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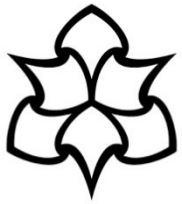
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Qualitative Research: Outreach, Delivery and Employer Engagement in *Working Potential*

May 2020

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1   Executive summary

1.1   About *Working Potential*

Working Potential was a Big Lottery funded project commissioned by Greater Manchester Centre for Voluntary Organisation (GMCVO) which aimed to engage up to 300 unemployed older carers not engaged with statutory employability programmes.

Ambition for Ageing commissioned three regional providers[1] in the North West of England to deliver a service to support older carers into employment; each provider already had employment coaches in post to support the project.

This report recounts the qualitative interviews and focus groups undertaken with carers, *Working Potential* coaches and other project stakeholders between February and November 2019 across three locations in the North West of England.

1.2   Research aims

Our research aims were:

1. To understand the views, experiences and stories of people who are over 50 years of age, who identify as carers, and who are currently not working, including both those who have, and have not, engaged with the *Working Potential* project.
2. To understand the different approaches of the providers for identifying, engaging and supporting carers, and how these approaches develop over the project lifetime.
3. To understand, from project workers' standpoint, employers' current practices and barriers faced when recruiting older carers, and the perceptions, experiences of, and motivations for, employing people who are carers.[2]

1.3   Methodology, participants and providers

Our research adopted a pragmatic, time-limited qualitative methodology. Twenty-five (25) people in total were recruited, comprising twelve carers, seven coaches and six project stakeholders. We undertook five (5) individual semi-structured interviews (typically lasting 30-45 minutes) and eight (8) focus group interviews (typically lasting 60 minutes for a group of 4-8 carers or coaches) and made use of written field diaries/reflections. Interviews and

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[1] To protect the identities of participants, the full names of providers are redacted in this report.
[2] See Synopsis of delivery changes, 2.5.

focus groups were audio-recorded, then transcribed verbatim. Transcribed data were then stripped of any identifying information by the principal researcher before placing into secure storage. Data were then subjected to pragmatic, qualitative analysis. One researcher led the analysis, whilst the second researcher verified the dependability, credibility and confirmability of the analysis.

1.4   Key findings

i. Our research highlights the instrumental and facilitative impact for older carers of fostering and re-establishing their connectedness to others, and that early stage, community-based, individual, and group-based coaching interventions may provide useful adjuncts to pre-employment support for older carers.

ii. We discovered that carers often described themselves and their value to a future employer in terms of what they lacked. With support from coaches, carers were able to articulate possession of the kinds of cultural capital that employers seek; formal pre-employment pathways may undermine these embodied social assets.

iii. Carers described expected trajectories of later mid-life: some described this in positive terms, a time for personal and social growth, whilst for others, their anticipated loss of a caring role and the uncertainties of later mid-life made articulation of aspiration difficult.

iv. Our research identified encultured attitudes around work and the mental and political geographies of care; some carers were reluctant to seek work in places where a return journey home (to attend to care needs) was perceived to be impractical; these geographical horizons may also be shaped by the structure of the local work/employment landscape.

v. Carers held mixed views of their potential for self-employment or entrepreneurship. Whilst some carers had not considered self-employment, with the support of coaches, other carers reported how they had overcome practical and emotional barriers to self-sufficiency alongside their acquisition of specific employment-related skills.

vi. There are varying levels of identification with the title 'carer'. Some carers described how engaging with the programme had helped them to reclaim a 'personal identity'. These beliefs articulated with attitudes towards activity and ageing in later life, both positive (no longer being a carer being an opportunity) and negative (uncertainty).

vii. Carers described a range of personal and social activities and actions that they felt to be outcomes of their engagement with the programme. The scheduled ending of the

programme meant that opportunities to explore sustainability of outcomes was not possible, although there is limited evidence that some carers were interested to sustain these outcomes.

viii. Many carers explained that they held very low expectations of statutory services and formal pre-employment supports, both in terms of when and how these were provided; this begins to explain why some carers may be reluctant to re-engage with services. Relatedly, carers expressed dissatisfaction in needing to use information technologies to access guidance.

ix. The interpersonal skills of the coaches were instrumental to engagement. Carers described how the tone and style of their initial encounter with the coaches was critical to their decision to sustain contact. Coaches acknowledged 'learned dissatisfaction', helping to ameliorate carers reluctance to engage with support.

x. *Working Potential* coaches had relatively small caseloads (compared with statutory providers) and a large degree of discretion in terms of how they operated. The role of the coach requires people who are equipped to operate outside the traditional employability paradigm: coaches made good use of a diverse range of prior experiences and expertise.

xi. Referral of suitable carers was initially slow. Coaches mobilised their existing networks and utilised local knowledge to create opportunities for carers to engage. One provider struggled to engage with local carer networks. The (limited) evidence suggests this was partly due to a lack of strong historical and collegial links at the outset of the project.

xii. Our findings reveal the value of 'emotion work' as part of a coaching interaction for older carers in pre-employability support. Coaches were also able to identify safe limits to the emotional work they undertook with carers, and described circumstances (for instance, bereavement support) where they supported carers to self-refer to appropriate services.

xiii. Coaches reported how they had supported carers to engage with formal programmes of study (for instance, numeracy). Coaches also reported how they had supported carers to engage with specific professional qualifications, some of which provided essential pre-enablement for volunteering, whilst others enabled self-employment.

xiv. Coaching nurtured volunteering, which acted not only as a pathway to entrepreneurship, but also as a community asset. Some coaches were able to make use of their business links and technical knowledge of self-employment in order to raise

carers' awareness of sources of local community funding and provided carers with guidance for grant applications.

xv. Our research also began to explore one provider's use of a 'champion' engagement model, whereby former carers were employed (by the provider) or acted in a volunteering capacity in order to identify, engage and support older carers in their local communities.

xvi. Carers perceived a range of barriers to employment, including a lack of up-to-date qualifications, the potential burden they might place upon an employer, employers' preference for younger workers, their reluctance to ask for help, not wanting to disappoint colleagues, and the need to explain gaps in their employment record.

xvii. Employment Engagement Officers formed an understanding that larger employers were more able to flexibility to carers by virtue of having a larger pool of staff and who they were able mobilise into different roles. However, task differentiation and highly specialised roles may mitigate against flexible working.

xviii. Employment Engagement Officers described how smaller employers may have a more intimate knowledge of the employee and their value to the organisation; having a clearer understanding of the 'value' of older carers may incentivise workplace flexibility, particularly for older carers who may possess a range of transferable skills.

1.5 Key recommendations

1.5.1 Research

i. Further research describing how carers self-identify, how they are classified by others, and their development of bonding and bridging social capital.

ii. Further research exploring how carers' self-appraisals may impact on their perception and uptake of pre-employment and employment support.

iii. Further research into the social and economic benefits of volunteering for older carers, specifically those occupying lower socio-economic class positions.

iv. Further ethnographic research into the life and work trajectories of older carers, particularly those with enduring caring responsibilities and employment hesitancy.

v. Further research exploring whether disinclination to use information technology is a distinct or transitory characteristic of this demographic (currently aged 50-70).

vi. Further co-productive research to discover how best to represent older carers from a range of ethnic, cultural, religious and socioeconomic backgrounds within research.

vii.   Supplementary or related research is needed to explore the strategic, operational and individual practices of employers in supporting older carers back into employment.

viii.   Supplementary or related research is needed to explore new economies, forms and geographies of paid work and the impact this has on the employability of older carers.

1.5.2 Policy

i.   Defining who is an 'older carer' by age alone (e.g. 50+) is insufficient; doing so may serve to obscure socioeconomic challenges, encultured viewpoints about employment and retirement, and the mental and political geographies of unwaged caregiving. Future programmes of support should, when establishing age-based criteria for interventions, also consider the specific socioeconomic, cultural and geographic context(s) of programme delivery.

ii.   Although caring can be rewarding, long-term unpaid care work may leave older carers feeling disconnected and unvalued. Individual and social recognition of older carers may provide an essential adjunct to the skills and motivation required for a return to paid work: people need to value themselves and feel valued by, and connected to, their communities.

iii.   Future programmes of support should ensure that those charged with supporting older carers' employability are not only equipped with knowledge and skills relating to business guidance and entrepreneurship, but are also resourced to provide sensitive, personalised support that is fitting to the social circumstances of the older person.

1.5.3 Practice development

i.   Future programmes adopting a community engagement approach should continue to develop and learn how best to engage with a more diverse range of people. Co-productive approaches have been shown to be valuable in this regard.[3]

ii.   The use of peer-led or peer-supported interventions in the form of carer champions and carer champions in the workplace deserves further exploration in practice. This might form part of future co-productive research (see above).

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[3] See, for instance, Bickers (2007); Cox et al (2016); Clayson et al (20180; Hand (2018).

iii.   Engagement with existing support groups should be instigated prior to the delivering of a programme to support older carers. Doing so may aid recruitment, make better use of local resources, and minimise the burden of participation placed upon carers.

1.6   Acknowledgements

2 The research

2.1 Context of research

2.1.1 *Ambition for Ageing and Working Potential*

Led by *Greater Manchester Centre for Voluntary Organisation* (GMCVO), *Ambition for Ageing* is a £10 million programme, sponsored by *The National Lottery Community Fund*, aimed at creating more age-friendly places in Greater Manchester (GM). *Working Potential* is a scaled project with the aim of gathering information about supporting people aged over 50 years who are currently carers in order to support them to explore potential avenues for their return to the workforce at a later point in time. *Working Potential* also works with regional employers to understand the barriers and facilitators to age-friendly workplaces. This report details the qualitative interviews and focus groups undertaken with carers, *Working Potential* coaches and other project stakeholders between February and November 2019 across three locations in the North West of England.

2.1.2 *Regional context*

The research relates to the *Greater Manchester Local Industrial Strategy* (UK Government, 2019),[4] including underpinning principles such as the promotion of age-friendly approaches to support social inclusion. These principles are fundamental to the Greater Manchester Age-friendly Strategy (2018),[5] specifically, its ambition to reduce the numbers of people aged 50-65 from leaving the workforce and by increasing return-to-work in later life.

2.1.3 *National context*

In relation to UK Government Industrial Strategy, this research reflects the context described by *The Grand Challenges* (UK Government, 2019)[6], specifically, the requirement for people to plan their careers and retirement in ways that reflect the changing (ageing) UK demographic and its impact upon lives, communities and workplaces. Indirectly, this research also responds to a context where the Default Retirement Age in the UK is increasing.[7]

2.1.4 *International context*

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[4] United Kingdom (2019)
[5] Greater Manchester Combined Authority (2018)
[6] United Kingdom (2017)
[7] Parsons and Walsh (2019)

Internationally, this research relates explicitly to UN Sustainable Development Goal 8 (Decent Work and Economic Growth), and indirectly to Goals 1, 9, 10 and 11 (No poverty; Industry, innovation and infrastructure; reduced inequalities; Sustainable cities and communities). [8] The research also relates to the World Health Organization's *Global strategy and action plan on ageing and health* (WHO, 2017), [9] specifically, objective 1.3 (Combat ageism and transform understanding of ageing and health), and the WHO's related *10 Priorities for a Decade of Action on Healthy Ageing* (WHO, 2017).[10] The research also speaks to the Organisation for Economic Co-operation and Development's ageing and employment policies, specifically, *Working Better with Age* (OECD, 2019).[11]

2.2   Research scope

Our research adds to a growing body of knowledge that emphasises the importance of understanding the journey that carers aged over 50 undertake on their way to employment, the barriers and challenges they face, and the need to find new ways to overcome these barriers. This report begins to address research areas identified by a recent scoping review[12], including developing carer and coach-level insights into the potential pathways into employment (including volunteering and small-scale entrepreneurship), the affective experience of carers and their later life ambitions and, moreover, the development of place-based employability/skills interventions for older carers.

2.3   Research design

2.3.1   Aims

Our research aims were:

1. To understand the views, experiences and stories of people who are over 50 years of age, who identify as carers, and who are currently not working, including both those who have, and have not, engaged with the *Working Potential* project

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[8] United Nations (2015)
[9] World Health Organization (2017a)
[10] World Health Organization (2017b)
[11] Organisation for Economic Cooperation and Development (2019)
[12] Parsons and Walsh (2019)

2. To understand the different approaches of the providers (three sites in the North West of England) for identifying, engaging and supporting carers, and how these approaches develop over the project lifetime

3. To understand, from project workers' standpoint, employers' current practices and barriers faced when recruiting older carers, and the perceptions, experiences of, and motivations for, employing people who are carers.[13]

2.3.2 Methods

Our research adopted a pragmatic, time-limited qualitative methodology, designed to meet the research aims (above), whilst remaining mindful of the dynamic and emergent nature of the *Working Potential* project and the potential for programme changes during its delivery. Following initial contract award and institutional ethical approval, we worked with the stakeholders to this research in order to negotiate access to *Working Potential* carers. These stakeholders were also instrumental in the re-working of our proposed interview/focus group questions to improve their acceptability and appropriateness to carers.

