

Impact Evaluation of the Tristate Carer Vocational Outcome Pilot (Your Caring Way): Final Report

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Glossary

CALD	Culturally and linguistically diverse
CRM	Client Relationship Management
DEX	Data Exchange
DOMINO	Data Over Multiple Individual Occurrences
MADIP	Multi-Agency Data Integration Project (being renamed as PLIDA)
Qld	Queensland
PLIDA	Person Level Integrated Data Asset
RTO	Registered Training Organisation
SA	South Australia
SPRC	Social Policy Research Centre
Tas	Tasmania
TCVOP	Tristate Carer Vocational Outcomes Pilot
VNA	Vocational Needs Assessment
YCBP	Young Carer Bursary Program
YCN	Young Carers Network
YCW	Your Caring Way

Executive Summary

Introduction

This is the final report of the evaluation of the Tristate Carer Vocational Outcomes Pilot (TCVOP) (also known as Your Caring Way (YCW)), part of the evaluation of the Integrated Carer Support Service (ICSS).

The TCVOP supports carers to strengthen their capability to lead the lives they value. The pilot commenced in April 2020 in Queensland, Tasmania, and South Australia. The pilot was originally intended to finish in December 2022 and has now been extended to December 2023.

This evaluation of the TCVOP is guided by a program logic (Appendix A) and evaluation questions (Appendix B). The evaluation uses mixed-methods and is informed by the following data sources:

- Program data and analysis
- DEX (Data Exchange) unit records and DEX-DOMINO (Data Exchange – Data Over Multiple Individual Occurrences) linked data
- Interviews with nine TCVOP clients
- Interviews with seven stakeholders
- Analysis of program documents including monitoring reports and evaluations.

Appropriateness

Evaluation Question 1: How appropriate is the program design for meeting the needs of Australian carers, including (where applicable) for carer demographic groups?

Overall, carers and stakeholders considered the program design to be appropriate to meet their needs. Carers were highly satisfied with their experience of the program, although a small proportion indicated they were better able to deal with issues they sought help with themselves rather than being understood and receiving the right services from others. Carers' satisfaction was dependent on their perception of the workers as competent, caring and responsive; while there were some occasions where this was not the case, the majority of clients were very complimentary about the staff and the service.

Evaluation Question 2: How has the program interacted with the NDIS (National Disability Insurance Scheme) and other policies supporting carers and those being cared for?

Overall, the interaction with other services, including the NDIS, My Aged Care and Carer Gateway, was facilitated by good working relationships between TCVOP service providers and the other services. Where these relationships were close and communication was good, the interactions worked well. From the carer's perspectives, the availability and access to services, and the quality and competence of the provider, were the most important factors.

Evaluation Question 3: How effectively have governance and funding processes contributed to achievement of program aims?

Stakeholders considered the governance arrangements to be generally good, although there were some complexities related to staff from Carers Queensland being placed in other states. Short term funding and uncertainty about renewal has challenged the pilot and resulted in some staff turnover and instability.

Summary and discussion – Appropriateness

While some carers reported negative experiences with support workers, the majority of carers and all stakeholders considered TCVOP to be appropriate for those carers who are motivated to return to the workforce, volunteer, or engage in education and training. The tailored packages of support and the access to other services, such as peer support through Carer Gateway, were considered key factors which facilitated the program's appropriateness for this group of carers.

The governance of the program was considered appropriate; however, the short-term nature of the funding and the uncertainty around funding renewal created challenges for ensuring continuity of staffing which led to disruption of some services. Interactions with other programs such as the NDIS and My Aged Care were generally good; carers commented on the positive interactions with Carer Gateway and its services which complemented the support offered by TCVOP. However, consistent with other programs, TCVOP clients sometimes lacked access to supports, such as respite, due to high demand. From carer perspectives, the competence and understanding of the support workers were the most important factors determining their positive experience of the program.

Effectiveness

Evaluation Question 4: To what extent has the program successfully reached Australian carers, including carers from the demographic groups?

The majority of clients were in Queensland, but the two other states were also well represented. Most demographic groups were represented, however, CALD carers were under-represented and were reportedly not targeted by providers or in design of the program. Most clients were mature working age females, which is broadly representative of the carer cohort.

Evaluation Question 5: What has been the impact of the program on the service system for carers?

Overall, the tailored support was an important addition to the support system offered to this group of carers. The support enabled carers to make choices and achieve objectives which they otherwise would not have achieved. In contrast to most other RTOs (Registered Training Organisations), TCVOP provided support through the whole process of upskilling and job seeking, and in addition engaged with employers to facilitate the conditions for carers to sustain employment.

Evaluation Question 6: To what extent has the program achieved the intended outcomes in its program logic?

The TCVOP aims to achieve the following outcomes:

- Strong community connections developed and sustained (employer and labour market focus)
- Improved quality of life for carers
- Increased carer workforce capacity and capability

The findings indicate that most clients increased their capacity for working and improved their quality of life. The pilot also made strides to develop and sustain community connections, and this is an ongoing process which required significant energy. However, carer reports also highlighted some of the significant challenges that carers face in re-engagement with the workforce and their need for support for their participation to be sustained.

Evaluation Question 7a: Have there been any unintended program outcomes?

Although as reported above, not all outcomes were achieved to the same degree, no unintended outcomes, positive or negative, were reported by stakeholders or carers.

Evaluation Question 7b: What factors have contributed to or detracted from the achievement of outcomes (intended and unintended)?

The factors that facilitated program outcomes were that the services were focused on the specific needs of carers rather than providing generic training or support for those seeking employment. Each client's needs were assessed, ensuring the provision of services to meet their specific needs. This also depended on the quality of the staff, in particular the support workers, and their ability to engage with carers. Most were reported to be effective, but there were also examples of inappropriate or inadequate support. At the service level, links to other services, in particular Carer Gateway and other RTOs were considered crucial for achieving outcomes, as was the engagement and support of employers.

The factor most cited as being a barrier was the short-term nature of the funding and uncertainty around extending the pilot.

Evaluation Question 7c: What are the characteristics of carers who have benefited most from the program and why? To what extent have outcomes differed for the (where applicable) carer demographic groups?

Female clients and clients aged between 25-50 were most likely to benefit in the sense that they were likely to come off income support. Young carers were the group that was least likely to benefit from the program in this sense.

Summary and discussion – Effectiveness

Overall, TCVOP is effective at enabling carers to re-enter the workforce, volunteer or study. The pilot was implemented at a difficult time for carers' given the public health measures associated

with the COVID-19 pandemic and the impact of the pandemic on employment opportunities; however, TCVOP has nevertheless engaged a range of carers and successfully supported them to re-enter the workforce, volunteer or study.

TCVOP is a targeted program aimed at a specific cohort of carers who are motivated to increase their participation through employment, volunteering or study; however, the demographic characteristics of the population of carers who wish to increase their participation is currently unknown. TCVOP has reached a wide range of carers, although CALD carers were under-represented.

In terms of outcomes, both qualitative and quantitative data indicate the pilot has been effective in achieving outcomes for clients, including improvements in their wellbeing and participation in work, volunteering or education. The pilot has been less effective in sustained engagement with employers, and this is an ongoing challenge for the sector. Nevertheless, there have been several successes in this area and stakeholders are of the view that longer-term engagement with employers will result in increasing opportunities for carers. The key factors which appear to be connected to the success of the program include:

- Assessment of each client's needs and provision of services to meet their needs
- The quality of the staff, in particular the support workers, and their ability to engage with carers
- Links to other services, in particular Carer Gateway and RTOs
- Engagement and support of employers through one-one meetings to link them directly with the program
- Educating employers to be carer friendly, how to identify carers in the workplace and the benefits associated with employing carers
- Regular communication between the partners

Efficiency

Evaluation Question 8: To what extent do interactions and/or referral pathways between the ICSS, the YCBP and YCN, and the TCVOP contribute to achieving outcomes across the respective programs?

Carer Gateway was responsible for a high proportion of referrals to the pilot, and many of the TCVOP clients received services from Carer Gateway which supported their wellbeing. As reported above, clients valued coaching, counselling and peer support services provided by Carer Gateway and stakeholders indicated that, especially in Tasmania and South Australia where these were co-located, the services worked well together to provide holistic support to their clients.

Evaluation Question 9: How cost-effective is the TCVOP?

The benefit-cost analysis assigns a 1.76 ratio to the TCVOP. This is based on a present value of a life cycle model where carers using the TCVOP move from unemployment to various forms of employment and participation, including full-time, casual, and self-employment and volunteering. This ratio takes advantage of two sources of benefits: reduction of income support and

employment income (and tax receipts). Therefore the TCVOP's benefits are likely to cover its costs.

Summary and Discussion – Efficiency

TCVOP commenced in 2020 – coinciding with the COVID-19 pandemic and the disruption caused by both the virus and the associated public health measures in Australia and the lack of employment opportunities. It is therefore essential to keep in mind that the results presented below take place in the context of highly uncertain economic times.

Overall, engaging in the TCVOP did not appear to reduce reliance on income support, a proxy indicator for employment. This does not mean TCVOP was ineffective, as this finding might reflect selection effects, for example indicating that some carers who move onto income support then seek assistance via the TCVOP. In addition, carers may have limited hours and opportunity to join the workforce or engage in education during this period because of risk-aversion, limited carer support services, limited job market, limited educational offerings or other reasons.

