchange, with benefits to carers
- the high level of flexible, one-to-one support on offer to beneficiaries (for example, having no time-limit on the carer contact)
- offering free training to carers, especially in IT skills, which helped 'hook-in' carers to the projects, and proved empowering for some individuals facilitating carers' socialising:

"giving them a sense of belonging.. and they share experiences"

- being centred on individual carer's needs – not being target-driven or 'rushing' individuals, and allowing them to develop at their own speed:

"it is different.. a superior service"

- When asked to assess the impact of ACE work locally, project workers provided a number of insights:

"Helping some to stay in work and supporting those trying to re-enter and those just thinking about [employment]... is making a difference"

"[I think] it does move people towards employment for those worked with"

"The ones we get to, we do meet their needs"

"[Participants] .. may not be in employment by the end of the project, but [they] will be further on... and in a better situation to be in, in the future"

Many project workers mentioned carers' growth in confidence and self-esteem as the most visible impact of project participation. They felt that the ACE projects were especially effective in:

- tackling carers' lack of confidence (both at the social level and with regard to entering employment)
- providing carers with general advice on job seeking
- increasing awareness among employers / managers of carers' issues
- helping carers with assertiveness and their own self-esteem
- identifying options and choices and providing carers with course information
- highlighting carers' transferable skills, and encouraging them to think about skills they may already possess
- supporting carers by getting them together

"...makes a huge difference"

Carers' and former carers' views on each ACE project's provision were equally positive. Almost everybody interviewed said they were satisfied with the ACE services they had received or been involved in, and would recommend the project to other carers living in the area (or had already done so).

The positive benefit most often mentioned by carers was the value of one-to-one support from individual members of staff, which often involved keeping in touch with carers over a long period of time:

"They cover everything here, let you know about jobs, training, etc."

"It's good to have somewhere like this to fall back on ... the jobcentre is impersonal."



"A shoulder to cry on."

"It's my lifeline.. [I've] not a bad word to say about anyone."

"very helpful and understanding... [I] can't speak more highly of them."

"The individual support is brilliant."

The second most common advantage spoken about was the ability to mix with other carers, thereby sharing problems and making new friends.

"Lovely to join others on the course ... meeting others for light-hearted relief."

"Good to meet other carers, to know you're not on your own."

"Meeting people in small groups was a big step for me, but it was nice and friendly. Informal groups was very good. It was daunting, but everybody helped each other."

"Meeting other people, having something to discuss and someone to discuss it with. It makes you feel part of the human race! Something to get up and put my make-up on for!"

Although this type of one-to-one support and mixing with other carers were not directly tied to gaining employment, these were crucial steps for those starting out on a journey towards a paid job. One carer had not left her house after 4.30pm for nine years before becoming involved in the project. For her, participating in ACE, even as a social activity, was a valuable and challenging first step towards training and/or employment in the longer term, even if the immediate discernible impact was only her greater social confidence. How to draw the line between offering employment-specific support and recognising the role of non-work related support for some carers is a complex issue. ACE workers held a range of different views about how important it was to focus ACE provision on those carers appearing job-ready, and those who may be further away from this goal. Some workers argued that any personal development course or activity was 'moving forward' towards work, and hence fell within the remit of ACE, even if the actual activity was not in itself employment or training related.



Carers attending ACE clubs, offered by local projects

Other forms of carer support offered by ACE projects included:

- help with applications for welfare benefits
- help in organising alternative care
- support for carers enrolling on training courses specific to their career goals or personal interests

Most staff felt that carers' increased confidence could also be attributed to their involvement in ACE courses or group work.

Carers themselves also commented on the holistic way in which ACE affected them as well:

"It gives me a reason to leave the house."

"It's more than what I expected... I would wave their flag and sing their praises.. they've done a lot for me."



"Otherwise my life is limited to my kids, my house. They are really helping me out."

"You don't realise you need the support until you get it."

"It has given me a start; that I can do something in life ... [it's a] bit exciting, that I have capabilities."

The successful yet slow nature of the work was also emphasised:

"The project is about people working towards work, rather than into work."

For future provision, carers identified three groups of barriers to successful outcomes for project participants which may remain, and may need to be recognised and tackled:

(i) Carers' fears and feelings

- carers' fear of losing their benefit entitlement (One carer recounted how only a week after her mother died she felt she was being "pushed" back into work.)
- carers fearing failure in the labour market
- carers' feelings of guilt about leaving their responsibilities (i.e. the cared for partner or relative: "your loyalty is split because if you work you want to give your all, but you still need to care.")
- carers' own health problems

(ii) The limitations of carer support provision and alternative care provision

- the availability, and cost, of alternative care and emergency care cover (Carers often reported feeling simply too mentally and/or physically exhausted to participate in any non-caring activities, such as project involvement or employment.)
- the inflexibility of specialist transport services for care recipients, and the implications of this for carers' availability for employment
- inflexible and/or poor timing of project support
- carers remaining 'hidden', and therefore hard to help

(iii) Labour market and training issues

- the need for flexible work opportunities, and for more awareness amongst employers and managers of carers' needs

- employers not recognising the contribution made during the years a former carer may have spent caring: "Trying to get a job after is hard – they don't count those years of caring as anything, they are dead years. I feel cheated." (Obtaining a first interview, and securing references, were said to be particularly hard.)
- the desire for greater understanding, and less stigmatisation, among colleagues: "some people at work were very resentful. They complained when I was late once – I was doing stuff for my Mum. They said I was getting special treatment." (Many carers reported hostile treatment from colleagues that greatly added to their stress and unhappiness in the workplace.)
- inflexible and/or costly training courses which do not recognise the needs of carers
- remaining difficulties for carers in finding a job after ACE participation (Some carers felt that although the ACE training and support boosted their confidence, they were later left trying to find work and feeling increasingly demoralised.)
- periods out of the labour market de-skilling individuals in what had previously been their field of expertise
- carers choosing self-employment as a viable flexible option for employment, but then struggling with the stresses this could entail

Reflecting on their experiences of ACE, carers often stressed its impact on their own identity. Prior to ACE, many had seen themselves as merely mothers, daughters, or sons, and had not felt entitled to any support. The social aspect of their raised self-esteem is also important, and the opportunity to have conversations with other carers was high on carers' lists of the benefits of the project. An example of how ACE helped improve confidence was given by one carer who explained that, outside of ACE, most conversations with her started with the other person asking after her mum's health; by contrast, in ACE, she was the central focus of any conversations, which boosted her feelings of self-worth. As one carer stated when asked to name the best thing about ACE: "confidence, confidence, confidence!"

Table 2 overleaf shows the results⁴ from the distance travelled monitoring tool, the Individual Carer Reviews (ICRs 1, 2 and 3). The first two versions of



Table 2: Participant 'distance travelled' during ACE support

QUESTION	ICR 1-2 CHANGE	ICR 2-3 CHANGE	ICR 1-3 CHANGE
Enjoyment of learning new things	increased	N/A*	N/A
Importance of gaining (more) training / education	no change	N/A	N/A
Certainty about type of training / learning wanted	no change	increased	increased
Readiness for training / education	increased	no change	no change
Importance of getting / having a job or volunteer work	increased	N/A	N/A
Certainty about type of work / volunteering wanted	no change	no change	increased
Readiness for taking on a job / volunteer work	increased	no change	increased
Confidence about applying for job / training course	increased	N/A	N/A
Confidence with reading and writing skills	increased	no change	no change
Confidence about using telephones and speaking to new people	no change	no change	no change
Confidence about using computers	decreased	no change	no change
Motivation about taking on new training, employment or volunteer work	increased	no change	no change
Positive feelings about future	decreased	no change	increased
Confidence about taking up training, a job or volunteer work	increased	N/A	N/A
Information possessed about training and/or job and voluntary opportunities	increased	N/A	N/A
Support needs when training or in job / volunteer work	increased	decreased	increased
Happiness with current replacement / alternative care arrangements	increased	N/A	N/A
Level of progress affected by caring / former-caring responsibilities	no change	no change	decreased
Happiness with own health	decreased	increased	decreased
Stress levels	decreased	decreased	decreased
Feelings of control over future	increased	decreased	no change

* The N/A responses refer to questions not asked in the third, smaller postal version of the ICR, hence comparison is unavailable.