Potential participants were provided with a participant information sheet (PIS) and were invited to read and sign an informed consent form if they agreed to participate. Our research recruited twenty-five (25) people in total, comprising twelve carers, seven coaches and six project stakeholders (people directly and indirectly attached to the delivery of *Working Potential*). We undertook five (5) individual semi-structured interviews (typically lasting 30-45 minutes) and eight (8) focus group interviews (typically lasting 60 minutes for a group of 4-8 carers or coaches) and made use of written field diaries/reflections.

Interviews and focus groups were audio-recorded and digital files transferred into secure university-approved storage at the earliest opportunity. Field notes/diaries were handled similarly. Recordings were transferred via secure means to a university-approved transcription service. Transcribed data were then stripped of any identifying information by the principal researcher before placing into secure storage. The anonymised dataset was transferred to QSR Nvivo v.11, also held in secure storage. Data were subjected to pragmatic, qualitative analysis. One researcher led the analysis, whilst the second researcher verified the dependability, credibility and confirmability of the analysis.

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[13] See *Synopsis of delivery changes*, s.2.5.

2.3.3 Participants

Participant selection was purposeful and mediated through community networks such as employment events, employer networks and community contacts that were already known to or organised by the employment coaches as part of their role in *Working Potential*. Twelve carers (12) were recruited, of which ten (10) were female and two (2) male. Seven (7) coaches and six (6) stakeholders[14] were recruited, all of whom were female.[15] In total, *Working Potential* providers reported engagement from ninety-one (91) carers, thirty-four (34) of whom were still actively engaged at the termination of the programme.

2.3.3.1 Inclusion criteria

All participants:

- People aged over 18 and who were able to provide informed consent

Carers:

- People who self-identified as being an 'older carer' (50 years or over)
- People who self-identified as willing to work but who were not in paid employment
- People who lived in an area where *Working Potential* was available to them

Coaches and other stakeholders:

- People who were employed as coaches as part of *Working Potential*
- People who were employed by, or stakeholders to, *Working Potential*
- People who were self-employed or who could represent employer perspectives
- People who were experts by experience

Exclusion criteria:

- People who could not provide meaningful informed consent to participate
- People who were aged under 18 years of age

2.3.4 Fieldwork sites

Working Potential was implemented by three providers based in three locations across the North West of England. The use of local providers to deliver *Working Potential* created

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[14] Including employees of GMCVO, GMCA, CFAB and other staff supporting project delivery
[15] One male coach was originally recruited, but he left his post prior to data collection

opportunities for both place-based and ad-hoc engagement. One provider (herein, A), a Community Benefit Society, delivered *Working Potential* via their existing neighbourhood centre. Another provider (herein, B), a national charity providing health and social care support, delivered the programme through an existing local outreach service. A third provider (herein, C), a Social Enterprise, delivered *Working Potential* whilst making use of their prior experience in delivering enterprise start-up, recruitment and training support to a range of employers and communities.

2.3.5 Fidelity of data and analysis

Dependability, credibility, transferability and confirmability[16] of qualitative analysis were considered throughout. Credibility was strengthened by use of co-productive approaches when devising an appropriate interview schedule for carers,[17] between-method triangulation (individual and group interviews) and member-checking. *Working Potential* was limited to three locations, and so transferability was not sought explicitly; however, participants' accounts do serve to illustrate their typicality[18] and so cautious claims can begin to be made for the transferability of findings to older carers elsewhere, although anonymisation of data and disguising of locations may diminish the fidelity of findings. Confirmability was strengthened through reflexive consideration of the researcher's relationship (as academic) with participants, and dependability was strengthened through verbatim transcription, and review of the first researcher's interpretation (NC) by the second researcher (LW).

2.3.6 Ethical considerations

Participants to this research were provided with a participant information sheet and were invited to read and sign an informed consent form, as described above. The small number of participants to this research introduces a risk of de-anonymization. To protect participants, identifying details have been redacted, participants are identified by number/code only, and individual provider sites are not named. The research proposal was reviewed by the Health, Psychology and Social Care Research Ethics and Governance Committee at Manchester Metropolitan University and received approval on 17/01/2019 (reference number 5802). The

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[16] Guba and Lincoln (1989)
[17] See appendix: indicative interview questions
[18] Merriam (2009)

ethical approval is conditional on adherence to Manchester Metropolitan University's Policies, Procedures, guidance and Standard Operating procedures.[19]

2.4   Governance

Initial discussion with between the Centre for Ageing Better and Manchester Metropolitan University was held on 31/10/2018. Project live from 21/12/2018. Interim reports submitted to Centre for Ageing Better on 21/02/2019, 28/05/2019, 08/09/2019 and 29/11/2019. Final report presented 04/05/2020. Steering group meetings for *Working Potential* were attended on 12/12/2018, 13/03/2019, 12/06/2019, 11/09/2019, 11/12/2019 and 12/03/2019.

2.5   Synopsis of delivery changes

Data collection from one site was undertaken earlier than planned in order to capture data from participants nearing the end of their initial six-month engagement with *Working Potential*. Data collection from another site needed to be postponed until a later date due to them experiencing local delays in programme recruitment. Two coaches departed the programme during the period of research and replacements where subsequently recruited by providers. Coaches expressed a preference for individual and group interview, and only the Employment Engagement Officer (EEO) provided written/diary data.

Correspondence between the GMCVO Employment Engagement Officer, the Centre for Ageing Better and the Principle Investigator indicated that there was overlap between *Working Potential* work streams that risked overburdening participants. It was therefore agreed by all parties prior to ethics approval that the Employment Engagement Officer (EEO) would be engaged as a research participant in order to learn from her role in brokering engagement with employers. Research aim 3 (see 1.2.3 and 2.3.1.3) reflects this change.

2.6   Note on transcription

A simplified transcription scheme is used in this report. Participant quotes are mostly presented as spoken, in Northern vernacular English; explanatory notes have been appended where deemed necessary, some quotes have been shortened to remove material not relevant to this analysis, and conjunctions added to verbatim speech in order to aid readability.

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[19] https://www2.mmu.ac.uk/research/staff/ethics-and-governance/standard-operating-procedures/

3 The experience of older carers

3.1 Summary

i. Our research highlights the instrumental and facilitative impact for older carers of fostering and re-establishing their connectedness to others, and that early stage, community-based, individual, and group-based coaching interventions may provide useful adjuncts to pre-employment support for older carers.

ii. We discovered that carers often described themselves and their value to a future employer in terms of what they lacked. With support from coaches, carers were able to articulate possession of the kinds of cultural capital that employers seek; formal pre-employment pathways may undermine these embodied social assets.

iii. Carers described expected trajectories of later mid-life: some described this in positive terms, a time for personal and social growth, whilst for others, their anticipated loss of a caring role and the uncertainties of later mid-life made articulation of aspiration difficult.

iv. Our research identified encultured attitudes around work and the mental and political geographies of care; some carers were reluctant to seek work in places where a return journey home (to attend to care needs) was perceived to be impractical; these geographical horizons may also be shaped by the structure of the local work/employment landscape.

v. Carers held mixed views of their potential for self-employment or entrepreneurship. Whilst some carers had not considered self-employment, with the support of coaches, other carers reported how they had overcome practical and emotional barriers to self-sufficiency alongside their acquisition of specific employment-related skills.

vi. There are varying levels of identification with the title 'carer'. Some carers described how engaging with the programme had helped them to reclaim a 'personal identity'. These beliefs articulated with attitudes towards activity and ageing in later life, both positive (no longer being a carer being an opportunity) and negative (uncertainty).

vii. Carers described a range of personal and social activities and actions that they felt to be outcomes of their engagement with the programme. The scheduled ending of the programme meant that opportunities to explore sustainability of outcomes was not possible, although there is limited evidence that some carers were interested to sustain these outcomes.

viii.   Many carers explained that they held very low expectations of statutory services and formal pre-employment supports, both in terms of when and how these were provided; this begins to explain why some carers may be reluctant to re-engage with services. Relatedly, carers expressed dissatisfaction in needing to use information technologies to access guidance.

3.2   Complex lives and work readiness

3.2.1   Navigating complex lives

Many of the carers interviewed for this research described complex work and caring histories. For instance, one carer explained how she began caring for her father after she became unable to work due to her own ill-health; following her father's death, she then cared for her mother, who had been diagnosed with dementia:

Researcher:	When was the last time you were in paid employment?
Carer [C/11C]:	A long time ago, the 1990s. I was working at a food factory and I hurt my back, I had to have time off to get that sorted out. Then I was looking after my Dad when he was ill, looking after him every day [until] he passed away. Then I was caring for my Mum [who had dementia]

She described how, despite the presence of a supportive family, she had to make a choice between caring for her daughter and continuing with paid employment. She explained how she felt that her employer had not fully appreciated the complex nature of the care she was providing, and the flexibilities required:

Carer [C/11C]:	I left work because I was taking time off and I was using holiday for hospital appointments, and in the end I just said [to myself] *"Something's got to give"*, but obviously it's not going to be my daughter. So, I had to pack in [abandon] work for that reason

Carers described severe time constraints, a need for flexibility, and their constant alertness to unexpected circumstances. For some, the long-term healthcare needs of the person they care for placed burdens upon them in terms of time and home-to-work travel time, particularly when the cared-for person had multiple medical conditions requiring specialist support:

Carer [B/02C]:	I've three younger children with disabilities, and struggling with childcare, because once they reach the age of twelve, there's no childcare for children with special needs in [this town]
Carer [B/04C]:	I care for my mother, she's [over ninety] and she's got [dementia], she can't take in new information, people ring her up for appointments or to explain things, so I have to be there to do that for her. She can't get

> herself to appointments because she can't walk. So she doesn't just have [dementia], she's got countless appointments at all sorts of unexpected times to see different specialists for different illnesses

Carers perceived that employers might want flexibility or conversely that they, as carers, might place such demands upon an employer; indeed, some carers explained that they understood why an employer may be reluctant to accommodate their needs:

> Carer [B/04C]: I can't work because no employer is going to say, *"Right, yeah, you can have next Wednesday and the following Monday and the Tuesday off because your mum needs appointments"*, and you can understand it from a certain point of view, because people are in businesses to make money, and if they've got somebody who isn't caring for somebody, who can work regular hours, they're going to [employ them] over us

3.2.2 Exploring work readiness

Carers understood *Working Potential* to be more than an employability scheme, positioning themselves within the programme accordingly. Carers described their engagement with the programme as being a means by which they could reclaim for themselves an identity 'beyond' that of being a carer, with employment positioned as only a possibility:

> Carer [B/02C]: Well, I know that *Working Potential* is there to help carers to see themselves as more than carers, and get into work eventually, and help them find flexible employment and get the qualifications that they may need to get back into employment
>
> Carer [B/04C]: I agree, *[Working Potential]* is to give you ... what's the word I'm looking for? Like you're something *more* than just a carer, because that's all you see yourself as, you don't see yourself as anything else, which is hard

As such, although carers were thinking about the possibility or even the inevitability (for financial reasons) of needing to find paid employment, and had chosen to engage with *Working Potential* for this reason, this was still at some uncertain and unspecified point in the future when they were no longer carers:

> Researcher: You're definitely not thinking [about] work now, it's not possible?
>
> Carer [B/04C]: No, I'm not thinking work now, but I [also] know my mum's not going to be here forever

In contrast, some carers identified themselves to be at a stage in life where work was no longer necessarily an expectation they had of themselves, or an inevitability; as such, although initial engagement with *Working Potential* had activated curiosity in their potential for work, they were less able to articulate what they wanted to gain from the programme:

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Carer [B/03C]:	I wasn't sure to be perfectly honest, because my working life had finished, I'd retired early. I just don't know how to go about it, where do I go from here? And what do I do?

