

Evaluation of the Carers in Employment (CiE) Project

Annex to final report:

Methodological details and tabular findings

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Evaluation Report**

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Final report

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Introduction

1. This document is an annex to IES's final report on the evaluation of the Carers in Employment (CiE) Project. That report provides a synthesis of findings from interviews and available monitoring data collected by the sites.
2. This accompanying annex provides methodological details of those interviews and tabular summaries of monitoring data collected at interim (March 2016) and final (March 2017) stages of the evaluation.
3. Part A3 of this annex summarises the conclusions of work undertaken to establish the feasibility of a cost-benefit analysis (CBA).

Annex A1: Methodological details and approach to data analysis

A1.1 Study design

4. To reflect the diversity of CiE site projects, IES designed a mixed method process evaluation approach to maximise opportunities for involvement from CiE participants and project sites to co-produce the research, and to provide robust findings on outcomes and possible explanations for how they were achieved. A summary of methods and activities completed is shown in Table A1.1.
5. Early on in the evaluation the feasibility of cost-benefit analysis (CBA) and impact analysis on the basis of counterfactual comparison was explored. The rationale underlying the decision not to take these forward is described in Annex A3. Implications of this for further research are discussed in Section 5.2.3 of the main evaluation report.

Table A 1: Description of activities, methodology and potential limitations

Activity	Methodology	Potential limitations
Project engagement and CiE site profiling	Nine one day visits to each CiE site for face-to-face interviews with staff and partners, 10 policy-maker interviews, analysis of secondary data, development of logic chain.	Logic chain accuracy dependent upon CiE team familiarity with proposal and grasp of intended outcomes and impacts.
Feasibility scoping study for CBA and impact analysis	Analysis of potential sources of counterfactual sample or secondary data and proposed methodology and costings.	(See Annex A3 for details of how this research element proceeded.)
Follow-up fieldwork with sites to explore progress	Two sets of nine one-day visits to each LA site for face-to-face interviews with staff and partners.	In minority of cases the complete team members were not available for interview (supplementary telephone interviews were completed where possible to address this).
Analysis of monitoring data	Site completion of six-monthly site progress	Inconsistent completion by sites, quality of data variable – often lacking carer IDs (to enable tracking at case

Activity	Methodology	Potential limitations
provided by sites	reports and data templates by sites.	level) and with incomplete or absent data on carer labour market status. (See Annex A.11 for missing data.)
Qualitative work with carers	70 telephone interviews with carers. Contact details of consenting carers provided by CiE sites, with voucher incentive offered.	Sample provided by sites was biased towards carers receiving more intensive engagement/sustained involvement with CiE. In one case (Northampton) no carer contact details were provided.
Qualitative work with cared-for people	16 face-to-face interviews with cared-for people, with voucher to incentivise and reward participation offered in advance	Limited sample due to requirement for carer consent, need to exclude those too unwell for interview or whose condition fluctuates unpredictably.
Qualitative work with employers	20 telephone interviews with employers. Contact details of consenting employers provided by CiE sites.	Sample provided by sites was biased towards employers they had successfully engaged, often more sympathetic to carer needs.
Census survey of carers	Online, phone and postal administration using contact details provided by CiE sites.	Response not sufficiently representative to infer impact of CiE (see Annex A3 for full details of this).
Qualitative work to explore national policy context at project end	Seven interviews with policy-makers and other CiE stakeholders	Change in composition of steering group potentially restricted continuity of perspective from Government stakeholders.
Learning and development work with Sites	Six CEP network events and input to CEP network Hub to share good practice, provide opportunities for co-production of research findings and embed formative learning from evaluation.	Sites did not find Hub sufficiently user-friendly to share learning.

A1.2 Evaluation materials and outputs

Research instruments

6. A collaborative approach was taken to ensure that all research tools were appropriate for the intended audience and met all ethical standards. Materials were co-produced by relevant stakeholders, including site representatives and carers, and piloted where necessary.
 - Discussion guides for project site delivery teams (three case study visits per site), carers, people being cared for and employers.
 - Monitoring data collection templates for completion by project sites, including (i) six-monthly progress report in Word format, and (ii) a data collection and reporting template for documenting individual outcomes in Excel format.
 - A 'census survey' administered to all carers who had consented to their contact details being shared.

Reporting outputs

- A report of findings from initial scoping work with sites and policy stakeholders,
- PowerPoint presentations on evaluation progress for quarterly CiE Steering Group meetings (including a detailed presentation describing findings of IES's feasibility study examining the potential for a counterfactual approach to measuring evaluation impact).
- Written interim report of evaluation findings to coincide with project mid-point.
- Short written reports produced to supplement regular email and telephone updates to SCIE as required.