⁴ The analysis of these outcomes was carried out by adding together those responses which had reduced, increased or not changed their self-rating from the previous ICR (whether or not these had changed by one point or more). The majority result is therefore given in the table as the dominant outcome. Although responses varied by question, in most cases there was a very clear majority outcome.

⁵ The greatest number of respondents, and therefore the most reliable column of data are those completing ICRs 1 and 3.

the reviews were completed in face-to-face settings with ACE participants by project workers, whilst the third version was a self-completion postal survey sent out at the end of project provision (April 2005). Whilst showing some positive movement, the results should be treated with some caution as they were only completed by a small percentage of the overall numbers of ACE participants (87 returns in total). In

particular, some questions have lower response rates, for example around alternative care provision. Moreover, the surveys were administered inconsistently between different project sites and numbers of completions for ICRs 1, 2 and 3 vary with some ACE participants completing all three whilst others completed only one of these⁵.



The areas showing an 'increased' response represent the impact ACE projects had on participants' enjoyment of learning; certainty about the type of training wanted; importance attached to getting a job; confidence in applying for and taking up training or work; and information levels on training / work opportunities. In feeling more positive about these aspects the expected level of progress affected by caring responsibilities reduced. The consistent decrease in stress levels may also demonstrate a positive outcome of ACE support, tying into the qualitative data on carers' appreciation of the holistic one-to-one support on offer.

Readiness for training reportedly increased between ICR 1 and 2 with no further change in this area, meaning their readiness levels were maintained at the new, higher level. Reading and writing skills and motivation levels similarly increased earlier on in project participation and remained at these levels. Certainty about the type of work wanted took longer to increase, however, as did carers' readiness for this, though there were positive impacts in these areas.

Overall, most 'movement' was positive, with the main differences appearing to be whether these changes occurred earlier or later in project participation. Feelings of control over the future were the one inconsistent area, with both increases and decreases during project participation, with a final 'no change' outcome. This may reflect the instability of many carers' individual circumstances. Similarly, readiness for taking on a job / work varied greatly, with 13% stating that they were 'not at all' ready and 16% responding that they were 'completely' ready on joining ACE. This highlights the variety of carers ACE worked with, at many different levels of readiness for employment.

Despite much distance travelled for many respondents, there remained a proportion of 'no change' outcomes. This may be because of their unsuitability for ACE, or the degree of their caring responsibility meaning it was unfeasible for them to commit further to employment or training. However, some levels of no change appear to have been because of very high levels of carers' confidence to begin with, for instance with using telephones and speaking to new people, 55% of carers were 'very confident' at the point of project registration.

Confidence in using computers appears to have decreased for ICR respondents, though this may not be representative of the wider group of ACE participants. It could also be that as carers were beginning to use computers more through ACE training courses that confidence would drop before it then rose. Similarly, support needs reported by carers increased over the lifetime of the project. This again may be that as carers were 'opening up' to the possibility of training and/or employment they realised the further support that they might require in this move. It may also demonstrate the sometimes slow development of carers' confidence and self-esteem. Health levels of carers during the lifetime of ACE worsened. This may be an issue to investigate further in future, not in relation to ACE but as an issue affecting carers in general. In future, distance travelled monitoring could attempt to track whether carers had ceased project participation by the last survey to see if carers then 'stand still' when provision ceases or if they continue to develop in employment / training.

Local ACE delivery certainly empowered carers through facilitating: increased confidence; access to appropriate training; and high levels of individual support, guidance and information. Even where this did not lead directly to employment, it allowed carers to progress along a path leading towards employment in the future, if they wished.



Three short illustrative case studies are included below which show the involvement of three carers in ACE, in three different areas. The information is taken from the central database of ACE information and the data gathered from the completed soft monitoring tools. They show information about the carers' background, the activities undertaken, and the final outcomes.

KIRKLEES: BARBARA'S STORY⁶

Barbara is a former-carer in her late fifties living in Kirklees who was involved with the ACE project for a nine month period, having becoming a widow some years ago. She became aware of the project via the carers centre, and received support on twenty-five separate occasions. These consisted of her project worker having individual appointments with her, talking on the telephone, or doing research on her behalf. She received: general work advice; application form support; training course access information; help with researching job and training opportunities; interview preparation guidance, and assistance with applying for course funding.

During her time with the project, Barbara's certainty about the type of training and employment she wanted dramatically increased, as did her readiness for education and employment. She felt far more positive about the future, and went from needing "a lot of" support to none (in her words). On leaving ACE, she had gained part-time employment as a care assistant (having been unemployed for around three years); 2 vocational qualifications (having had none before), and had started volunteer work. At the end of her time with the project she said "The ACE project and all the lovely people associated with it have been absolutely positive and helpful towards my aims. I have achieved a new job. Thanks for everything. Watch this space - I'll keep in touch."

SUNDERLAND: BRIAN'S STORY

Brian, a carer in his mid forties, was involved in the ACE project in Sunderland for 14 months. During this time, he received support on average once a week, mostly by individual appointments with a support worker, or sometimes over the telephone. The advice he received included support with filling out application forms; help with researching job opportunities; general work advice; interview preparation; confidence building support, and assistance with researching and/or accessing training opportunities.

When he registered with ACE he was unemployed and had been out of work for about two years. Over the course of his involvement in ACE, Brian's certainty about the type of training and work he wanted to do improved, as did his readiness for training. Overall, he felt more positive about the future and his stress levels reduced. By the end of the project, he was very satisfied with the support he had received from ACE, and felt that he would need less support from them in the future. When he finished being involved in ACE, he was expected to re-enter further education or training within the next three months.

SURREY: PATRICIA'S STORY

Patricia is a carer who had three weeks of intensive support from Surrey ACE during one month in the summer of 2004, most of which took place in her own home. She was given general work advice; help with researching/accessing training opportunities, and completed an Adult Directions software package on careers advice.

Over the course of her time with ACE, she became more certain about the kinds of training and work she wanted to start; felt more ready to take on training, and gained part-time employment. Her confidence in IT improved, as did her positive feelings about her future. Her stress levels slightly reduced, and her feeling of control over her own future increased. Patricia felt that she would need less support from ACE in the future, and her support worker added that she felt she had under-estimated her abilities.

As a result of her short involvement with ACE, she gained part-time employment; started doing some voluntary work, and was working towards an IT qualification (NVQ level 1).

⁶ Pseudonyms have been used in all three case studies.



5. 'Learning for Living' the City and Guilds e-learning programme



Carers enjoying a Learning for Living pilot in Sunderland

The development, via City and Guilds, of a 'pre-vocational training system' (an entry-level training course) leading to a recognised qualification (an 'accredited framework') was one of the key initial aims of ACE. This has been successfully achieved, with the Learning for Living programme's Certificate in Personal Development & Learning for Unpaid Carers approved as a Level 2 (GCSE level) personal development award within the National Qualifications Framework. Learning for Living comprises four units, each made up of four learning topics (see Box 1). Each unit was developed with input from carers participating in the local ACE projects who piloted the materials, either through distance learning or in group settings.

