

Project Plan - Supporting carers in paid employment

Bury Council - November 2014

INTRODUCTION

This project plan illustrates how Bury Council, with a range of key stakeholders and partners, will pilot a project to support carers to remain in paid work¹. Whilst the main focus of this pilot will be how the use of assistive technology can support this, we will be taking a holistic approach to reflect the wider support which will be important to the success of this, for example, raising awareness with employers, understanding the barriers working carers face, access to advice and information and the universal and targeted support available to carers in Bury. By looking at this issue holistically we can build future sustainability into the offer.

BACKGROUND

Bury Council takes the role of carers very seriously and has included them in the protected characteristic section of the Equality Analysis process. Bury Council's department for Communities & Wellbeing also has a Carers Strategy 2013-2018 which identifies how a range of key stakeholders will work together to improve services and offer advice and information to carers throughout the borough. This strategy identifies working carers as a priority area and acknowledges the impact that employment can have on the caring role. There are currently 249 working carers registered for support at Bury Carers Centre, each of these will have needs related to their employee and caring status.

The following quotes were made by carers in Bury during a consultation exercise on the strategy: "I cannot work as my partner needs full time care" and "I am unable to do any educational courses as I am at home looking my partner's needs". In addition to this, 39% (115) of carers consulted said that their caring role restricted them in their workplace². Feedback during this consultation made it clear that carers were not always informing their employers of their caring role because they feared repercussions. Those who did inform their employers felt they were not as understanding as they could be regarding time off for medical appointments and being called home at a moment's notice. It is for this reason that working alongside employers is so important with responsible business and corporate social responsibility enhancing the social value of this pilot.

The Carers Strategy Group (a group of strategic and operational professionals, carers and representatives from the third sector and BAME communities who monitor the strategy) acknowledge that assistive technology can play a part in achieving actions within the strategy and is keen to support the build up of an evidence portfolio which can be promoted to carers, alongside raising the profile of

¹ SCIE confirmed that this two year pilot commences during 2014-2015, therefore we have scoped the project to be delivered by the 31 March 2016.

² The majority of respondents to the consultation were aged between 55-74 years. Looking at national research, it is assumed that, if more carers of working age had responded to the consultation, these local statistics would be higher.

carers with employers and testing the role access to information plays in supporting people to maintain or enter back into work.

With this in mind, the aims and objectives of the pilot will be to:

1. Understand the real issues faced by working carers in Bury;
2. Support employers to understand the benefits of supporting working carers effectively and to recognise this within policies and procedures;
3. Signpost people to a range of information and support that is available locally and, where required (and based on individual need), pilot innovative assistive technology options to understand how effective they are at supporting working carers to sustain employment;
4. Understand how other non-traditional support mechanisms could be harnessed to support working carers, for example, good neighbour schemes and other community based support.

Based on these objectives, we would expect the outcomes to be:

1. Continued, or increased, employment status;
2. Reduction in sickness levels and absences;
3. Increased satisfaction with employer support;
4. Improved mental health and wellbeing (for the carer and the person cared for);
5. Reduction in carer breakdown;
6. Reduction in crisis.

To enable this information to be collated effectively, a data collection format and monitoring template will be agreed by all key stakeholders before the pilot commences. A draft monitoring and evaluation framework, taking into account the outputs and impact of the project (including cost benefit and return on investment) has been produced on pages 7-9. Also see appendix 1 for the outcomes star.

