

Meeting Young Carers' Needs:
An Evaluation of
Sheffield Young Carers Project

A report prepared for
Sheffield Young Carers Project

by Chris Dearden and Saul Becker
Young Carers Research Group
Loughborough University

March 2000

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1: Introduction

Background information

Sheffield Young Carers Project (SYCP) was established in November 1996 when a co-ordinator was appointed for a three-year period. This followed a successful joint finance bid by a multi-agency steering group that had been meeting for approximately one year. Joint finance funding was awarded for a three-year period, and extra funding from the National Lotteries Charities Board (NLCB) enabled the Project to employ additional staff. The Project has one full-time co-ordinator (funded through joint finance), two project workers and an administrator. One of the project workers is employed to work specifically with young carers from black communities. The original co-ordinator was employed and managed by the Education department of the local authority. She was replaced in 1999 and the new co-ordinator is employed directly by the Project. Both project workers are employed directly by the Project and line managed by the co-ordinator. In addition a careers adviser works at the Project one day a week. A sessional worker was employed from August 1998 for one year, and a researcher worked on young carers' issues for two days a week over a period of three months during 1998. The Project has a management committee drawn from a range of local statutory and voluntary organisations.

The Project was initially located within the offices of Sheffield Crossroads but now has city centre accommodation consisting of three rooms.

Evaluating SYCP

From the outset the Project management committee was committed to independent evaluation of the Project over its three-year period. The Young Carers Research Group (YCRG) at Loughborough University was commissioned to monitor and evaluate the Project. The aim of independent monitoring and evaluation was to offer staff, young carers and other family members and local professionals the opportunity to give feedback and comments on the service offered. Statistical

information relating to service users was collected by the Project and collated by the YCRG to offer a statistical profile of service users and their circumstances. This enabled comparisons to be drawn between SYCP and the national profile of young carers supported by designated projects (see Dearden and Becker, 1995, 1998). Finally, evaluation will establish the extent to which the Project has succeeded in achieving its own aims and objectives and meeting its targets.

Independent evaluation was considered necessary to avoid any conflicts of interest that may have arisen if Project staff conducted their own evaluation. Furthermore it is questionable whether young people and professionals known to staff would feel able to voice any criticisms of the Project if Project staff asked them directly. It is crucial that both positive and negative impressions and opinions are highlighted to enable the Project to achieve its own objectives and to make changes to policies and practice where necessary.

Methodology

The methodology adopted for the evaluation was both quantitative and qualitative. Data relating to service users were collected by the Project using referral and monitoring forms. Over a three-year period these data were collated and analysed by the YCRG to give a statistical profile of young carers supported by the Project. Data collection took place at six-monthly intervals, with five episodes in total. Information was also drawn from the co-ordinator's reports and Project policy documents. In addition to the quantitative element, four phases of fieldwork took place, enabling the research team to interview Project staff, young carers, parents and professionals who made referrals to the Project.

The periods of fieldwork took place approximately one month after data collection in order that any significant findings from data analysis could be investigated during fieldwork interviews. The qualitative element allowed the research team to explore in detail the experiences of young people referred to the Project and to establish how the SYCP was meeting their needs, whether any needs continue to be unmet, how the young people viewed the Project and its staff and what changes, if any, they would like to be made. Interviews with parents were particularly important given the recent arguments by some disability rights authors (see for example Keith and Morris, 1995) that disabled parents may feel undermined by the work of young carers projects. While the primary focus of the SYCP is to support *children* who act in a caring role, the Project also works directly and indirectly with other organisations and agencies to ensure that *families* receive all the support to

which they are entitled. The focus of interviews with parents was to establish their feelings regarding their children receiving the support of the SYCP and to establish how and in what ways the Project had assisted them.

The Project co-ordinator was interviewed three times over the period of evaluation to establish any changes in the direction of the Project and to give an overall view of progress. She also provided copies of her regular reports to the management committee and copies of all Project policy documents and other relevant literature. Other staff members were interviewed soon after appointment and again when they were established within the Project.

Finally, the views of referrers are critical to the success of the Project. If SYCP is to provide a service to local young carers it must work in partnership with other agencies to ensure that families receive all the support they need and to which they are entitled. Professionals must have confidence in the service if they are to refer vulnerable children. Furthermore, their perceptions regarding the professional approach of staff members, the referral process and outcomes are essential to any evaluation of the Project.