Designed specifically for carers, with carers, the online learning programme is the first learning resource and qualification of its kind. It is now available through City & Guilds centres nationwide, and aims to help build carers' confidence and develop their computer skills, with the hope that it will subsequently help carers progress into further study or employment. Registering for the qualification is optional, enabling carers to complete the course without formal assessment if they wish. The interactive technology includes visual and audio materials, and offers instant

Box 1: 'Learning for Living' programme outline

Unit 1: Moving forward
Topic 1 - Return to Learn
Topic 2 - Tuning In
Topic 3 - Standing Firm
Topic 4 - Shaping Your Future
Unit 2: Taking care
Topic 1 - Keeping Healthy
Topic 2 - Managing Life's Ups and Downs
Topic 3 - You in the Caring Role
Topic 4 - Enjoying Life
Unit 3: Living with others
Topic 1 - Welcoming Difference
Topic 2 - Understanding Relationships
Topic 3 - Why Do We Do the Things We Do?
Topic 4 - Living with Loss
Unit 4: Managing as a carer
Topic 1 - Safety Matters
Topic 2 - Managing Money
Topic 3 - Understanding & Influencing Care Services
Topic 4 - What Next?

Each topic takes about two and a half hours to complete. About half of this time is online, reading through materials, completing activities, and e-mailing a tutor. The rest of the time is off-line: reading, and completing some written activities.

feedback on progress. An e-tutor is also available for further support. The course continues to be available via distance learning or in group situations.

ACE project staff reacted to the City and Guilds e-learning programme in different ways. Project workers considered the material well designed, and commented that most carers enjoyed using it, especially when delivered in group settings where it could also offer an opportunity for social interaction. They felt it provided an opportunity for carers to hone



More carers participating in a Learning for Living pilot in Sunderland

their (often newly acquired) IT skills, and helped them to think about their future. Some workers felt there were weaknesses in the piloting process relating to organisation, feedback, discussion, and forward planning. Given that this was the first ever City and Guilds e-learning pilot programme, for such issues to arise in the developmental stages is not surprising: the implementation problems reflect the innovative nature of this work. Some ACE staff were a little disappointed to feel distanced from the final product which they had been so closely involved in piloting, although this may also have been an inevitable result of the process of developing and rolling out an innovative programme.

As only a very small number of ACE participants interviewed as part of the overall evaluation had been involved in Learning for Living, a summary of participants' views cannot be given. A separate evaluation of one Learning for Living pilot was conducted by Jane Massy on behalf of ICCA and can be found on the ICCA website at www.iccaonline.co.uk.

Despite some inevitable teething problems in developing this programme, a major success for ACE has been its successful partnership with City and Guilds to produce this product, which is now well established and producing an ongoing impact. It is a unique resource, designed specifically for carers, incorporating new methods of delivering training and support online.



6. Working with local employers

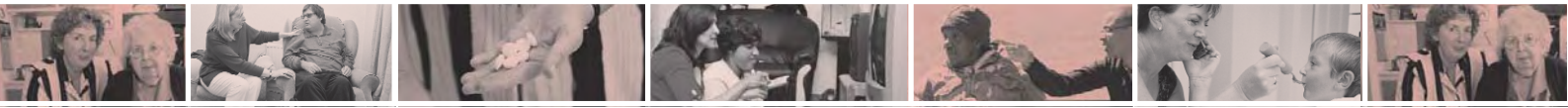
ACE National placed considerable emphasis on its aim of promoting flexible employment practices, and developed a range of direct work with employers, including awareness raising activities and training. The approach adopted involved developing both locally based interventions and national activities and lobbying. At the national level, the Employers for Carers group was very active, producing a dedicated website offering advice to both carers and employers. This featured a Benchmark Assessment Tool to help employers look at the support they offer for carers, and ways to improve it; a Face up to Carers good practice case study brochure and video to raise awareness; and further information for employers and working carers. Most of the local ACE projects began their direct work with employers only towards the end of the project's lifespan, although Sunderland Carers Centre was able to build on its previous work with local employers, and maintained this focus throughout ACE, providing an example of how to develop this type of work for other projects.

Sunderland Carers Centre's work in this field built on its successful work with local employers which had been developed over a number of years. Its approach included an Employers' Charter awarding a 'kite mark' to local employers who offer carer-friendly policies and practices. Since 1995, the Carers Centre has been encouraging employers to sign up to this scheme, demonstrating their commitment to helping carers in employment. Organisations awarded the charter have included: Littlewoods Home Shopping; City of Sunderland Council; Wearside Benefits Agency; the Child Benefit Centre; Tyne and Wear Fire Brigade, and, most recently, the NHS Prescription Pricing Authority. Sunderland ACE also delivered carer awareness training to local Jobcentre Plus front-line staff in September 2004. This focused on enabling Jobcentre Plus staff to identify carers and ex-carers coming to them for help and support, by giving them ACE contact details, information leaflets, and website addresses. They were also commissioned by South Tyneside Primary Care Trust to carry out a series of carer awareness training sessions early in 2005.

In **Kirklees**, the ACE project developed the Carers Training Placement Scheme, operating within Kirklees Metropolitan Council. This provided work placements for carers,⁷ who were subsequently supported to move into permanent employment where possible. Successful examples included a trainee Carer Support Officer in Carers Gateway, who went on to become the Employer Liaison Officer for ACE, with responsibility for setting up a new area of work. Building on Sunderland's example, Kirklees also made arrangements to hold a Carers Charter launch event for employers and managers during Carers Week 2005 (shortly after the EQUAL ACE project period). Within Kirklees Council, the ACE team were also able to negotiate carer awareness training as part of a wider programme of corporate training. The first session of this training was facilitated by an ACE support officer in March 2005.

Surrey ACE also developed most of their work with local employers during 2005. They built upon their carer awareness training for local Jobcentre Plus staff by developing carer awareness training for other employers in March 2005. This half-day session was targeted at the health sector, and specifically at human resources managers and line managers. Working with ACE, Surrey County Council have also put carer awareness material on their staff intranet site, and have publicised this via wage slips and newsletters. ACE Surrey organised an employers' conference to launch their work in this field and give it higher profile in April 2005, with keynote speakers from Surrey County Council, Centrica, and the Department for Constitutional Affairs (the latter two are both members of EfC).

Ealing ACE did rather less work in this area due to a lack of capacity. Ealing had the smallest staff team of all the projects (just one dedicated ACE part-time employee). After their ACE funding ceased in January 2005⁸, Ealing Contact a Family also had to spend time and resources to source continuation funding for the ACE project until May 2005, limiting its scope for employer work.



Each of the projects reported some frustrations in its dealings with local agencies, including local Jobcentre Plus offices. A small number of individual carers commented on the “terrible” or inappropriate support they received from local Jobcentre staff, giving examples of feeling ‘forced’ to apply for jobs which did not fit in with their caring responsibilities. These experiences contrast strongly with Carers UK’s experience of working with Jobcentre Plus at the national level. Time and resource constraints prevented the development of more direct work with employers, and its limited impact during the period of the EQUAL award.

During the evaluation, many staff commented positively on the ACE projects’ impact on their wider local community. Staff in one project proudly reported improved local awareness of carers’ needs among private sector employers, local authority departments, and statutory agencies. The difference observed in the local Children’s Services department, demonstrating heightened awareness of the needs of working parent carers, and leading to more flexible summer programmes, was a particularly pleasing example of this impact.