Carers engaged with *Working Potential* explained their preference for the word 'potential' and, in contrast to conventional training and employability schemes, carers perceived that *Working Potential* invited them to recognise their preconceptions and ambitions for personal development, rather than employment as an end in itself:

Researcher:	The project is called *Working Potential*. Which of those two words is the most important for people?
Carer [B/04C]:	"Potential"
Carer [B/03C]:	Yeah, "Potential"
Carer [B/02C]:	The potential to do anything … because when [Coach] said about going to college and stuff, and [I said to myself], *"I can't do that! I've not done anything like that since leaving school!"*

Many of the carers interviewed for this research did not consider that returning to their previous career, in the short term at least, to be practicable, and some articulated very clearly the nature of the barriers they might face. For instance, this carer positioned her caring role as protected, with future paid work secondary, something to be 'fitted in':

Researcher:	So, *[Working Potential]* is not necessarily to help you return to your previous chosen career?
Carer [B/02C]:	No, I couldn't do that again, [I would] have to find something which fitted around [my caring duties]. I used to work in a school […] you even have to go in during the holidays for training. So, I'm restricted with that [kind of work], I couldn't even do that

Other carers described their perceived readiness for paid employment in terms of their mental preparedness: for this carer, volunteering provided an opportunity for skills development without needing to decide to re-gain paid employment:

Carer [C/11C]:	I don't think my head's in the right place at the moment to go out and get … well, I don't want to work full-time … I think if I do want paid work, it'll be part time, but volunteering at the moment is suiting me [and if I] decide about another job I can say, *"I can use the till now"*

3.3 Engaging with the programme and sustaining participation

3.3.1 Deciding to engage

Given that many of the carers we interviewed found themselves taking responsibility for complex and irregular care situations, we asked them why they had made the choice to engage with the *Working Potential* programme. For this carer, her engagement presented her with an opportunity to meet other people with whom she shared similar experiences of being a carer, for instance, the feelings of isolation:

Researcher:	What made you think, *"This might be useful to me"?*
Carer [C/12C]:	Well, [Coach] was saying there were groups of everybody doing the same thing as I've done […] I just started chatting to them all and they've been in the same boat, similar stories, could be very tragic stories, [for example] your Mum goes into hospital, she's ill, dies, and whatever. So, it's very similar really

3.3.2 Compared with prior experiences

Carers also described how, in contrast to their prior experiences with employment support professionals, their engagement to *Working Potential* was supported by the non-transactional, humane communication styles adopted by the coaches:

Researcher:	What did [the coach] do differently in order to engage you?
Carer [B/04C]:	She *listened* to me.
Researcher:	And what was it about [the coaches], how they spoke to you?
Carer [B/04C]:	Empathy
	[…]
Carer [B/02C]:	You know that it's genuine, you know they're not just doing their job […] They're there for you.
Carer [B/03C]:	They find out about you, and the individuals that we are, *"You can do this, you can do that, and you've got that"*, it's about you. And for the first time in a long time...
Carer [B/04C]:	Somebody cared.
Carer [B/03C]:	Somebody is listening, and they're talking to you. Brilliant.
Carer [B/02C]:	Yeah. Because I didn't know what this group was about to start off with, it was just, *"see what happens when we get here"*. The help and support is brilliant, I can ask [Coach] anything …

3.3.3 Keeping going

Carers identified characteristics of the *Working Potential* project that, when compared with other forms of pre-employment support, had encouraged them to remain engaged: trust, relationality, continuity and personalisation were critical:

Researcher:	What would have stopped you *[attending Working Potential]*?
Carer [B/04C]:	If they'd decided to use a computer, [asking us to] *"Do some research, we'll give you the websites"*, instead [they were] personable, talking to you, listening to you, promising to help. There were certain situations where she said, *"Right, I will look into this for you,"* I can't remember what they were, to be honest, but then coming back to you with the information, and you knew that she'd actually looked into what you needed […] dealing with you personally and helping you personally

Critically, however, some carers recognised a degree of dependency upon the motivating influence of the coaches, and did not express confidence their newfound sociality would be maintained beyond the end of the *Working Potential* programme:

Carer [B/02C]:	I think you'd want to [carry on engaging], and you'd love the idea of saying, *"Yeah, we'll do it, we'll carry on"*. And in theory I would absolutely love to do it...
Carer [B/04C]:	But I don't think it would last long.

3.4   Explaining non-engagement

Our research observed a contrast between those carers who embraced a positive attitude towards ageing and the opportunities this might offer, and those who envisaged full-time retirement, a decline in their wellbeing, and fewer, less intense social networks. These tensions were most clearly revealed when discussing two groups that some carers felt were underrepresented on the programme, younger carers and male carers.

3.4.1   *Younger carers*

Carers who sustained their engagement with *Working Potential* were asked for their views about who might not be attracted to the programme. Some carers felt the programme's entry age (50) might serve to deter those already contemplating retirement:

| Carer [C/11C]: | I think [the entry age] could be a bit lower, I'd say about 45-ish, something like that, because I know people that [Coach] has not been able to help because of their age […] I said to someone on the bus this morning, *"I'm ready for retirement, I don't know about [doing] anything else!"* […] they're starting [the programme] at 50, and in 10 years they will be planning on their retirement |

It was not unsurprising that carers already engaged with *Working Potential*, perhaps drawing upon their own experiences, identified carers of children with disabilities as being potential beneficiaries of the programme, given the complexity and high level of dependency and the perceived benefits of peer support:

Carer [B/04C]:	But if you've got pre-school children, you'd have to pay for care to come to something like this, unless they extended this to a crèche meeting as well, where you brought your child
	[…]
Carer [B/03C]:	[In agreement] With children with disabilities under five, so they would point you in that direction, you're not going to start working or looking for anything while they're still under five.

3.4.2 Male carers

We also asked engaged carers about the presence of men in the *Working Potential*, given that most respondents to this research were female. One carer suggested that *Working Potential* had, unintentionally, become a gendered space less appealing to male carers:

Carer [B/04C]:	[Name] knows he's the only man in our group, so it must be difficult for somebody who is a male carer to join an all-female group, they will feel alienated. And he's not [alienated], he's part of the gang
Carer [B/03C]:	Yeah, he's part and parcel

This male carer described how he did not initially identify himself as a carer for his mother, despite him performing this duty both practically and emotionally. Indeed, his perception, prior to becoming a carer himself, was that caring duties were typically undertaken by women and, in the family setting, by daughters or female siblings:

Carer [C/12C]:	I think women do more caring […] there are not that many men doing caring, well there are now, [but] at the time it was very *"A man doing caring? Looking after my Mum?"*, it's a bit difficult, it's normally your sisters or your daughter who'd look after your Mum and that, but I loved my Mum, so it's like anything else it's difficult, isn't it, for a man I suppose?
Researcher:	Do you think times are changing?
Carer [C/12C]:	Of course yes, it's going a lot better now, it's opened up a bit now for more opportunities for men to do caring work now […]
Researcher:	And do you think other men [apart from you] recognise it?
Carer [C/12C]:	I think so yeah [but I] never thought about it [looking after a parent] as caring, I don't think … I never thought about it that way, [do] you know what I mean?

One male carer described how, prior to engaging with *Working Potential*, he did not consider his status as a carer as being a reason to meet with others and, despite recognising the emotional burden of caring, he felt reluctant to reveal his vulnerability to others.

Carer [C/12C]:	It's embarrassing, I suppose. Yeah it was difficult for me in the first place, they're all chatting away and I'm [thinking], *"They won't know that I'm here, not really"*
Researcher:	And you said you felt a bit embarrassed?
Carer [C/12C]:	I did, at the time. It was the first [meeting] I went to, and I said [to myself], *"Oh, it's okay"*. It's just getting there [accepting it], that was the problem.
Researcher:	So, the other men in your group, how have they found your group, is it just through word of mouth?
Carer [C/11C]:	Yeah. Well, one ... he's an older guy, he must be about seventy, but he's been enjoying coming, and I said [to him] *"It's a pity we can't get any more men in!"*
Carer [C/12C]:	Younger men [don't come], I think that's half of the problem
Researcher:	And why do you think these younger men don't want to come?
Carer [C/12C]:	Well it's still not professional caring, it's difficult, I don't know, I'm only saying this but I suppose it is really.
Researcher:	Do you think they're out there?
Carer [C/12C]:	They're out there, it's just coming forward I think, they're either scared or a bit vulnerable

3.5   Benefits as described by carers

3.5.1   Rebuilding a portfolio of skills

Not unexpectedly, the opportunity to develop practical skills was highly valued by carers; carers were keen to develop essential skills for employment, such as numeracy and information technology, but also enhanced communication skills, such as British Sign Language, seeing these as offering a potential advantage to future employment:

Carer [B/02C]:	[*Working Potential*] just changed everything […] otherwise I'd have just been sat at home, but since talking to [coach], she signed me up to my maths course, I'm doing my computer course, and I signed up for the British Sign Language as well! So, when the children get older, I will have all those extra skills to take with me into the workplace.

Carers were also concerned by the 'gaps' in their employment due to long periods of time undertaking unpaid care, and found specific skills training, such as developing a CV, to be useful. For others, *Working Potential* helped carers to not only engage with stimulating,

informal learning environments, for instance the *University of the Third Age*,[20] but also enabled carers to re-appraise their experiences and identify transferable skills for the contemporary workplace:

> Carer [B/02C]:   I've joined the University of the Third Age, I'm doing psychology now. But also talked to [the coach], and she asked me about the things I'd done in the past, and she listed all the skills, potential skills I have for employment that I never thought... 'cause I thought I've been out of work for so many years looking after my mum, nobody's [going to] want [to employ] me. And she said, *"look at all these skills that you've got!"*

However, formulating her CV as a technical exercise was not enough; she felt that with the support of *Working Potential* she felt better equipped to *explain* her lack of engagement in the workplace:

> Carer [B/02C]:   I've done my CV, so that when the time is right I can then start looking *[for employment]* … [but] explaining on your CV as well, it's [important], *"Well, what have you done over the last, say 20 years or what have you? Why haven't you been in work?"*

3.5.2   *Facilitating peer networking and mutual support via group activity*

For some carers, group activities not only allowed them to begin to overcome feelings of isolation, but also allowed them to safely and cooperatively mitigate feelings of guilt or perceived judgement of others associated with taking a 'break' from their caring duties:

> Carer [B/01C]:   It's been nice being with people who are different, obviously we might have different situations, but we're all similar. There's nobody judging you. You've heard the phrase, *"Forget about your cares"*?
>
> Carer [B/05C]:   Yes, yes [agreement]
>
> Carer [B/01C]:   It just gives you that time, doesn't it?
>
> Carer [B/05C]:   Just a bit of time away […] it's like a normality thing. If you were working, you'd go out to lunch with your friends [but] as a carer you don't tend to meet a lot of people because you haven't got the time

Carers also described how the opportunity to network with other carers had not only improved their self-confidence and provided an opportunity for self-reflection, but had also 'opened their eyes' to how others might see or hear them, and this in turn had increased their capacity to show empathy for people other than those they already care for:

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[20] UK network for older people providing informal learning, see: https://www.u3a.org.uk

Carer [C/11C]:	I've picked up like how to be a bit more understanding as well, I mean, everyone says *"I've got a problem I'll talk to [names herself]"* but I [now] have more understanding of other people's needs
Researcher:	You're already a carer, so why do you sound surprised?
Carer [C/11C]:	When people say, *"Oh where do you work?"* [and I reply,] *"Well, I'm a full-time carer"*, that's what I normally say. But then I [say], *"But it's for my daughter"*, I always seem to put that in, I think I shouldn't be [saying that]. Basically, I think it's opened my eyes a bit more, it has.

Recognising the potential impact of isolation and loneliness upon carers, mutual aid and peer support activities were initially organised by the *Working Potential* coaches; in addition to building new peer relationships, the activities also supported the development of confidence in planning and using public transport:

Coach [B/8W]:	So a lot of the carers we met straight away said they'd all like to do a bit more exercise, walking but they were isolated, didn't want to do it on their own. So we set up a walking group and at the most I think we've had 16 people attend which has been great and it's the benefit of getting outside, the fresh air, chatting to like-minded carers, having a walk. We've tried to do it in different areas in [place] too to encourage people to go to places that they might not usually go to and plan their transport there, so it's been a bit two ways there.