In total, 41 qualitative interviews were undertaken. Seventeen interviews were with young people, including two who were interviewed twice to account for changes over time. Six parents were interviewed, including one who had referred her own child to the Project. Five professionals who had referred young people to the Project were also interviewed. Nine interviews with staff members were conducted including three interviews with the original co-ordinator and one with the new one; two each with one project worker and the administrator, and one with the second project worker who subsequently left the Project. In addition we interviewed two volunteers, the careers adviser seconded to the Project and the chair of the management committee. Where appropriate we will draw on these interviews throughout the report.

Project aims and objectives

The Project has three main aims:

- To support young people (under 21) who are caring for someone who has an illness disability, mental health or drug/alcohol problem.
- To increase the opportunities (social, leisure, educational and employment) available to young carers who are restricted by their role.

- To raise awareness about young carers' issues to ensure a long term strategic response to their needs.

Underpinning these aims are a number of objectives:

- To provide young carers with support through: one-to-one support work; volunteer befriending; large and small group activities with other young carers; issue-based group work.
- To offer advice, information and support around all aspects of their life, particularly education, training and employment; benefits; opportunities available; family difficulties; caring for themselves.
- To advocate for the rights, needs and experiences of young carers with agencies and organisations.
- To lead in the development and implementation of an inter-agency strategy aimed to
- more effectively meet the needs of young carers and their families on a long-term basis.
- To provide training to workers, agencies and organisations about young carers' issues.
- To encourage the development of good practice around young carers across the voluntary and statutory sectors and with local community organisations.
- To ensure that the experiences and needs of young carers from a range of communities are reflected in all the work of SYCP.
- To evaluate the work, both quantitatively and qualitatively on an ongoing basis.

In section 3 we will assess the extent to which these aims and objectives are being met. In the next section we highlight the issues raised between April 1997 and September 1998, the point at which we provided interim findings to the Project staff and management committee.

2: *Interim findings: April 1997- September 1998*

By September 1998 two periods of data collection and fieldwork had taken place with 21 interviews conducted. The first half of the evaluation highlighted several issues critical to the success of the Project. In this section we will consider the following areas: creating the infrastructure of the Project; staffing issues; awareness raising; young carers' needs and experiences; collaborative working; meeting diverse needs; and funding.

Creating the infrastructure of the Project

In the early stages of the Project, building strong foundations in the form of drawing up policy and practice guidelines, meeting members of other local agencies and organisations, and awareness raising (see below) were considered more important than direct work with young people. The aim was to get the Project well established and recognised locally as an appropriate and professional agency to which young carers could be referred. Since there was only one worker at that time, direct work was, of necessity, kept to a minimum although the co-ordinator did some one-to-one work with young people.

The Project has a list of principles which include the rights of young carers; the involvement of young people in the Project; work with families; confidentiality; inter-agency collaboration; work with black and ethnic minority communities; the independence of SYCP; and research, monitoring and evaluation. Many of these principles are included in the Project aims and objectives and others are also covered by specific policies. In addition to the principles of the Project, there is also an equal opportunities policy which includes a mission statement, policy statement and code of practice. The equal opportunities policy extends to young people, staff and volunteers and includes a commitment to staff training and development.

The Project has a confidentiality policy that protects young carers' rights to confidentiality apart from under exceptional circumstances, such as abuse or endangerment. Where confidentiality is breached, the young person will be kept informed of the decision and the reasons behind it. All young people supported by the Project are informed, in appropriate language, of their right to confidentiality and all staff, including volunteers, receive training in issues around confidentiality and child protection. A child protection procedure also exists within the Project, to protect vulnerable young people and to ensure that all staff are aware of the appropriate action to be taken.

A volunteer policy is in place, covering all issues concerned with recruiting and supporting volunteers, from the perspectives of both paid staff and volunteers themselves. This document also includes a list of what volunteers can expect from the SYCP and advice and guidelines on boundaries, aimed at protecting both volunteers and young people.

Other policy documents include a statement on young people's right to complain; parent/guardian consent forms which are completed for all activities organised by the Project; and a two-year plan, including targets, of the intended work of the Project up to March 2000.