There are good prospects for long-term benefits from the limited local ACE work with employers which could be developed within the time and resources available. As all the local projects are continuing their work with employers, drawing on different funding sources, it is likely that there will be continuing positive outcomes in the future.

⁷ At least 6 carers took up these placement opportunities.

⁸ At project start date, Contact a Family were only able to identify funding for two years of activity, but subsequently secured additional resources to continue their work within the context of ACE National.



7. Sharing ideas and experiences

Sharing ideas and experiences has been a crucial element of the overall ACE project. Carers UK have used regular meetings and events to cascade messages out to both current and future collaborators. They have also raised the profile of carers and of Carers UK among local and national government through key events, such as the final project conference in March 2005 held in BT's impressive London conference centre and attended by over one hundred people including a number of Members of Parliament.



A group of parent carers get together.



Dr Hywel Francis MP hosts the launch of a partnership between NIACE and ACE National; Carers and Learning – Something for You.

Communication mechanisms

By designing regular mechanisms for communication into the ACE local and national partnerships, the project provided frequent opportunities for good practice exchange and learning from one another. The overall project structure included several regular and well attended meetings which provided all parties with a chance to take part:

LOCAL PARTNERSHIP MEETINGS

These quarterly meetings were chaired by the ACE National Development Officer and regularly involved the six (later four) local pilot programmes, City & Guilds and the evaluation team (CSI), who kept the group informed of developments in the research process. The meeting venue rotated between each of the local partnership sites. These meetings were a key forum for discussions of each local project's delivery styles and methods and an opportunity to meet staff from other organisations working with the local sites.

ACE NATIONAL STEERING GROUP MEETINGS

This was the internal steering group for the project, led by Carers UK, including a carer representative from the Carers UK board, a member of the transnational partnership team, and EISS. Its role was to oversee the direction of the project, including both local and national delivery elements.

ACE NATIONAL DEVELOPMENT PARTNERSHIP (DP) FORUMS

These annual meetings were a showcase for the progress of the ACE project (and evaluation), including all local and national partners. At the final forum meeting in December 2004, participant carers were also invited, and lively, interactive sessions highlighting the challenges and opportunities carers experience in relation to employment were facilitated by Arc Theatre Company.

ACE staff members' views on the ACE local partnership meetings were sought as part of the evaluation. These views were generally very positive,



with most staff reporting that the meetings were informative, useful, interesting and enjoyable. Many individuals had developed new ideas for their own provision based on feedback from different local projects, and had learned from other projects' use of marketing materials. The social aspects of these meetings were also valued, and served to help participants feel part of the wider national project. The monthly bulletin emails from the National Development Officer were also considered valuable for this purpose. Comments on the meetings included:

"They are essential for finding out information and exchanging ideas."

"Important information gets fed back."

"Meetings are well organised.. it's nice to meet colleagues."

Communication also took place between the different local projects. One worker pointed out that the local projects had become more supportive of each other as they had got to know one another, which she saw as the "natural evolution of groups". Although some staff mentioned that ACE newsletters were "not very specific", other staff commented that they did not want too much information, and thought it was better to ask if they wanted more:

"There's [a] decent balance now.. and we know who to ask".

ACE events

In addition to these regular sources of project support and information there were other national events organised, and meetings which took place, often geared to specific audiences. These are listed in Table 3, overleaf. They show the range of opportunities Carers UK and its partners created to disseminate the ACE work and to engage in relevant debates with the full range of stakeholders.

A final event to celebrate the achievements of the ACE project took place on 10th March 2005. This included a day conference entitled 'ACE National and F&M Power European Partnership Final Conference'. It included: sessions on 'A Returner's Journey'; a presentation about ACE key successes; the research agenda relating to employment and caring; and European partnership working, led by EISS, which



Dr Hywel Francis MP; Kim Howells, Minister of State, DFES; Imelda Redmond; and Alastair Tomson, Policy and Development, NIACE at the Partnership Launch.



Caroline Waters, Imelda Redmond and Iain Waugh, a working carer for British Gas at the launch of the Employers for Carers Self-Assessment Tool.

played a crucial role in facilitating these activities. Invited guests at this well attended event included project workers from across the national and local partnership groups, and carers' leads from local authorities as well as potential transnational partners for the forthcoming Carers UK EQUAL 2-funded project. A celebration dinner was held that evening, serving as a public policy awareness-raising event, with many key stakeholders present and an engaging after dinner speech from a well-known broadcaster who spoke entertainingly and movingly about his own experiences of caring, something he had never discussed in public before.



Table 3: Summary of ACE National events 2002-2005

2002
<ul style="list-style-type: none"> • ACE project launch, held at the House of Commons, Westminster • Transnational partnership launch and welcome for Austrian partners, London
2003
<ul style="list-style-type: none"> • Launch of the Employers for Carers group, held at BT Tower, London
2004
<ul style="list-style-type: none"> • Carers UK invited to Department of Trade and Industry 'Round Table' consultation event on carers and flexible working • Carers UK invited to No. 10 Downing Street with Prime Minister Tony Blair as part of his 'Big Conversation' consultation event (also on carers and flexible working) • King's Fund local authority networking conference on carers' issues, London • EfC benchmark assessment tool launch, House of Commons, Westminster • EfC breakfast event to launch Face up to Carers good practice case studies, held at BT Tower and attended by key business figures, employers and policy formers • Carers (Equal Opportunities) Act 2004 celebration reception event, held at Bishop Partridge Hall
2005
<ul style="list-style-type: none"> • Launch of partnership with NIACE, the National Institute of Adult Continuing Education (England and Wales), and the Carers and Learning: Something for You brochure, held at Port Cullis House, aimed at professionals working with carers to promote access to life-long learning • The King's Fund local authority networking conference on carers' issues, London, forming a key part of the public consultation about the Policy Guidance for the Carers (Equal Opportunities) Act 2004 • Final ACE Transnational Conference, held in the BT Conference Centre, London, to mark the achievements of the ACE project • Celebration policy dinner, held in London at the Plaisterers' Hall, to mark the end of the project and its achievements

ACE materials

A wide variety of publicity and training materials were developed by the ACE National staff team during the lifetime of the project, in addition to the local marketing resources used by the local projects to advertise their work. These have made a significant contribution to the impact of the project, and include:

- Redressing the Balance: Inclusion, Competitiveness and Choice, Marilyn Howard's report on barriers and bridges for carers in employment, concentrating on three types of barriers to work: individual, systems, and labour market barriers. She concluded that one or all of these barriers can affect carers.

- The ACE News regular newsletters.
- Articles in Parliamentary Monitor; the European Parliament Magazine, and House Magazine.
- Carers and Learning: Something for You booklet.
- Juggling Work and Care leaflet and DVD (featuring interviews with human resources staff, line managers, and working carers from BT, British Gas, Centrica and the Department for Constitutional Affairs).
- European Glossary of Social Care Terms brochure, developed by EISS and F&MPower.
- The ACE website⁹ (www.carersnet.org.uk/acenational).
- The separate dedicated website for the Employers



for Carers group, including their Benchmark Assessment Tool and the Face up to Carers case studies video and brochure (www.employersforcarers.org.uk).

- The Carers Rights Guide, written by Luke Clements.
- Other training resources packages developed by ACE, including:
 - Supporting Working Carers: a Managers Guide
 - Supporting Working Carers: a Guide for Carers
 - Supporting Working Carers: a Guide for Union Representatives.