These selection effects appear to be strongest for the youngest group of carers, where there is a strong association between TVCO pilot participation and increased reliance on income support, indicating perhaps a continued level or even increase in need for this age group, or alternatively that this age group is more likely to begin accessing income support than other age groups.

Conclusions

TCVOP is an innovative program operating in three states which has successfully engaged carers and people who have recently ceased caring who wish to re-enter the workforce or wish to participate in voluntary work or studying. The pilot is based on a clear program logic and services are tailored to meet the needs of individual carers; this is in contrast to similar programs which do not consider the specific needs of carers as they re-engage with the workforce. The pilot was implemented during a very challenging period – the COVID-19 pandemic – and faced additional challenges due to short-term funding and future uncertainty which resulted in staff turnover. Nevertheless, TCVOP was successfully implemented and has demonstrated the model is appropriate for the group of carers who wish to increase their participation in the workforce.

From the point of view of carers involved in the program, the quality of staff was the main factor influencing their experience of the program; while this was mostly very positive, some carers did not receive the service they expected or required. Similarly, working relationships between TVCO pilot providers and Carer Gateway providers, as well as NDIS and other services, were a determining factor which influenced the referral and service pathways between these programs. Overall, the evidence points towards carers receiving the range of services they required to support them, improve their wellbeing, and increase their participation in the workforce.

The program has worked hard to engage with employers; this aspect of the program has been very challenging and only partly successful. It appears that developing and sustaining a community of carer-friendly employers is an ongoing challenge for this pilot as well as for the carer sector overall.

The findings from this evaluation highlight the challenges that carers face to engage in employment, education and volunteering. Balancing care and work, in particular, can be very

difficult for carers and for employers, who have to provide a workplace that is flexible enough so that carers can take time off work, sometimes at short notice, to fulfil their caring responsibilities. Similarly carers who have recently ceased caring have often been out of the workforce for a long time and need re-skilling in order to resume employment. Some carers are able to use their caring skills and become part of the care workforce, but other carers are reluctant to become paid care workers and prefer to work in areas that do not require them to care for others. These factors highlight the need for a specialist service to support these carers, and TCVOP is one example of how this can be achieved.

Findings indicate the program is cost-effective – the benefits do outweigh the costs. Therefore, consideration should be given to expanding this model to other states, although whether this should be under the current governance arrangements will require further consideration and consultation with providers in other states.

1 Introduction

This is the final report of the evaluation of the Tristate Carers Vocational Outcomes (TCVO) pilot, part of the evaluation of the Integrated Carer Support Service (ICSS).

The TCVOP, also known as Your Caring Way, supports carers to strengthen their capability to lead the lives they value by:

- developing an individualised vocational plan for each carer
- providing tailored vocational coaching
- facilitating access to accredited and non-accredited training
- establishing a network of carer-friendly employers and vocational placement hosts
- assisting carers to source employment options and/or establish their own business, and
- providing carers with links to other support services specific to their needs. (Carers Queensland 2022:5)

The pilot commenced in April 2020 in three states: Queensland, Tasmania, and South Australia. The pilot was originally intended to finish in December 2022 and has now been extended to December 2023. The pilot has four stages; attract, train, place and retain. Output targets were developed for each of these stages.

The program has the overarching aim to contribute to **a community that celebrates diversity and inclusion, ensuring carers, people with disability, and their families are enabled social and economic participation in society (see Program Logic, Appendix A).**

The pilot expects to have three longer-term outcomes:

- Strong community connections developed and sustained (employer and labour market focus)
- Improved quality of life for carers
- Increased carer workforce capacity and capability

The pilot is managed and operated by Carers Queensland in partnership with Care2Serve in Tasmania and Carers SA in South Australia.

2 Approach

This evaluation uses mixed-methods and is formed by different data sources. This section describes each data source and the limitations to the data available.

2.1 Program data and analysis

The evaluation draws on several different sources of program data.

- **TCVOP evaluation reports.** This evaluation has reviewed the findings from earlier evaluations conducted by Carers Queensland (Carers Queensland, 2021; 2022). This is provided in a separate report (Katz and Tani, 2023). A summary of this review is presented in Section 4.3 to this report.
- **DEX data.** DEX unit record data has been analysed to evaluate program reach, the number and demographic characteristics of carers accessing TCVO, referral data, reasons for seeking assistance, any details on needs assessments, and outcomes.
- **DEX-DOMINO linked data.** The DEX-DOMINO linked dataset (to December 2022) has been analysed to examine the extent to which outcomes and costs of services for carers accessing TCVOP compare with similar carers who do not access TCVO, focusing on the impact of TCVOP on receipt of Carer Payment and Carer Allowance.

2.2 Interviews with TCVOP clients

Sample: Nine interviews were conducted with carers (in Queensland and South Australia).

Recruitment: Program clients were asked to 'opt-in' to the research and contact the researcher, who then arranged an appropriate time to conduct the interview either online or by phone depending on the participant's preference. All interviews were conducted with informed consent of the participant. Carers received a \$100 EFTPOS card to support their participation. Aboriginal and Torres Strait Islander clients are not specifically provided for in this program. Given the small number accessing the program, it is unsurprising that no Aboriginal and Torres Strait Islander clients participated in this evaluation.

Program clients interviewed met all the following conditions:

- they were registered with the program
- they recorded their contact details with the service provider (e.g. email and/or phone and/or postal address)
- they consented to participate in follow-up research.

Interview content: The interviews explored the experiences and outcomes for carers who engaged with the program. The interviews took approximately one hour.

Analysis: Interviews were audio recorded with participants' consent and transcribed verbatim by an external transcription company under a confidentiality agreement with UNSW. An analytic

framework was developed based on the evaluation questions. Transcriptions were coded against this framework using NVivo.

2.3 Interviews with TVCO pilot stakeholders

Sample: Seven stakeholders were interviewed online. Stakeholders for the TVCO pilot included service providers (Wellways, Carers Queensland, Care2serve, and Carers SA) and DSS carer policy staff.

Recruitment: DSS circulated the initial information about the study to identified service providers and stakeholders, with an invitation to participate in the evaluation in the fieldwork sites. Stakeholders and service providers contacted the evaluation team directly. Participation was voluntary.

Interview content: The interviews explored the knowledge and perspectives of the impact of TCVOP on carers and employers and focused on the evaluation questions relating to appropriateness and effectiveness. The interviews took between 30–60 minutes.

Analysis: Interviews were audio recorded with interviewees' consent and transcribed verbatim by an external transcription company under a confidentiality agreement with UNSW. An analytic framework was developed based on the evaluation questions. Transcriptions were coded against this framework using NVivo.

2.4 Limitations

There are several limitations to this evaluation.

- It was originally planned to survey all TCVOP clients in late 2022. However, because of the potential low number of responses and the overlap with the *Your Caring Way Program: Final Evaluation Report* conducted by Carers Queensland, it was decided that in order to minimise burden on carers, this component would not go ahead. Instead, this evaluation relies on the information provided by the YCW evaluation.
- The outcomes evaluation originally planned to use the DEX-MADIP dataset to examine employment and health outcomes of TCVOP clients compared to similar carers who did not access the pilot. However, due to ABS restrictions on the use of MADIP (in the process of being renamed PLIDA (Person Level Integrated Data Asset)), this analysis was not conducted.
- Although extensive efforts were made to engage and interview employers involved in the pilot, no employer contacted the evaluation team to be interviewed. The experience of employers is therefore only accessed through the YCW evaluation report.
- The majority of clients interviewed came from Queensland and therefore there are limited insights from the perspectives of carers based in Tasmania and South Australia. The number of carers interviewed also may not reflect the true diversity of client experiences of the TCVOP.

3 Appropriateness

3.1 Question 1: Appropriateness of design

Evaluation Question 1: How appropriate is the program design for meeting the needs of Australian carers, including (where applicable) for carer demographic groups?

3.1.1 Stakeholder perspectives

Overall, stakeholders felt TCVOP met the needs of carers and improved carers' quality of life.

I think it's an improved quality of life and improved social connection, which is really hard to measure sometimes. Carers can be terribly isolated and just if they're training with other people and then they do some great volunteering, and it later leads to a job, or they're in the workforce, that social connection, that financial stability, really are great outcomes for carers. (Stakeholder 4)

The program met the needs of carers by providing coaching and training opportunities to prepare them for employment; providing tailored supports to meet individual needs; building trusting relationships with carers; and ensuring a continuity of support from developing an individualised plan which built on their existing skills.

Working one-on-one with clients and having continuity of support in the program, creating individualised plans, not one box ticks all. (Stakeholder 1)

So the difference for this [program] is the fact that carers get support all the way through and they get support into the role, whatever that might be. Carers are slightly different in every cohort; when you engage with them there's a certain nuance about some of the skills that they might already have that can be built upon. (Stakeholder 2)

Stakeholders also identified developing relationships with potential employer organisations as a way of meeting carers employment needs. These relationships were important to finding employment opportunities where employers were cognisant of the challenges carers faced as well as the contributions carers could make to an organisation.

I think it's that placement element. So having relationships with organisations who are open to having a carer come into their workplace or a past carer come into workplace is a key element of that and a point of difference. But I think that requires a relationship of trust, reliability, in order for them to know that you're going to be providing suitable candidates for roles. (Stakeholder 3)

Additionally, stakeholders highlighted their ability to understand carers' experiences which enabled them to meet their needs.