SCOPE OF THE PILOT

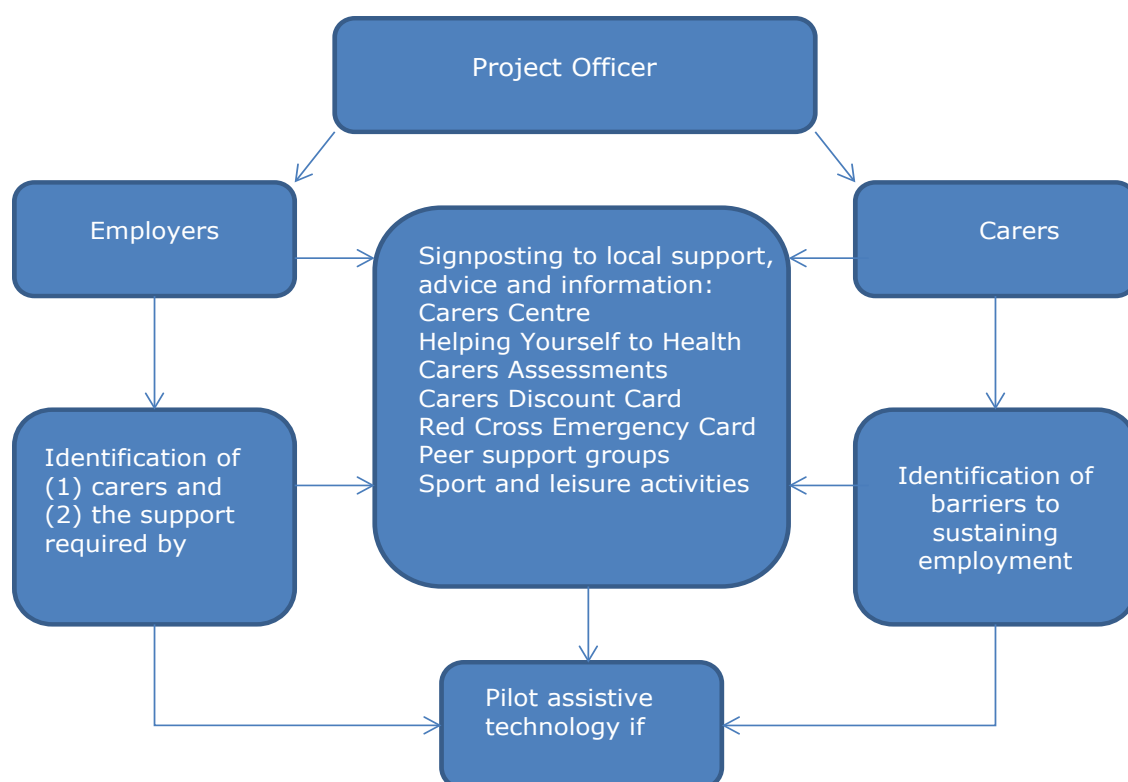
It is estimated that 200 carers will be supported throughout the entirety of this pilot; this will include referrals to universal support as cited in the referral pathway on page 3. Furthermore, an estimated 200 employers will be in receipt of information on the benefits of supporting carers within the workplace. We also expect the Project Officer to improve the quality of workplace policies and procedures of those employers on the pilot to support carers, the impact of this will be improved service delivery, cost savings and increased productivity. All of this has the capacity to benefit carers, their employers and the people they care for long after the pilot finishes.

With regards to the assistive technology part of this pilot, a maximum of 75 carers will be involved (a minimum of 50 will apply). We will endeavour to pilot the technology with carers who care for people

with a range of health conditions, for example dementia, learning disability or a mental health condition to ascertain if certain assistive technology is more suited to a carer with particular needs.

DETAILS OF THE PILOT

The pilot links to the aims of the supporting carers in paid employment project by ensuring that carers are effectively supported to continue with their employment³. It is stated in *'Supporting working carers: the benefits to families, business and the economy'* that 'almost two thirds of carers who were not using telecare/telehealth were unaware of the support technology can provide'. As technical advances mean we are increasingly using technology to support our very busy lives, it is vital we can encourage carers and employers to embrace this.



The concept of this pilot is to build upon existing services and support in Bury whilst building an evidence base to promote the use of assistive technology. A dedicated Project Officer will be recruited to manage the pilot to ensure that key stakeholders, including employers, are involved throughout. The Project Officer will identify and support both employers and carers and will become a referral mechanism on to the pilot. They will assess the carers' needs to understand what support they require, both to sustain their employment and to support them in their wider caring role, and refer to universal and targeted support as appropriate. Employers will be given practical information on how to support

³ As added value, we will also explore how the pilot can support the local 'Working Well' programme, in particular supporting carers back in to paid employment.

carers within their workplace (based on national best practice), including advice on how to develop carer-friendly policies and procedures.

Once a group of suitable carers and employers has been identified to pilot the assistive technology, they will be supported to do so whilst the Project Officer captures the difference this is making to the caring and employment roles. As we are aware that the use of assistive technology may be a daunting prospect for some carers, a bank of hours has been budgeted for to allow a domiciliary care agency to visit the person with care needs as required. It is anticipated that, as the pilot progresses and people become comfortable with the technology, visits by a domiciliary care agency will decrease.

With regards to the assistive technology, it is envisaged that, as a minimum, each person screened through to the assistive technology element of the pilot will have a home safety and personal security system installed in their home. This consists of a panic button which has a direct link to the Bury Council’s Carelink call centre; additional services can be attached to this as required. Additional technologies carers will have access to could be as simple as a flood detector or an exit sensor, or as advanced as a GPS tracker. All assistive technology will be tailored to the specific needs of that carer.

