



Kaleidoscope – Interim Evaluation Report (Draft)

Executive Summary

Funded by the Dormant Accounts Fund (Family Carers Measure, Department of Social Protection), Kaleidoscope – coordinated by Care Alliance Ireland – is an education programme for family carers in Ireland who wish to return to the paid workforce. Its purpose is to provide them with the skills and knowledge to navigate the process of gaining employment in their chosen field. The programme is a 12-week course, delivered online every Thursday morning. The participants are offered 1-2-1 coaching, counselling, regular personal check-ins, and specific Information and Communications Technology (ICT) support.

This project has demonstrated significant positive impacts for the first 17 family carer participants. In four widely-used questions related to loneliness, participants' responses were very different between the time they began the course (T1) and completion of the course (T2). Participants also reported large improvements in social supports.

Three months after participation in the course (T3), participants were 38% less likely to report a negative self-image and 25% more likely to report a positive self-image. Participants also report being a lot more ready for employment, and a lot more knowledgeable and skilled in the area of employment. Participants also gave us a lot of written and verbal feedback about the course, the vast majority of which was very positive. As the sample size was 17 for the first group of participants, caution is advised in how we interpret this data.

Further data emerging from a second round of participants suggests that the intervention is at least as effective as that reported by the first group. We will have data by July 2022 from three separate groups of participants.

We are now working with University College Cork (Adult Continuing Education) to deliver a new 'employment/college ready' course for family carers in May 2022.

We will seek to secure additional funds to continue with this project.

February 2022

Introduction

Funded by the Dormant Accounts Fund (Family Carers Measure, Department of Social Protection), Kaleidoscope – coordinated by Care Alliance Ireland – is an education programme for family carers in Ireland who wish to return to the paid workforce. Its purpose is to provide them with the skills and knowledge to navigate the process of gaining employment in their chosen field. The programme is a 12-week course, delivered online every Thursday morning. The participants are offered 1-2-1 coaching, counselling, regular personal check-ins, and specific Information and Communications Technology (ICT) support. Over the period May 2021 to April 2022, this course is being delivered to three cohorts of participants. An online seminar for Human Resource professionals will also be delivered in April 2022. A steering group provides external review and ongoing feedback. Cohort 1, with 17 participants, attended the course from May to July 2021 and their feedback and the quantitative impact data are presented in this report.

Methodology

A formative approach to evaluating this programme is being taken to support timely project learning and constant improvement.

To measure progress and test for the efficacy of the intervention in reaching the outcomes, namely positive gains in self-confidence and knowledge, and reduction in social isolation, a survey was designed. The survey was then administered using Google Forms at three time points:

T1 – upon registration (prior to the commencement of week 1, May 2021)

T2 – immediately upon completion of the course (July 2021)

T3 – 3 months post completion of the course (November 2021).

The same self-reporting questions were asked at all three time points, and the results across time are presented in the following section.

A 100% response rate (17/17) was secured for T1 and T2, while a rate of 94% (16/17) was secured for T3.

Additionally, a report capturing the feedback from a focus group attended by 13 of the Cohort 1 participants and facilitated by Sandra Velthuis, Whitebarn Consulting, was received in July 2021 (Appendix 1). This summarises the participants' qualitative feedback and makes some recommendations for the delivery of the project to Cohort 2. These recommendations were given due

consideration and informed the delivery of the project for Cohort 2 participants (Appendix 2).

Ms. Velthuis has been commissioned to facilitate and report on three focus groups, one from each cohort, as the project progresses. This is considered a better approach to ongoing evaluation and supports timely project learning and improvement.

Results

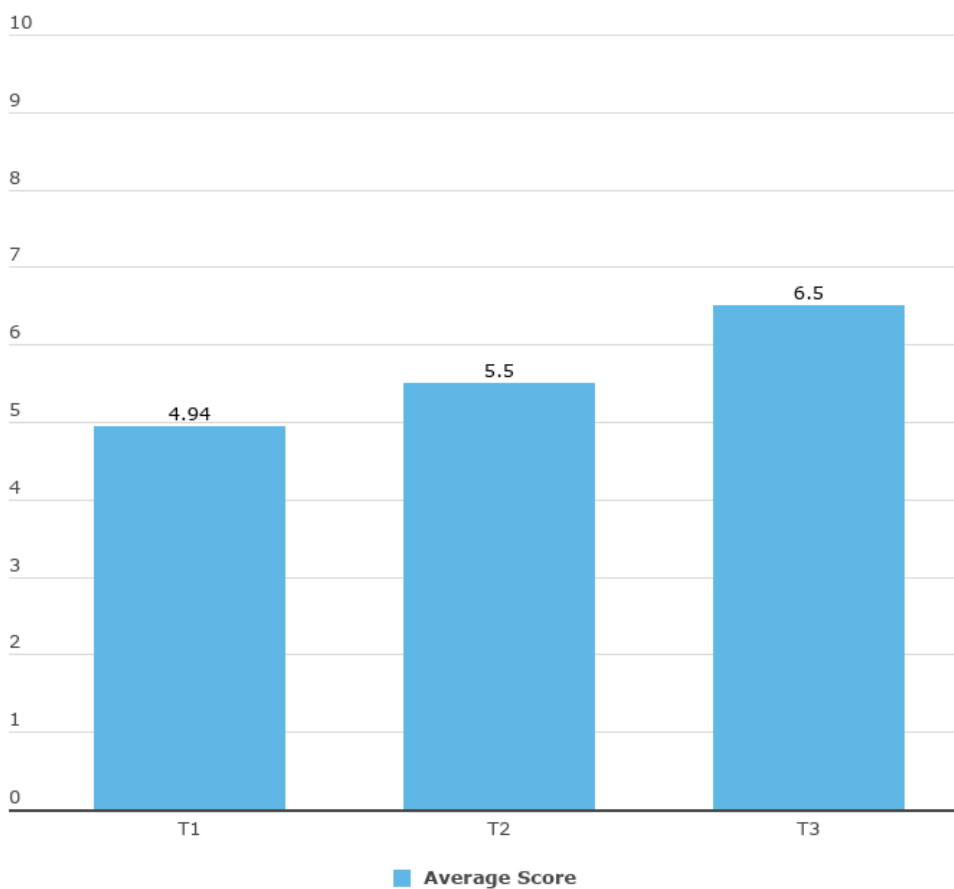
Cohort 1 commenced with 17 participants (one participant did not finish the course in Cohort 1, choosing instead to enter a later cohort to complete the course). A total of 16 women and 1 man registered for the course. The average age of participants was 47, with the youngest being 34, and the oldest being 61. Participants had been out of paid employment for varying amounts of time. Many had lost employment during the first wave of Covid-19 in early 2020, although some had been out of the paid workforce for up to 25 years.