We know carers, we get carers. We can get them extra support during that difficult time. (Stakeholder 4)

The knowledge of carers and their carer journey is really important and the flexibility, not just across the program but across the organisation and with the RTO [registered training organisation] as well. And we have other carer services that we can refer to and that understanding was an integral part of getting it up and running quickly. And that flexibility

which has been part of that whole model it's very personalised, it's individualised, it's very flexible, and it recognises the carer journey. (Stakeholder 4)

3.1.2 Carer perspectives

The effectiveness of TCVOP in meeting carers needs varied considerably. Factors that influenced the effectiveness of the pilot included the staff's ability to engage with carers and listen to them.

One carer commented:

They are just awesome, and the calibre of the people that they've employed. (Carer 2)

Carers found one of the most beneficial aspects of TCVOP was making connections with other carers through training programs and hearing about other carers' situations. Carer Gateway clients also attended the training session and participants could ask questions about available services.

Because Carer Gateway does so much, and I wasn't aware of some of the things, some of the support groups. They just talked about support groups that were happening. That's just lunch break, everybody's just chatting, just word of mouth of what's going on and what's out there. (Carer 4)

I knew pretty well what to expect because I'd read their brochures and information on what things they offered. The staff seemed somewhat similar to the staff I'd encountered in previous – with previous carers. I liked it because the [job readiness] evaluation was a slower process. It was realistic in its aim. I think they very well understood that the path to becoming employed was going to be a slower one, and that more support was needed during the study. (Carer 3)

The support provided by TCVOP for some carers contrasted with their negative experiences of other programs. For example:

I appreciate that Your Caring Way looked for ways to make things happen if you're not in a capital city, which sometimes has taken a little while, but they've always kept in touch during that process, and said, 'we're looking for someone in your area that has a contact here'. But they would get back to me and say, 'look, we're still having delays, but we're on the case'. So, I appreciate that they looked for ways to make things actually work, rather than coming up with excuses for why things don't work. I think the effort they put in is really superior. In the way they approach their looking for training and work in – it takes into account the caring role, and the fact that your journey may take a little longer, or you may have to study in a different way, or different places. Yeah, so I think it's that flexibility that makes it far more like a continuation of a caring service, rather than – I got thrown into an employment agency. Yes, it definitely has that feel that they're helping carers achieve their aims, rather than we're just another employment agency. (Carer 3)

The support provided by TCVOP most often mentioned by carers included help preparing résumés and cover letters and accessing training programs.

Well, first of all I've got a support person. That support person helps me – revise my résumé, revise my covering letters, and generally can't fault them. But then when I submit them and I get no response, or told that, your application won't go any further, it might be because it's a government job and they already have it lined up for someone in the system, or, there was one application I applied for, and it only just came out the immediate week on the Monday. I actually walked in with my application, only to be told that it was already filled two weeks ago. (Carer 8)

I guess the plan for me is to gain successful employment and upskill because I've been out of the workforce for probably about 6 years, so just to upskill and enter the workforce. I just found if I was going traditional ways the barriers, like it's all the upfront costs and it's just all these things and there's all these – seems to be these blocks and that's why I'd never heard of Your Caring Way. So it was, yeah, it was really good. As I said, I did the first aid course, and it was fantastic, and it was done really well. (Carer 7)

Carers were also supported through the development of individualised plans where they identified goals and how they could reach those goals.

I think they kind of helped me through what I needed at the time. I guess, like with this other job it kind of fell into place, so I didn't really need help with that one. I guess it just gave me the confidence to be able to do up a résumé and a cover letter. I kind of think it helped me in the time that I needed the help. (Carer 3)

One carer noted the TCVOP support worker had helped them understand the process of searching for work having been out of the workforce due to caring responsibilities.

I was actually searching for work, to return to work, and they have been very, very helpful because there have been a lot of areas that I didn't understand. There was sort of like black holes... They were able to fill that information in for me in a search for work process, which has helped me understand what on earth's going on and that's been very supportive. (Carer 8)

Other carers felt TCVOP did not meet their needs and were misinformed about the type of assistance that would be provided. One carer applied for a TAFE course after she was given information suggesting she could receive help with buying a computer required for the course. The carer was accepted for the course but was informed by her support worker that she would need to apply for a loan for the computer. The carer commented:

I said, you have already said to me that if I go and get myself a TAFE course and I sign up and it's all good you can get me a laptop and some stationery supplies. ...but [then I was told] can only do that after you've been rejected for a NILs (No Interest Loan) loan. I said, 'okay, have you ever been in severe financial hardship?' (Carer 9)

Another carer described her disappointment after the initial meeting with the TCVOP worker.

I left my first plan interview and I cried because... you think they're going to have things for me. You get so excited. It's like Christmas. You think they're going to care what happens to me. (Carer 1)

In contrast another carer said the support worker did not listen to her when outlining the types of training that was available. The carer reported that:

I don't think he listened because there was extra training I could access. I said to him, 'because I've already got my degree that's what I'd like to use'. There are a lot of areas that social work can cover. It can cover such a vast majority. (Carer 4)

A carer nearing retirement age felt that TCVOP did not provide her with the support she needed at this transitional period of her life.

Someone else might find them a lot more valuable, because I'm at the time and age [near retirement age]. But someone's that's, you know, an adolescent who is caring for someone, they would have a different viewpoint as to what they needed. (Carer 11)

3.1.3 DEX analysis

As part of the post assessment phase of program delivery, clients were asked questions about their satisfaction with TCVO. Table 1 below shows the distribution of responses (648 to 668 people, depending on the question) for whom responses were collected up to the end of 2022. This is out of approximately 1,400 people who had contact with TCVOP during this period – many of whom will not have completed the post-assessment by the end of 2022.

Overwhelmingly, clients were satisfied with the services provided. On the question of whether carers thought they were now better able to deal with the issues they sought help with, only 6.3% disagreed and 20.5% were not sure.

Table 1 Satisfaction with TCVOP services, percent

Response	The service listened to me and understood my issues (%)	I am satisfied with the services I have received (%)	I am better able to deal with issues that I sought help with (%)
Disagree/Tend to disagree	3.9	3.8	6.3
Neither agree nor disagree	7.3	9.1	20.5
Tend to agree	16.2	16.8	35.5
Agree	72.7	70.4	37.7
Total	100.0	100.0	100.0

Source: Analysis of DEX client data

3.1.4 Summary

Overall, carers and stakeholders considered the program design to be appropriate to meet their needs. Carers were highly satisfied with their experience of the program, although a small proportion indicated they were better able to deal with issues they sought help with themselves rather than being understood and receiving the right services from others. Carers' satisfaction was dependent on their perception of the workers as competent, caring and responsive; while there were some occasions where this was not the case, the majority of clients were very complimentary about the staff and the service overall.

3.2 Question 2: Interaction with the NDIS and other policies

Evaluation Question 2: How has the program interacted with the NDIS and other policies supporting carers and those being cared for?

The main interaction with the NDIS and other supports was through Carer Gateway (discussed in Section 5.1).

3.2.1 Stakeholder perspectives

TCVOP service providers aimed to support carers, regardless of whether they were a participant in the NDIS or My Aged Care, by providing services to allow them to engage in work, volunteering or training. However, the availability of resources and services limited service providers' ability to relieve carers of some of their caring load to allow them to participate in other activities.

The location of a TCVOP service in close proximity to an NDIS provider 'just across the driveway' facilitated interaction between the services and cross-referrals.

We actually had someone sitting within our office. Those referral pathways were built really early around that connection across, and then coming back, but they were enhanced by the ability to have some conversations too around, okay I've got this situation what do you think, as well. I think we were actually really lucky in that sense. (Stakeholder 3).

3.2.2 Carer perspectives

Some carers' experiences of accessing services through the NDIS or My Aged Care was not positive due limited respite services, the poor quality of support workers, and the lack of continuity of support workers. One carer commented:

There's very little away from home respite. Very little, because the demand – as you can imagine, I'm sure you're aware – the demand is enormous. It is absolutely enormous. So kids like mine who can walk and talk and go to the toilet and self-feed, they're at the bottom of the rank. It's for complex and high needs people and taking up those spaces. Rightly so. I don't disagree, but it means there's nothing for people like me. I have only just engaged a support worker for the first time. He is useless. I'm sorry to say it. He is a nice man, but I wanted him to teach the kids how to do their ADLs [Activities of Daily Living], because they don't for various reasons. They need to learn how to cut their lunch. They need to learn how to clean their toilet. I don't expect him to teach them to do anything for us. He will sit at the kitchen table with his phone and do nothing and he says, 'unless you give me a list of jobs, I don't know what to do'. Several times I hand wrote the list of jobs. (Carer 1)

A lack of access to respite care is a significant concern for carers wanting to study or wanting to re-engage with the workforce.

3.2.3 Summary

Overall, the interaction with other services, including the NDIS, My Aged Care and Carer Gateway, was facilitated by good working relationships between TCVOP service providers and the other services. Where these relationships were close and communication was good, the interactions worked well. From the carer's perspectives, the availability and access to services, and the quality and competence of the provider, were the most important factors.

3.3 Question 3: Governance and funding processes

Evaluation Question 3: How effectively have governance and funding processes contributed to achievement of program aims?

3.3.1 Stakeholder perspectives

Stakeholders identified how the process and timing of the funding, and subsequently the extension of funding, impacted the effectiveness of the program. Stakeholders discussed how uncertainty about the funding had resulted in the loss of staff and clients being transitioned out of the program.