⁹ The second phase of the Action for Carers and Employment (ACE) National Partnership that will run 2005-2007 has a new website, at: www.acecarers.org.uk.

The communication strategies in place as part of ACE were a key element underpinning the partnership working among local service providers. This will continue to benefit carers using relevant services.

The national events made a critical contribution to the policy impact of ACE, and included very significant direct contact with Government, including the Prime Minister. The documents and materials produced as part of ACE will have continuing impact in supporting carers in employment, and on the practices and policies offered by employers. These three elements have all added to the long-term influence of the ACE project on the situation of carers in relation to employment.



8. The ACE partnership with F&M Power

In common with other EQUAL projects, ACE National established a Transnational Partnership at the outset, in its case working with F&M Power in Austria. These two organisations developed the following joint objectives for their work together:

- Joint development of support mechanisms, using innovative solutions to overcome the labour market disadvantage of women/carers
- Dissemination and mainstreaming of results, influencing policy makers in the development of services for target groups
- Development of methods to assist men, women and carers to reconcile work and family life
- Activities to encourage employers to realise the potential for women/carers in the workplace
- Development of a pre-vocational training curriculum for labour market returners

The Transnational Partnership hoped to add value to the work of each national partner by:

- Introducing new ideas into the development of tools and processes for including target groups
- Influencing policy development and practice re the training and employment of target groups
- Challenging currently accepted employment practice
- Developing a successful process of dissemination and mainstreaming
- Creating opportunities for exchange of information and enhanced understanding of options in taking forward the employment/care agenda

A separate report on the Transnational Partnership has been produced¹⁰, outlining the full range of activities undertaken and how participants in the transnational partnership worked together. Here it is appropriate to highlight the following:

- The regular transnational meetings, which were conducted in line with the original agreed schedule, all included both informal opportunities

for networking and exchange of ideas, and formally arranged opportunities for projects to present their activities or to learn from others, including some experts invited to make presentations. A range of innovative methods for exchanging ideas and information were developed. These included the 'bus stop' approach used in the Surrey meetings at Hillcroft College, and the 'open space' technique used very effectively in Austria.

- Evaluation of the transnational work confirmed that most participants felt very positive about this part of the project, and that they had gained new ideas about ways of working with the client group. Many also felt that the exchange of ideas they had engaged in had enabled them to compare practices in working with their client group, and exchange ideas with a worker from another country doing a similar job. In the future, most participants felt their experience of the transnational activity would enable them to change their own practice as a result of what they had learned, and to suggest improvements to the way their own organisation worked with clients. ACE Ealing supported participant carers in visiting the Constanze Project in Austria as part of the transnational partnership. The carers concerned wrote about their experiences on return and highlighted the benefits they had gained¹¹.

In the ACE evaluation interviews with staff, awareness of the Austrian transnational partners amongst English ACE partners varied, with opinions on this partnership somewhat mixed. When interviewed in the summer of 2003, mid way through the transnational project activity, most staff thought it was "interesting" to have a partnership, but felt they knew relatively little about it or how it could impact upon their own work. Some emphasised the difference between the projects' target groups and the social contexts within the two countries (Britain and Austria). The study visits and transnational seminars were considered helpful, although one member of staff felt that her agency had been slow to build on others' good practice.



Table 4: ACE Transnational seminars and study visits

SEMINAR / VISIT FOCUS	DATE	LOCATION
Study visit: included employers event held at Canary Wharf; participatory event at Hillcroft College	June 2003 (Carers week)	London / Surrey, England
Returners to the labour market seminar	October 2003	Bregenz, Austria
Flexible working with employers and employees seminar	January 2004	Sheffield, England
Study visit: ACE Ealing beneficiaries visited Austrian project	May 2004	Bregenz, Austria
Alternative care services for childcare and dependant care seminar	October 2004	Canterbury, England
Flexible working and mentoring networks seminar	January 2005	Bregenz, Austria

"Interesting, might learn from it.. [but] their brief is quite different"

"useful for anyone... [but] they're very different"

"Best practice fascinating"

The main differences of opinion arose between those who attended transnational events and those staff members interviewed as part of the overall evaluation who did not take part. Those workers who chose to fully engage with this element of ACE clearly gained most from it. Some ACE staff stressed that they had learnt at least as much from the Austrian partners' methods of communication as from substantive discussion of issues relating to their respective target groups.

¹⁰ This report has been made available to Carers UK and to F&Mpower.

¹¹ ACE National News, Summer 2004.



ACE National's Austrian partners at a transnational seminar in Sheffield.



Parent carers from Ealing enjoying a study visit to Vorarlberg, Austria.

PART TWO

**Learning from
experience;
exploring issues
and opportunities**



9. Issues and opportunities

In this part of the report each of the topics dealt with in the previous chapters is explored further, to draw attention to key lessons learned, issues relevant to any similar activities, and future opportunities for Carers UK.

Shaping the national policy agenda

ACE achieved its aim of developing a national partnership of carers, unions, employers and voluntary organisations. It was successful in influencing the development of services at local level, and policy at national level. Although the active engagement of some of the national partners, such as trade unions, was variable, ACE achieved greater policy influence than could have been anticipated. The Carers (Equal Opportunities) Act 2004 was certainly influenced by ACE, and by the impact the ACE partnership had on key stakeholders. Carers UK's original hope was that carers would become central to campaigns promoting work-life balance. If an extension of the legal right to request flexible working to all carers results, this will also in part be an achievement of the ACE partnership.

ACE was also successful in its aim of creating a national employers' group, based within the national policy partnership, responsible for promoting work-life balance issues and raising the profile of carers in the workplace. This in turn impacted upon national policy development. Two critical outcomes for Carers UK were the production of a good practice guide designed for employers, and an employers' charter. The former has been achieved through the Face up to Carers booklet and video, whilst the employers' charter approach has been extended, albeit at a more localised level, with Sunderland Carers Centre continuing their work in this field, and providing an example which Kirklees and Surrey began to build on, and plan to develop in the future.

Working in partnership

Overall, ACE was successful in developing a network of local projects that provided effective support to carers. How far carers can distinguish between the employment-focused support of ACE, and more

general support available to carers - and how much this distinction matters - remains open to debate. Certainly some carers interviewed during the evaluation were confused about what differences to expect between ACE and more general carer support, perhaps arising from some lack of clarity in local projects' aims, or from the way individual support was delivered by some support workers:

"I'm still not sure what they really are there for. I find the carer's group [gives] more support, like with their yoga"

"Carer's support groups are better as they give social meetings."

"I don't see it as any different from any other carer support group."

Within the ACE partnership, some local staff felt they were less well informed than was desirable about the national partnership and staff team's activities. A number even reported feeling isolated or divorced from ACE as a national project. Some staff wanted more information about "the big picture", for example regarding the Employers for Carers meetings. When this was discussed in the evaluation focus groups for staff, one worker likened the overall project to two wheels: one the national project and the other the different local projects. Another commented that she sometimes felt Carers UK didn't value them, although this was very much a minority opinion.

These less positive experiences mainly arose from the time and resource pressures on staff at national level, who were pursuing a large and demanding agenda. The national staff team were aware of the need for more resources for the national activities, and have responded to this in their subsequent project proposals and bids. The national team, at times, also felt a lack of active engagement from local partners towards the national partnership. In future projects, 'official' updates from the national staff team may need to be provided more frequently to help develop and maintain good long-term relationships between local partners and Carers UK. The lesson learned here



is that partnership working takes a long time to develop, and needs to be actively sustained, both on the part of national and local partners. As it has become aware, Carers UK needs to allocate more staff resources, and time, for this element of its work in future, to build the most successful, trusting and effective relationships. However, all partners have to remain fully engaged with the wider partnership for it to achieve the best results. This includes responding to information requests and using networking opportunities fully.