As sustainability is integral to the design of this project, the Project Officer will also look at future funding models, for example, does the carer pay for the ongoing use of the technology (either as a self funder or through a Carers Personal Budget), does the employer pay or will the evidence strongly support the introduction of a salary sacrifice scheme where carers have the opportunity to purchase technological support as parents can purchase childcare vouchers? It is envisaged that the Project Officer will focus on a model for sustainability which can be presented to central Government to influence national policy.

It is envisaged that a working group of key stakeholders will be established to oversee the pilot with members contributing their experience and expertise to ensure we benefit from as wide a range of professionals as possible. Key stakeholders, partners and service providers to be involved throughout the pilot are:

Carers	Health & Wellbeing Board	Employers
Carelink (Bury Council)	Bury Clinical Commissioning Group	Economist (Bury Council)
Bury Carers Centre	Bury Public Health team	Jobcentre Plus
Bury Employment, Support and Training	Best of Bury	Strategic Planning and Development team (Bury Council)
Strategic Planning and Economic Development team (Bury Council)	Bury Third Sector Development Agency	Domiciliary care providers

It is also envisaged that Government departments such as the Department of Work and Pensions and HM Treasury will become a key stakeholder as we explore feasibility schemes to sustain the pilot, for example, a salary sacrifice scheme.

Building on the services and support currently available in Bury, we will be in a position to commence the pilot quickly. Examples of the existing services and support this pilot will build on include:

1. The Carers Centre will be able to provide information, advice and guidance to all carers identified within the pilot to ensure they receive all the support they require to undertake their role. They will be able to advise on universal support, targeted support and Carers Assessments.
2. There is an existing assistive technology service in Bury called Carelink which currently provides 24 hours per day, 365 days per year support to approximately 2,000 people. The Carelink team monitor the usage and effectiveness of this technology in relation to people with care needs and are keen to expand this to understand how the technology can also support carers. To support this pilot, the Carelink team will be able to assist with the purchase of the assistive technology and tailor this to a carers needs. Once purchased, Carelink call handlers will provide support through the community alarm system 24 hours per day, 365 days per year. This will consist of telephone support to answer any alert that arises, contacting the carer as necessary. The Carelink team will also be able to monitor the use of the assistive technology within this pilot to see how effective it is.
3. The Strategic Planning and Economic Development team at Bury Council have established good links with local employers and are willing to engage with the pilot to support the role of employers throughout. Routes to employers include working links with the Best of Bury, Greater Manchester Local Enterprise Partnership, Greater Manchester Chamber of Commerce, Business Growth Hub and communication lists of 120 employers internal to Bury Council. As part of the process of identifying carers to be involved in the pilot, the Strategic Planning and Economic Development team suggest they target a range of businesses to ask if they would support this pilot. This would also enable Bury Council to identify and support carers who may currently be unknown to us.

The work with local employers would include:

- Ensuring they are aware of the issues facing working carers (through a range of mediums, for example face to face meetings and information sent via e-mail directly to employers and via the Best of Bury and the Greater Manchester Chamber of Commerce);
 - The benefits to the organisation of supporting carers;
 - Detailing the support we could give to them and to the carers on the pilot, alongside a named contact;
 - Using examples of national best practice, support employers to develop policies and procedures which ensure that carers within the workplace are protected;
 - Opportunity to join a local carers' discount card scheme.
4. The Economist within the Strategic Development Unit at Bury Council will ensure that a database is available to collect both qualitative and quantitative information. The Economist will analyse and present the findings, including an analysis of financial savings.

5. Carers have been identified as a group that can particularly benefit from Bury's Helping Yourself to Health Public Health programme as very often carers break down and need medical intervention either due to physical illnesses or, more commonly, emotional difficulties. Several courses have been delivered at Bury Carers Centre with positive results and the team is keen to be involved with this pilot.

DEVELOPMENT AND DELIVERY OF THE PILOT

The key milestones for the 15 month pilot⁴ are as follows:

YEAR ONE 2014-2015

Recruit to post	Months 1-2
Agree work plan and monitoring and evaluation framework	Months 1-2
Promote pilot with carers, employers and other key stakeholders	Months 1-3
Initial meeting with all key stakeholders	Month 3

YEAR TWO 2015-216

Identify carers to be involved with the pilot	Months 1-4 and ongoing
Undertake assessments (one to one / focus groups) to understand the issues faced by working carers and to agree to the types of assistive technology to be piloted	Month 4
Purchase the assistive technology	Months 4-5
Commence pilot	Months 5-14
Provide information, advice and guidance to carers and employers, monitoring regularly	Months 5-14
Develop 'carers friendly' policies and procedures for employers to ensure sustained support is available (utilising emerging findings)	Month 11-14
Evaluation period, including report writing, developing case studies and cost benefit analysis	Months 12-15
Share the results with all key stakeholders	Month 15
If successful, promote the use of assistive technology as a support mechanism through Carers Assessments	Ongoing

⁴ SCIE confirmed that this two year pilot commences 2014-2015; therefore the project has been scoped to be delivered by 31 March 2016.