Funding and restrictions on time last year, when we transitioned out of the program and we had to say goodbye to a lot of existing clients, put us on the back foot. (Stakeholder 1)

There was obviously a challenge in the middle because with the funding, only for a short period of time and as it happens often with government funding is that there was a ramp down. ... [they] had to go into transition out mode because they didn't know that the funding was going to be renewed. Then when the funding was renewed, they had to ramp back up again. (Stakeholder 2)

It was a bit of a high turnover rate, so by the time it takes to employ somebody, and so sometimes we would have carryover funding, and that carryover funding would then fund another 12-months of an additional coach. (Stakeholder 4)

New staff were employed when the funding was extended. They then had to gain an understanding of the program before they were ready to support clients.

Stakeholders also noted there were some complexities associated with not having staff 'on the ground' in each state.

So I think that it's more the hierarchy, the management; the funding is held by [Carers] Queensland, [and] they employ people in three states to deliver the services. Yeah, it brings lots of different complexities with that. Rather than having people on the ground in each state and territory to deliver that, that's within that organization. (Stakeholder 3)

3.3.2 Summary

Stakeholders considered the governance arrangements to be generally good, although there were some complexities related to staff from Carers Queensland being placed in other states. Short-term funding and uncertainty about program renewal has challenged the pilot and resulted in some staff turnover and instability for both staff and clients.

3.4 Summary and discussion – Appropriateness

While some carers reported negative experiences with support workers, the majority of carers and all stakeholders considered TCVOP to be appropriate for those carers who are motivated to return to the workforce, volunteer, or engage in education and training. The tailored packages of support and the access to other services, such as peer support through Carer Gateway, were considered key factors which facilitated the program's appropriateness for this group of carers.

The governance of the program was considered appropriate; however, the short-term nature of the funding and the uncertainty around funding renewal created challenges for ensuring continuity of staffing which led to disruption of some services. Interactions with other programs such as the NDIS and My Aged Care were generally good; carers commented on the positive interactions with Carer Gateway and its services which complemented the support offered by TCVO. However, consistent with other programs, TCVOP clients sometimes lacked access to supports, such as respite, due to high demand. From carer perspectives, the competence and understanding of the support workers were the most important factors determining their positive experience of the program.

4 Effectiveness

4.1 Question 4: Program reach

Evaluation Question 4: To what extent has the program successfully reached Australian carers, including carers from the demographic groups?

The participant profile of TCVOP as reported in the Carers Queensland evaluation (Carers Queensland, 2022) is presented in Table 2 below. The majority (89%) of participants were women, and more than half (58%) were in the age group 45–64 years. Aboriginal and /or Torres Strait Islander carers comprised 6.6% of participants. Culturally and linguistically diverse (CALD) carers (<10 in the program as of 29/9/22) and young carers were underrepresented in the program and the report notes that marketing did not specifically target these groups (Carers Queensland, 2022: 30). In terms of highest level of education achieved, 32% had completed secondary school or below, 29% had Certificate level qualifications, 14% had Diplomas or Advanced Diplomas, while 17% had a bachelor's degree or above. Sixty-six per cent of participants were in full-time caring roles (unpaid), 10% were employed fulltime or part-time, while 18% were unemployed and looking for work, and 4% were unemployed and not looking for work. The majority (72%) were in receipt of income support as their main source of income, while 8% received wages and salary income, and 1% had income from self-employment. Sixty-three per cent of participants were in Queensland, 25% were in South Australia, and 12% were in Tasmania.

Table 2 TCVP participant profile to September 2022

Participant characteristics	Number	Percentage
All	1447	100
Female	1289	89
Male	158	11
18–24 years	43	3
25–44 years	488	34
45–64 years	833	58
65 years and over	83	6
Indigenous status		
Aboriginal and/or Torres Strait Islander	96	6.6
Non-Indigenous	1320	91.1
Not stated	31	2.2
Education		
Primary	10	1
Secondary	454	31
Certificate	416	29
Diploma and Advanced Diploma	204	14
Bachelor's degree	196	14
Graduate Diploma and Graduate Certificate	19	1
Postgraduate degree	35	2
Other	73	5
Not stated/missing	43	3
Labour Force Status*		
Caring	962	66
Unemployed, seeking work	257	18
Unemployed, not seeking work	57	4
Employed full-time or part-time	151	10
Study/other/missing	20	1.3
Income source*		
Government payment	1044	72
Wages and salary	120	8
Self-employed	15	1
Other (superannuation and investments)	98	7
Other (pensions and benefits)	44	3
No income	78	5
Not stated/missing	48	4
State		
Queensland	923	63
South Australia	355	25
Tasmania	169	12

Source: Carers Queensland (2022: 28–30). Notes: based on CRM data downloaded 29/9/22 * based on CRM data downloaded 7/10/2022.

4.1.1 Summary program reach

The majority of clients were in Queensland, but the two other states were also well represented. Most demographic groups were represented; however, CALD carers were under-represented and were reportedly not targeted for the pilot. Most clients were mature working age females, which is broadly representative of the carer cohort.

4.2 Question 5: Impact on the services system

Evaluation Question 5: What has been the impact of the program on the service system for carers?

4.2.1 Stakeholder perspectives

The personalised support provided by TCVOP was identified by stakeholders as being an important aspect to enabling carers to achieve their employment outcomes. Carers' needs were identified through individualised plans; service providers listened to carers and facilitated engagement and connections with organisations, employment providers and other services through existing referral pathways to help carers return to or gain employment.

I suppose there are some synergies and some elements where the programs work really well together ... because we have the carer packages. For example, if Your Caring Way is working with the carer, who needs to fund a particular training course or doesn't have a device or needs to have, say, working with vulnerable people or various certificates done and can't afford it, we can fund those out of a care package. (Stakeholder 3)

Stakeholders identified improving carers' wellbeing, and increasing carers' confidence and social connections through returning to the workplace were the key outcomes of TCVO, which in many cases reportedly reduced their need for other support services over time.

4.2.2 Carer perspectives

Carers accessed new information and had alternative perspectives on how to view their existing skills, how to gain work experience, and how to identify employment options in the current job market.

They have been very respectful, they've been very supportive, and they've been giving me information that I didn't have available to me and they're certainly supporting me in looking for starting my own business. I've sort of got to this cross point. Do I continue studying, as is, or start looking for a different way to start my business? (Carer 8)

But also, the other strength is they did come up with ideas that I wouldn't have thought of for work options. So, yeah, their lateral thinking is a lot better than mine – and I really do apply myself to coming up with some bizarre possibilities. Yeah – but they have obviously got expansive thinking and wider knowledge of the job force. (Carer 3)

They have certainly helped me with ideas for volunteer work, and that's what I'm doing at the minute. I volunteer at the local school in their classes – which pretty much means I teach their class, but I don't get paid for it. (Carer 3)

Another key element of TCVO, for one carer, was the way support was provided. The carer noted that the arm's length approach gave her the opportunity to be in control – but help was available when required.

I feel that it's arm's length. I feel as if they're supporting me to take the steps and I'm the person who is driving it and they're the support people. They're not the people taking my hand and driving it, if you know what I mean. (Carer 8)

Another aspect of TCVOP identified by carers as helpful was the ability of support workers to work with them to address challenges that seemed overwhelming.

Sometimes, just being able to unpack what seemed to [be] like a myriad of issues and concentrate on what was something that could be attacked, or could be resolved easily, or not. At times not knowing which way to go, so it certainly helped to [get someone] to say, well you can't do everything, so let's concentrate on a couple of areas, to help you get through this course. It was an unusual experience for me, because I'm not used to struggling with study like that. I've previously got through courses without the same problems. (Carer 3)

4.2.3 Summary

Overall, the tailored support was an important addition to the support system offered to this group of carers. The support enabled carers to make choices and achieve objectives which they otherwise would not have achieved. In contrast to most other Registered Training Organisations (RTOs), TCVOP provided support through the whole process of upskilling and job seeking, and also engaged with employers to facilitate the conditions for carers to sustain employment.

4.3 Question 6: Were intended outcomes achieved?

Evaluation Question 6: To what extent has the program achieved the intended outcomes in its program logic?

4.3.1 Comment on Your Caring Way Evaluation Final Report

This section summarises the evaluation team's examination of the *Your Caring Way Evaluation Final Report* (Carers Queensland, 2022) findings in relation to the outcomes identified in the TCVOP program logic (presented in Appendix A).

4.3.1.1 Increased carer workforce capacity and capability

The Carers Queensland evaluation found that TCVOP has been successful in increasing the number of carers trained and engaged in voluntary activities, education and employment. There are strong indications the program has increased carer capacity and capability compared to business as usual. However, the extent to which this has been achieved cannot be determined based on this report.

4.3.1.2 Improved quality of life: ‘Improved social and emotional wellbeing’, ‘increased self-confidence’, and ‘increased financial security/inclusion’

Across all domains of wellbeing and self-confidence measured for the evaluation, there have been improvements from baseline to post involvement in the pilot. However, the report highlights the limitations of the evaluation. For example, comparison with the general carer population indicated that even post engagement, carers had lower wellbeing than carers in the general population. There could be several explanations for this finding, including the timing of the program (during the COVID-19 pandemic) and the circumstances of the carers involved.