We now present the results of the scaling/quantitative questions, comparing T1, T2 and T3. In almost all cases, scores improved materially from T1 to T2. Furthermore, these improvements were not only sustained between T2 and T3, but in many domains actually increased.

Detailed Questions and Changes Between T1 (registration), T2 (course completion) and T3 (three months after completion)

General Life Satisfaction (Cantrill's Ladder Question)

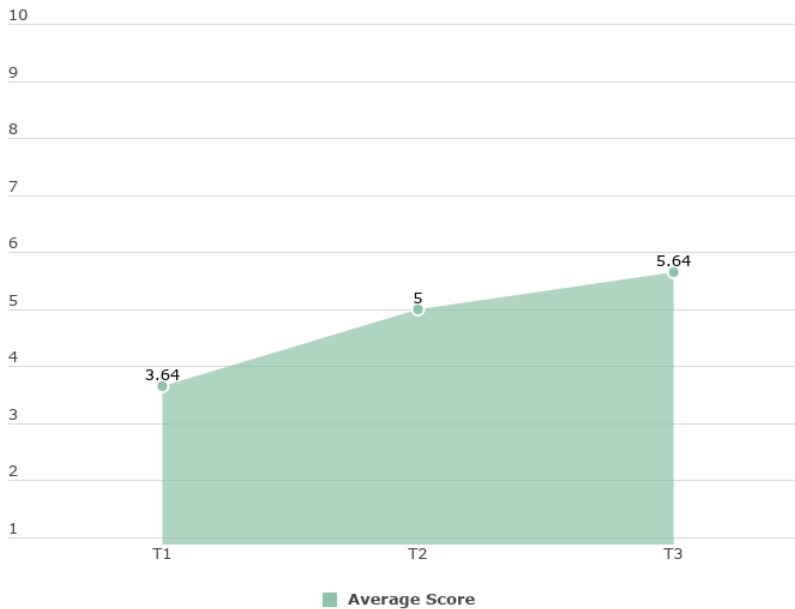
Please imagine a ladder with steps numbered from zero at the bottom to ten at the top. Suppose we say that the top of the ladder represents the best possible life for you and the bottom of the ladder represents the worst possible life for you. If the top step is 10 and the bottom step is 0, on which step of the ladder do you feel you personally stand at the present time?



Using the Cantrill's Ladder of Life Scale, the average score at T1, before starting the course, was 4.9, and rose to 6.5 three months after graduating from the course. This is an increase of 1.6 points and indicates the participants' more positive view of life and of their situation.

Opportunities for Employment

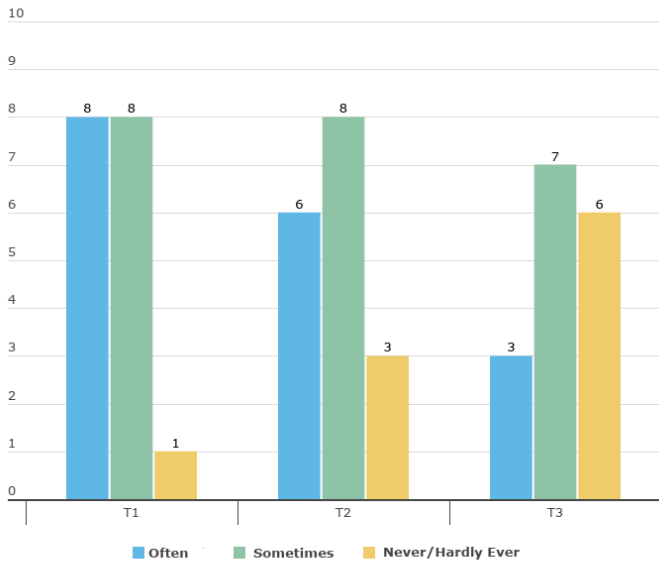
On a scale of 1 to 10, 10 being the highest, 1 being the lowest, how would you describe your current opportunities for employment?