Other outputs

- Live webinar providing guidance on completing templates and opportunity for sites to ask questions.
- Materials for five learning events hosted by SCIE and IES and attended by CiE site representatives.
- Materials for the SCIE Knowledge Hub, including guidance on data collection for CiE sites.
- IES guidance for CiE sites: asking questions about outcomes and impacts (suggestions of questions for potential use in discussion/survey) and carer case study template.

A1.3 Qualitative interviews with carers

Table A 2: Numbers of carers interviewed for each CiE site, % of total carers interviewed

	N	%
Bury	16	23
Gateshead	15	21
South Gloucester	9	13
North Somerset	8	11
Chester and Cheshire West	7	10
Staffordshire and Stoke-on-Trent	7	10
Sefton	6	9
North Tyneside	2	3
Northamptonshire	0	0
Total	70	

Source: IES, 2017. Note that Northamptonshire did not provide carer contact details so the evaluation was unable to include the views of carers in this pilot area.

Table A 3: Gender of carer interview sample, % of total number of carers interviewed

	N	%
Male	10	14
Female	60	86
Total	70	

Source: IES, 2017

Table A 4: Age of carer interview sample, % of total number of carers interviewed

	N	%
Under 30	4	6
30–49	10	14
50 and over	12	17
Age unknown	44	63
Total	70	

Source: IES, 2017

Table A 5: Nature of health condition/disability among those being cared for (among carers in interview sample)

	N	%
Ageing-related condition (e.g. dementia)	26	37
Disability	30	43
Long-term or chronic condition	41	59
Base	70	

Source: IES, 2017. Note, multiple response so percentages may +/- 100.

A1.4 Qualitative interviews with employers

Table A 6: Local CiE site of employer interview sample, % of total number of employers interviewed

	N	%
Bury	2	10
Chester and Cheshire West	1	5
Gateshead	3	15
North Somerset	1	5
North Tyneside	2	10
Northamptonshire	5	25
Sefton	3	15
South Gloucester	1	5
Staffordshire and Stoke-on-Trent	2	10
Total	20	

Source: IES, 2017

Table A 7: Organisation size of employer interview sample, % of total number of employers interviewed

	N	%
Small	3	15
Medium	3	15
Large	14	70
Total	20	

Source: IES, 2017

Table A 8: Organisation sector of employer interview sample, % of total number of employers interviewed

	N	%
Public	13	65
Private	6	30
Third	1	5
Total	20	

Source: IES, 2017

A1.5 Qualitative interviews with people being cared for

Table A 9: % of total number of cared-for people interviewed per site

	N	%
Bury	5	31
Chester and Cheshire West	1	6
Gateshead	4	25
North Somerset	2	13
North Tyneside	0	0
Northamptonshire	0	0
Sefton	1	6
South Gloucester	2	13
Staffs and Stoke	1	6
Total	16	

Source: IES, 2017

Table A 10: % of total number of cared-for people interviewed by gender

	N	%
Male	10	63
Female	6	38
Total	16	

Source: IES, 2017 Source: IES analysis of site progress reports and output data.
Note percentages may not sum to 100 due to rounding.

Table A 11: % of total number of cared-for people interviewed by type of health condition

	N	%
Ageing-related condition (e.g. dementia)	4	25
Disability	5	31
Long-term or chronic condition	11	69
Base	16	

Source: IES, 2017. Note this was multiple response item, so percentages sum to more than 100.

7. Ethical clearance was granted for this strand of research after formal review by the NHS Health Research Authority Social Care research ethics committee. A five-step recruitment protocol for cared-for people was designed and implemented with input from Carers UK.

Researchers reviewed the following information with carers at the end of their interview.

Researcher Note: Permission to interview person being cared for

Explain that as part of the evaluation we are hoping to speak to a small number of people being cared for by project participants; it is **highly important that their voices are part of the evaluation.**

These conversations would last between 20–30 minutes and would take place face-to-face in a neutral setting of the participants' choosing – this could be in their own home or, if they prefer, in a public space such as the library or a café (with needs for privacy and access requirements taken into consideration).

The conversation would cover some background information (experience of education, employment and care needs) and what the experience of the project has been from their perspective. This could involve any changes to their own care, how they feel the project has helped them, or what their experience has been of any Assistive Technology (if appropriate).

As a thank you for this we would give participants a £20 voucher for the interview.

Would you (in principle) be willing for us to potentially get back in contact with you at a later date to arrange a conversation with the person you care for?

Assure interviewee that saying yes in principle now **does not mean any obligation**; they can withdraw consent and/or let us know if the person they care for would not like to participate at any point.

8. Carers were told at the end of the interview that if the health of the person they care for changed, they could withdraw at any point from the research, and that a provisional agreement to re-approach the cared-for person did not enforce automatic participation in the research.