4.3.1.3 Strong community connections are developed and sustained

The evaluation reported that engaging with employers and other community stakeholders has been the most challenging part of the pilot and was only partially successful. Some employers and Carer Gateway providers indicated a lack of success for this objective. However, overall this objective was mostly achieved despite TCVOP being implemented in the very challenging context of the COVID-19 pandemic when job opportunities for carers were severely limited.

4.3.2 DEX-DOMINO analysis

See Section 4.6 for analysis of outcomes using DEX-DOMINO linked data. This analysis indicates young carers were the least likely to benefit from TCVOP as they were likely to increase their reliance on income support, although there may be other explanations for this age group increasing reliance on income support. There did not appear to be an effect on other groups of carers.

4.3.3 Carer perspectives

For some carers the program had a positive impact on their confidence and reduced feelings of isolation. Knowing that support was available from workers who understood their circumstances meant that carers did not have to overcome challenges alone.

I suppose, if it's an overall thing, it's given me more confidence as a carer and, yes, there are other people out there that understand. You're not alone in this caring journey, and it's really good that the government has developed resources to help the carer because you do become very isolated. (Carer 4)

So that was very helpful to understand what was going on and why things were happening as such. I have basically done a full circle now and I'm understanding that connecting and making networks is highly important and so I moved to be able to do that. Also, continue to do training that will improve my level of expertise and skills that are sought. Through Your Caring Way I have done first aid training and then I have done another short course that was the next step in understanding the work process, or the application process for work. So, they have been very supportive. They've been very helpful, and they've given me information that I didn't previously have. (Carer 8)

4.3.4 Summary

TCVOP aims to:

- Develop and sustain strong community connections (employer and labour market focus)
- Improve the quality of life for carers

Increase carer workforce capacity and capability.

The findings indicate that most clients increased their capacity for working and improved their quality of life. The pilot also made strides to develop and sustain community connections, and this is an ongoing process which required significant energy. However, carers also highlighted some of the significant challenges they faced in re-engaging with the workforce and their need for support to sustain their participation.

4.4 Question 7a: Unintended outcomes

Evaluation Question 7a: Have there been any unintended program outcomes?

While not all outcomes were achieved to the same degree, no unintended outcomes, positive or negative, were reported by stakeholders or carers.

4.5 Question 7b: Factors affecting program outcomes

Evaluation Question 7b: What factors have contributed to or detracted from the achievement of outcomes (intended and unintended)?

4.5.1 Stakeholder perspectives

Stakeholders identified tailored supports provided to each carer as the major factor leading to the positive outcomes achieved by the program. In contrast to most RTOs, TCVOP provided individualised support to prepare the carer to re-engage with the workforce and supported the carer post-placement. Identifying carer-friendly employers and supporting those employers was another factor which contributed to successful and sustained job placements for carers.

A key factor contributing to achieving outcomes for carers was that TCVOP offered a unique type of support. As one stakeholder observed:

Your Caring Way bought something unique, in that it could offer that support for carers into meaningful volunteering or into work, and also training and the soft skills associated with it that they needed. (Stakeholder 3)

Stakeholders identified strong relationships between service providers outside of TCVOP and non-government organisations as important facilitators to achieving outcomes for carers. Collaborative events and information sharing served to strengthen existing relationships and build new networks with providers and employers. The flexibility of the program was also a key contributor to achieving outcomes.

So the enablers that we found were the flexible and extended period over which supports are offered. We can do makeup classes, if they're going through our RTO, we can get them assistance if they're falling behind because their education is being impacted by their caring role. The relationship between their vocational coach and placement officer was seen as a real positive. The fact that we could support them for opportunities to have customised

training through our RTO. But we were also able to connect them to other RTOs that we went into partnership with who were carer friendly and understood carers, and the support to secure and retrain – sorry, retain workforce engagement, although there were some systemic challenges around seeking and securing flexible working arrangements. But we still could support the carer even when they were placed in a work environment. (Stakeholder 4)

The qualities of TCVOP staff such as their ability to engage with carers, identify their needs, and provide individualised support, were pivotal to achieving outcomes. As one stakeholder commented:

She's excellent at engaging with our team and I haven't heard anything but good things from carers who've been engaging with her. (Stakeholder 2)

Having TCVOP staff situated in a carer organisation provided the foundations for understanding carers' employment needs and the barriers they face reengaging with the workforce often after an extended absence – this contributed to positive outcomes for carers. Stakeholders also noted the importance of recognising carers may have skills that need updating or may need retraining, but they have also developed skills through their caring. The pilot program was developed with a comprehensive understanding of the employment needs of carers and recognised that the journey is not linear; due to the sometimes episodic nature of care requirements, carers sometimes needed to withdraw and re-engage with TCVOP when circumstances permitted.

Program elements such as the coaching and training programs, and the extended support provided to carers were important contributors to outcomes for carers. It's the coaching, the intense coaching to get to the training, the extra support, and then once they get into a role, whether it be voluntary or paid, the extended support in that once they've got into the role. (Stakeholder 2)

There is some benefit associated with [being] a well-established not-for-profit; we've been able to access the infrastructure of a large organisation. (Stakeholder 4)

In contrast, the main factor detracting from achieving the outcomes was identified as the short-term nature of the funding. This has resulted in high staff turnover in some services and uncertainty among staff across the board.

Other barriers identified by stakeholders were the nature of the caring role, the care needs of the person supported, and workplaces that were not carer-friendly. The unpredictability of care, together with employers that lacked flexibility or were unable/unwilling to meet carers' needs, made it difficult for carers to re-enter employment – especially for those who had been out of the workforce for some time.

But often in the caring role, things will change unpredictably, and you'll need to take leave and that doesn't always float well with employers. (Stakeholder 3)

Initially, COVID-19 created a barrier for face-to-face service provision for TCVOP counselling. Stakeholders noted that face-to-face provision helped to establish a connection between the carer and the service provider. The transition to online provision therefore limited the impact of the pilot. As one stakeholder commented:

If you can sit down and connect with that person, that's going to be working with you and develop that relationship and have that journey with them, it is always the best way. (Stakeholder 3)

The perceived overlap between TCVOP and Carer Gateway was considered another barrier to achieving outcomes.

I think the two programs running coaching is where it gets a bit grey and where the referrals would have dropped off unless it's really specific to in a niche area where it's more Your Caring Way [TCVO] focused. (Stakeholder 4)

The most common barrier to achieving outcomes was the uncertainty around program funding and its impact on staff retention and recruitment. The short-term nature of the funding and the timeframe for confirming the funding extension led to staff moving to new positions – this impacted on how clients could be supported.

The problem with us in the last couple years is that we haven't had continuity in staff members and to be fair to Your Caring Way [TCVOP], in part it's probably because they're funding has been short and extended and extended...If we're only funded to December, there's no point us taking on referrals from September–October onwards because we're not going to be able to finish our journey or relationship with them to achieve their outcomes before we stop delivering the program. (Stakeholder 3)

The barriers to achieving outcomes really is with any pilot program, people look for other jobs. So the turnover of staff was probably a barrier to it because we'd have a gap, and then we'd have to fill that vacancy. Sometimes people would say, 'oh, that was a different coach that I had before. I was really happy with them'. And they don't understand why they had left. So I think that that's always a problem. I don't think it's just a problem for this program. I think it's problem for any pilot program when there's uncertainty of ongoing funding. (Stakeholder 4)

However, it was noted by one stakeholder that the funding extension led to the development of new products including a range of training courses which focused on soft skills. Another fundamental change to the program model following the extension of funding was the centralisation of planners. Previously, clients were triaged and then transitioned to another staff member when they were ready for placement. These changes were viewed positively by stakeholders as clients now had a single point of contact.

'Carers only having to tell their story once' helped with our trust and rapport, getting the best outcome. (Stakeholder 1)

Other factors affecting outcomes include continuing resistance from some employers, and on occasions, unsuccessful placements resulting in employers being unwilling to take on further carers.

4.5.2 Carer perspectives

Carers expressed mixed views about whether they had achieved the intended outcomes through their involvement in the pilot. The factors carers identified as enabling the outcomes include the skills of staff supporting them with practical help – such as writing or updating résumés and navigating the job seeking process. Carers said:

Because I'm doing the life coach stuff, that crossover, and it's because of the skill of that person, it's been pivotal, really, in that decision-making. The support all the way along has been awesome. Because it's one thing to talk to your friends, but it's much better to talk to other people. My friends are great, but they get sick of hearing you. (Carer 11)

First of all I've got a support person. That support person helps me revise my résumé, my covering letters, and generally can't fault them. (Carer 4)

The skills of TCVOP staff were also vital in supporting carers' emotional and mental health through check-in phone calls, building confidence, and bolstering decision-making. One carer noted:

Those check-in phone calls over that period, when it was really difficult, were extremely good because my focus was so much on [name of care recipient] at the time that I didn't have that time to basically just say this is how it is to anybody. I think any extra information is good. So when I had those check-in phone calls, it was just the reminder more than anything of 'what are you doing to take care of yourself?'. (Carer 4)

TCVOP staff accessed information carers had not known about and provided them with an alternative perspective with which to approach their employment goals.

I feel as if they've been a step ahead of me and they've understood what sort of things that would be helpful for me, and they've been feeding that through to me. The whole process, I've learnt a lot. (Carer 8)

Other factors that facilitated carers achieving outcomes was TCVOP staffs' arm's length approach and access to training programs that built confidence and helped prepare them to look for work.