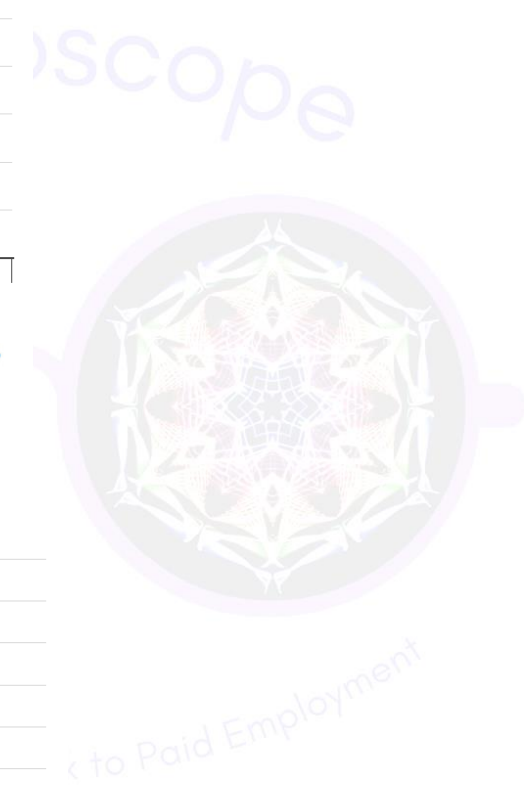
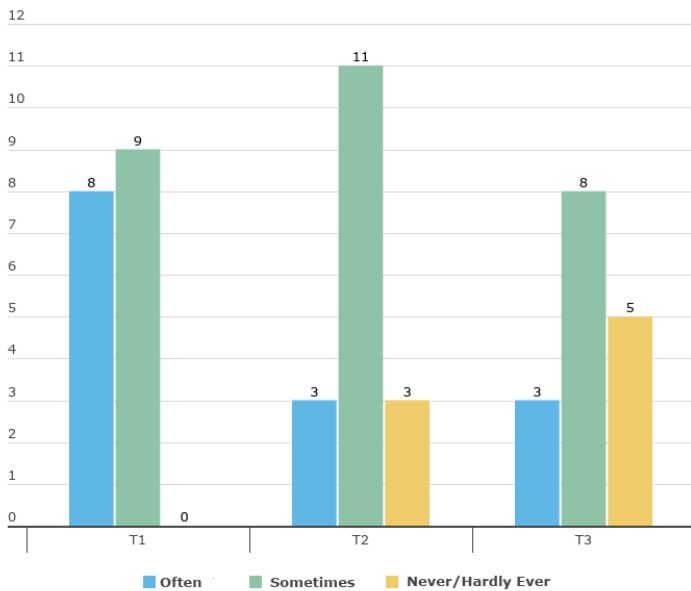
In relation to opportunities for employment, the average score for this question increased from 3.7 to 5.6, an increase of almost 2 full points, indicating a significant increase in self-rated employment opportunities for participants. It is important to note that during the time period under review, the economy of Ireland began to bounce back following a series of national lockdowns due to the Covid-19 pandemic. This may account for some of the increase in self-reported job opportunities.

Questions Relating to Isolation and Loneliness

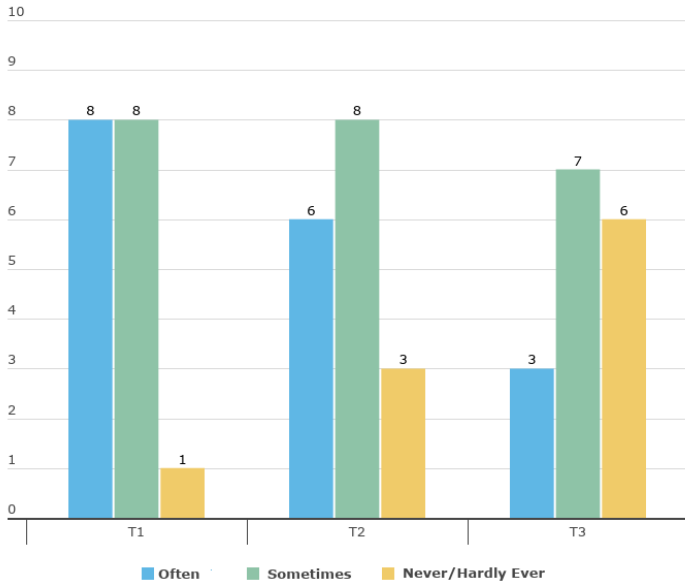
How often do you feel that you lack companionship?



How often do you feel left out?



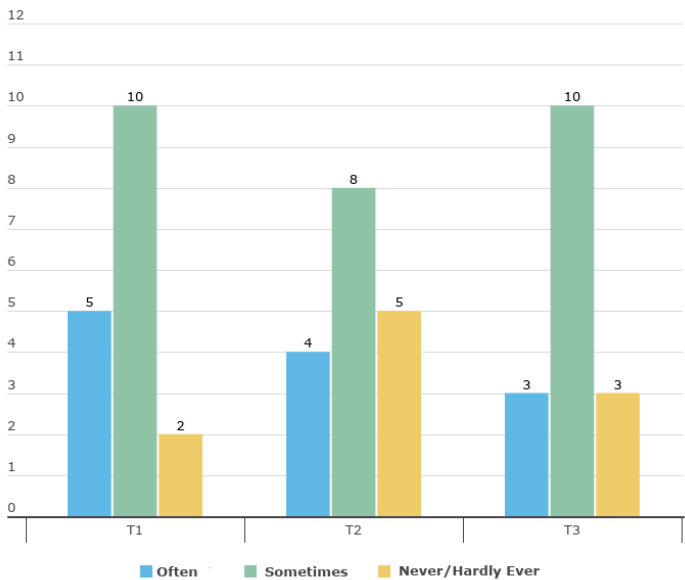
How often do you feel isolated from others?



scope



How often do you feel lonely?



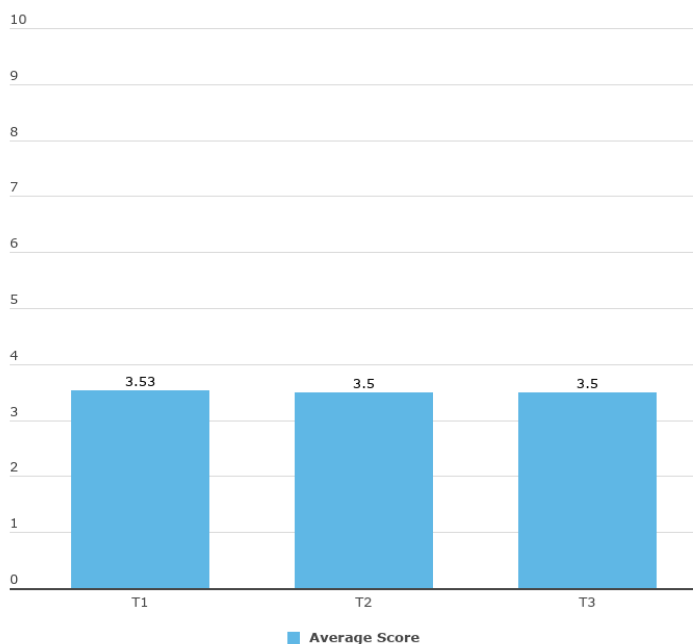
ok to Paid Employment

The four questions above are derived from the American UCLA Loneliness Scale and the Office for National Statistics in England. Across all questions, scores improved materially from T1 to T2, indicating that participation in the course is closely associated with participants' greater sense of connection and reduced feelings of isolation and loneliness. This change continued to T3, suggesting a sustained positive effect three months after course completion.