9. In addition, researchers asked the carer whether the person being cared for was able to give informed consent to participate in the research and understand the purpose of the interview.
- i. An experienced member of the IES research team contacted carers who had given permission to be re-contacted to check whether there had been any changes in their situation and whether they would still be happy to participate.
 - ii. A letter/email was sent to the cared-for person (via carer if appropriate and by preferred means of communication, i.e. post/email).
 - iii. Within two weeks of the letter for the cared-for person being issued, an IES researcher liaised with the carer about interview arrangements, including a suitable day/time, the most appropriate location and any alternative arrangements or details that should be kept in mind. More time to come to a decision was offered if requested.
 - iv. Interviews were mainly conducted face-to-face although a small number were completed by telephone at the request of the carer or cared-for person. At the beginning of the interview, the IES researcher once again explained the research and gained informed consent. If it was not granted again at this point, the interview did not go ahead. Cared-for people were asked for their preference as to whether they would like the interview to be conducted with their carer present or not.

A1.6 Project site profiling

10. Three case study visits per site were conducted to coincide with initial, interim and final stages of project delivery. Interviewees were predominantly a mixture of Commissioning Managers and Strategic Commissioners from the local Council and Centre Managers, Employer Liaison Officers and Employment Advisors/case workers from the local or regional Carers Associations. At one site, the Lead Manager in Adult Social Care also formed part of the delivery team and at another a contact from the telecare alarm service was also interviewed.
11. Among other objectives, this evaluation element was designed to enable the evaluation team to better understand (changes) in the following characteristics as the project progressed:
- Delivery, nature or scope of the project.
 - How the operation of partnerships and any subcontracting arrangements were working.
 - Progress made by carers (and those they care for) on the project, including engagement, outcomes and sustained outcomes.
 - Wider impacts/lessons learned for them as an organisation.

- Challenges or barriers to success, and plans for mitigation.
- Contextual factors that may have promoted or inhibited success.

A1.7 Quantitative data collection

Design of data collection template and reporting tool

12. CiE site staff reported some difficulties in completing the initial quarterly reports. This was mainly due to the frequency of reporting and apparent disparities between reporting metrics and the way that sites had structured their own outcome measures. Also, there was no common monitoring output that could be compared across project sites in a like-for-like manner (for example, no common spreadsheet template for inputting carer details and outcomes).
13. In early 2016 the evaluation team designed a data collection and reporting tool. The team also revised the progress reporting template to align it with the raw data being requested and make it easier for sites to complete. The materials were co-produced with project sites via an online consultation and webinar. Draft materials were shared on the Knowledge Hub for comment, followed by a webinar with sites to obtain feedback.
14. Throughout the process, sites expressed reservations about collecting monitoring data which they felt was sensitive, especially individual data on wages or welfare benefits. The importance of these crucial metrics to the evaluation and policy decision-making was emphasised and understood by sites. As a consequence, SCIE and the evaluation team agreed that sites would provide as complete a dataset as possible, leave missing fields where they were not able to collect details but clarify why this was the case when data were missing.
15. Other measures taken by the evaluation team to support sites included:
 - Two rounds of clarifications were completed with project sites to address discrepancies in the data. For example, some had not reported data as requested (e.g. supplying age bands rather than year of birth, or occupation title rather than skill level). Most sites had also not commented on the reasons for missing data in initial reporting. As a result of clarifications, a proportion of missing data could be recorded as 'no' rather than missing. Some were unable to be clarified, however, and had to be left as missing data.
 - To support sites with future data collection, additional clarifications and statements were provided which sites could use to assure carers about how data would be treated (i.e. anonymously, only analysed in aggregate). Guidance was also disseminated to help sites with their own self-evaluation, which included ethical research protocols, case study templates and an example survey questionnaire. Sites were invited to share their case studies through the Knowledge Hub but to date none have been posted.
 - The evaluation team completed two rounds of clarifications via email and phone to clarify any discrepancies between data reported and cases within the data; rectify misreported data (i.e. where occupation title was given rather than skill

level, or year of birth given rather than age bands); explore how the data reported mapped against sites' agreed outputs and understand reasons behind missing data.

Limitations of available data: characterising user populations

16. All nine project sites provided both a complete aggregated progress report and raw carer-level data. However, there was a very high volume of missing data, particularly on labour market and employment status. As such, extreme caution should be applied to some of the findings and particularly sub-group analysis; results are indicative rather than representative. Statistical tests for significance were not performed due to the quality of the data. Sites have reported that the missing data was the result of carers not being asked this information as part of their routine data collection, rather than carers declining to provide it.
17. There were relatively higher proportions of missing data among carers who received 'less engaged' support (i.e. those carers, who sites met at least once and who were signposted to support), compared to those who received 'more engaged' and ongoing support. Therefore, aggregate findings are likely to reflect a bias towards more engaged carers, which may have created problems for analysis, as the experience of the intervention was very different between the two groups, and less engaged carers were likely to derive substantially lower benefits.