FUNDING AND RESOURCES

The pilot funding will be used for the following:

	Year one 2014-2015	Year two 2015-2016	Total
Dedicated post to manage the entire pilot (including full cost recovery)	£9,556	£38,226	£47,782
Purchase the assistive technology to be piloted ⁵		£66,000	£66,000
Domiciliary care visits (300 hours x £12.50)		£3,750	£3,750
Publicity costs (including advertising in business journals and factsheets)	£2,500	£2,500	£5,000
Event to share results with all key stakeholders		£2,500	£2,500
Total	£12,056	£112,976	£125,032

MONITORING AND EVALUATION

To ensure that the monitoring and evaluation of this pilot is robust, a data collection process will be developed and agreed by all stakeholders before the pilot commences, this includes any data sharing protocols. The Economist within the Strategic Development Unit at Bury Council will ensure that a database is available to collect both qualitative and quantitative information and will analyse and present the findings.

To facilitate the qualitative element of this monitoring and evaluation, an outcomes star method will be used (see appendix 1). As we envisage the benefits of the pilot to be broad, we have identified the following draft monitoring and evaluation framework to help track the direct and indirect impact of the project pre, during and post completion⁶. This is to include the social and economic returns on investment.

⁵ As stated earlier in this project plan, the use of assistive technology may be a daunting prospect for

Outputs (Key Performance Measures)

Area	Measure	Target
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of the pilot (15 months) to evaluate the entire process.

Employer Awareness	Number of employers in receipt of information on the benefits of supporting carers	200
	Number of employers engaged in the pilot	15
	Number of employers implementing, or refreshing, new carers policies and procedures	20
Carer Engagement	Number of carer contacts with the programme	200
	Number of carers signposted to additional information / support	200
	Number of carers assessed and in receipt of assisted technology	50-75

Impact Measures		
Area	Measure	Method
Employers <i>'Local Economic Benefit'</i>	Increased income to the company	Modelling impact of intervention based on increased work related activity (monetisation)
	Model additional tax revenues	
	Reduction in staff turnover (engaged businesses)	
	Increased productivity	Outcome star Reduction in sickness as loss (monetisation)
	Carers are continuing in employment	Outcome star
	Carers employment is more stable	Outcome star

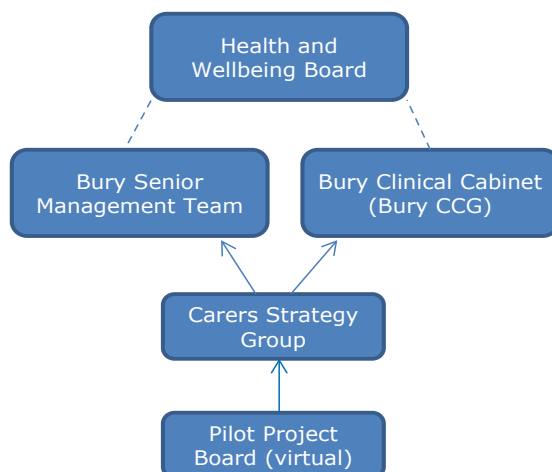
Impact Measures		
Carers <i>'Improved health and wellbeing'</i>	Carer has improved mental and physical health	Outcome star
	Carers relationship with the cared for has improved	Outcome star
	Greater awareness of carers rights	Marketing and engagement numbers % increase in carers identified
	Carers feel supported in their employment	Outcome star
	Carer has improved time management	Outcome star
	Carer is less likely to give up their employment or reduce their hours	Outcome star
	Carer has improved ability to manage stress	Outcome star
The Cared For <i>'Improved health and wellbeing'</i>	Increased independence	Outcome star
	Improved mental and physical health	Outcome star
	Improved relationship with the carer	Outcome star
Social Cohesion	Carers have improved social networks and relationships	Outcome star

The Project Officer will also have access to data collected through the 'Helping Yourself to Health' course as the carers will complete a PHQ-9 and GAD-7 on their referral. The questionnaire is undertaken at 3 and 4 weeks and then at 6 weeks after the course is completed to enable us to track the progress a carer makes during this time. Other screening tools that data could be collected from include the Falls Risk Assessment Tool and the FAST (Fast Alcohol Screening Test) screening tool.