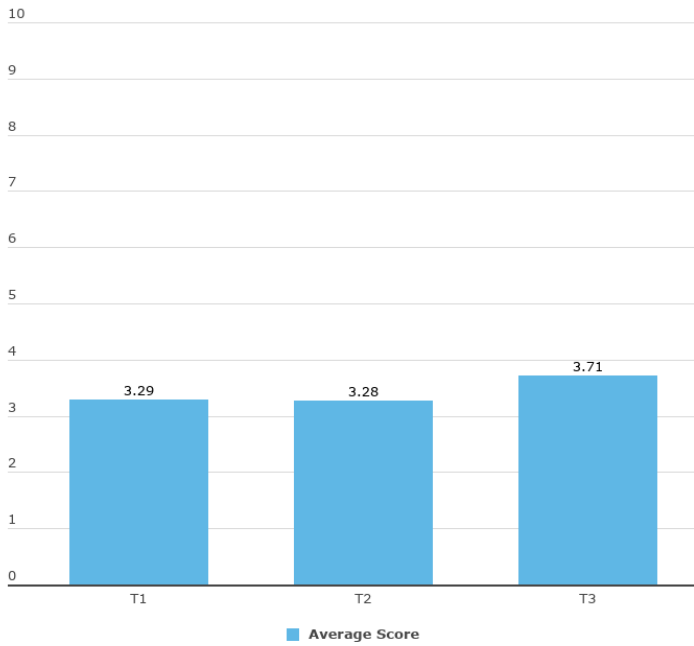
Medical Outcomes Study: Social Support Survey Instrument Questions

The following questions required a ranked score of 1–5, where 1 was the lowest and 5 was the highest possible agreement.

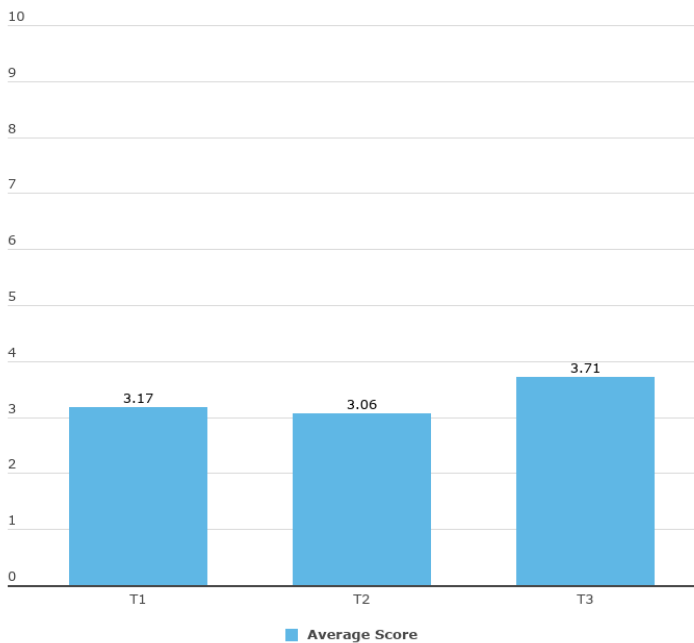
Someone to turn to for suggestions about how to deal with a personal problem



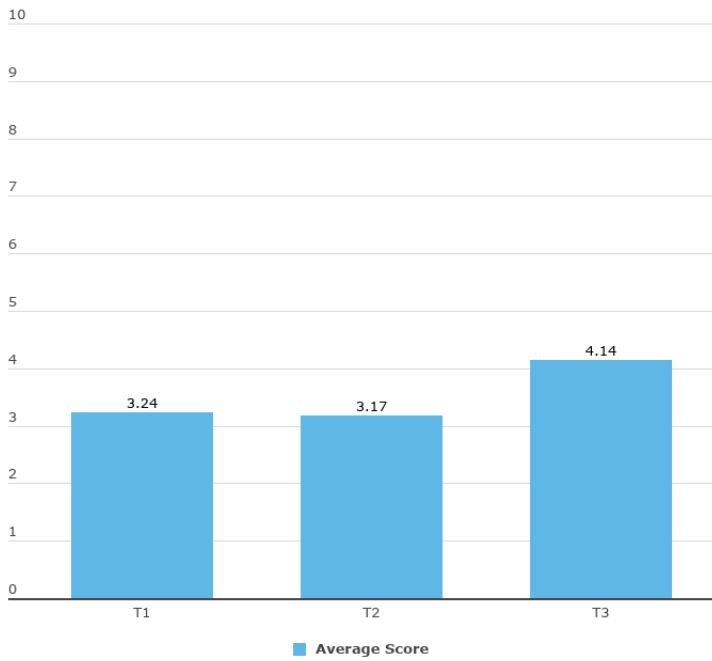
Someone who understands your problems



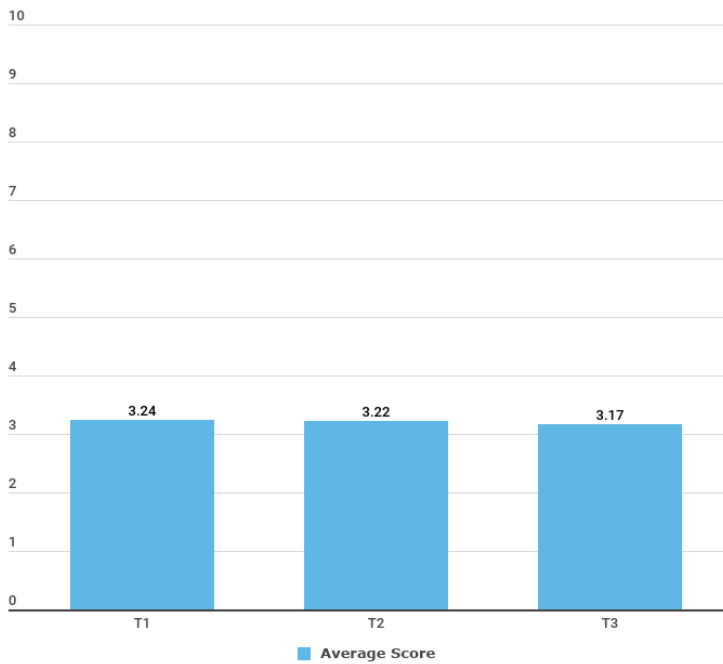
Someone to help you if you were confined to bed