In addition to social activities, some coaches introduced carers to 'mindfulness' activities.[21] Carers described how these activities had helped them to mitigate feelings of being overwhelmed by complex issues (finance, finding employment), enabling them to focus and promote, for themselves, feelings of positivity:

Researcher:	Mindfulness training?
Carer [B/05C]:	[To] make me feel better and to be more positive, and because my head's full of all this rubbish! Well not always rubbish, but I need a job, I've no money … my head's so full of all that, that I forget to do the mindfulness, and I'm like, *"Oh, for God's sake"!*

3.5.3 *Applying skills to new groups and voluntary work*

Earlier it was identified that whilst some carers were not ready for work, they were keen to help in the support and development of others through volunteering. Whilst such altruism was not, for most, their primary motivation for joining *Working Potential*, they understood that the programme offered a new opportunity to 'care' for others:

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[21] See: https://www.nhs.uk/conditions/stress-anxiety-depression/mindfulness/

Researcher:	When you were thinking about [joining the programme], were you thinking [that] you've got something to help other people?
Carer [C/12C]:	Well I never thought about that, but then I thought *"Yeah, it's a similar type of thing"* [to caring], so I could help other people, other ladies and other men in the same boat, just saying *"You've been there?"* and *"Yeah, terrible, I know how you feel"*

This caring, empathetic attitude also meant that his volunteering work exceeded the provision of rudimentary skills 'training' for carers, but – by virtue of his own experiences – served to safeguard those in more vulnerable positions:

Researcher:	Is this paid work or voluntary work?
Carer [C/12C]:	Voluntary work, I could get a job at the end of it, it's looking after people in their own home. [I] switch the computer on, show them emails, going online safely then they're not going to get ripped off … it's basic stuff, really, but it's nice.

Another carer described how, recognising a lack of local support for people becoming 'former carers', she set up her own support network, with the aim of sustaining this following the cessation of *Working Potential*:

Carer [C/11C]:	There's nothing out there for former carers, I've done research, we've gone to a carer's centre [and] once you've ceased being a carer after twelve months they basically say *"You're not welcome any more"*, and that's the way they say it as well!
	So I had a word with [coach] and she said, *"There's a market out there for former carers"* […] and so I did some research on Facebook [and in the local] shops, *"What do you think about if I start this group up?"*, and people said *"Aye [yes] it's a brilliant idea"*, so I started this group up, and it's doing really good!

3.5.4   *Developing as a carer champion to support peers*

One of the providers deployed a *champion* model of working. Carer champions were either employed (paid by the provider) or acted in a volunteering capacity. Care champions performed engagement and outreach work in local cafés, carers groups, local shopping centres, and worked with the coaches to support other carers.

Coach [A/2W]:	[Carer] was very employable, but she didn't have the confidence or the ability herself, she had skills on paper but obviously she'd been out of the game for a while because she was caring for [family member]. So, we engaged and trained [her] to become a community champion where she would then go out and engage other carers and provide support, adult support. Obviously, following that, it gave her the confidence and

> then we helped her apply for jobs, upskilled her CV, and she's now working as a [community support worker]

Champions described how this role helped them to support others: care champions were selected because they already possessed local knowledge (resources and volunteering opportunities), in addition to their own expertise, both professionally (via a previous career), or by virtue of their experience of being an unpaid caregiver.

This carer champion describes how becoming a carer champion was serendipitous: she had been looking for support and guidance for herself, but doing so had provided her with an opportunity to reflect on her experience, using this learning to help others:

> Carer [A/8C]: I think I went really, selfishly, for support for me but [*laughs*] it didn't turn out like that in the end, because I ended up supporting others … and I do know what it's like to feel lost and not supported because I've [been a carer] for a long time

Critically, when volunteering to help other carers as part of the *Working Potential* programme, champions did not want to become burdened by administrative tasks, [22] feeling that their primary role, irrespective of any prior professional experience, was to provide support and guidance to carers. This carer champion describes how she resisted the administrative aspects of volunteering, initially withdrawing from the carer champion role before, following encouragement from the coach, she decided to return:

> Researcher: You stepped out of the champion role because it was quite administrative?
>
> Carer [A/8C]: It was, but they've reduced it now, and I didn't mind doing some, but I didn't want to do [administrative tasks] […] I didn't feel comfortable doing that. To me, that isn't volunteering, do you know what I mean?

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[22] As part of the formal evaluation of *Working Potential*, carers completed questionnaires on a regular basis; these were referred to by some carers as 'admin' or 'assessments'

4 The experience of coaches

4.1 Summary

i. The interpersonal skills of the coaches were instrumental to engagement. Carers described how the tone and style of their initial encounter with the coaches was critical to their decision to sustain contact. Coaches acknowledged 'learned dissatisfaction', helping to ameliorate carers reluctance to engage with support.

ii. *Working Potential* coaches had relatively small caseloads (compared with statutory providers) and a large degree of discretion in terms of how they operated. The role of the coach requires people who are equipped to operate outside the traditional employability paradigm: coaches made good use of a diverse range of prior experiences and expertise.

iii. Referral of suitable carers was initially slow. Coaches mobilised their existing networks and utilised local knowledge to create opportunities for carers to engage. One provider struggled to engage with local carer networks. The (limited) evidence suggests this was partly due to a lack of strong historical and collegial links at the outset of the project.

iv. Our findings reveal the value of 'emotion work' as part of a coaching interaction for older carers in pre-employability support. Coaches were also able to identify safe limits to the emotional work they undertook with carers, and described circumstances (for instance, bereavement support) where they supported carers to self-refer to appropriate services.

v. Coaches reported how they had supported carers to engage with formal programmes of study (for instance, numeracy). Coaches also reported how they had supported carers to engage with specific professional qualifications, some of which provided essential pre-enablement for volunteering, whilst others enabled self-employment.

vi. Coaching nurtured volunteering, which acted not only as a pathway to entrepreneurship, but also as a community asset. Some coaches were able to make use of their business links and technical knowledge of self-employment in order to raise carers' awareness of sources of local community funding and provided carers with guidance for grant applications.

vii. Our research also began to explore one provider's use of a 'champion' engagement model, whereby former carers were employed (by the provider) or acted in a

volunteering capacity in order to identify, engage and support older carers in their local communities.

4.2 Who becomes a coach?

One of the aims of the *Working Potential* programme was to discover the best way to support older carers towards exploring future employment opportunities in preparation for returning to work either on a full or part time basis. To support this aim, all three programme providers employed '*Working Potential* coaches'. Coaches intervened during a pre-contemplative period where the vocational aspirations of carers were less well articulated, where the physical and emotional burden of unpaid caring was high, and carers' expectations of their employment potential blunted by prior experiences or perceptions. As such, the qualities and skills that people brought to the role of *Working Potential* coaches appeared to be essential to the success of the programme. Coaches were from diverse vocational backgrounds and worked for a range of different provider types and their approaches to their *Working Potential* roles reflected not only their individual skills and experiences, but also the mission and philosophy of their employing organisation.

4.2.1 Transferable skills and expertise

One coach described her experience of managing a community enterprise, something that she felt provided her with a range of skills and 'industry insights', particularly in relation to human resources (HR) and employment law:

> Coach [B/8W]: So, and actually as part of our business as *'Jack of All Trades'*, my background's HR and so I help small businesses with all the HR procedures

Whilst coaches' work histories are unique, most have in common some form of community involvement or community development combined with either business administration, human resource management or employability:

> Coach [B/8W]: [My] background is in advice and guidance, and employment support. So, when the [programme was advertised] we applied for the funding and we were successful

Some of the coaches also brought with them significant leadership or management experience gained in other community-based roles, and they support the *Working Potential* coaches alongside a wider portfolio of responsibilities:

> Coach [B/9W]: I've got a background of working in community regeneration, so I applied for the Manager for this position, but then got another job as a Manager with a wider remit, so it's not just this project that I manage

Although knowledge and skills gained from previous employment was deemed important, affective qualities and skills (e.g. creativity and adaptability) were also considered valuable; some of the coaches were keen to emphasise how this skill set differed from that demanded within traditional employment programmes:

> Coach [B/8W]: When you get the brief of [*Working Potential*], it seems very employment-based, but when you meet the carers and speak about what they'd like and what would help them move forward […] we've just played it by ear and developed as we've gone along

4.2.2 *Rapport and relationship skills*

Coaches explained that creating an ongoing and supportive relationship with carers is instrumental in overcoming the cynicism or negative prior experiences that people may possess about 'employability' schemes. The activist, interactive approach they took stood in contrast to traditional, transactional employment advisor roles:

> Coach [A/2W]: You need the 'people skills' to be able to probe [carers] because […] at first people might not be too willing because they think there's an alternative motive to why you are asking this question […]*Working Potential* […] is reliant on the effectiveness of the coaches, really, isn't it? Because they're the ones who are building the relationships

Coaches also appeared to practise sophisticated forms of questioning that respected not only the emotionality of a situation, but also of other forms of diversity, such as the potential requirement to coach someone with a learning disability:

> Coach [C/5W]: We're all used to asking questions
>
> Coach [A/2W]: And *difficult* questions! […] my background's in disabilities, so if I was speaking to someone with a learning disability I'd have to really, really break that down […] and that's the same with the carers, they're all individualised, you have different relationships with different carers

Coaches consistently described their actions in strongly person-centred, individualising phrases ('bespoke', 'tailoring') and explained how they encouraged carers to be self-reflective on their own performance, rather than judging them:

> Coach [A/2W]: We know how they [carers] work and how they operate, and how they react to what it is that we do with them, so we tailor everything to be bespoke to that individual's need

Coach [C/5W]:	If you had a really good relationship, erm, with your person, you could just ask all of that in just one question, *'Right, OK [name], what do you think we've done?'*
Coach [A/2W]:	There's no way you can go straight in with [actively promoting] a job, 'cos straight away you've scared them to death and actually it's about going in with different light touches just to build the trust and rapport and obviously then you'll develop that relationship

Carers recognise this, reflecting on how the individualised approach of *Working Potential* stands in contrast to their prior contact with statutory services which, for some carers, had been a negative and somewhat depersonalising experience:

Carer [B/01C]:	[The Job Centre is] not always the best place to go … I think some of the [advisors] could do with going on courses!
	[…]
Carer [B/05C]:	Yes, I *hate* the Job Centre!
Carer [B/01C]:	Yes, I feel demoralised […] it's not necessarily them [employment advisors], don't get me wrong, I just feel demoralised. You're not a person, you're just a number which happens in every walk of life, or lots of walks of life, you're just another number
Carer [B/05C]:	You're not treated as an individual, are you?
Carer [B/01C]:	When I went to [the] Job Centre the first time before my daughter got worse, when I came out of work redundant, I [said to them], *"You don't know me but …"*, I feel like I have to justify myself

Interpersonal skills were also deemed important by the coaches, and all of them described their use of complex interpersonal interventions. This coach describes her role as requiring some of the skills (and boundaries) of a counselling relationship in order to facilitate discussion about employment aspirations in a non-directive manner:

Researcher:	What kind of skills do you think that you're bringing to the role?
Coach [B/8W]:	Well, initially the employment advice and guidance background that I had, but I think as it's gone on, it's become about personality [and] being empathetic. It's almost like a counselling role sometimes, some of them just made an appointment to offload, because it might be the only appointment they have that week where they're getting a bit of time to talk about them. So we'll talk about their future plans with training, volunteering, preparing for employment, but then also, not a friendship, because obviously you have to be arm's length because you don't want to get attached, but just a listening ear sometimes

A philosophy of empowerment and development also appears important: creating 'space' for people to develop appears to be a cornerstone of the *Working Potential* relationship. This

coach describes the transferability of the community development ethos and skill set into her *Working Potential* coaching role:

> Coach [B/9W]: I was a community development officer for eight years before getting this post, and obviously that's all about, you know, empowering people and giving them the skills and stuff, and I think there's a lot of crossover with […] community development stuff, like with [name] setting up her own sewing group, you've supported her do it, but you're not leading on it for her […] it's creating a space for people

Working Potential coaches also need to be adept at managing and making the most of the continuity in relationships that the project involves. This continuity not only allows coaches to foster relationships of trust, but also permits them the time and emotional 'room' to scaffold the practical and sensitive experiences of carers:

> Coach [B/9W]: Having that one to one interaction with someone, how they're coping and how they're…about the body language
>
> Coach [B/8W]: Yeah, we see them fortnightly […] you can see changes in their mood
>
> Coach [B/9W]: The fact that you've got the same person […] they're not seeing different people […] you've got that same 'one to one'

4.3 Local delivery and programme referral

The use of local providers to deliver *Working Potential* created opportunities for both place-based and *ad-hoc* engagement. One provider, a Community Benefit Society,[23] delivered *Working Potential* via their existing neighbourhood centre. Another provider, a national charity providing health and social care support, delivered the programme through an existing local outreach service. A third provider, a Social Enterprise, delivered *Working Potential* whilst making use of their prior experience in delivering enterprise start-up, recruitment and training support to a range of employers and communities.

4.3.1 Initial recruitment

Referral of carers onto *Working Potential* was initially slow. Each provider attempted to make use of their existing networks and local knowledge to create opportunities for people to engage with the project. Based within a local community centre, this coach described a systematic exploration of the networks already available to her:

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[23] The UK's Co-operative and Community Benefit Societies Act 2014 permits Community Benefit Societies to be established to undertake business or trade for the benefit of a community.