The referral procedure has been kept fairly informal and referrals are accepted by telephone rather than referral form. The two referrers to whom we spoke during this period had done joint visits to the young people with the Project staff, and both were clearly happy that they were able to do this. This is also helpful to the families concerned as it indicates that the Project is a service trusted by other professionals. When asked if the informal nature of the referral procedure was adequate, one of those interviewed said:

I actually think it is one of the strengths of the Project, really.

While the other commented:

Usually with agencies you have a form to fill in. You've got to fill in the form with all the details and send it in, like a proper referral form ... [this was] more relaxed and less formal.

Both would be happy to refer other young carers to the Project and were satisfied with the nature and level of support the young people were receiving. Although both of the professionals we interviewed were satisfied with the level of feedback they had received, they also both indicated that they had reduced their level of involvement with the young people concerned as their own objectives had been met. One commented that, because of this, feedback was less important and that if he wanted to know how the child concerned was, he would simply telephone the relevant project worker. However, he did indicate that if he was continuing to work with a child, more formalised feedback would be useful:

Maybe some dates in the diary or something to say 'Look we will get in touch at this point' or keep an update, rather than be so informal.

This is something Project staff may wish to review where other agencies or organisations are working closely with young carers. Nevertheless, in these cases the professionals did not require any additional feedback but the issue was raised as a potential difficulty.

Following the appointment of the co-ordinator, the Project secured city centre accommodation, recruited additional staff and became a registered charity in its own right. Creating a strong infrastructure to the Project and spending time preparing policy and practice guidelines resulted in clarity for staff members regarding their roles and responsibilities. It also ensured that referrals could be dealt with appropriately and that the Project was not swamped with casework in its early days. Once the policies and procedures were in place and staff had been appointed, direct work with young carers began.

Staffing issues

As indicated earlier, the Project has a full-time co-ordinator and two full-time project workers, a part-time administrator and a careers adviser for one day a week (increased to two days a week for a six month period from September 1998). A sessional worker, funded through Comic Relief, started in August 1998 for one year and a researcher was with the Project for two days a week to try and establish the potential number of young carers in Sheffield and to research their use of youth provision. The Youth Service funded this piece of work.

By September 1998, the Project had the additional support of nine volunteers. Some of these volunteers initially worked for MIND, supporting young carers from the MIND group. All of the volunteers (including those previously working for MIND) received training, had police checks performed and were 'matched' with young people. Volunteers receive bi-monthly supervision sessions and attend volunteer support group meetings bi-monthly. Although the Project staff do not tend to use the term 'befriender' as it can be misleading, this was the term used by a young person we interviewed:

I have been to the cinema with my befriender ..because I don't get out very often she can come down and once a week she comes down and takes me out. I've been to the cinema with her, Pizza Hut, the circus, and that's it up to now because I haven't had a befriender very long. You can talk to her about anything and she can't say anything to anybody else that's all right.

This last comment relates to the confidentiality policy, which means the young person can speak openly to the volunteer something clearly valued and appreciated.

Parental permission was obtained for volunteers to work with young people and the co-ordinator was happy that parents were comfortable with this:

I don't think any of them [parents] are threatened by it, which I would possibly have expected some of them to be. But they seem quite happy, actually most of them, they say it's brilliant, it's great, you know, it is really good that they [children] have got someone to go out with regularly, it gets them out of the house. (Co-ordinator)

The young people, parents and professionals interviewed all appeared to have a great deal of trust in Project staff and there were no criticisms of either staff or volunteers. Positive comments include:

Lawrence is brilliant and I think it is brilliant that they have got like a chap here, you know, for the lads who are carers, so they have got a male influence in their lives, or whatever. (Young carer)

She [project worker] came round and, I mean, she was brilliant, I could talk to her easily could tell her the situation I were going through, I could tell her exactly how I felt and she understood. (Young Carer)

It was excellent... I felt very comfortable [with project worker], very easy to talk to and express all the embarrassing things you know, you try to create a good impression but I didn't feel like that with her, I felt very comfortable, in tune with her. She was very positive.... (Parent)

[The staff are] very approachable actually, and quite proactive in broadcasting the work of the Project. I have been very impressed with them and I would consider them in the future full credit to their competency. (Referrer)

Staff supervision and support are taken seriously within the Project. The original co-ordinator received direct line management and supervision from Youth Services. She in turn line managed and supervised the other project workers and the volunteers were supervised by one of the team.