Empowering individual carers

As this report has already indicated, for those carers participating in ACE, the local projects were very successful in offering them individual support and training, especially with personal development and IT courses. Apart from the two Welsh projects, which ceased offering direct carer support, this was equally true of the different projects in Ealing, Kirklees, Sunderland and Surrey, although each locality offered distinct styles of provision, and had varying levels of expertise in different areas.

Beneath this success, it is worth exploring how far carers were able to improve their general confidence as a result of ACE, and how much they improved their work skills (both factors being barriers to work identified by Carers UK in their preparation for the ACE project). The evaluation data identified many carers who said they personally had gained confidence during their time on the project. However, fewer said that ACE had had a direct impact on their employment status. This may relate to the issue of which carers were being referred to the project, and to what extent ACE support workers were highlighting employment as an end goal of participation in ACE. The 'distance travelled' monitoring data showed carers' increased: importance attached to getting a job; certainty about the type of training or work wanted; confidence in applying for and taking up training or work; and information levels on training / work opportunities, which could have a more direct impact in the future.

'Learning for Living' - the City and Guilds e-learning programme

The ACE project successfully developed, with City and Guilds, an e-learning pre-vocational training system and accreditation framework, especially designed for

carers. This achievement fulfilled one of the key aims identified by Carers UK. The difficulties and frustrations local projects experienced when implementing this programme were perhaps greater than anticipated. Full dissemination of the product by City and Guilds has still to be completed, and the mainstreaming process through which the course will be made available in Further Education establishments in the UK has taken rather longer than was originally envisaged, principally as a result of the lack of infrastructure within local Learning and Skills Councils for the delivery and funding of e-learning. However, it is clear that once mainstream delivery of the course has been achieved, it will have a lasting impact, providing an ongoing learning and accreditation opportunity for carers, and giving those who need it an important stepping stone towards employment.

Working with local employers

Undoubtedly the creation of an effective Employers for Carers group at national level was the most successful element of ACE's work with employers. ACE also set itself the goal of extending and enhancing work with individual employers in the ACE local areas, although local teams began delivering carer awareness training to support the development of good practice among local employers only towards the later stages of the project. This has meant that the local promotion of work-life balance policies and flexible employment practices has been quite limited, and arises partly from limited staff resources. It is also a consequence of giving a lower priority to this objective in some projects.

The development of more effective local carer support, through work with employment services (such as Jobcentre Plus) also took some time to establish. The evidence gathered during the evaluation (which gives the perception of ACE staff only) suggests this arose primarily from local Jobcentre Plus resistance to engaging with this agenda, rather than from any lack of effort on the part of the ACE projects. At this stage, it is too early to assess how far the training offered by ACE will improve carers' visibility within the delivery of mainstream employment services.

Further work is still needed at the local level if carers are to be supported in identifying flexible and understanding employers. This further provision will need to build on the successful examples offered by



the Sunderland Carers Centre's Employers' Charter, and on the work of the Employers for Carers group at national level. To date, the ACE project has been effective mainly (with a few important exceptions) in large, national organisations. It may take some time to develop successful work with small firms and organisations operating only at the local level.

Sharing ideas and experiences

ACE identified the development of carer awareness training materials for dissemination by Jobcentre Plus, trade unions, and local authorities as one of its desired policy outcomes. New resources of this type have been produced and are now available via the Carers UK website. It has not been possible to judge the take-up and wider impact of these resources at this stage.

Another outcome has been increased awareness of the need for appropriate, good quality (and affordable) alternative care to enable carers to engage/re-engage with the labour market and/or available training. The importance of this issue has been underlined time and again in the evaluation evidence, both in the interviews and focus groups with carers, and throughout our consultations with ACE partners. Much work on this still needs to be done, and major progress on this was always beyond the scope of the 2002-2005 ACE National project. It has now become the focus of Carers UK's successful EQUAL 2 bid, which draws together a new set of policy and practitioner partners dedicated to achieving significant impact in this area, and runs from May 2005 to May 2007.

Finally it is important to mention the original project plans for delivery of a toolkit for setting up local mentoring schemes. The challenges of completing this were underestimated, both by Carers UK and by Parents at Work, which did not fully appreciate the resources needed in terms of time, staff and experience to promote this work successfully. Nevertheless, Carers UK can build on this experience in the future, having gained much information about successful ways of establishing this type of work from the transnational partner's mentoring programme.

There was some scope for improving communication within the ACE partnership. In the evaluation, some staff reported being disappointed at the level of good practice exchange; they felt project staff were interested in, and took note of best practice examples

during exchange meetings, but that the knowledge gained was not always applied in their own project delivery. There was perhaps some resistance to change on the part of some project workers. Furthermore, the lead partner may have been over-reliant on email communication in cascading out messages. Some staff indicated that more phone or face-to-face contact would have been welcomed.

Some local project staff would also have liked more direct and prescriptive guidance from the national ACE project team, and felt there could have been more direct feedback and organisation prior to starting the project. One of the staff discussion groups concluded that, with hindsight, national staff team members could have done this, but were perhaps keen not to be over-directive in their contact with local partners, especially in the early stages of the partnership. An opinion was also expressed that sometimes prescriptive instructions from national staff were ignored by local partners. In future, these issues and concerns could be addressed more explicitly in the planning stages of developing new partnerships.

The ACE partnership with F&MPower

The ACE partnership with F&MPower provided an excellent range of opportunities for exchanging good practice and learning from others' experiences. It also opened participants' eyes to alternative contexts, policies and welfare systems in useful ways, and stimulated much reflection on similarities and differences of approach between the UK and Austrian partnerships.

Learning from experience

Focus groups set up in three of the local pilot areas with carers who were not ACE participants found that most had not heard of ACE¹². While this explained their lack of participation in Sunderland and Surrey, it was a little surprising, as some of these carers were receiving other forms of carer support from the agency 'hosting' or linked to ACE, including sending out publicity to its members and contacts. The way publicity was disseminated, or the material itself, may not have been sufficiently attractive to these carers. Some carers said that personal letters would have been more effective than leaflets sent with other information (such as newsletters). Other agencies have found that recipients of marketing and publicity do not always read (or even notice) it, and thus it is



to be expected that some carers would remain unaware of the ACE opportunities. Nevertheless, this underlines the need to pay particular attention to marketing. In Ealing, a lack of participation was attributed to misunderstandings of who or what the ACE project was aimed at. The detailed findings in the evaluation revealed at least two misunderstandings about ACE among carers:

1. Some carers thought ACE was only providing IT training (One woman commented, "I had a good job at a university. I don't want a patronising woman telling me how to do word processing.")
2. Another observed, "I thought it was [only] for people in work who also care – to help them legally, with time off and that."

The flexibility of ACE perhaps needed to be signalled more strongly in some of the recruitment literature, emphasising the individual nature of the services on offer, and the project's scope for offering support appropriate to carers with varying levels of employment experience.