> Couch [B/8W]: We've visited every carer's group, every over 50s group, every over 50s provider, GP surgeries, adult services, word of mouth, any community group going, so we got referrals in from quite a lot of them.

One coach explained how recruitment to the programme occasionally made use of local, ad-hoc contacts, 'word of mouth' and community locations:

> Coach [A/7W]: [Carer] just was lonely, moved into the area in the winter, didn't know anybody, not seen anybody and was going stir crazy. I accidentally bumped into her in [supermarket] café, so she looks after her daughter who is [over 50] with learning difficulties. So that was quite a chance meeting that one

Another coach described inertia when attempting to engage with statutory social care providers, a delay that sometimes proved problematic given the time-limited scope of the *Working Potential* project. The success of these contacts was sometimes tenuous, reliant upon a single, named contact, requiring persistence until a relationship was established:

> Coach [A/7W]: Adult [social] services have really brought into it now, at the last minute [humorously], *"We've been battering your door down for the last 12 months, why have you not responded?"*
>
> Researcher: So, what did you do in order to enable that to happen?
>
> Coach [A/7W]: I managed to get a response from [social services contact] and I went to meet her […] and then she moved jobs! I thought *"Oh no!"*, I'm back to the beginning. But, in the meantime I'd been invited to one team meeting […] so, I supported them as much as I could, then referrals started dripping through

4.3.2   Avoiding over-burdening carers

Coaches described how, during their initial engagement with carers, they remained mindful to not over-burden the initial encounter. They achieved this by not seeking a verbal commitment at the first meeting, and by rationalising the use of essential programme documentation. Coaches described this as 'not pushing', contrasting the latitude they felt was afforded to them within the *Working Potential* programme with the target-based approaches taken by providers providing statutory employment supports:

> Coach [A/7W]: I explain [to carers] "No, we're not pushing, we're not here to make you do anything that you don't want to do."
>
> […]

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> Coach [C/10W]: [*Working Potential* evaluation questionnaires], they're not ideal for the first meeting, are they? You want to find out who they are, where they've come from, what they want to do, before you start saying, *"Do you feel like…?"*
>
> Coach [A/7W]: Yes, just that. You're building that first visit, and then we go from there

Reflecting the experience of carers, coaches described how, during their initial engagement, they needed to remain mindful of the often-negative perceptions that some carers held about employability programmes:

> Coach [A/2W]: But [statutory provider], they're target driven, so [finding] jobs, that's it, they're not interested in anything else…
>
> […]
>
> Coach [C/12W]: It's like a cattle market when you walk in there, everyone is treated like a number not a person
>
> […]
>
> Coach [A/7W]: A lot of these people have already had the negative experiences, they've gone round and round […] the [statutory] work programmes
>
> Coach [A/13W]: Especially if they're carers now [but now] they have to get a job
>
> […]
>
> Coach [A/7W]: Yes, people in and then out, it's just not going to work with these individuals because they need that hand holding. They need someone to understand and spend time with them.

4.3.3 *Supporting mental and spiritual wellbeing as part of engagement*

Coaches were attuned to the mental and spiritual wellbeing of carers, seeing this as being instrumental to sustaining their engagement with *Working Potential* and, moreover, being able to support carers to focus upon skills development and their future employability.

> Coach [B/8W]: We're planning on doing a mindfulness session for all the carers as well because a lot of them said that they can't really focus, so we're going to put on a maybe yoga/mindfulness group as well as the walks

Coaches recognised, however, the limits to the kinds of support they could offer and, where a need arose that exceeding their remit or competency, such as counselling or mental health support, they made appropriate referrals to other agencies:

> Coach [A/7W]: We've got a couple [of carers] who have gone to therapy actually, so there's a few of them who have taken up counselling, yes.
>
> Researcher: So they're receiving counselling?

Coach [A/7W]:	They are, yes and [carer] he's got in touch with [centre], he's hooked up with them, and it's brought him on in leaps and bounds

4.3.4 Overcoming local resistance

One provider struggled to engage with established local carer networks, partly due to their lack of strong local connections at the outset of the project and, as 'newcomers', perhaps as an effect of an ongoing local government initiative designed to foster tighter relationships between local public sector, citizens, community groups and businesses. Coaches described how their initial contact with one well-established carer's group aroused suspicion:

Coach [C/5W]:	It's been hard work building a relationship with [existing local group]. I don't know if that's because they've seen us as competition instead of complementing their service, but we have tried to change the relationship […] it's brought down a couple of barriers, but we're still not there with them.
Researcher:	When you say 'competition' …?
Coach [C/5W]:	I don't know […] When I very first met a lady from the [existing local group] she asked, *"What's the bigger picture of you doing this?"* […] I think she was thinking, long-term, maybe we're going to try and take over her centre
Coach [C/10W]:	Yeah, that's it, because [in this town] everybody says, *"Oh, [this town] will need carers"*. Now we're doing a little bit of the same thing [and] I don't think [some existing groups] like it because they've held that title for years and years, haven't they?
Researcher:	They're aware that you're building bridges with them?
Coach [C/5W]:	Yeah.
Coach [C/10W]:	Yeah, I think so
Coach [C/5W]:	Nine months down the line we have a fabulous relationship with them, but that's been through change as well, wasn't it?

4.4 Coaches' interventions

4.4.1 Facilitating access to formal programmes of study

Coaches explained how they would raise carers' awareness of education or training opportunities, such as the Open University, or training programmes to equip carers with specific professional qualifications:

Coach [A/7W]:	We've got [carer] who's gone on his IT course with Open University, we've signposted a few of them to Open University. [Another carer],

> her husband has his own business, so she's now decided she wants to try and do the books for him. So, we've signposted her to Open University, she's [now] doing an AAT course [24]

Other carers, however, lacked the essential qualifications required for employment, such as awards for numeracy and literacy, whilst others required specific vocational courses, such as safeguarding training or enhanced driving skills:

> Coach [B/8W]: Some people are doing their GCSEs who never did them the first time round. We've got people doing free Open University courses which are brilliant because can do them at home and pick them up whenever they've got a bit of spare time […] safeguarding training and then a few job-specific ones [such as] a warehouse course, a driving course.

4.4.2   Supplementing and sustaining skills development

Coaches described how they played a role in supplementing and sustaining learning gained elsewhere, for instance IT skills. In doing this, they were able to support carers' independence, consolidate learning, and so lessen the risk of these skills being lost:

> Coach [A/7W]: We found some carers that needed some and I wanted to follow up, they'd done a tech IT courses and they'd come home with these tablets or laptops and then they couldn't remember what had happened in the courses […] we were able to provide one to one support […] on a weekly basis […] we set [carer] the first challenge, which was to e-mail me, and at least she could do that, so that was great!

4.4.3   Facilitate volunteering and entrepreneurship

All *Working Potential* providers identified volunteering as a means by which carers could regain social confidence, and as a potential pathway to employment. A wide range of activities were undertaken, as this coach from a Community Benefit Society describes:

> Coach [B/8W]: We've got a lot of the carer's are volunteering, we've got one woman who is now delivering sewing group twice a week to people on a housing estate in [town] and she's been inundated […] she's got forty attendees […] We've got somebody volunteering dog walking, a couple with Age UK, a stroke group, a minibus driver driving young children to school. Two carers who've got disabled children are now volunteering with a young parents' support group

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[24] Association of Accounting Technician

One provider, a Social Enterprise, felt equipped to support carers to establish small businesses and, making use of their local network and funding insights, was able to provide very early technical guidance to support this:

Coach [A/7W]:	[Carer] gave up her job, but she just wants to do Chinese cookery workshops, so we're hoping to find some funding for her
	[…]
Researcher:	So, your input is…?
Coach [A/7W]:	To find the community funding for her and support her through setting up her own workshops
Researcher:	[So the] outcome for her is the cookery school, cookery workshops, but your input is actually technical support?
Coach [A/7W]:	I think first of all she had this lightbulb moment, and I think first of all [I] was saying, *"Oh, actually, yes, that could actually happen!"*
	[…]
	It was a lightbulb moment, [she said] "What I'd really like to do is…", and we said, "Well, actually, why can't you do that? Let's look at that, let's look at the options…"
	[…]
Coach [A/2W]:	We go and 'grant find' [identify sources for funding] [and] we also speak to [local authority] because they always have little pots as well

4.5 Adapting and developing the programme

4.5.1 *Changing the language used with potential participants*

Working Potential providers discovered that the word 'working' in the title '*Working Potential*' served to deter potential carers from engaging with the programme. Providers have changed the language they use to describe *Working Potential* in way that emphasises both skills development and self-development:

Coach [B/8W]:	No, we call it *preparing for employment*, so we create a CV if they're in a place [state of readiness] where they want a CV, we ask them if there's any training they think they need to get back to work, or just training personally that they'd like to do […] so we've said it's about having a bit of time for you, whether that's working, doing a course, doing something for fun, or joining a craft group, just something for them as a person. And *[to colleague]* I think that's sold it, hasn't it?

This approach contrasts with what providers believe to be the approach of statutory providers who, they feel, are more concerned with the meeting of targets or enforcing engagement with paid employment:

> Coach [B/8W]: And I think being from [this provider], and some of the successes with projects we'd had already, people recognise where we're from and they trust it, and they know we're not DWP [Department of Work and Pensions] or anyone going to force them [carers] into work.
>
> Coach [B/9W]: It's about just building self-esteem and confidence and accessing stuff in the community for themselves.

These approaches speak to a broader set of values and principles, which, providers expressed, set their approach apart from statutory services:

> Coach [B/8W]: [carers] do enough as it is […] we're not pushing, we're helping to recognise potential and encourage [carers] if that's something they want to do, but we're not here to force anybody into employment

4.5.2 Changing or adapting their marketing materials

Working Potential providers clearly understand the need to comply with the over-arching communication guidelines of the *Working Potential* project. However, they also felt that the use of the word 'Working' served to deter engagement, and all providers made subtle and creative changes in response:

> Coach [B/8W]: At first [we] made all our marketing material based on the brief from the [funders], and *[to colleague]* a lot of that wasn't successful, was it?
>
> Coach [B/9W]: We even changed our promotional material … I believe the other areas had to make the "Working" 'bit' smaller […] they've changed theirs six times [so] we thought it would be an opportunity [for us] to…
>
> Coach [B/8W]: [finishes colleague's sentence] Re-brand

5 The experience of employer engagement

5.1 Summary

i. Carers perceived a range of barriers to employment, including a lack of up-to-date qualifications, the potential burden they might place upon an employer, employers' preference for younger workers, their reluctance to ask for help, not wanting to disappoint colleagues, and the need to explain gaps in their employment record.

ii. Employment Engagement Officers formed an understanding that larger employers were more able to flexibility to carers by virtue of having a larger pool of staff and who they were able mobilise into different roles. However, task differentiation and highly specialised roles may mitigate against flexible working.

iii. Employment Engagement Officers described how smaller employers may have a more intimate knowledge of the employee and their value to the organisation; having a clearer understanding of the 'value' of older carers may incentivise workplace flexibility, particularly for older carers who may possess a range of transferable skills.

5.2 Perceived barriers to employment

The research with coaches and carers also aimed to explore their perceptions and experiences of employers and employment. Although *Working Potential* was not an 'employment' programme, it did aim to support older carers to explore employment opportunities and possibilities. To this end, *Working Potential* coaches developed relationships with employers in order (for instance) to provide volunteering opportunities for carers and to sustain their understanding of opportunities in the local and regional environment. At the same time, coaches use this knowledge (and their skills) to help develop carers' work readiness and overcome barriers to employment (or employability) as perceived by carers.