Table A 12: Missing data

Variable	Year 1						Year 2					
	Missing data (Total carers)		Missing data (Less engaged)		Missing data (More engaged)		Missing data (Total carers)		Missing data (Less engaged)		Missing data (More engaged)	
	N missing	Row %	N	N missing	Row %	N	N missing	Row %	N	N missing	Row %	N
Earnings per week	1,225	95	994	1,225	95	994	1,225	84	413	34	170	14
Organisation Size	1,125	87	931	1,125	87	931	924	63	226	24	140	15
Educational attainment	1,096	85	934	1,096	85	934	227	15	172	76	55	24
Receipt of Carers' Allowance	1,099	85	933	1,099	85	933	892	61	264	30	106	12
Occupation	1,074	83	949	1,074	83	949	898	61	237	26	105	12
Hours worked per week	1,071	83	877	1,071	83	877	971	66	275	28	204	21
Using flexible working arrangements	1,058	82	879	1,058	82	879	915	62	262	29	130	14
Receipt of other welfare benefits	984	76	921	984	76	921	1,010	69	371	37	116	11
Hours caring per week	773	60	591	773	60	591	986	67	343	35	194	20
Involvement with self-employment support	672	52	519	672	52	519	654	45	92	14	44	7
Involvement with AT	618	48	511	618	48	511	472	32	5	1	21	4
In self-employment	622	48	515	622	48	515	920	63	281	31	115	13
Age	597	46	584	597	46	584	129	9	90	70	23	18
Ethnicity	535	41	530	535	41	530	33	2	16	48	15	45
Gender	499	39	499	499	39	499	3	0	1	33	1	33
Level of engagement	1	*	N/A	1	*	N/A	642	44	0	0	0	0
Project site	0	0	0	0	0	0	0	0	0	.	0	.
Involvement in IAG	0	0	0	0	0	0	454	31	4	1	2	0

Source: IES analysis of project site output data, 2016

18. Final datasets from each CiE site were merged into one comprehensive dataset, cleaned and analysed using SPSS statistical software.
19. Table A1.12 details the level of missing data from sites against each of the 'hard outcome' measures. Some of the missing data was recoded where blank fields could be replaced after discussion with sites. However, many of these variables still have very high proportions of missing data, particularly weekly earnings. Scoping interviews with sites revealed that Management Information systems had predominantly (but not exclusively) been set up to collect data about project activities, as opposed to data that could be used to indicate hard labour market outcomes or impacts.¹ As a result, there are some potentially misleading figures within site progress reports. For example, some sites have recorded that the number of carers 'helped to remain in work' is equivalent to the number of carers engaged, as there were no metrics that could be used to ascertain the additionality of the project.

Table A 13: Missing outcome data

Variable	Year 1		Year 2	
	Missing data		Missing data	
	N missing	Row %	N missing	Row %
Earnings per week	1,225	95	1,225	84
Receipt of Carers' Allowance	1,099	85	892	61
Hours worked per week	1,071	83	971	66
Using flexible working arrangements	1,058	82	915	62
Employment status	1,036	80	971	66
Receipt of other welfare benefits	984	76	1,010	69
Hours caring per week	773	60	986	67

Source: IES analysis of project site output data, 2016

¹ Some sites do collect outcomes via an 'outcome star' but these tend to be psychosocial measures such as emotional wellbeing, job satisfaction or subjective likelihood to leave work

Annex A2: Descriptive analysis of Management Information provided by sites

A2.1 Activities and outputs

Numbers of carers engaged

Table A 14: Number of carers engaged (cumulative totals)

Site	Year 1		Year 2	
	N	Col %	N	Col %
Bury	56	4	180	6
Cheshire West and Chester	76	6	177	6
Gateshead	119	9	341	12
North Somerset	48	4	118	4
North Tyneside	45	4	316	11
Northamptonshire	351	27	640	23
Sefton	54	4	181	6
South Gloucestershire	41	3	231	8
Stoke-on-Trent and Staffordshire	501	39	610	22
Total	1,291	100	2794	100

Source: IES analysis of project site progress reports and output data, 2016. Note percentages may not sum to 100 due to rounding.

Numbers of employers engaged

Table A 15: Employers engaged up to end March 2017

Site	Year 1		Year 2	
	N	Col %	N	Col %
Bury	9	4	19	5
Cheshire West and Chester	44	20	54	14
Gateshead	25	12	41	11
North Somerset	25	12	45	12
North Tyneside	11	5	82	21
Northamptonshire	65	30	76	20
Sefton	9	4	20	5
South Gloucestershire	6	3	29	8
Stoke-on-Trent and Staffordshire	24	11	18	5
Total	217	100	384	100

Source: IES analysis of project site progress reports and output data, 2016. Note percentages may not sum to 100 due to rounding.