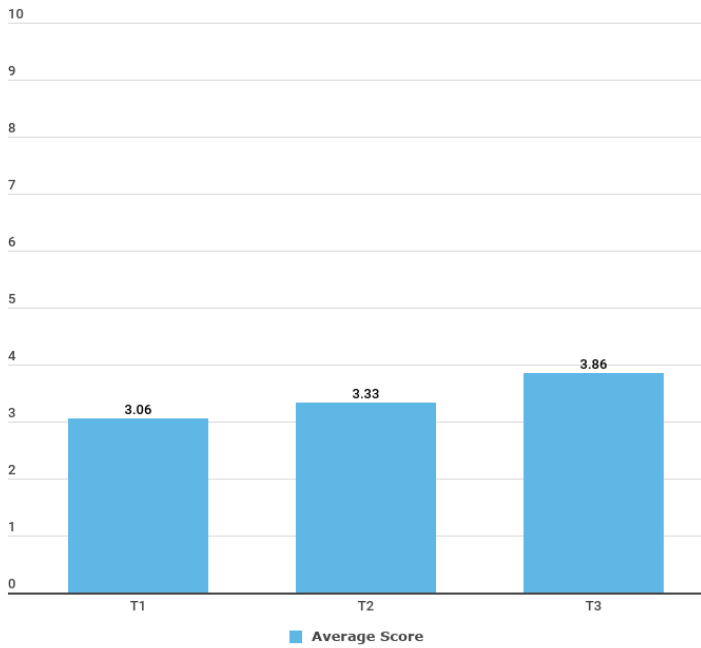
Someone to take you to the doctor if you needed it



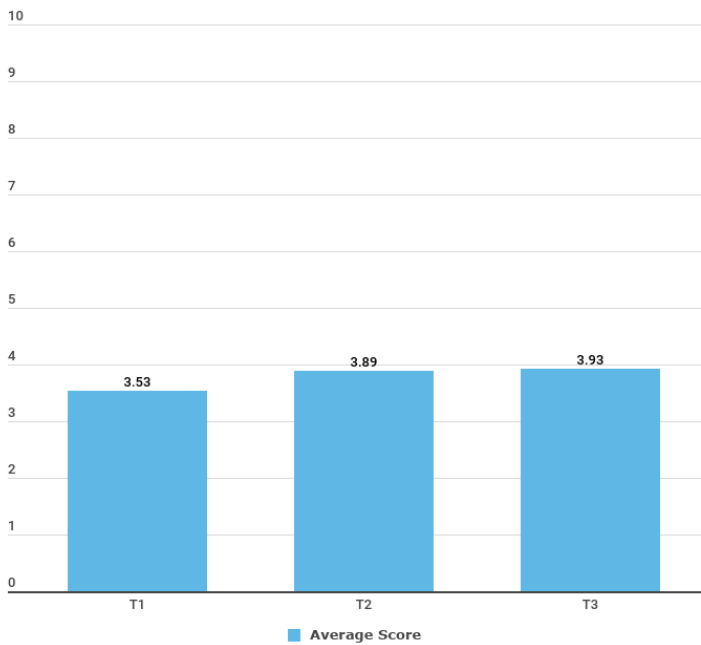
Someone to prepare your meals if you were unable to do it yourself



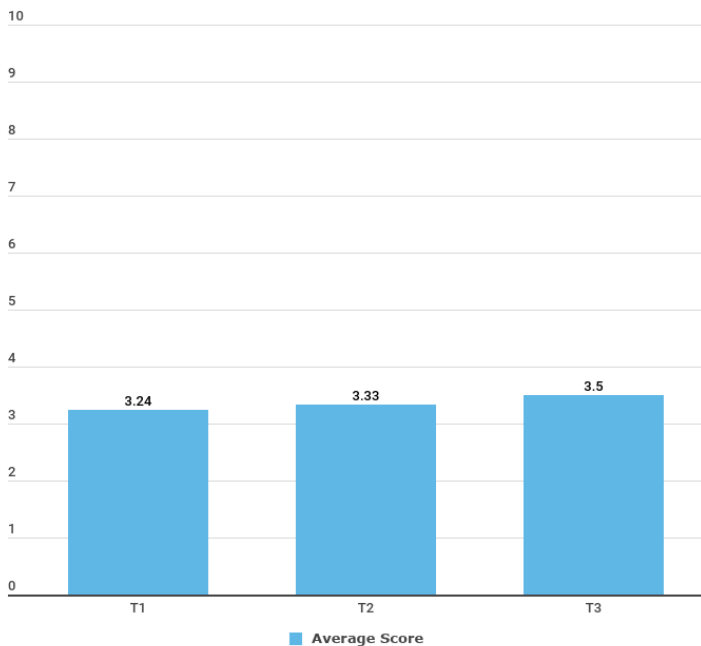
Someone to help with daily chores if you were sick