Coaches recognised that prior to gaining employability skills, carers – who are often heavily invested in meeting the needs of other people – may need to manage beliefs around themselves and their own potential:

> Coach [C/10W] Yeah, some people are very far away from employment, aren't they? The current responsibilities have usually taken over their lives. It's about getting them to recognise they're a person themselves.
>
> Coach [C/12W] Yeah, other than a carer

Carers recognised this, too. Here, two carers explained that, in combination, their lack of (formal) qualifications and the complexity of their lives as unpaid care-givers may have created an opportunity for employers to view them more negatively than younger applicants, whom they perceive to be unburdened by involuntary caring responsibilities. Moreover, as older carers, they perceive that employers may choose to employ younger job seekers as wage costs may be significantly lower.[25] These carers described themselves as possessing 'baggage', a pejorative cover term for the more complex lives that arise from being a carer:

Carer [B/02C]	And it seems that at our age as well, you have to work a lot harder to have qualifications, because why would an employee take you on if you've got all these other issues going on, when they can take somebody on who's 18?
Carer [B/03C]	Who doesn't have any of that …
Carer [B/02C]	Who's [a] cheaper wage
Carer [B/03C]	Who's cheaper to pay
Carer [B/02C]	And they've got no baggage […] so you are fighting everyone

Another carer reflected on her prior employment experience and described her negative experience of requesting flexibility:

Researcher:	Do you think things might be different today?
Carer [C/11C]:	I think they might be now 'cause of people I've spoken to and they've said "*They* [employers] *can't do that anymore*".
Researcher:	And do you think at the time they could have made things easier for you?
Carer [C/11C]:	Yes I think they could have done, they could have just said "well if you can't come in at that time on that day what if you come in later, or come in tomorrow on your day off, just swap your days off" but no, they weren't flexible at all.

Carers did not wish to find themselves in a position where they may 'let others down', either because of medical appointments, or unforeseen care needs. Moreover, they did not want to be seen to be needing or asking for additional 'help':

Carer [B/02C]	[The person I care for] has a bowel condition, so he could wake up during the night and have an accident […] so I would then have to message [my employer] and say, 'Unfortunately I can't come in work

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[25] For 2019/20, the UK minimum wage for a person aged 25 or over is £8.21/hr, compared with £6.15/hr (ages 18-20) and £7.70/hr (ages 21-24). Source: Money Advice Service (2/9/19)

	today'. I don't like letting people down, which is another thing, or the other thing is actually asking people for help, which is another issue.
Carer [B/03C]	It's finding that as well, it's finding the right help at the right time. So by the time you've maybe spoken to a doctor who will then transfer you to a triage nurse, or whoever, by this time it's getting worse, the situation is worse. You end up then taking them to A&E or an emergency doctor, you've lost so much time, so much... and then you have to care for them as well, get them there, get them back, it can be a nightmare, it can be a nightmare finding the right...

Reflecting this, coaches explained that some carers are reluctant to tell employers that they are carers, for fear of this being seen negatively. Others explained that the response from employers can even be inconsistent within the same organisation:

Coach [C/5W]	One of the questions I ask [carers] is that if they were going for a job, what would they say to the employer? And [they] said that they wouldn't mention the words 'caring responsibilities'
Coach [A/2W]	Which is terrible, isn't it?
Coach [C/5W]	And that's the first thing that they said that they wouldn't say that they were a carer. And then I asked them about experiences of employment, and […] it was all [dependent] on the manager. One manager wouldn't give her time off when her father was having a heart attack [whereas] the other manager said 'just go now, you're Dad's ill'

Carers wanted to be seen to be enthusiastic, motivated employees, but need to reconcile this desire with the practical, temporal and financial demands that their caring roles place upon them (and, for some, their own health). Carers expressed a wish to be able to pro-actively identify and resolve barriers to sustained employment – to be honest and upfront about their needs as a carer – but a fear persisted for some that they would be labelled as 'lazy' or unwilling to work. Some carers found this frustrating and emotionally challenging:

Carer [B/05C]	Because I need a job working where I can fit it in school times, say for instance, it is difficult to get that. But it's so difficult - I don't drive, is it near enough, will I have to pay a lot of bus fares? I can't walk far, because I've got arthritis in my feet, sometimes I'm not so bad and sometimes I'm alright, you know. And then, like I said if you get a job, you might not be entitled [to state benefits] and you'll have to pay more of that. My head is absolutely battered because I think, how do you put this point across without making it look like I don't want to work?
	[…]
Carer [B/01C]	Yes, so it's just a case of just trying to fit everything in and keep myself sane, 'cause sometimes I don't think you feel sane. At the time, you're just thinking, "so much going on". I think when you're talking to people

	who haven't a clue about caring, they just think you're lazy, or 'oh is she not at work'? Well actually, I do work, but I don't get paid for what the hours I should do and that is one of the hardest things, money is a major thing. I know we've got benefits and it sounds nice, but there's lots of things. If you earn your money… I've earned money and I know what it's like, it's a nice feeling thinking that I put that effort in, and I get the money back, and I think that's for your self-worth isn't it as well, I think that's the difference?
Carer [B/05C]	Yeah that's true, that's definitely true.
Carer [B/01C]	I don't like having handouts off people, I don't find it easy accepting money off people. I'm more of a giver, I'd rather give and that's just how I am

Not being able to explain gaps in their CV (i.e. periods when they were not in paid employment) was also an issue for carers; for some, this documentary 'absence' mirrored the lack of legitimacy they felt was accorded to unpaid care work and, in a more abstract sense, their perceived lack of identity as a carer:

Carer [B/02C]	'Cause that's it, explaining on your CV as well, it's like: well, what have you done over the last, say 20 years or what have you? Why haven't you been in work?
Carer [B/04C]	Yeah *[agreement]*
Researcher	'Cause you say you didn't have a name?
Carer [B/03C]	You don't. You're just 'somebody'
Carer [B/04C]	Yeah *[agreement]*
Carer [B/03C]	Yeah, you're 'just' somebody's mum
Carer [B/04C]	Yeah, somebody's carer, somebody's mum, yeah.
Carer [B/03C]	At school: this is [child's] mum, that's how you're introduced, you're not introduced as yourself […] you forget who you are.

Carers were asked if they had considered self-employment to overcome some of the challenges of asking for, and being offered, flexible ways of working. For some carers this was perceived as problematic: working 'around the clock', distractions at home, the perceived financial risk, all juxtaposed against an already-complex care-life balance and the need to develop funding:

Researcher	Self- employment, is that something you've considered, like your own business, or something like that?
Carer [B/04C]	It frightens me.

Carer [B/02C]	Again, I don't think that would work, because you would have to... rather than making the effort to go out to work, you'd be at home, so other things are there to distract you.
Carer [B/03C]	Yeah.
Carer [B/04C]	And self-employed people tend to work longer hours.
Carer [B/02C]	Yeah. And fitting it in...
Carer [B/04C]	And it's riskier.
Carer [B/03C]	Initially putting that together, putting a business together, funding it
Carer [B/04C]	Yeah, when you're that busy caring.

5.3 Employer engagement (EEO and Coach perspective)

One of the principal aims of the *Working Potential* programme was to discover the best way to support older carers towards exploring future employment opportunities in preparation for returning to work either on a full or part time basis. To support this aim, GMCVO employed an Employer Engagement Officer (EEO). Broadly, the EEO role was concerned with understanding how employment can be made 'age friendly' and how barriers to employment might be overcome. The EEO role was undertaken by two people in succession, and evolved throughout the project, reflecting the emergent and learning approach of *Working Potential*.

5.3.1 Employer flexibility

5.3.1.1 Larger and smaller employers

Employment Engagement Officers (EEOs) identified the different factors that influence the extent to which employers of different sizes can respond to the needs and expectations of older employees with caring responsibilities. Not unexpectedly, larger employers were understood to be able to offer flexibility by virtue of having a larger pool of staff to draw upon to 'cover' caring duties of their colleagues:

EEO [G/04W]	I've managed to interview businesses of different sizes within the same sector [and] what I'm finding is that smaller businesses have similar constraints in that if they need somebody to be at a particular place at a particular time, then that's going to be a constraint. But, with larger businesses they've usually got more people that are able to cover that, so it perhaps is a little bit less of an issue

Larger employers may have more established processes to support their adherence to equality legislation, human resource 'best practice' and, moreover, they may also have greater awareness of and sensitivity to the reputational damage that may result from perceived

unfairness to their employees. Somewhat ironically, all of these may mitigate against the particular kind of flexibility required by carers.

EEO [G/04W]	Whilst larger organisations may like to do that, they may be restricted by their HR [human resource] policies, and it would be seen as favouritism to give that person special dispensation, so in some respects smaller organisations can be more flexible

Both the Employment Engagement Officers and Project Coaches identified that the converse may be true for smaller employers. Not only may smaller employers have fewer rigid administrative structures, but they may also enjoy a closer personal relationship with the employee, helping them to understand and appreciate and value their individual contribution to the workplace.

EEO [G/04W]	Larger businesses can afford to allow carers to go off sick or to care for people when they need to, smaller organisations can be a lot more flexible because they don't have to work around the rigid structures of larger organisations, and they're particularly more flexible with carers who they consider to be of great value to the organisation
	[…]
	So if they feel that somebody is a really good employee, then a lot of smaller organisations will actually do as much as they can, [for instance] shift around to be more accommodating for their staff

Larger employers may be able to withstand the cost of introducing flexibilities such as paid sick leave or processes for supporting unexpected short-term absences for caring duties or home emergencies. Moreover, in some industries, larger employers may have a standing resource of workers to buffer them against short term absences or flexibility requests.

Smaller employers may be more flexible: whilst they are still subject to employment law and equalities legislation, the lack of complex human resource management structures and processes may mean that smaller employers can be more flexible. Conversely, however, smaller employers may not offer a clear and coherent approach to carers:

Coach [A/2W]	[Smaller employers are] completely different because they probably wouldn't have current practices and strategies or any kind of 'how to support carers' into the workplace, no kind of toolkit …

5.3.2 Organisational cultures

Employment Engagement Officers also experienced a culture of defensiveness amongst some large (public sector) employers which disallowed critical or creative discussion about flexible

working opportunities. Here, for instance, while some larger public sector organisations do appear to understand the needs of people with caring responsibilities, others may be reluctant to acknowledge deficiencies in what they do:

> EEO [G/04W]   What they [national public sector employer] were saying was that on the whole their policy suggests that they should be flexible and that they should be allowing people carer's leave [and] special leave to support the loved one rather than having to take out of either sick time or their own holiday to care […] [However,] when I spoke to different people within [the same organisation] I found was there was definitely an air of defensiveness, I think, and I don't know if that was because of the way […] I asked the questions [about employability for older people] that made them feel it was an attack, or whether they just felt that they weren't doing the 'right thing' and therefore were on the defensive…

The very presence of institutional policy and a perceived 'pressure' to be seen to be compliant with sensitive issues (such as workplace equality and diversity and a developing interest in work/life balance) may gloss over inconsistencies within HR and leadership practice across a large organisation:

> EEO [G/04W]   What [HR manager] did say was that *"people are human"* and some managers are better at this than others, which indicates that there is definitely a training issue and this is something we know about. Often when there is a carer policy it isn't applied consistently throughout an organisation, and that's definitely been backed up by what I've heard; and again when I've been speaking to [named employers], they do operate flexible working […] carer leave, and things like that.

5.3.3   Carer champions in the workplace (carer voice)

Finding opportunities for the voice of the carer to be heard by employers (here, in the form of a carer champion) was understood to be instrumental in the raising of employer awareness of the needs of carers. Again, there was recognition that the challenges are different for larger and smaller organisations. Training and creativity were proffered as solutions:

> EEO [G/04W]   I think perhaps having carer champions within an organisation would help mitigate that, or even having a representative that could come in, I mean admittedly for smaller organisations that's a little bit difficult, but it makes training much easier in a smaller organisation because there is often only the business owner and maybe one other person in the smaller organisations that you need to target to make clear to them that these are the different things that you can do.

The Employment Engagement Officer's work with an employer (national supermarket) resulted in the instigation of a 'carer's network' within a specific location.

EEO [G/04W]	So having carer champions is what they need and when I spoke to [supermarket employer], they are - off the back of my interview - now introducing carer champions into the organisation, they're also going to try having a carer's network and the feedback from staff when it was put to them about whether they wanted it was very positive, a lot of the staff at the [supermarket employer] in [Town] are carers themselves, and it's known that a lot of the staff have caring responsibilities, whether that be for children, for grandchildren, but also partners and family members […]

5.3.4   Initial engagement with employers

The Employment Engagement Officer (EEO) noted the time-consuming nature of employer engagement, particularly within a time-limited project such as *Working Potential*:

EEO [G/04W]	It can take weeks to actually arrange a single meeting and then weeks for any follow up to occur so it can be difficult on a programme of such short timescales as *Working Potential*. I feel with a longer-term programme more could be achieved.