Well it helped me be – I guess feel more empowered to try and approach people for this other job. (Carer 5)

Carers identified barriers to achieving outcomes such as the employment market, the type of work available, and their relationship with their TCVOP support worker. One carer commented:

So I'm in a very bad way. Your Caring Way couldn't help. So at the end of the day, Your Caring Way, very nice people, they can't do anything that a reasonably sound person can already do for themselves. (Carer 1)

Another carer remarked:

Well, they did look for what work that was available in the area. So they did offer that. They helped me connect up with an employer. But what they were offering, it was support work, and honestly, when you're caring for somebody with mental health, the last thing you want to do is go and support somebody else with mental health issues. I went, yep, not doing that. Anyway, it just wasn't a good relationship, I suppose, with that support person. (Carer 4)

One carer perceived her success in finding employment resulted from her own efforts rather than the support accessed through TCVO. They added:

I think more interview training [is needed]. I got my résumé set up, but it's been years since I've done an interview. Just some practice interview training would have been very good, just to give you a bit of a feel of what you're going to get into in the work. Independently I just found [the job] online. When this job came up, I went, 'yeah, I can do that'. So I applied for it, and I was successful. I've just been working now for over 2 years. (Carer 4)

4.5.3 Summary

The factors enabling program outcomes were that services were focused on the specific needs of carers rather than providing generic training or support for those seeking employment. Each client's needs were assessed, identifying and delivering services to meet individual carers' needs. The success of the program depended on the quality of staff, in particular the support workers and their ability to engage with carers. Most were reported to be effective, but there were also examples of inadequate support. At the service level, links to other services, in particular Carer Gateway and other RTOs were considered crucial for achieving outcomes, as was the engagement and support of employers.

The factor most cited as being a barrier was the short-term nature of the funding and uncertainty around extending the pilot.

4.6 Question 7c. Carers who have benefited most

Evaluation Question 7c: What are the characteristics of carers who have benefited most from the program and why? To what extent have outcomes differed for the (where applicable) carer demographic groups.

The analysis tests the association between a carers' participation in TCVOP and whether they continue to receive income support by comparing carers accessing TCVOP with similar carers who have not accessed the pilot. This is a proxy for measuring the program's effectiveness in achieving employment for those accessing it, as people in employment are less likely to receive income support than those people who are not employed.

The findings indicate a statistically significant **association between TCVOP participation and an increase in income support receipt** (and therefore lower likelihood of being in employment) for carers accessing the TCVOP compared to similar carers not accessing the pilot. This result, however, likely reflects a selection, or reverse causality, effect. That is, carers who move onto income support receipt might be more likely to seek services from TCVOP than carers who remain outside the income support system. This move onto income support receipt might, for example, be due to the loss of employment or separation from a spouse or it may be due to TCVOP participants being advised to access income support.

The results provide several important insights:

- **TCVOP appears to have no effect on the probability of being on income support** for the women, non-Indigenous Australians, Australian-born, aged 26–49, those living in the most disadvantaged location, and those living in Queensland.
- The positive effect obtained without interactions is almost entirely attributable to the youngest group of carers. As shown in Table 4 younger carers accessing the pilot raises the likelihood of receiving income support by more than 30% – a very large effect. It should be noted that this effect may be due to the fact that young people are eligible for Youth Allowance, which was included in the definition of income support, and therefore the increase in income support receipt for this age group could be, at least in part, a reflection of increased receipt of Youth Allowance. Nevertheless, if this finding reflected the reverse

causality effect described above, and this reverse causality also applied for the older groups, this would suggest the program may have a beneficial effect on the older groups (balancing the negative reverse causality effect). However, we don't have any direct evidence to support this hypothesis.

- There is a slight gender effect; participating in the pilot increases the likelihood of males receiving income support by about 4.8% more than for females, but it is only marginally statistically significant.
- While carers accessing the pilot in Tasmania were more likely to receive income support relative to comparable carers living in Queensland, this effect vanishes when new states are added. Since there is no statistical difference across all states, the effect in the first column is likely to reflect the smaller number of observations on which it is obtained.
- Carers located in Victoria are much more likely to receive income support than any other carer in Australia: this is likely to be a consequence of the extended public health lockdowns experienced in Victoria in the early period of the COVID-19 pandemic, and the greater economic disadvantage experienced by Victorians more generally.
- There is a small but statistically significant higher likelihood of receiving income support associated with carers with relative socio-economic advantage, as shown by the positive coefficient of the interaction between participating in the pilot and IRSAD deciles (used as a continuous variable).

Overall, however, other than the finding about CALD carers, no group of carers stood out as benefiting more than others from the TVCO pilot.

4.7 Summary and Discussion – Effectiveness

Overall, TCVOP is effective at enabling carers to re-enter the workforce, volunteer or study. The pilot was implemented at a difficult time for carers' given the public health measures associated with the COVID-19 pandemic; however, TCVOP has nevertheless engaged a range of carers and successfully supported them to re-enter the workforce, volunteer or study.

TCVOP is a targeted program aimed at a specific cohort of carers who are motivated to increase their participation through employment, volunteering or study; however, the demographic characteristics of the population of carers who wish to increase their participation is currently unknown. The pilot has reached a wide range of carers, although CALD carers were under-represented.

In terms of outcomes, both qualitative and quantitative data indicate the pilot has been effective in achieving outcomes for clients, including improvements in their wellbeing and participation in work, volunteering or education. The pilot has been less effective in sustaining engagement with employers, and this is an ongoing challenge for the sector. Nevertheless, there have been several successes in this area and stakeholders are of the view that longer-term engagement with employers will result in increasing opportunities for carers. The key factors which appear to be connected to the success of the program include:

- Assessing each client's needs and providing services to meet their needs
- Employing high quality staff, particularly support workers who are able to engage with carers
- Providing links to other services, in particular Carer Gateway and RTOs
- Engaging and supporting employers
- Providing ongoing support to carers after they have returned to employment?
- Ensuring regular communication between the partners.

5 Efficiency

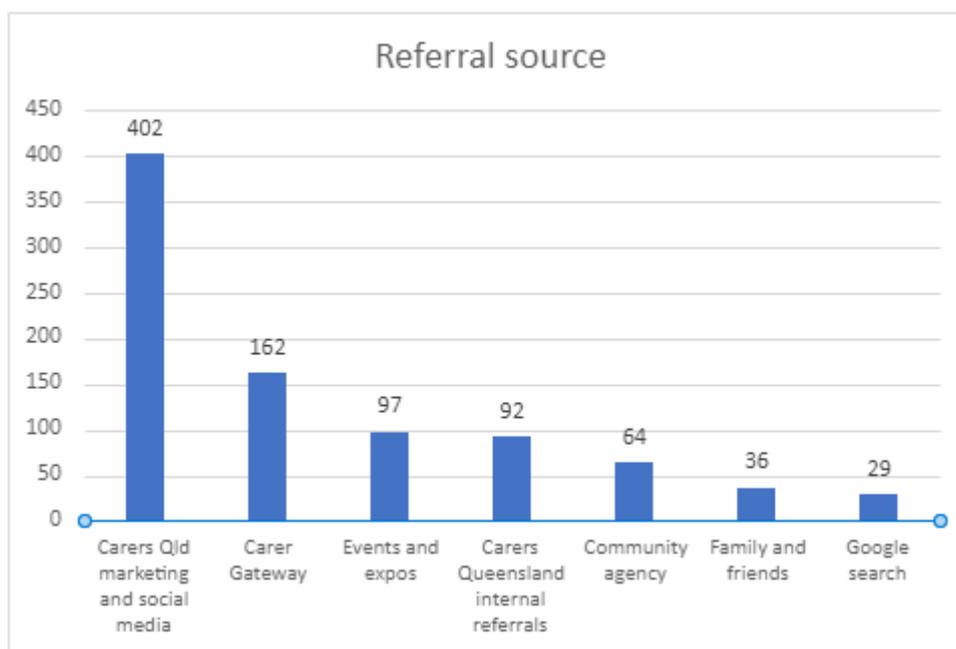
5.1 Question 8: Interactions and referral pathways

Evaluation Question 8: To what extent do interactions and/or referral pathways between ICSS, the YCBP and YCN, and the TCVOP contribute to achieving outcomes across the respective programs?

5.1.1 Referral source and carer support program use

The Carers Queensland evaluation report (Carers Queensland, 2022) identified the source of referral for 880 carers. As shown in Figure 1 below, 162 carers (18.4%) were referred from Carer Gateway. DSS also provided data from DEX on which programs carers accessed as their first and second activities. The flows of activities, but not necessarily referrals between programs, were based on data recorded in DEX and for carers using a Statistical Linkage Key in the DEX data. Of the 1,407 carers recorded in TCVOP data, 535 (38%) had accessed Carer Gateway providers before TCVO, and 175 (12%) had accessed the Carer Gateway after TCVOP (total of 710 carers in both programs). Thus, around half of TCVOP clients also accessed Carer Gateway. Direct referrals between services appear to be lower, indicating that many carers may independently access both TCVOP and Carer Gateway or are advised by the service providers to access services.