Activities delivered

Table A 16: Summary of site activity with carers during Year 1 of project

	Involvement with IAG		Involvement with AT		Involvement with self-employment support		All carers	
	N	Col %	N	Col %	N	Col %	N	Col %
Bury	56	5	26	4	1	10	56	4
Cheshire West and Chester	103	10	10	2	0	0	103	7
Gateshead	85	8	12	2	3	30	119	8
North Somerset	32	3	6	1	3	30	52	4
North Tyneside	50	5	0	0	0	0	50	3
Northampton-shire	494	47	494	83	0	0	494	34
Sefton	54	5	0	0	1	10	54	4
South Gloucestershire	38	4	0	0	0	0	41	3
Stoke-on-Trent and Staffordshire	145	14	46	8	2	20	501	34
Total	1,057	100	594	100	10	100	1,470	100

Source: IES analysis of project site progress reports and output data, 2016

Table A 17: Summary of site activity with carers during second year of project

	Involvement with IAG		Involvement with AT		Involvement with self-employment support		All carers	
	N	Col %	N	Col %	N	Col %	N	Col %
Bury	180	7	72	9	1	5	180	6
Cheshire West and Chester	177	7	40	5	0	0	177	6
Gateshead	341	14	12	1	3	14	341	12
North Somerset	111	5	14	2	5	24	118	4
North Tyneside	316	13	0	0	0	0	316	11
Northamptonshire	640	26	640	77	9	43	640	23
Sefton	173	7	0	0	0	0	181	6
South Gloucestershire	314	13	0	0	0	0	231	8
Stoke-on-Trent and Staffordshire	190	8	52	6	3	14	610	22
Total	2,442	100	830	100	21	100	2,794	100

Source: IES analysis of project site progress reports and output data, 2017

Activities delivered against targets

Table A 18: Engagement of carers with IAG and AT against targets for each site

	IAG support			AT		
	Target	Achieved	%	Target	Achieved	%
Bury	200	180	90	50	72	144
Cheshire West and Chester	1500	177	12	60	40	67
Gateshead	-	341	-	50	12	25
North Somerset	120	111	93	-	14	-
North Tyneside	-	316	-	-	-	-
Northamptonshire	120	640	533	50	640	1,280
Sefton	50	173	346	-	-	-
South Gloucestershire	500	314	63	-	-	-
Stoke-on-Trent and Staffordshire	225**	190	90	-	52	-
Total	2715	2442	90	210	830	395

Source: IES analysis of project site progress reports and output data, 2017

A2.2 Carer labour market status and work life balance

Welfare benefits and Carers' Allowance

Table A 19: Carers in receipt of benefits

	End of project			
	Receiving Carers' Allowance		Receiving other welfare benefits	
	N	Col %	N	Col %
Yes	84	14.66	129	28
No	489	85.34	326	72
Total	573	100		

Source: IES analysis of project site output data, 2017.

Table A 20: Carers receiving Carers' Allowance, by site

	Bury		Cheshire West and Chester		South Gloucestershire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %
	Carers' Allowance	12	14	40	27	8	13	60
No Carers' Allowance	75	86	110	73	54	87	239	80
Total	87		150		62		299	

Source: IES analysis of project site output data, 2016, data not available for all sites

Table A 21: Carers receiving welfare benefits, by gender

	Female (Carers' Allowance)		Male (Carers' Allowance)		Total (Carers' Allowance)		Female (Other welfare benefits)		Male (Other welfare benefits)		Total (Other welfare benefits)	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
	Yes	73	16	10	8	83	15	101	29	27	25	128
No	371	84	118	92	489	85	243	71	83	75	326	72
Total	444		128		572		344		110		454	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 22: Carers receiving other welfare benefits, by site

	Bury		Cheshire West and Chester		Gateshead		South Gloucestershire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
	Other welfare benefits	55	63	52	35	-	-	-	-	107
No welfare benefits	33	38	97	65	106	100	43	100	279	72
Total	88		149		106		43		386	

Source: IES analysis of project site output data, 2016, data not available for all sites

Hours spent caring

Table A 23: Hours caring per week², by site

	Year 1				Year 2			
	Mean (SD)	Min	Max	N	Mean (SD)	Min	Max	N
Bury	43 (8)	25	55	51	38 (11)	2	55	86
Cheshire West and Chester	27 (5)	20	37	76	26 (5)	20	37	148
Gateshead	50 (0)	50	50	2	34 (28)	20	168	30
North Somerset					44 (43)	-	168	62
North Tyneside					31 (17)	1	70	48
Northamptonshire	30 (0)	30	30	351	35 (0)	35	35	74
Sefton	27 (9)	3	30	10	-	-	-	-
South Gloucestershire	53 (27)	35	100	5	43 (20)	30	100	11
Stoke-on-Trent and Staffordshire	31 (10)	15	50	23	33 (11)	15	50	20
Total				518				479

Source: IES analysis of project site output data, 2016/17

² Hours spent caring was subject to definition used by carers and sites and is not necessarily consistent. For example, it may include sleeping hours for carers who live with the cared-for person.