The *Working Potential* project is not a typical employability scheme, and so the EEO also needed to navigate the preconceptions of employers; she sensitively negotiates this, brokering the relationship between the project and the employer:

Researcher	When you first knock on the door and tell [employers] about *Working Potential*, what kind of reactions did [sic] you get?
EEO [G/04W]	Most people were saying "oh yes, I can see that that's an issue" especially when you tell them about the fact that there's an increasing number of carers, that we've got 600 people leaving work every day to care, and that they could be potentially losing quality staff from the workforce, and to say with the cost of recruitment, if they introduced some flexible working arrangements for staff then that would help retain.
	Then they seem to be shocked by the stats, and they go "Oh!" but they're a bit reticent to immediately get involved. They think we're after money. They think we're after doing something else, but once they find out that all we need is a little bit of their time in the first instance, they're more happy to get involved

The EEO also notes how the presence of an existing person in the organisation who is interested in the 'social value' of *Working Potential* (something she describes here as "the cause") can be instrumental to engagement:

EEO [G/04W]	A lot hinges on personalities of the person you meet and their personal experience – fortunately for me many people I have spoken to have had

either first or second hand experience of caring and have therefore been very sympathetic to the cause.

The style of 'approach' is also important; here, the EEO describes how she manages initial engagement fully aware of the preconceptions and sensitivities of employers ("softly, softly"), adjusting how she describes the project ("spinning the pitch"):

EEO [G/04W]   I definitely think that the gently, softly softly approach definitely works better with employers and also identifying what's in it for the employer, and really pushing on that and saying "well these are the benefits for you, but they're also a benefit to your employee, and therefore you're gonna get loyal employees, you're going to save on money", and things like that

[…]

[It is] also really important, in terms of how you spin the pitch, because if you can pick out something that the organisation is doing that is positive then you can say "I see you're already doing this great work here, and it wouldn't be too much of a shift to start doing this as well" then they're more likely to be accepting of that idea.

5.3.5   *Non-engagement of employers*

Sustaining engagement with employers is also challenging, it requires time, persistence and an attentiveness to the relationship:

EEO [G/04W]   Whilst you are with employers, they are very enthusiastic about getting involved with things – it is keeping that enthusiasm going and ensuring that they deliver on their promises without souring the relationship that is the challenge. Currently I am using a "lots of praise and gratitude" technique!

The EEO gained an impression during their initial encounter or meeting with an employer about the potential for their ongoing engagement or non-engagement; typically, non-commitment from an employer was not verbalised, whereas engagement was:

Researcher   So have you had any employers who, after that very first conversation, didn't want to engage after that?

EEO [G/04W]   Yes, oh you mean after the very first when I met them? Yes, I had some that gave me their cards, and then I subsequently got in touch with them, and then they never got back in touch

Researcher   It's always hard to find out why people didn't get back in touch, but what sense did you get from the correspondence you got back from people? […]

EEO [G/04W]	I think you tend to get a sense from the person when they're giving me their business card, whether or not they're likely to reply. Just from their body language and from how open they are in the conversation that you have with them. Most of the people who don't bother to reply, after me getting back in touch with them are quite closed and guarded about showing any enthusiasm or support, they sound interested but there's no "I want to take this further", whereas those that do want to take it further seem to ask a lot more questions, there's more of a two way conversation about it

5.3.6 Engaging with different sectors and industries

Different sectors may require different engagement approaches, reflecting their business imperatives and (perhaps) their organisational values.

EEO [G/04W]	I think the 3rd sector is much better at doing that, the voluntary sector, also to a certain degree the public sector, but I think the private sector is a little bit behind on [offering flexible working], what they're looking for is they want high quality, somebody who's reliable, they want somebody who's not going to let them down especially if they are a small company, and they're mostly interested in the bottom line I think in the private sector.

5.3.6.1 Manufacturing

The EEO engaged with manufacturers, finding that barriers to employing carers related to shift patterns and the need for round-the-clock working (both of which might also apply to certain sections of retail/service sector).

Researcher	Okay, so thinking about the sectors, what kind of sectors are feeling a little bit more responsive to you, and what sectors feel a little bit less responsive?
EEO [G/04W]	We didn't have much luck with manufacturing, but I don't know if that's purely because of the area, or I was just unlucky, there weren't that many at the different places that I went, and so I targeted manufacturing companies specifically
	[…]
	A lot of them I think felt that they needed their employees [adhering to] shift patterns in order to have 24/7 operation […] they didn't feel that there were ways that they could be flexible, and they weren't really open to discussing that

5.3.6.2 IT sector

In post-industrial localities, many of the new (and potentially flexible) employment opportunities are in the IT sector, where certain roles may lend themselves to remote working or other (new) forms of flexibility:

Researcher	[A]re there any sectors where you've found the ground was a bit softer and they were a bit more receptive?
EEO [G/04W]	Yeah, IT actually, which surprised me in some ways, but I think a lot of the time business managers were looking to sell their products as well, so that's why they wanted to engage in some way, because they wanted to talk a lot about the work that they were doing, and how they felt that that work could potentially help carers or the way that they operate would be suited to carers because you can work flexibly with the IT equipment that they have, that's not necessarily fixed office, you can work from home, you can work from hospital if you're at an appointment.
Researcher	So that seems to me in a sense for some employers, when the kinds of work that they do, the solutions are almost built into their kind of work. Is that what you're saying?
EEO [G/04W]	Yes

5.3.6.3   Creative industries

Factors mitigating against flexibility for employees who are carers is not necessarily limited to larger organisations or those in traditional manufacturing or service industries. Smaller employers in the creative industries – growth areas in the United Kingdom economy[26] – may create new forms of inflexibility:

EEO [G/04W]	I interviewed [creative arts employer] from a small theatre in [Town] and she basically said that they're very flexible with their staff about rehearsals and things, but people have to be able to commit to performance dates, they have to be able to commit to final rehearsal dates and times, and if they can't do that, then they would have to not consider that person for the role. However she did that it wouldn't preclude that person from getting work with them again in the future.

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[26] Nesta (2018)

6 Thematic summary of findings

6.1 Supporting older carers: fostering activity and change in later mid-life

6.1.1 Valuing complexity and supporting connectedness

6.1.1.1 Seeking likeness: bridging and bonding with others

Our research highlights the instrumental and facilitative impact for older carers of fostering and re-establishing their connectedness to others, particularly people in similar situations, although the classification of this group by age alone may be problematic.

These findings suggest that early stage, community-based, individual, and group-based coaching interventions (both structured and unstructured) may provide useful adjuncts to pre-employment support for older carers.

Whilst this research provides insights into social connectedness and barriers to connectedness for older carers, further research exploring how carers self-identify, how they are classified by others, and their development of bonding and bridging social capital, is indicated.

6.1.1.2 Transferable experience: recognising cultural capital

We discovered that carers often described themselves in terms of deficit or loss, appraising their self-worth (and perceived value to a future employer) in terms of the dominant, institutionalised language associated with employment readiness.

For instance, carers described "gaps in their CV", their need for "upskilling", and preconceptions of what employers might require, for example, institutionalised forms of cultural capital such as technical skills and qualifications (numeracy and IT skills).

Through support from coaches, carers were able to articulate their possession of the kinds of cultural capital that employers seek;[27] many are skilful organisers and communicators, with

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[27] Hurrell (2016)

deep experience of navigating and sustaining complex care arrangements, yet formal pre-employment pathways may undermine these embodied social assets.[28]

Our research provides qualitative insights into carers' self-appraisal of their identities and assets during the pre-employment period. These self-appraisals may impact on how employment support is perceived and taken up by older carers.

6.1.2 Mobilising carers' horizons

6.1.2.1 Attitudinal and expectational horizons

Carers described expected trajectories of later mid-life: some described this in positive terms, a time for personal and social growth, whilst for others, their anticipated loss of a caring role and the uncertainties of later mid-life made articulation of aspiration difficult.

6.1.2.2 Geographic horizons

The research identified encultured attitudes around work and the mental and political geographies of care.[29] Some of these related to practical matters: for instance, availability of public transport, lack of confidence in using public transport, or the cost of transport.

Some carers described the uncertainties of caregiving and the associated feelings of guilt when *not* caregiving: this leads to their reluctance to seek employment which might necessitate a long journey and the risk of urgent care needs arising whilst absent from home.

Geographical horizons may also be shaped by the structure of the work/employment landscape: for instance, in one research site, many opportunities for accessible, flexible work were perceived to exist far beyond what was considered a reasonable travelling distance.

6.1.2.3 Entrepreneurial horizons

Carers held mixed views of their potential for self-employment or entrepreneurship. Whilst some carers had not considered self-employment, with the support of coaches, other carers had developed both aspiration and specific skills (e.g. accounting) for self-employment.[30]

6.1.3 Supporting personal change and growth: reclaiming identity and agency

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[28] Porcellato et al (2010)
[29] See: Atkinson et al (20110; Conradson (2003)
[30] There is a paucity of research in this area, see: Parsons and Walsh (2019)

This research revealed carers' recognition of the coaching interventions (below) to support their development of agency (ability to act independently; self-sufficiency) and overcoming practical and emotional barriers to development of confidence.

i.   Recognising and rebuilding carer identity

The research found varying levels of identification with the title of 'carer'. Some carers described how engaging with the programme had helped them to reclaim a 'personal identity', implying that this had somehow been 'lost' prior to the programme.

6.1.3.1   Contemplating and experiencing the loss of carer identity

Conversely, the research also revealed the importance of possessing the identity of 'carer', particularly when the loss of this identity was anticipated (for instance, with the death of the cared-for person).

These feelings sometimes articulated with attitudes towards activity and ageing in later life; again, these were sometimes positive (end of caring role as an opportunity), and sometimes negative (listlessness and uncertainty, "What next?").

6.1.3.2   Scaffolding and building self-worth

The research documented the interventions which, although not specifically described as 'mental health' interventions (coaches were cautious to advise professional referrals in such circumstances), but these did have the effect of promoting wellbeing and self-care.

6.1.3.3   Sustaining activity

Carers described a range of personal and social activities and actions (below) that they felt to be 'outcomes' of their engagement with the programme. The planned ending of the programme meant that opportunities to explore sustainability of outcomes was not possible.

There is evidence (albeit limited) that some carers were concerned about sustaining outcomes following the end of the programme. Although reports of increased self-sufficiency outweighed these reports, the possibility of programme dependency may require exploration.

6.1.4   Expectations of services

Many carers told the researchers that they held very low expectations of statutory services and related pre-employment supports, both in terms of when and how these were; this begins to explain why some carers may be reluctant to re-engage with services. For example, carers

identified that caring for another person with complex medical needs would create challenges (time, appointment scheduling) when attempting to access statutory pre-employment guidance; this may compound carers' perception of their employability.

Carers were highly critical of the requirement to use information technologies to access guidance; carers perceived such services as 'impersonal'. None of the carers described or perceived any benefits (e.g. personalisation) that might be derived from doing so. Rejection of technological pre-employment supports may reflect carers' extant cultural capital (above); future research into guidance may need to explore whether this is a distinct (and transitory) characteristic of this cultural group (carers aged 50-70, majority female).

6.2 Beyond advice and administration: *Working Potential* as holistic intervention

6.2.1 Who becomes a coach: profiling a new kind of worker

Working Potential coaches are not conventional street-level bureaucrats: they had relatively small caseloads (compared with statutory providers), a large degree of discretion in terms of how they operated (as befits a pilot intervention), and did not directly serve the state.[31,32,33]

The *Working Potential* programme gave coaches the space and opportunity to create new roles in pre-employment support. This research demonstrated how this role requires people who are equipped to operate outside the traditional employability paradigm.

Working Potential coaches were able to draw on a range of experiences, from expertise in health/social care (professional and third sector), business and entrepreneurship, and more diverse areas such as housing, residential care, special educational needs, and disability.

6.2.2 Engagement contexts

Referral of suitable carers onto *Working Potential* was initially slow. The research found that coaches were able to mobile their existing networks and utilise local knowledge to create opportunities for people to engage with the project.

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[31] Bickers (2007)
[32] Hand (2018)
[33] Lipsky (1980)

One provider struggled to engage with established local carer networks. The (limited) evidence suggests this was partly due to a lack of strong historical *and* collegial links at the outset of the project; other providers possessed these relationships and so recruited earlier.

Local governance may also affect success. In one area, a local government initiative designed to foster relationships between local public sector, citizens, community groups and businesses was already operating, and this, coaches felt, had a negative impact on them as 'newcomers'.

6.2.3 Engaging with individual carers

6.2.3.1 Not pushing or overburdening the interaction

Research findings demonstrate how the interpersonal skills of the coaches were instrumental to engagement. Carers described how the tone and style of their initial encounter with the coaches was critical to their decision to sustain contact.

6.2.3.2 Recognising learned dissatisfaction with statutory support

Coaches explained how, as non-statutory providers, they were free to acknowledge 'learned dissatisfaction' and begin to ameliorate the reluctance (and cynicism) of some carers to engage with statutory supports. Extended and repeated interaction was sometimes required.