Figure 1 TCVOP referral source



Source: Carers Queensland (2022: 27) based on data downloaded from CRM 7/10 2022

5.1.2 Summary

Carer Gateway was responsible for a high proportion of referrals to TVCO, and many TCVOP clients received services from Carer Gateway which supported their wellbeing. As reported above, clients valued coaching, counselling and peer support services provided by Carer Gateway and

stakeholders indicated that, especially in Tasmania and South Australia where these services were co-located, the services worked well together to provide holistic support to their clients.

5.2 Question 9: Cost-effectiveness of TCVO

Evaluation Question 9: How cost-effective is the TCVOP?

5.2.1 Cost-effectiveness of TVCO

The current benefit-cost analysis assigns a 1.76 benefit to cost ratio (BCR) to TCVO. This is based on a present value of a life cycle model where carers using TCVOP move from unemployment to various forms of employment and participation, which include full-time, part-time, casual, volunteering and self-employment. The BCR takes advantage of two sources of benefits: reduction of income support payments and increases to employment income (and therefore tax receipts).

The basic principles of the calculation (e.g. using a 5-year period in which annual benefits arise against the initial cost of TCVO), the relative high age of the carers in training (46% are over 50), and their relatively high level of education (Table 2 above reveals that 17% have tertiary or higher education and 47% have a diploma) indicate the assumption that TCVOP clients exit unemployment to move into employment (used for the cost-benefit analysis) is optimistic rather than conservative.

A more conservative approach is to assume the main effect of TCVOP is to support carers moving from voluntary/unpaid work to casual work. These categories are chosen because voluntary work does not require skills beyond what a relatively experienced and educated individual can achieve, while casual work represents a choice that has relatively low barriers to entry – this may suit the characteristics of carers accessing the program. Based on the hours supplied used in the existing analysis (Carers Queensland, 2022: 37), the program is expected to help carers gain six additional hours of work at the reported average rate of about \$37/hour or \$222/week (\$11,544/year based on 52 weeks).

To estimate costs, the existing cost-benefit analysis reports (Carers Queensland, 2022: 36–37) the annual cost of TCVOP in 2022 as \$2.5m. This provided training for 204 carers, equivalent to about \$12,255 per carer, which includes costs of the trainers and fixed costs.

A simple break-even calculation of the employment time required to cover the costs of the program per carer reveals that it would take:

$\$12,255$ (cost of training) / $\$11,544$ (extra income earned after training) = 1.06 years of casual employment for TCVOP to recoup the costs it incurred.

This appears possible to achieve over the remaining life of carers as it is expected that most carers who enter employment will work for more than 1 year, and many of them will work in permanent rather than casual positions.¹

¹ Whether those exiting the program do in fact work for more than 1 year and obtain better labour market outcomes than casual work can be assessed with data collected at the end of the pilot.

Therefore, **overall**, based on the above, and the age and education profile of carers involved, **the TCVOP's benefits are likely to cover its costs.**

There are several limitations to the cost-benefit analysis. Among the items that cannot be addressed given the data at hand are:

1. The amount of benefit accruing to carers in the form of enhanced self-esteem by having been trained, encouraged to find or be placed in employment, or from becoming part of a network of carers undergoing similar experiences. This effect could have substantive positive consequences on a carer's wellbeing, resulting in lower likelihood of depression and future medical costs.
2. Whether or not the extra income of carers who find additional employment is sufficient to remove their need for income support, considering that some carers may prefer to work just enough additional hours to remain below critical the threshold triggering exit from income support.

5.2.2 Summary

The benefit-cost analysis assigns a 1.76 ratio to the TCVOP. This is based on a present value of a life cycle model where carers using TCVOP move from unemployment to various forms of employment and participation, which include full-time, casual, volunteering and self-employment. This ratio takes advantage of two sources of benefits: reduction in the need for income support and increase in employment income (and therefore tax receipts).

Therefore, the TCVOP's benefits are likely to cover its costs.

5.3 Summary and discussion – Efficiency

The TCVOP commenced in 2020 – coinciding with the COVID-19 pandemic and the disruption caused by both the virus and the associated public health measures in Australia. Although carers who engaged in the pilot can be identified separately from the time of the pandemic, their upskilling and re-entry to the labour market happened during one of the most challenging economic times Australia has faced. It is therefore essential to keep in mind that the results presented below take place in the context of highly uncertain economic times.

Overall, engaging with TCVOP did not appear to reduce reliance on income support, a proxy indicator for need. This does not mean the pilot was ineffective, as this finding might partly reflect selection effects – for example, indicating that some carers who move onto income support then seek assistance via the TCVOP. In addition, carers may have limited hours and opportunity to join the workforce or engage in education during this period because of risk-aversion, limited carer support services, limited job market, limited educational offerings, or other reasons.

These selection effects appear to be strongest for the youngest group of carers, where there is a strong association between TVCO pilot participation and increased reliance on income support, indicating perhaps a continued level or even an increase in need.

6 Conclusions

TCVOP is an innovative pilot program operating in three states. The pilot has successfully engaged carers and people who have recently ceased caring roles who wish to re-enter the workforce or wish to participate in voluntary work or studying. The pilot is based on a clear program logic and services are tailored to meet the needs of individual carers; this is in contrast to similar programs which do not consider the specific needs of carers as they re-engage with the workforce. The pilot was implemented during a very challenging period – during the COVID-19 pandemic – and faced additional challenges due to short-term funding creating future uncertainty which resulted in high staff turnover. Nevertheless, TCVOP was successfully implemented and has demonstrated the model is appropriate for the group of carers who wish to increase their participation in the workforce.

From the point of view of carers involved in the program, the quality of staff was the main factor influencing their experience of the program; while this was mostly very positive, some carers did not receive the service they expected or required. Similarly, working relationships between TVCO service providers and Carer Gateway providers, as well as NDIS and other services, were a determining factor which influenced the referral and service pathways between these programs. Overall, the evidence points towards carers receiving the range of services they required to support them, to improve their wellbeing, and to increase their participation in the workforce.

The program has worked hard to engage with employers; this aspect of the program has been very challenging and only partly successful. It appears that developing and sustaining a community of carer-friendly employers is an ongoing challenge for this pilot.

The findings from this evaluation highlight the challenges that carers face to re-engage in employment, education and volunteering. Balancing care and work, in particular, can be very difficult for carers and for employers, who have to provide a workplace that is flexible enough so that carers can take time off work, sometimes at short notice, to fulfil their caring responsibilities. Similarly, carers who have recently ceased caring have often been out of the workforce for a long time and need re-skilling in order to resume employment. Some carers are able to use their caring skills and become part of the care workforce, but other carers are reluctant to become paid care workers and prefer to work in areas. These factors highlight the need for a specialist service to support these carers – the TCVOP program is one example of how this can be achieved.

Findings indicate the program is cost-effective – the benefits outweigh the costs of delivering the program. Therefore, consideration should be given to expanding this model to other states. Whether this should be under the current governance arrangements will require further consideration and consultation with providers in other states.

References

Carers Queensland (2021) Social and Financial Evaluation of the Your Caring Way Program 2020-2021 Annual Report, Brisbane, Carers Queensland Ltd.

Carers Queensland (2022) Your Caring Way Program Final Evaluation Report, Brisbane, Carers Queensland Ltd.

Katz, I and Tani, M (2023). Comment on Your Caring Way Program: Final Evaluation Report Sydney, Social Policy Research Centre, UNSW Sydney (Unpublished).