Working status

Employment vs. unemployment and gender

Table A 24: Employment status, by gender

	Female				Male				Total			
	Year 1		Year 2		Year 1		Year 2		Year 1		Year 2	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
In work	158	82	345	90	42	68	102	92	200	78	447	91
Unemployed	35	18	37	10	20	32	9	8	55	22	46	9
Total	193		382		62		111		255		493	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Self-employment

Table A 25: Carers in self-employment

	Year 1		Year 2	
	N	Col %	N	Col %
Yes	29	4	28	5
No	640	96	517	95
Total	669		545	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Working hours and earnings

Table A 26: Working hours and earnings (Baseline outcome measures)

	Year 1					Year 2				
	Mean (SD)	Minimum	Maximum	Carers (N)	Project sites (N)	Mean (SD)	Minimum	Maximum	Carers (N)	Project sites (N)
Hours worked per week	33 (8)	8	40	199	6	30 (9)	5	60	494	7
Earnings per week	344 (103)	80	625	56	3	317 (200)	50	1,509	240	4
Hours caring per week	31 (7)	3	100	518	7	34 (19)	1	168	479	8

Source: IES analysis of project site output data, 2016

Table A 27: Hours worked per week, by site³

	Year 1				Year 2			
	Mean (SD)	Minimum	Maximum	N	Mean (SD)	Minimum	Maximum	N
Bury	31 (8)	12	40	49	29 (13)	0	55	81
Cheshire West and Chester	32 (6)	18	40	32	27 (12)	0	40	114
Gateshead					. (.)	.	.	0
North Somerset					18 (17)	0	60	68
North Tyneside					34 (7)	15	58	90
Northamptonshire	38 (0)	38	38	78	29 (11)	10	37.5	66
Sefton	26 (12)	13	40	7	-	-	-	-
South Gloucestershire	27 (9)	12	38	10	28 (9)	12	42.5	54
Stoke-on-Trent and Staffordshire	26 (10)	8	40	23	25 (10)	7.5	37.5	21

Source: IES analysis of project site output data, 2016

³ The test in main report about employed carers does not report 0 as minimum hours worked as carers reporting 0 working hours were classified as not working.

Flexible working

Table A 28: Carers using flexible working arrangements

	Year 1		Year 2	
	N	Col %	N	Col %
Yes	75	32	206	37
No	158	68	344	63
Total	233		550	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 29: Use of flexible working, by site (end of project)

	Bury		Cheshire West and Chester		North Somerset		North Tyneside		South Gloucestershire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
	Using flexible working	55	63	52	35	22	32	0	0	0	0	12
No flexible working	33	38	97	65	46	68	1	100	43	100	22	63
Total	88		149		68		1		43		34	9

Source: IES analysis of project site output data, 2016.

Occupational group and type of employer

Table A 30: Occupation

	Year 1		Year 2	
	N	Col %	N	Col %
Professional	41	25	207	37
Skilled	36	22	108	19
Semi-skilled	49	30	171	30
Unskilled	36	22	81	14
Total	162	1,000	567	100

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 31: Occupation, by site (at end of project)

	Bury		Cheshire West and Chester		North Somerset		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Professional	1	1	34	33	25	29	6	6	11	48	77	20
Skilled	22	25	8	8	0	0	53	57	2	9	85	22
Semi-skilled	36	41	33	32	49	58	25	27	9	39	152	39
Unskilled	29	33	28	27	11	13	9	10	1	4	78	20
Total	88		103		85		93		23		392	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 32: Occupation, by gender (at end of project)

	Female		Male		Total	
	N	Col %	N	Col %	N	Col %
Professional	165	38	42	33	207	37
Skilled	87	20	21	17	108	19
Semi-skilled	123	28	48	38	171	30
Unskilled	64	15	16	13	80	14
Total	439		127		566	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 33: Organisation size (end of project)

	Year 1		Year 2	
	N	Col %	N	Col %
Large	81	49	328	61
Medium	37	22	81	15
Small	48	29	132	24
Total	166		541	

Source: IES analysis of project site output data, 2016

Table A 34: Organisation size, by site (at end of project)

	Bury		Cheshire West and Chester		North Somerset		North Tyneside		Sefton		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Large	8	9	51	51	29	51	107	100	-	-	77	94	11	48	283	80
Medium	39	46	13	13	12	21	-	-	-	-	-	-	5	22	69	20
Small	38	45	37	37	16	28	-	-	-	-	5	6	7	30	103	29
Total	47		64		41		107		-		77		16		352	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

A2.3 Other demographic and socioeconomic characteristics

Education

Table A 35: Educational attainment

	N	Col %
Graduate/postgraduate or equivalent	59	18
A level or equivalent	108	33
GCSE or equivalent	66	20
Secondary school	95	29
Total	328	100

Source: IES analysis of project site output data, 2017. Note percentages may not sum to 100 due to rounding

Table A 36: Educational attainment, by site (at end of project)