Carers' suggestions for ways of enhancing any future local provision included:

- Reduce the number of forms needing to be completed on first joining ACE
- Improve local alternative care
- Provide work placements
- Offer free advice on benefits
- "Make it clear that it's individualised"
- "Help with CVs. I panic... [I'm] not sure what to put down... how to put [caring] across"
- Facilitate / arrange voluntary work
- Advise on how to find home-working opportunities
- Use general publicity leaflets describing the variety of provision offered, rather than specific leaflets about certain courses
- Give dedicated careers advice on local job opportunities, suitable employers, progression from specific training courses, etc.
- Include debt counselling in the services offered
- Develop drop-in advice sessions

These carers also suggested developments for future provision which were not related to employment.

Their ideas included massage sessions and social gatherings, emphasising the wider demand for carer support that is needed: "it's having 'me' time"; "a day in a nice environment". For some of the carers involved in these focus groups, ACE needed to provide more general support than was available through the project's explicit focus on movement towards training or work.

An important question which arose frequently in discussions with the local projects concerns whether more general carer support is needed throughout the country. What is it that brings these carers to ACE rather than to another form of support? This highlights the complexity of helping carers faced with multiple barriers into work, highlighted by Marilyn Howard (Howard, 2002). While ACE projects and/or general carer support delivered by specialist agencies help carers to overcome their individual barriers, systems and/or labour market barriers may still remain, such as inflexible or poor-quality local alternative care provision; the benefits trap; and localised labour market issues relating to job opportunities, transport arrangements and cultural expectations about caring. These are factors Carers UK has identified as important for its future programme of work, and will be addressing via EQUAL 2.

Some carers who had not participated in ACE rejected what ACE was offering and any pressure to return to work:

"The Government must think we can just switch off and then wake up fresh and go to work."

"You can't care and work. Up all night, cleaning up mess. It's just not possible."

"Any spare time needs to be spent asleep."

"You can't work while caring. Caring is a full-time job... you cannot leave them [elderly parents]."

"[I] go to bed exhausted – [and] wake up at 3am. All unbalanced, emotional. [It's] very hard with little sleep."

These responses highlight the impossibility of combining work and care for carers who retain the sole caring responsibility for a person with very intensive or complex needs. The ACE projects



targeted support to those able to combine care and work, or to those who had ceased caring. There are different support needs for carers who are unable to work, for example, appropriate benefits, pension protection etc. Employment-related projects for carers need to consider this in developing their future provision, and in deciding on their publicity and recruitment strategies.

¹² It was not possible for the evaluators to arrange a focus group of non-participants in Kirklees because no carers responded to the request for participants in this area.

The ACE project has provided a variety of innovations, aimed at different audiences. There is great potential for developing and replicating some of this work in mainstream services, both at the local and the national level.

ACE has been very successful in raising awareness of carers and employment issues at the national level, with the Carers (Equal Opportunities) Act 2004 giving an extra opportunity to raise the profile of carers in the media and society as a whole.

The three remaining issues in this field which Carers UK could now address are:

- **influencing the improvement of local alternative care provision;**
- **campaigning for the right to request flexible working, and**
- **tackling the difficulty carers find in bridging the gap between benefits and paid work.**



10. Recommendations

This section offers some suggestions and recommendations relating to the experience gained in ACE National's work on carers and employment, both at the local and national level. These comments are focused on (i) carers' organisations; (ii) employers, and (iii) policymakers, government, and statutory agencies.

Recommendations and suggestions for carers' organisations:

1. Take particular care in targeting, disseminating and publicising projects, making it clear which are explicitly employment-focused. Initial approaches can overload carers with a wide range of information, for example in newsletter mailings, and this may not be the most appropriate method. Consider whether employment-related provision should be targeted at carers whose caring responsibilities are less intensive or more flexible.
2. Respond to the variety of employment related provision called for by carers, both ACE participants and those who did not join ACE. Provision needs to include: work placements; specific job-related skills training (such as CV writing); placements offering opportunities in voluntary work; and professional careers advice.
3. Disseminate carer publicity as widely as possible, using settings such as hospitals, schools, doctors' surgeries, dentist practices, public buses, bus stops, residential homes, and local Jobcentres. Increase public awareness of carer support organisations and opportunities through posters with clear, simple messages, rather than detailed leaflets which may be ignored or only partially read.
4. Provide information and support in hospitals where carers may first learn of a new caring responsibility, when they are right at the beginning of making decisions about their future. One carer told us that she had immediately decided to leave work, while her husband was still in hospital. With hindsight she felt that, with appropriate support, she could have negotiated flexible working with her employer.

5. Explore options for providing carer-aware advice and business support services focused on self-employment and home working. (One carer had been supported by ACE into self-employment, but had subsequently been left with limited support: "I felt launched into this - they ran with me for a bit, but now I am on my own which is scary".)

6. Improve advocacy provision and support services for carers whilst in work: "[ACE] don't prepare you for the attitudes of other people. [I] felt very unsupported in this".

7. Facilitate networking and support between carers, using group email lists, regular local newsletters and website chat rooms or message boards. In addition, support group work for carers to meet each other and exchange experiences and advice. The impact that this can have on carers' confidence and self-esteem cannot be over-estimated.

8. Consider carefully the specialist support needed for carers following bereavement, aware of the impact this can have on carers' confidence ("Your identity and role has gone").

9. Allow enough time and staff resources to extend project delivery into new areas of activity, for example developing mentoring schemes, and place considerable emphasis on effective and sustainable partnership development and good staff relationships. Issues and concerns about shared aims and objectives, levels of supervision, or project direction should be planned and negotiated prior to project commencement, and openly discussed as they arise.

10. Forge closer links with mainstream employment services, for example automatic referrals to ACE-type provision for claimants of Carers Allowance. Explore whether co-location of carer support projects and mainstream employment services (for instance a 'one stop shop' on a town High Street) would help carers seeking employment.

11. Commit sufficient time and resources to ensure the successful engagement of all partners, whether policy or employer, throughout the lifetime of a project.



12. Explore ways of using Carers UK's knowledge of the Austrian approach to mentoring (seen in the transnational partnership) and apply lessons from this example in developing carer mentoring programmes in the UK.

Recommendations and suggestions for employers:

1. Groups of carer-sympathetic employers need to assess the viability of designing a national good practice employers' charter that individual organisations could sign up to, based on their policies for carers, following the example of the Sunderland-based employers' charter.

2. Design policies and explore ways of raising awareness to promote the need for flexible working and more support for carers from employers, managers, and colleagues. This was a key aim for both ACE participants and non-participants, still far from fully achieved. Methods for tackling the stigmatisation of carers among colleagues are crucial, as this was reported as a key source of stress and unhappiness by working carers. To this end, employers should develop carer awareness training as an integral part of inductions and updating for all employees.

3. In carer awareness training aimed at Human Resources staff, highlight the issues that carers face in explaining periods of absence from employment, the difficulties they may have in gaining references, and the hurdles they face in obtaining their first interview after a long period away from work.

Recommendations and suggestions for policymakers, Government, and statutory agencies:

1. The Government should extend the right to request flexible working in employment to all carers.

2. Local authorities and national Government should recognise the vital need for appropriate, good quality, and affordable alternative care to enable carers to engage, or re-engage, with the labour market and/or available training. This was a primary point of agreement between ACE staff, partners, carer participants, and non-project participants.

3. Policymakers in the Department for Work and Pensions should integrate carer awareness training into the induction process for all front-line staff

working in Jobcentres around the country. The need for carers to have flexibility in their work should also be borne in mind when designing new, or assessing current, New Deal options.

4. Policymakers and analysts need to develop ways of tackling the difficulty carers face in bridging the gap between benefits and paid work. Benefit advice, especially regarding thresholds, was sought by many ACE participants and non-participants. It was also suggested by carers participating in the ACE project that positive discrimination policies could be used to help carers seeking employment, such as carers being guaranteed interviews for jobs.