The carers, the people they care for and the employers will be interviewed during the pilot to enable the creation of case studies to further enhance the data collected. This learning will be disseminated nationally and, given the current economic situation, we will ensure that the cost benefit analysis will be emphasised. The impact will be measured against the type of intervention provided whilst taking into account the carers circumstances, condition of the cared for person and type of employment. It is anticipated that an event will be held at which the findings to the pilot would be disseminated to all key stakeholders.

GOVERNANCE AND PILOT MANAGEMENT

Within Bury, the governance structure for this pilot will be as follows:



The Carers Strategy Group can provide strategic and operational support to the Pilot Project Board whilst ensuring the work meets the needs of carers in Bury. Ultimate accountability will sit with Bury Council's Senior Management Team and the Clinical Cabinet; they can also provide strategic support as necessary. Oversight of the pilot will be provided by the Health and Wellbeing Board where progress reports will be given on a regular basis.

The Health and Wellbeing Board is aware of the proposed pilot and Councillor Rishi Shori, Chair of the Health and Wellbeing Board and Deputy Leader of Bury Council, has written the following paragraph in support of it:

“On behalf of Bury’s Health and Wellbeing Board, I fully support this project plan and endorse the aims of the ‘Supporting carers in paid employment’ pilot. The Health and Wellbeing Board understand the issues faced by working carers and have identified them as a priority within the Health and Wellbeing Strategy 2013-2018. If Bury Council is successful with this grant submission, the Health and Wellbeing Board will actively support the pilot where appropriate”.

By working within this governance structure, it will ensure that the pilot links in with other work streams currently underway in Bury, for example ‘Working Well’ (a Greater Manchester pilot designed to test an holistic approach to assisting those people who have health barriers into sustained employment and ‘I Will if You Will’ (a Bury Council and Sports England initiative to get girls and women more active. One of the outcomes for this will be improved mental health).

A number of risks to this pilot have been identified and a contingency plan has been agreed; please see table below:

Risk	High/medium/low	Contingency
Delay in recruitment	Low	Steps will be taken to commence recruitment on confirmation of the grant; any delays would be covered by the strategic lead for carers
Low take up by carers	Medium	Through consultation, we know that working whilst undertaking a caring role is an issue for carers. As we envisage the biggest concern for carers will be to rely on unknown assistive technology, we have budgeted for a bank of hours to allow a domiciliary care agency to visit the person with care needs as necessary. The installation of a home safety and personal security system which links to a 24 hour, 365 days per year response centre should also alleviate any concerns
Employers do not want to be engaged with the pilot	Medium	Support to employers will be available throughout this pilot and if they did not want to be engaged the Project Officer would try to understand why. Stressing the importance of responsible business acumen and corporate social responsibility alongside potential financial gains should alleviate a number of concerns

Assistive technology identified by the carer is not available to purchase	Low	Bury Council currently purchase equipment from 3 companies. There are many more companies available who we could use if the technology is not available at our first choice. If required we could set up a framework agreement through our Procurement Team
Key stakeholders are not available to provide support when requested	Low	All key stakeholders have been involved with the development of the project plan and are in full support of the pilot
Carers do not want to, or are not able to, be involved for the duration of the pilot	High	Due to the nature of the caring role, carers may drop out of the pilot. So we do not fall below the 50 carer minimum, the Project Officer will hold a list of 'back up' interested carers
Carers do not want to, or are not able to, continue using the assistive technology once the pilot has finished	Medium	Robust monitoring of this pilot will enable us to evidence how supportive the technology has, or has not, been. If the carer sees the value in this they would continue using it. If financial assistance is needed, the Project Officer would explore funding arrangements, possible through the employer
Risk to the cared for person whilst on the pilot	Medium	Appropriate safeguards will be developed as part of project implementation, e.g. risk assessments, appropriate paperwork and inclusion of social work views (where appropriate). Also factored into the pilot is Carelink and the availability of domiciliary care
The pilot will be funded over a 15 month period as opposed to the 2 year (24 month) period the initial grant documentation suggested	High	We have scoped for the project to be delivered within 15 months (by 31 March 2016), however, if upon appointment of the grant the project can run for 24 months we can re-model the programme (if this is the case, the only cost change will be an additional 9 months salary, therefore increasing the total amount required to £144,145)

Appendix 1