	Bury		Cheshire West and Chester		North Somerset		Total	
	N	Col %	N	Col %	N	Col %	N	Col %
Graduate/postgraduate or equivalent	13	16			14	24	27	10
A level or equivalent	22	27	65	45	16	28	103	36
GCSE or equivalent	24	29	57	40	21	36	102	36
Secondary school	23	28	21	15	7	12	51	18
Total	82		143	100	58	100	283	100

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Gender

20. Looking at gender distribution of carers across the sites reveals some notable differences. Sefton worked with the highest proportion of male carers (43 per cent), while Cheshire West and Chester had the highest proportion of female carers (93 per cent, see Table A2.24). This indicates opportunities for formative learning between sites aiming to engage greater proportions of male carers.

Table A 37: Gender, by site (at end of project)

	Bury		Cheshire West and Chester		Gateshead		North Somerset		North Tyneside		Northamptonshire		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
Female	64	69	130	86	265	78	81	69	90	83	379	76	108	81	20	87	1,137	78
Male	29	31	21	14	75	22	37	31	18	17	117	24	25	19	3	13	325	22
Total	93		151		340		118		108		496		133		23		1,462	

Source: IES analysis of project site output data, 2016/17. Note percentages may not sum to 100 due to rounding

Ethnicity

Table A 38: Ethnicity

	Year 1		Year 2	
	N	Col %	N	Col %
White	717	95	1,284	95
BAME	39	5	68	5
Total	756		1,352	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 39: Ethnicity, by site (at end of project)

	Bury		Cheshire West and Chester		Gateshead		North Somerset		North Tyneside		Northamptonshire		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
White	90	97	115	96	324	96	90	99	108	100	430	92	104	93	23	100	1,284	95
BAME	3	3	5	4	15	4	1	1			36	8	8	7			68	5
Total	93		120		339		91		108		466		112		23		1,352	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Age

Table A 40: Age, by site (second year of project)

	Mean (SD)	Minimum	Maximum	N
Bury	51(12)	19	84	68
Cheshire and Cheshire West	56 (14)	21	100	134
Gateshead	48 (11)	18	87	319
North Somerset	49 (12)	19	73	101
North Tyneside	67 (9)	42	92	81
Northamptonshire	51 (10)	19	76	497
Sefton	-	-	-	-
South Gloucestershire	49 (9)	23	62	111
Stoke-on-Trent and Staffordshire	53 (8)	27	66	23
Total	51 (12)	18	100	1,334

Source: IES analysis of project site output data, 2017

A2.4 Involvement in project activities

Table A 41: Involvement in project activities

	Year 1						Year 2					
	Involvement in IAG		Involvement in AT		Involvement in self-employment support		Involvement in IAG		Involvement in AT		Involvement in self-employment support	
	N	Col %	N	N	Col %	N	N	Col %	N	N	Col %	N
Yes	1,274	99	401	60	4	1	599	59	175	18	11	1
No	17	1	272	40	61	99	412	41	818	82	800	99
Total	1,291		673		61		1,011		993		811	

Source: IES analysis of project site output data, 2016. Note percentages may not sum to 100 due to rounding

Table A 42: Level of engagement (at end of project)

	Year 1		Year 2	
	N	Col %	N	Col %
Less engaged support	1,022	79	471	57
More engaged support	268	21	352	43
Total	1,290		823	

Source: IES analysis of project site output data, 2016/17

Table A 43: Involvement in project activities, by level of engagement

	IAG		Year 1 AT		IAG N	AT Col %	Year 2	
	N	Col %	N	Col %			IAG	AT
Less engaged	1,011	79	358	89	187	36	16	22
More engaged	262	21	43	11	338	64	57	78
Total	1,273		401		525		73	

Source: IES analysis of project site output data, 2016/17. Note percentages may not sum to 100 due to rounding.

Table A 44: Involvement in project activities, by site (second year of project)

	Bury		Cheshire West and Chester		Gateshead		North Somerset		North Tyneside		Northamptonshire		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
	IAG	90	62	30	51	173	100	40	71	108	100	74	50	65	100	19	95	599
AT	55	38	29	49		0	16	29		0	74	50		0	1	5	175	23
Total	145		59		173		56		108		148		65		20		774	

Source: IES analysis of project site output data, 2017. Note multiple responses, so percentage totals may +/- 100

Table A 45: Level of engagement, by site (second year of project)

	Bury		Cheshire West and Chester		Gateshead		North Somerset		North Tyneside		Northamptonshire		South Gloucestershire		Stoke-on-Trent and Staffordshire		Total	
	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %	N	Col %
	Less engaged	37	39	15	50	170	50	63	64	101	94			85	65	0	0	471
More engaged	57	61	15	50	171	50	36	36	7	6			45	35	21	100	352	43
Total	94		30		341		99		108				130		21		823	

Source: IES analysis of project site output data, 2017. Note percentages may not sum to 100 due to rounding

Annex A3: Feasibility of cost-benefit analysis and impact analysis

A3.1 Sources of quantitative data

21. There were two main sources of quantitative data for the CiE impact evaluation.

Management information (MI): information about participants was collected by sites at regular intervals and is of varying quality/comprehensiveness depending upon the CiE site team from which it originates. This dataset enables us to describe basic demographics of the carers and employers whom the project reached.