Someone to love and make you feel wanted



Someone to have a good time with



scope

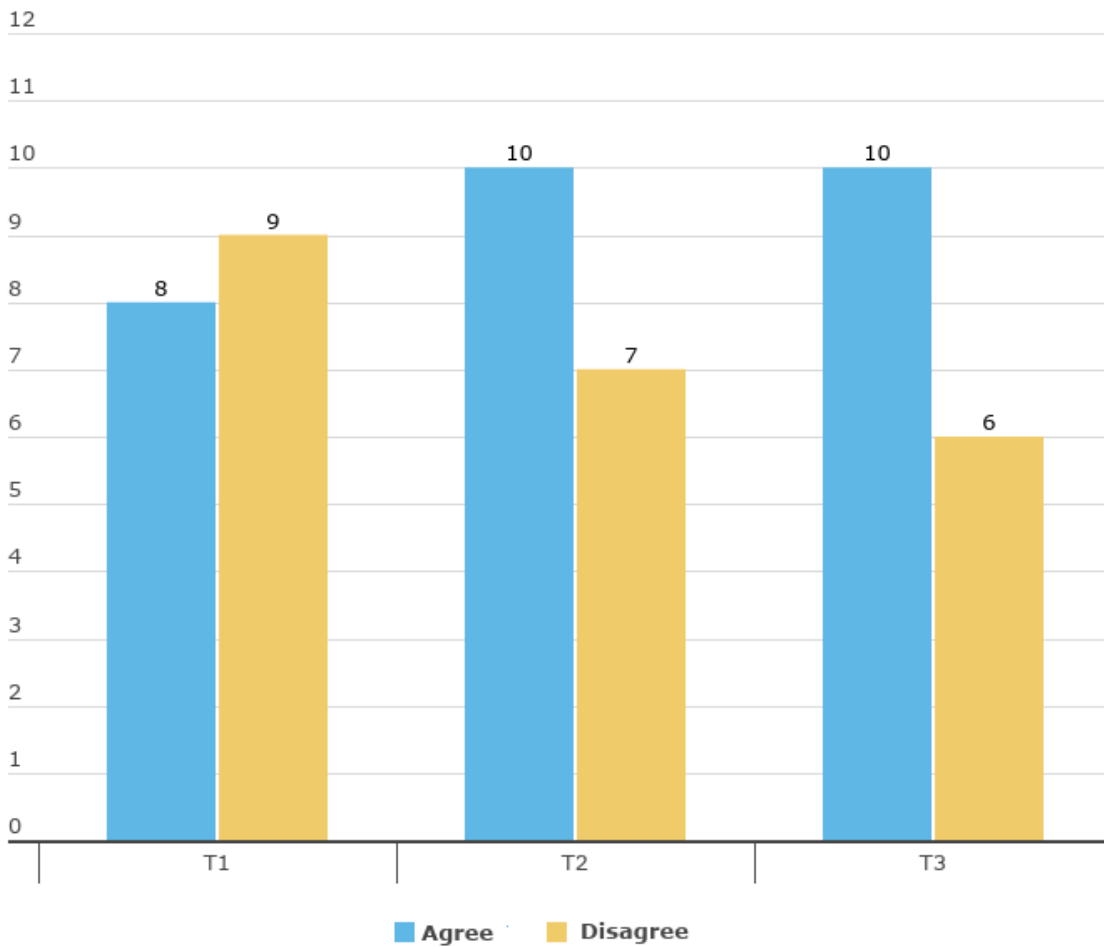


These questions address specific feelings around social supports in participants’ lives. Six out of the eight measures saw what might be reasonably considered very material improvements, with two showing insignificant changes (someone to help with a personal problem, someone to cook you a meal if you were unable to do it yourself).

Participating in a course with the objectives of improving opportunities for employment is unlikely to change the practical personal situations that family carers find themselves in. However, the areas related to interpersonal relationships and self-identified emotional and social supports saw material and sustained changes in average scores across T1 to T3. Taking part in a course which has specific modules on self-esteem and building confidence may have contributed to the participants feeling more confident in identifying some practical supports in their lives they did not see prior to taking part.

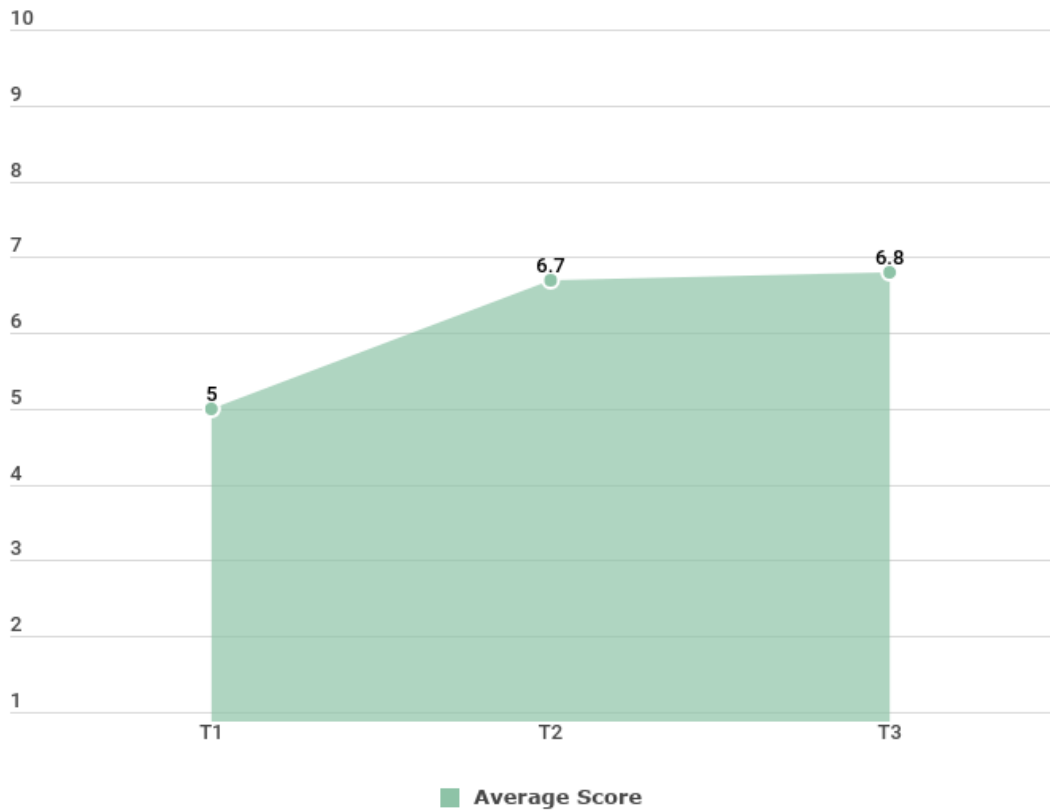
Other Wellbeing Questions

On the whole, I am satisfied with myself



This question specifically addressed self-satisfaction. Three months beyond the conclusion of the course a more positive self-view was evident across this cohort. By time point three (T3), the number of participants who did not have a general positive self-image had reduced from 9/17 (53%) to 6/16 (38%).