Appendix A TCVOP program logic

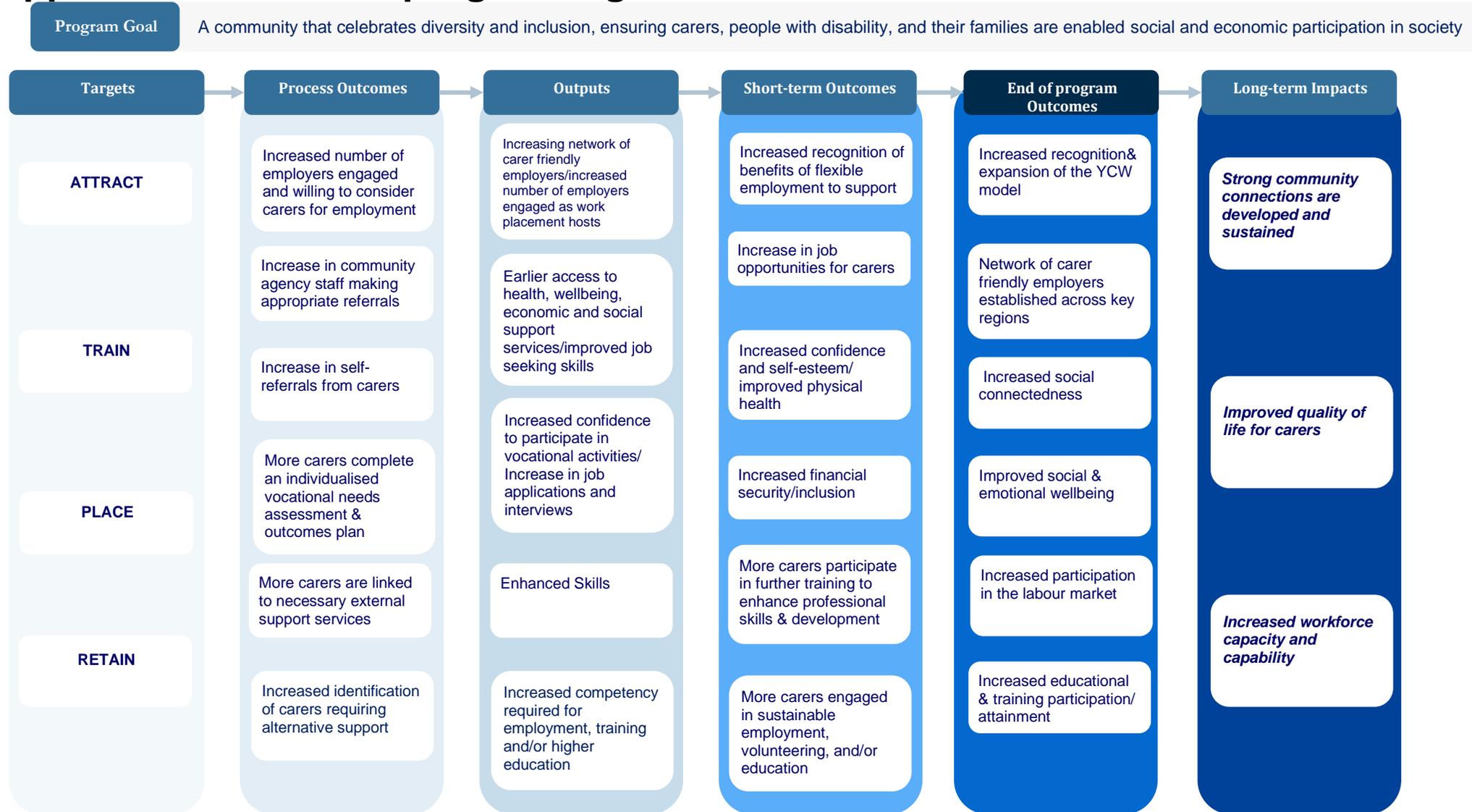


Figure 2 TCVOP program logic
 Source: Adapted from Carers Queensland (2022) p80

Appendix B Evaluation questions

1. How appropriate is the program design for meeting the needs of Australian carers, including (where applicable) for carer demographic groups?
2. How has the program interacted with the NDIS and other policies supporting carers and those being cared for?
3. How effectively have governance and funding processes contributed to achievement of program aims?
4. To what extent has the program successfully reached Australian carers, including carers from the demographic groups?
5. What has been the impact of the program on the service system for carers?
6. To what extent has the program achieved the intended outcomes in its program logic?
7. (a) to (c)
 - a. Have there been any unintended program outcomes?
 - b. What factors have contributed to or detracted from the achievement of outcomes (intended and unintended)?
 - c. What are the characteristics of carers who have benefited most from the program and why? To what extent have outcomes differed for the (where applicable) carer demographic groups.
8. To what extent do interactions and/or referral pathways between the ICSS, the YCBP and YCN, and the TCVOP contribute to achieving outcomes across the respective programs?
9. How cost-effective is the TCVOP?

Appendix C Analysis for Question 7c

C.1 Introduction

To assess if the pilot has been effective, we apply a regression model where the probability of income support is related to participation in the TCVOV controlling for various individual (e.g. age, gender, income decile), carer (e.g. carer type), and institutional (e.g. state of residence, time) controls. The specification also includes an individual-specific control variable so that every time-invariant difference between those surveyed is effectively controlled for ('fixed effect model'). This specification is one of the most 'conservative' to detect statistical association between outcome and explanatory variables. Note that income support reflects data limitations about relevant outcomes such as employment outcomes and hours of work supplied.

The result holds even when additional states are included, confirming the strong statistical association.

The positive sign of the coefficient of interest, however, is not necessarily a sign of lack of effectiveness. Instead, it more likely reflects a selection, or reverse causality, effect, and possible income support related to the Covid-19 pandemic. While the estimation method used here controls for any fixed tendency for some carers to be more likely to be on income support, it cannot control for changes in income support receipt that influence program participation. That is, carers who move onto income support receipt might be more likely seek the services from TCVOV than carers who remain outside the income support system. This in turn might, for example, be due to the loss of employment (e.g. due to Covid-19) or separation from a spouse. Further, participants in the program may be advised to access additional income supports.

To control for whether the pilot had different effects on sub-groups of the population, the statistical model is augmented by a vector of interaction terms between all the explanatory variables and the dummy variable identifying participation in the pilot. The key finding from this additional analysis is that the effect on the probability of accessing income support is statistically significant only young carers aged up to the age of 26 (positive coefficients), males, and carers in the higher income group. This is consistent with the hypothesis that the program influences qualified, better socio-economic background males.

C.2 Technical explanation

A fixed-effects model is applied to assess if the pilot has been effective. The model is based on the following specification, estimated for people who received Carer Allowance at any time between 2015 and 2022.²

$$y_{it} = a_0 + X_i a_1 + a_2 D + i + t + \varepsilon_{it}$$

² Carers who died before the end of 2022 are not included.

where:

- y is the probability of receiving an income support payment for client i at any time during the year t ($t=2015-2022$). This variable is dichotomous, equal to 1 if the carer receives income support, and 0 if the carer is not receiving an income support payment.
- X is a set of fixed individual characteristics that include gender (ref: females), age group in 2022 (ref: 26–49), Indigenous status (ref: non-Indigenous), country of birth (ref: Australia), state of residence (in 2020), income decile (IRSAD – 10 groups), and carer type.
- D is a dichotomous indicator identifying whether the carer is part of the TCVOP (equal to 1 during 2020–2022 if receiving Tristate services in the respective year, 0 otherwise)
- i and t are individual and year fixed-effects (i.e. dichotomous indicators), and
- ε is an error term capturing unobserved information for each individual at time t .

A time trend is also included among the controls.

The parameters a_0 (a constant), a_1 and a_2 are estimated. The estimation is based on panel fixed-effect techniques of the linear probability model summarised above. This removes the effect of time-invariant variables, including time-invariant features of each individual, thereby focusing on changes in income support associated with engaging with TCVO.

The parameter of interest is a_2 , indicating whether the person is more (or less) likely to be receiving income support in the year when they were part of the pilot. Statistically significant coefficients at the 1, 5, and 10 per cent levels are indicated with ***, **, and * respectively.

Table 3 shows the basic fixed effect estimates of a_2 . Two sets of results are shown. The **first** shows the estimates when the model is applied only to the three states engaged in the pilot: Queensland, Tasmania, and South Australia. This effectively uses the years when people were not in the pilot (e.g. before 2020) as the reference group (while controlling for the underlying time effect estimated across people not in the pilot). The **second** is estimated across all states. They differ slightly because the ‘All states’ results include a few people who were in other states in 2020 but moved into the TCVOP states later (and also because the inclusion of the other states changes the estimation of the underlying time effect).

Table 3 Probability of receiving income support, by state

Probability of staying on income support	Qld, Tas, SA	All states
TCVOP (a_2)	0.076*** (0.008)	0.079*** (0.008)
N	3,063,800	9,746,632
R ² within	0.0011	0.0012
R ² between	0.0000	0.0000
R ² overall	0.0003	0.0003
F-stat	1,466	5,223

The results show a statistically significant association between TCVOP participation and an *increase* in income support receipt. In the years when people were receiving TCVOP services, their probability of income support receipt was by about 7.6% higher than in other years, controlling for the year-specific trends income support receipt. This is not a small effect considering that on average 61% of those who did not attend the pilot TCVOP receive income support (the unconditional mean of those attending the pilot is 76.1%).

This result, however, is not necessarily a sign of program failure. Instead, it more likely reflects a selection, or reverse causality, effect and the possible influence of payments related to the pandemic. While the estimation method used here controls for any fixed tendency for some carers to be more likely to be on income support, it cannot control for changes in income support receipt that influence program participation. This arises when carers seek services of the TCVOP program more than carers who remain outside the income support system for reasons related, for example, to the loss of employment (including due to the pandemic) or separation from a spouse.

To understand whether the pilot had different effects on sub-groups of the population, the statistical model is augmented by a vector of interaction terms between all the explanatory variables and the dummy variable identifying the pilot. The augmented model is essentially a differences-in-differences (DID) specification summarised as:

$$y_{it} = b_0 + X_{it}b_1 + b_2D + X_{it}Db_3 + i + t + \eta_{it}$$

Where: b_2 is the general effect of TCVOP, while b_3 captures the effect of the pilot on various carer sub-populations. The results are summarised in Table 4.

Table 4 Regression analysis of the probability of receiving income support

Probability of staying in income support	Qld, Tas, SA	All states
TCVOP(b ₂)	0.037 (0.027)	0.094 (0.104)
b ₃ :		
Males	0.045 (0.028)	0.048* (0.028)
Aboriginal and/or Torres Strait Islander	-0.024 (0.033)	-0.026 (0.033)
English speaking CoB	-0.006 (0.027)	-0.005 (0.027)
Other CoB	-0.038 (0.025)	-0.045* (0.025)
Age 50+	0.018 (0.016)	0.014 (0.016)
Age <26	0.306*** (0.052)	0.304*** (0.052)
IRSAD	0.006** (0.003)	0.006* (0.003)
ACT		-0.171 (0.233)
NT		-0.134 (0.219)
Qld		-0.066 (0.103)
SA	-0.011 (0.031)	0.019 (0.105)
Tas	0.074** (0.036)	-0.055 (0.105)
VIC		0.356** (0.180)
WA		0.210 (0.196)

CoB – Country of Birth; IRSAD – Index of relative socio-economic advantage and disadvantage.