Census survey: IES designed and administered this survey with the aim of capturing impact of the project on carers. It elicits information about pre- and post-intervention labour market and wellbeing status from CiE participants. IES was dependent upon site record-keeping and consent-seeking processes to obtain all contact details.

A3.2 Feasibility of counterfactual analysis

22. In the absence of an experimental setting, counterfactual outcomes need to be estimated using econometric techniques, typically based on outcomes of non-participants. IES explored the possibility of adopting a quasi-experimental approach to enable comparison of project outcomes with a counterfactual scenario. After conducting a feasibility study IES recommended not conducting a formal impact analysis for the following reasons:

- Insufficient numbers of carers had been engaged by sites for meaningful comparisons with a control group to be drawn.
- No suitable counterfactual data were available detailing labour market outcomes for carers (Carers UK were approached for this and were unable to identify sources). Also no data sources were available documenting labour market status of carers in 'control' local authorities not involved in the CiE project (steering group members confirmed this).

A3.3 Response to census and implications for CBA and reporting

23. The census survey was intended to be administered to the entire population of carers exposed to the CiE project in electronic, telephone and hard-copy formats as appropriate.

24. The following breakdown demonstrates the measures that were taken to achieving the final sample with reasons for non-participation where available:

Table A 46: Population and sample sizes for carer census survey and how achieved

Population/sample		Notes
Beneficiary population (intervention group)	~ 2500	MI received from all sites for f year 1 of project and from eight sites for year 2
CiE sites responding to requests for carers' contact details	8/9	One site (who had engaged 400+ carers) did not provide carer details
Total carer contact details received	830	433 email 342 post 55 phone Note that CiE site staff were unable to gain consent for contact details to be released from some carers (this affected all sites but they did not state the numbers of carers affected). Some sites noted they would provide contact details, which risk duplication as their systems record numbers of interactions not numbers of carers.
Responses via email	97 (65 completed whole survey)	Following multiple, automated electronic reminders 21 followed up by post (i.e. where address provided)
Responses via phone contact	3 (11 complete)	3 surveys via phone interview conducted NB: 7 email surveys requested 10 with no recall of CiE 25 no answer after multiple attempts 4 opt outs 6 wrong numbers, no secondary details 1 unavailable during survey period
Responses to postal survey	37 (34 complete)	
Number of valid contact details	791	Excluding 33 emails that 'bounced'/6 phone numbers that did not work
Number of responses	137 (100 complete)	
Response rate (valid sample)	17 %	
Response rate (treatment group)	< 6 %	

25. The small size of the survey sample (less than five per cent of the intervention group) meant that findings were unlikely to be representative of the intervention group as a whole. There was a particular risk of self-selection bias: those who respond to the survey may differ from the intervention group in level of engagement with the project, motivation for doing so and consequently, perceived and actual benefits. There was a high risk that their income, benefit, hours of care and other variables of concern were systematically different from the carer population.
26. Normally we would seek to undertake weighting to correct response bias but sites have only provided systematic information on non-respondent gender and location so this was not possible.
27. Overall the limitations of the data meant that undertaking a cost-benefit analysis risked producing unreliable and potentially inaccurate results, which did not reflect trends in either the total survey sample or the wider treatment group. We therefore did not report the survey data in the main body of the report and did not conduct a cost-benefit analysis.
28. The main body of the report contains qualitative findings reflecting the overall balance of research activities throughout the evaluation period, including material from interviews with CiE site staff, carers, people being cared for, employers and policy-makers. Selected statistics available from MI are presented.

Table A 47: Reporting of quantitative data

Source	Main report	Technical annex
Management information (MI)	Numbers of carers and employers engaged, nature of engagement (where recorded) Carer population descriptives including demographic information and labour market status; hours spent working/caring Signposting information referring to additional details in the appendix	Breakdown of project activity and population descriptives by site
Census survey	Signposting information referring to relevant details in the appendix	Brief overview of methodology and response rates Summary of headline findings caveated appropriately

A3.4 Reporting qualitative research findings

29. It is not appropriate to use figures to report qualitative data. To give a sense of the scale of interviewees' responses, 'few' or 'a small number' indicate the smallest proportion of respondents sharing a particular view; 'several' indicates a slightly greater number; 'around half' represents the mid-point on a scale of views; 'many' and 'most' represent a majority, and 'almost all' or 'all' represent the strongest unified agreement.

Figure A 1: Routes for delivering support to carers