How would you rate your current employment knowledge and employment skills?



When answering this question, participants were asked to rank their knowledge and skills in the area of employment from 1 (lowest possible knowledge and skills) to 10 (highest possible knowledge and skills).

The graph above shows a material shift towards higher number responses. The average response at T1 was a knowledge level of 5, while at T3 this had increased to 6.8, an increase of 30%.

Qualitative Comments from Participants

At T1 and T3, participants had the opportunity to address their specific concerns by submitting qualitative responses.

When asked what were the factors that affected their opportunities for employment, at T1 confidence came out strongly as a factor limiting the carers' ability to obtain employment or even go about looking for supports to enable

them to do so. For many, starting this course was a very big step, and a significant commitment to themselves.

Other factors mentioned included their perceived lack of experience and knowledge, along with the availability of jobs which were suitable for their situation as a family carer. This may be due to their need for flexibility or the cap of 18.5 hours of paid work per week to ensure continued eligibility for Carer's Allowance (CA) and the other supports that receipt of CA gives access to.

"My age and skillset." (Time period 1 (T1))

"Confidence, ability, memory, children." (T1)

"Being a full-time carer to an adult child with profound special needs as well as Carer's Allowance restrictions in terms of pay and hours makes it very difficult to figure out how to gain employment without support of employers. This is not due to lack of skills or training. If you go for an interview with all of these rules attached, i.e., cannot earn more than a certain amount or cannot work more than 18.5 hours, an unaware employer is not going to consider you for the job. This course is the first time I have felt there is hope this can be overcome." (T1)

At T3, only two respondents mentioned confidence and self-esteem, with participants instead identifying very specific practical issues as affecting their employment opportunities, such as a lack of replacement care, time constraints and lack of appropriate jobs.

"Time. Just trying to split myself in two. I've too much to be doing as much as I would love a job, just for a break." (T3)

"18.5 hour jobs offer availability." (T3)

"Insufficient time to do more training as my dad has needed extra care recently but this happens occasionally in winter, and I'm well used to it." (T3)

Respondents were asked what current issues were impacting their sense of loneliness and social isolation. For many, unsurprisingly, the impact of Covid-19 has been strongly felt, along with their responsibilities as family carers – neither of these key issues had changed at T3.

"Covid and being a full-time carer to two special needs children." (T1)

"Loss of friends, luck of Job, luck of life outside the house/family and of course pandemic is not helping." (T1)

"Being left to carry the burden of two very old but wonderful parents alone, decisions about their care left to me." (T1)

"I have to have my daughter with me if I do go out as there is no one to leave her with. I can't talk openly to people when she is with me, so I end up not talking at all. I doubt I'd be first on the list for invites out. Respite has been nonexistent for 2 years now. Lack of money." (T1)

"The biggest factor contributing to a sense of isolation is money. As a lone parent and carer I do not have the finances to have a social life with people of my own age group. I dread being invited to things like parties/weddings, not because I am unsociable but because of the cost involved. As a result I avoid these gatherings and just don't go, which further increases isolation as you lose friends." (T3)

"Self-confidence but it is improving." (T3)

"Low self-esteem, depression, Covid restrictions, carer duties." (T3)

Conclusion

We know that engagement with the paid labour market is strongly positively associated with family carer wellbeing. This interim report points towards material and sustained improvements in participants' employment opportunities, employment readiness, wellbeing and overall life satisfaction.

Furthermore, at the time of this report (February 2022), 7 of the 17 participants in Cohort 1 had secured paid employment. This was a key objective of the project and its funders.

With a level of confidence, we can therefore say that this project is reaching and indeed exceeding its goals.

Next Steps

In the Spring of 2022, we look forward to combining data from Cohort 1 (n=16) and Cohort 2 (n=21, who completed their course recently). This will enable us to make more robust observations in relation to the likely impact of this course for family carers.

'Guiding support for family carers'

Further data (T2, immediately post intervention) emerging from a second round of participants (n=21) suggests that the intervention is at least as effective as that reported by the first group. Combining the full data (T1, T2 and T3) from the two sets of participants will provide a clearer picture of this project's efficacy.

Data from the third group of participants (n=26), available July 2022, will further build on the evidence base.

As part of our commitment to reaching more family carers, we are collaborating with University College Cork (Adult Continuing Education) with a view to delivering a new hybrid (employment/college ready) course for family carers in May 2022.

In the meantime, we look forward to engaging with suitable prospective training and funding bodies with a view to making a strong business case for the medium to long-term funding for the next phase of Kaleidoscope.



Guiding Family Carers Back to Paid Employment

Appendix 1: Kaleidoscope Focus Group 13 July 2021 Summary Report

Introduction

Thirteen of the Kaleidoscope participants took part in the one-hour online focus group, which was facilitated and written up by Sandra Velthuis of Whitebarn Consulting. Participants referred to the programme as 'the course', which is the term that has therefore been used below.

The most appreciated aspects

In gaining a place on the course, participants felt that they had been afforded an enormously valuable opportunity. The course covered a huge range of important subjects and provided them with much new information, many new resources and a range of useful experiences. The carer-specific nature of the course was particularly welcomed.

Participants felt supported during the course in multiple ways. The welcome box/care package that was sent at the start made them feel very special: as carers their individual needs are often neglected and for once those needs were put at the forefront. This appears to have been a very effective way of setting a positive tone for the rest of the course. The practical help that was given to those who needed it (in terms of, for instance, a laptop, headphones and Wi-Fi booster), was also very much appreciated and enabled them to take part in a course that they would otherwise not have been able to access. The check-ins with Care Alliance Ireland staff, the coaching sessions and the counselling sessions that were accessed were very much valued and the people providing these supports were described as 'genuine and generous'. Peer support also played an important role. Participants were grateful to be in a setting with others in a similar situation to them and who understood the day-to-day challenges that they faced.