5. Statutory agencies should investigate ways in which ACE services could be successfully mainstreamed and included in local authority provision and/or local regeneration partnership work.

6. One ACE staff member also suggested that there should be a specific Government Minister responsible for carers' needs.

11. Evaluation methodology

Following the team's successful bid for the evaluation contract in a competitive tendering process, the evaluation was developed as follows:

STAGE 1: Preparation (Sept 02 - Dec 02)

- addressed outstanding issues; evaluation design finalised
- evaluation action plan presented to a meeting of ACE National key staff, 13th September 2002
- baseline information collected e.g. ACE pilot area publicity material, work plans etc.
- a 'soft' outcome / distance travelled monitoring system was developed for use throughout the project's lifetime

The evaluation team developed its 'distance travelled' monitoring tool, the 'Individual Carer Review' (ICR), to be used as a measurement of soft outcomes gained for those participating in the project, for example in enhanced personal confidence, IT competency, speaking skills, and reading and writing levels. This was developed via extensive consultation with local ACE pilot projects and ACE National staff, and built on an original model known as the Rickter Scale (www.rickterscale.com). It was designed to be completed in a face-to-face setting by a project worker, in discussion with the participant, asking individuals for their own assessment of their strengths and weaknesses, and including a short assessment of this by the staff member. The ICRs were to be completed on a regular basis whilst the carer / former-carer continued involvement in ACE, thus capturing the 'journey' carers may make. A short follow-up questionnaire was also designed to be used in a postal survey at the end of the project for all ACE participants. The completed ICRs were analysed by the evaluation team at the end of the project. The ICRs and questionnaires were used with varying levels of consistency in the different ACE pilot areas, resulting in uneven availability of evaluation data.

STAGE 2: Research design and piloting (Jan 03 - June 03)

- innovation of project design and delivery assessed, and baseline report produced, 31st March 2003
- interviews for the stage 3 in-depth face-to-face interviews with those identified as key personnel, including staff from ACE National and the pilot projects developed, arranged and piloted
- developed questions, gained access, and arranged / piloted interviews with a sample of carers participating in the pilot projects
- produced area profiles for the six initial pilot programme areas, including census 2001 data, information on local labour markets, and mapping of local carer support services and training provision in each area¹³
- produced first interim report, including area profiles, review of documentation to date, and feedback from piloting of staff and carer interviews, 24th June 2003

STAGE 3: Face-to-face interviews (July 03 - May 04)

- completed the main phase of the qualitative fieldwork (face-to-face interviews with 10 staff and 22 participants)
- produced second interim report combining observations of ACE National local partnership meetings and findings from interviews to date, 28th May 2004

The 10 in-depth staff interviews included three with national staff, and seven from the four pilot areas of Ealing, Kirklees, Sunderland, and Surrey. The interviews were all arranged by identifying appropriate members of staff for each project, or within the national project team, and requesting them to take part. No members of staff refused. Interviews lasted between forty and ninety minutes.

The 22 participant interviews were spread across the four operational ACE areas (Ealing, Kirklees,



Sunderland and Surrey). Fifteen were current carers, and seven former carers. Of these, twenty were women, two were men. The majority of interviewees were aged 35-54 years old, though one was from the 25-34 age range, and two were over 65. Most reported their ethnicity as White British, although in some pilot areas with larger ethnic minority populations, some participants were drawn from minority ethnic groups (six individuals in total).

All respondents were asked to participate in the evaluation by their local project workers, hence the evaluation team did not control who was chosen. The interviews lasted between fifteen and sixty minutes and were all tape-recorded and subsequently written up and analysed by the interviewer.

STAGE 4: Focus groups (June 04 - May 05)

- 9 focus groups were designed, arranged and conducted: two with ACE staff, four with ACE participants and three with ACE non-participants (across the four pilot sites, including some of the individuals involved in stage 3 face-to-face interviews)
- post-focus group follow-up telephone interviews were completed with a sample of project staff attendees, to provide an additional opportunity for staff to raise any further issues
- a postal/email self-completion questionnaire was designed and distributed to Employers for Carers (EfC) members and ACE National partners
- a final report, including the collation and analysis of all quantitative and qualitative monitoring and evaluation data gathered throughout the four stages of the evaluation was produced

The EfC survey distribution (and reminder) produced a 40% response rate; this may partly reflect one of the findings reported, that the group contained a core engaged and active cohort of members with others disengaged from the group's activities. The national partner questionnaire had a 69% response rate.

Throughout the project time-period there were many opportunities for observation at ACE meetings and Carers UK events by members of the evaluation team, which informed the progress of the evaluation.

¹³ Contained in the ACE Evaluation Interim Report 1, June 2003.



12. Carers' participation in ACE activities: summary data

Table 5: ACE beneficiary characteristics

BENEFICIARY CHARACTERISTICS	FEMALE	MALE	BENEFICIARY TOTAL
AGE			
16-24	10	3	13
25-49	225	45	270
50+	123	44	167
ETHNICITY			
White British	283	78	361
White Irish	3	0	
White other	13	6	19
Mixed – white and Black Caribbean	2	0	2
Mixed – white and Asian	0	1	1
Asian/Asian British – Indian	13	3	16
Asian/Asian British – Pakistani	20	1	21
Asian/Asian British – Bangladeshi	2	0	2
Asian/Asian British – other	3	0	3
Black/black British – Caribbean	7	2	9
Black/black British – African	5	0	5
Black/black British – other	2	0	2
Chinese	1	0	1
Other	4	1	5
DISABILITY			
Physical disability	43	13	56
Mental disability	11	9	20
Learning disability	6	4	10
No disability	298	66	364
Total	358	92	450



Table 6: ACE beneficiary activities undertaken

ACTIVITIES UNDERTAKEN	BENEFICIARY TOTAL
Work advice, guidance and counselling	394
Helping people to join in, assessing the needs of individuals and planning for individual action	351
Motivation and orientation	292
Training	203
Help into lifelong learning	183
Employment aids and job-search help (including self-employment)	173
IT and ICT training and support	120
Key and basic-skills support	23
Help into self-employment	17
Help with organising care packages	13
Help into volunteering work	8
Work placements	5
Training in the workplace	4

Table 7: ACE beneficiary qualification levels existing and gained

QUALIFICATION LEVEL	BENEFICIARY TOTAL ON JOINING ACE	BENEFICIARY TOTAL GAINED DURING ACE
No qualification gained	97	351
Below NVQ level 1	24	24
NVQ 1 or equivalent	91	31
NVQ 2 or equivalent	79	29
NVQ 3 or equivalent	75	12
NVQ 4 or equivalent	55	3
NVQ 5 or equivalent	14	0
Other	2	0
Not known	13	0
Total qualifications	353 (pre-existing)	99 (gained)



Table 8: ACE beneficiary outcomes

BENEFICIARY OUTCOME	UNEMPLOYED ON JOINING ACE	EMPLOYED ON JOINING ACE	BENEFICIARY TOTAL
Continued to receive support from project	143	34	177
Started further education, training, other government programmes	87	19	106
Gained part-time employment	34	11	45
Gained voluntary work	35	4	39
Gained full-time employment	27	5	32
Remained in same employment as a result of ACE support	N/A	18	18
Moved into self-employment	9	4	13
Not known	11	1	12
Became unemployed	3	4	7
Retired	1	0	1
Total	350	100	450

For more information on the ACE National partnership,
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