6.2.4 Coaching interventions

6.2.4.1 Emotional and pastoral support

The findings reveal the value of 'emotion work' as part of a coaching interaction for older carers in pre-employability support. This reflects empirical work in retail settings,[34] where such interventions have been helpful in promoting motivation and workplace performance.

Coaches were also able to identify safe and appropriate limits to the emotional work they undertook with carers, and described circumstances (for instance, bereavement support or mental health issues) where they supported carers to self-refer to appropriate services.

Some coaches introduced carers to mindfulness activities. Carers described how these activities had helped them to mitigate feelings of being overwhelmed by complex issues (finance, finding employment), enabling them to 'focus' and promote feelings of positivity.

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[34] Cox and Patrick (2012)

6.2.4.2 Facilitating access to formal programmes of study or training

Coaches reported how they had supported carers to engage with formal programmes of study. For some carers, this resulted in their engagement with GCSE level qualifications, typically mathematics or English, and coaches also made extensive use of OU OpenLearn provision.[35]

Coaches reported how they had also supported carers to engage with specific professional qualifications. Some of these programmes provided essential pre-enablement for volunteering (e.g. food hygiene certification), whilst others enabled self-employment (AAT accounting).[36]

6.2.4.3 Facilitating volunteering and entrepreneurship

Coaching nurtured volunteering, which acted not only as a pathway to entrepreneurship or self-employment, but also as a community asset,[37] and both carers and coaches described various forms of successful social entrepreneurship (driving, charity work, social activities).

However, whilst evidence suggests volunteering supports re-employability for younger people,[38] recent research questions the economic benefit of volunteering for people in lower socioeconomic classes.[39] Further research with older carers is therefore indicated.

6.2.4.4 Signposting funding and money guidance

Some coaches were able to make use of their strong local and regional business links and their technical knowledge of self-employment in order to raise carers' awareness of sources of local community funding and technical guidance with grant applications.

6.2.4.5 Developing carer (peer) champions to support employability

The research also began to explore one provider's use of a 'champion' engagement model, whereby former carers were employed (by the provider) or acted in a volunteering capacity in order to identify, engage and support older carers in their local communities.

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[35] Online pre-university and general interest programmes offered freely by the Open University.
[36] Association of Accounting Technicians
[37] Benenson and Stagg (2016)
[38] Konstam et al. (2015)
[39] Wilson, Mantovan and Sauer (2020)

Champions did not desire to become involved in administrative duties; being invited to do so discouraged their engagement. Given doubts about benefits of volunteering, [40] carers' volunteering *within* coaching programmes may also be a useful area for further research.

6.2.5   Adapting the programme

Providers found it necessary to change the language used to describe *Working Potential*, finding that use of specific, employment-focus phrases ('working', 'employability') served to deter recruitment; publicity materials were revised to exclude these phrases.

Carers expressed a preference for more positive language during initial engagement: when asked about the title of the programme and its capacity to engage them, all of those interviewed expressed a preference for the phrase 'Potential' over 'Working'.

6.3   Learning from employer engagement

6.3.1   Perceived barriers (carer perspective)

Carers perceived that the complexity of their lives as unpaid caregivers, in addition to their age, may create an opportunity for employers to view them more negatively than they would younger job applicants; carers described themselves as possessing 'baggage'.

Some carers expressed a desire to be able to pro-actively identify and resolve barriers to sustained employment with a potential employer, but also expressed concerns about over-disclosure of their caring responsibilities, fearing further stigmatisation.

Some carers explained that they were reluctant to discuss with employers their caring responsibilities; whilst for some this was driven by an anticipation of discrimination, for others they simply did not want to appear dependent or in need of 'help'.

There is evidence (albeit limited) that, for some carers, merely contemplating an interaction with an employer or potential employer had become a highly emotive experience due to the pressure they felt to explain their long-term absence from the workplace and caring duties.

6.3.2   Learning from the Employer Engagement Officers (EEO)

6.3.2.1   Employer flexibility

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[40] Wilson, Mantovan and Sauer (2020)

Employment Engagement Officers working as part of this project formed an understanding that larger employers were more able to offer flexibility to carers by virtue of having a larger pool of staff and who they were able mobilise into different roles.

On the contrary, established, formal processes for managing diversity in larger, hierarchical workplaces might mitigate against requests for flexibilities from individual carers in complex circumstances; smaller employers may be more able to have this dialogue with carers.

Task differentiation and professionalisation within some larger employment contexts, such as manufacturing or the healthcare sector, may also mitigate against flexible working: jobs may be more specialised and/or organised around highly regularised shift patterns.

Smaller employers may also have a clearer and more intimate knowledge of the employee and the value they offer to the organisation (or the risk of losing them); having a clear understanding of employee value may incentivise flexibilities.

6.3.2.2 Organisational culture

Larger employers were understood to be more likely to possess processes to support adherence to equalities legislation, and greater awareness of the reputational damage that may result from perceived unfairness to employees.

Employment Engagement Officers described a culture of defensiveness within one large (public sector) employer which appeared to disallow critical or creative discussion about flexible working opportunities.

The presence of institutional policy and an operational necessity to be seen to be compliant with sensitive issues (workplace equality and diversity; work/life balance) may gloss over inconsistencies within HR and leadership practice within the same, large, organisation.

6.3.2.3 Engagement with employers

Initial engagement with employers is a time-consuming activity, requiring persistence and sensitive negotiation; on a time-limited programme such as *Working Potential*, Employment Engagement Officers found it challenging to broker and sustain engagement.

Engagement is more likely to be effective if individuals with first-hand experience of caring can be identified; Employment Engagement Officers highlighted the importance of fostering such personal relationships yet expressed unease about over-relying on a single gatekeeper.

6.3.2.4   Variation across sectors

Unsurprisingly, the Employment Engagement Officers discovered that in manufacturing, barriers to employing carers related to shift patterns and the need for round-the-clock working, both of which might also apply to certain sections of retail/service sector.

In post-industrial localities, many of the new (and potentially flexible) employment opportunities are in the IT sector, where certain roles may lend themselves to remote working or other (new) forms of flexibility.

7 Recommendations for research, policy, and practice development

7.1 Research

i. Further research describing how carers self-identify, how they are classified by others, and their development of bonding and bridging social capital.

ii. Further research exploring how carers' self-appraisals may impact on their perception and uptake of pre-employment and employment support.

iii. Further research into the social and economic benefits of volunteering for older carers, specifically those occupying lower socio-economic class positions.

iv. Further ethnographic research into the life and work trajectories of older carers, particularly those with enduring caring responsibilities and employment hesitancy.

v. Further research exploring whether disinclination to use information technology is a distinct or transitory characteristic of this demographic (currently aged 50-70).

vi. Further co-productive research to discover how best to represent older carers from a range of ethnic, cultural, religious and socioeconomic backgrounds within research.

vii. Supplementary or related research is needed to explore the strategic, operational and individual practices of employers in supporting older carers back into employment.

viii. Supplementary or related research is needed to explore new economies, forms and geographies of paid work and the impact this has on the employability of older carers.

7.2 Policy

i. Defining who is an 'older carer' by age alone (e.g. 50+) is insufficient; doing so may serve to obscure socioeconomic challenges, encultured viewpoints about employment and retirement, and the mental and political geographies of unwaged caregiving. Future programmes of support should, when establishing age-based criteria for interventions, also consider the specific socioeconomic, cultural and geographic context(s) of programme delivery.

ii. Although caring can be rewarding, long-term unpaid care work may leave older carers feeling disconnected and unvalued. Individual and social recognition of older carers may provide an essential adjunct to the skills and motivation required for a return to paid work: people need to value themselves and feel valued by, and connected to, their communities.

iii. Future programmes of support should ensure that those charged with supporting older carers' employability are not only equipped with knowledge and skills relating to

business guidance and entrepreneurship, but are also resourced to provide sensitive, personalised support that is fitting to the social circumstances of the older person.

7.3 Practice development

i. Future programmes adopting a community engagement approach should continue to develop and learn how best to engage with a more diverse range of people. Co-productive approaches have been shown to be valuable in this regard.[41]

ii. The use of peer-led or peer-supported interventions in the form of carer champions and carer champions in the workplace deserves further exploration in practice. This might form part of future co-productive research (see above).

iii. Engagement with existing support groups should be instigated prior to the delivering of a programme to support older carers. Doing so may aid recruitment, make better use of local resources, and minimise the burden of participation placed upon carers.

7.4 Limitations of this study

The research as devised was not able to explore the pre-experience and non-engagement experiences of older carers, therefore our findings only reflect the perceptions and experiences of carers who were successfully engaged. Nearly all of those supported by *Working Potential* identified themselves as white, British, and heterosexual. As such, these findings can only represent the individuals and specific communities reached by the wider project. Relatedly, this qualitative study only represents a small, purposeful selection of participants selected for their typicality rather than generalisability, and (reflecting the *Working Potential* programme) were drawn from three areas in the North West of England.

7.5 Concluding remarks

This research adds to the understanding of a number of evidential gaps as described in the recent report commissioned by the Centre for Ageing Better[42] and, in doing so, provides further insight into the perceptions and experiences of carers who are contemplating re-entry into paid employment, their preparedness and preparation for employment and self-employment, and their receptiveness to skills development. This research also provides insight into the role, characteristics and activities of the *Working Potential* coaches, and

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[41] See, for instance, Bickers (2007); Cox et al (2016); Clayson et al (20180; Hand (2018).
[42] Parsons and Walsh (2019)

exploration of employment barriers as experienced during employee engagement, including potential recruitment and selection issues. Although limited in scope, the research identifies a range of critical areas for future research, policy and practice development.

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9 Appendix

9.1 Indicative interview questions

Schedule coproduced with project stakeholders between February-March 2019

Indicative questions for carers

About initial engagement:

1. What do you know about *Working Potential*?

2. How did you become aware of *Working Potential*?

3. How did you get to be here in the first place?

4. Did someone refer you or were you told by a friend?

5. Where did you see or hear information about it?

Deciding whether to take part:

6. Did you take part in the project, the *Working Potential* project?

7. Did you feel it was a good or bad experience?

8. If you didn't take part, why did you not take part?

9. Would you consider something like this in the future?

10. What would need to change for you to take part?

When engaged:

11. What did you do with your job coach?

12. What support did you receive as part of the *Working Potential*?

13. How did that support impact on you?

14. Has taking part in *Working Potential* made a change in your circumstances?

Barriers to keeping going:

15. Are there any barriers to taking part?

16. What kinds of people might find it difficult to take part, based on your experience?

Final thoughts:

17. What's your view of *Working Potential* overall?

18. Was it worth your while?

19. Did you get anything out of it?

Indicative questions for coaches (adapt for other stakeholders)

About you:

1. What motivated you to take this position/job?

2. What knowledge, skills and experience do you bring?

About your job:

3. What is it that you do? [Can you describe a typical day or week?]

4. If you could change anything about your job, what would that be?

About initial engagement:

5. Where do you find your participants? [Places etc.]

6. How do you find them? [Word of mouth?]

7. How did you get them interested? [Engagement approaches]

8. What might you do if someone didn't seem keen to be involved?

Outcomes:

9. What have you accomplished with people?

10. Did anyone achieve something that seemed small but was actually a big deal?

11. Did you get anyone in to work?

12. How far have you got with some people? [Give examples]

13. Were there concrete outcomes?

Developing the programme:

14. Since starting out with the project, what's changed?

15. Can you give an example of something that you didn't expect to happen?

16. How did you adapt the programme to meet the challenge?

17. If you were to do this again, what might you do differently?

18. What advice could you give to someone wanting to replicate *Working Potential*?

Developing yourself:

19. What have you learned about yourself or how have you developed?

9.2   Research timeline

	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20
Ethical approval and governance	x	x															
Report to steering group[43]	12/12			13/03			12/06			11/09			11/12			12/03	
Project support workshops[44]	19/12		15/02				25/06			25/09				15/01		03/03	
Gatekeeper approaches		x	x														
Construct data collection tools		x															
Data collection / carers				x	x						x						
Data collection / coaches			x	x		x	x			x		x					
Data collection / EEO		x	x		x												
Data collection / stakeholders							x										
Transcription and analysis				x	x	x	x	x		x	x	x	x	x			
Interim (x) and Final reports[45]			x			x			x			x					Final

[43] Steering group meetings comprised representatives of all *Working Potential* stakeholders.
[44] Ongoing technical and networking support offered to coaches alongside programme delivery. Funded by GMCVO and delivered by MMU.
[45] Final report was delayed by approximately six weeks due to workload impact arising from national emergency (Covid-19 pandemic)