Although no specific question was asked on positive outcomes arising from the course, there were nonetheless references to knowledge acquisition, confidence building, reduced isolation and feeling cared for. There were also ripple effects, with some participants noting that they had shared lessons learned with family and friends. The course had not yet finished, yet some participants were already on the road to commencing training, researching self-employment possibilities and planning job hunts.

Areas for improvement

Participants would preferred to have received a detailed outline at the start of the course explaining exactly when each and every session would be, what each session would cover, and what the parameters of course supports were (for instance, who could access counselling and during what timeframe, if they would be able to access the private Facebook group after the course had ended, and so on). There were also calls for speaker slides to be sent in advance of each session, rather than afterwards, so that they could annotate printouts of the slides during the sessions.

Some comments were made about technological issues. Sometimes, problems were experienced with the sound/feedback during Zoom sessions, which was very distracting. One of the sessions appears to have been live captioned and it was suggested that this could be done for all sessions. It was agreed that more effective use could have been made of the Zoom chat function. One person lamented the fact that breakout sessions were not recorded (it was explained that this functionality does not exist). The procedure for accessing the Kaleidoscope website was not felt to be particularly user-friendly.

Lack of time to devote to the course and scheduling challenges were the main problems encountered by participants. All carers' time is limited, but each carer's situation is different. Trying to develop a programme that meets everyone's needs equally well is likely impossible. Some believed the course should have been longer and/or run over a longer period of time to cover the heavy course content, but the majority felt that a few hours per week over 12 weeks was all they could afford to spend timewise. A general preference was expressed for sessions that were 2.5 hours in length instead of 2 hours, so as to reduce the sense of them always feeling rushed. While some liked the fact that they could go back to recordings in between sessions, others said that they simply did not have the time to do this. At least one participant stated that neither CAI staff nor coaches were able to meet her at times that suited her, with the result that she had missed out on these very important parts of the course. The summer months appear to be causing particular challenges for those with childcare responsibilities.

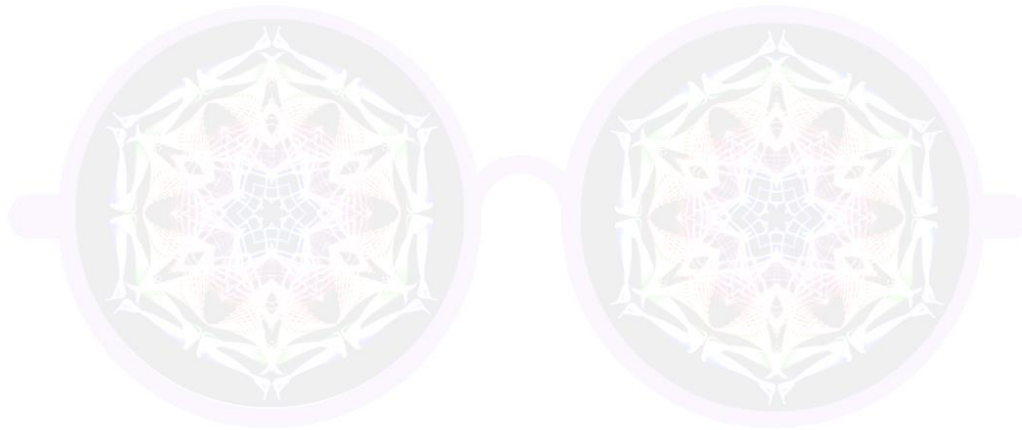
There is no doubt that some aspects of the course were very difficult for participants. The mock interviews and the session on one's inner critic were considered to be especially challenging, albeit very worthwhile. It was suggested that the inner critic session might be better held slightly earlier in the programme. It is concerning that a small number of participants feel as lost now as they did at the start of the course, and they still have neither a CV nor a plan for what happens next.

Appendix 2: Project Response to July 2021 Focus Group Report Recommendations

Feedback	Action
1. Welcome package received well	Funders have approved re-allocation of budget for Cohorts 2 and 3
2. Practical help (equipment) well received	Funders have approved re-allocation of budget for Cohorts 2 and 3
3. CAI staff check-in (positive feedback)	Will continue
4. Life coaching support (positive feedback)	Will continue as per the funding bid
5. Counselling support (positive feedback)	Based on needs identified funders have approved additional budget to facilitate counselling
6. Peer support (positive feedback)	Staff and external facilitators exploring ways of facilitating bonding earlier
7. Requested detailed course outline at the start of the course	As this is an iterative project, this will be provided for during Cohorts 2 and 3

<p>8. Sound/feedback during Zoom sessions were an issue</p>	<ul style="list-style-type: none"> - Participants will continue to be muted during a presentation - Project Coordinator will talk to presenters about enabling the text to speech application
<p>9. Chat function could be more effective</p>	<p>Chat function will continue to be used in each session</p>
<p>10. Kaleidoscope website not user-friendly</p>	<p>Website to be introduced to Cohorts 2 and 3 at the beginning of the course so a change is not made half-way through</p>
<p>11. Lack of time to devote to the course (participants)</p>	<p>Participants will be reminded at the screening process about the external time recommendations</p>
<p>12. Sessions to be extended to 2.5 hrs</p>	<p>This will be implemented</p>
<p>13. Speaker slides to be provided in advance</p>	<p>Team will discuss the possibility and appropriateness with presenters</p>
<p>14. Staff availability for check-in</p>	<p>Staff will continue to make themselves available for check-in out of hours</p>

<p>15. Inner Critic session to be delivered earlier</p>	<p>This was identified by staff and presenter as well as participants and will be implemented</p>
<p>16. Participants feeling lost</p>	<p>Focus group took place prior to the final two sessions, which were focused on the Back to Work Plan</p>



Guiding Family Carers Back to Paid Employment