Awareness raising

Awareness raising has been ongoing throughout the lifetime of the Project. The aim of awareness raising is not simply to provide a source of referral for professionals within other agencies and organisations, but also to get them to look more closely at their own work and to persuade all local service providers that they have a responsibility towards young carers in Sheffield.

Presentations have been made to a local NHS Trust, Social Services and education. Project staff have also been able to make presentations to groups of workers such as school nurses, careers guidance staff, education welfare officers, mental health social work teams and disability social work teams. Meetings have taken place with key organisations such as local schools and youth projects and local projects for the various minority ethnic communities.

The success of the awareness raising is reflected in the rate of referrals to the Project. By September 1997, the Project had received 32 referrals. At this time the Project had only one full-time member of staff and a part-time careers adviser and was not actively seeking referrals. The rate of referrals steadily increased and by September 1998 an additional 109 referrals had been made. By this time the Project was in a much stronger position to accept and act on referrals. The most common source of referral was social services, accounting for almost a quarter of the total, closely followed by mental health projects (including MIND, whose young carers group has now been absorbed into the work of the Project). The level of referrals outstripped the Project resources resulting in the instigation of a waiting list and prioritisation according to need.

The young people and parents we interviewed had heard about the Project from a range of sources including careers advisers, social services' staff, teachers, the local carers centre, and a local voluntary organisation. Of the two referrers we interviewed, one had taken over a case where the Project was already involved, had contacted staff and had then gone to the official launch of the Project. The other had been present at one of the awareness raising sessions arranged within her own department.

Young carers' needs and experiences

Of the 141 referrals received up to April 1998, 66 cases were active. Some cases had been closed and the remainder were either inappropriate referrals or no action had yet been taken. The young people referred to the Project were supporting relatives with a range of health problems including

mental and physical health difficulties, learning difficulties, sensory impairments and drug or alcohol misuse. While some were heavily involved in practical care tasks, many were providing emotional support and were affected by the uncertainties of living with a relative with health difficulties.

The young people supported spanned the age range of eight to 21, the average age, both mean and median was 14. This is slightly higher than the national average of 12 (Dearden and Becker, 1995, 1998). The Project has a minimum age of eight, as staff all feel that they would be uncomfortable working with very young children and that the Project would not be the most appropriate agency for such children. Local agencies offering specialist services for under eights would be more appropriate.

The majority of young people supported by the Project were girls, 68 per cent compared with 32 per cent boys. Nationally the figures for young people supported by projects are 57 per cent girls, 43 per cent boys in 1998 (Dearden and Becker, 1998). The Project has made great efforts to reach the needs of young people from minority ethnic communities and 29 per cent of those young carers supported were from these communities, significantly higher than the 14 per cent nationally (Dearden and Becker, 1998). Seventy two per cent were living in lone parent families compared to the national figure of 54 per cent (Dearden and Becker, 1998).

The very high proportion of young people in lone parent families means they are more likely to experience poverty and deprivation. This is exacerbated by illness or disability in the family which tends to reduce the family income, often leaving families reliant on state benefits. The co-ordinator commented on this:

The majority of our referrals at the moment are coming from poorer, less affluent areas the majority of young people that we are supporting are coming from single parent families, struggling on benefits, with visible signs of poverty.

This was reflected in our interviews, with the majority of families interviewed relying heavily on welfare benefits. Indeed, some of the parents and young people commented on the fact that activities with the Project were free of charge:

No I wouldn't [be able to afford to pay for activities] I would try my hardest but, like I say, when you have to give them money to go with as well you can't expect them to go with nothing. (Parent)

It would be difficult [to pay for activities], yeah it would be difficult. I mean they take them on like for day holidays and things like that and you don't have to pay anything at all and I don't know if it is because I'm a one parent or what it is, but I don't have to pay anything at all. (Parent)

It's [the best thing about the Project] that you don't have to pay for anything, like fork out like about £10 just to go somewhere ...like every month, every year, I think it would be a bit too much. (Young carer)

For many of these young people the Project offered the only opportunity for them to engage in social and leisure activities and to experience holidays.

Many of the young people we interviewed had experienced or were experiencing educational difficulties. These include missing school, failing to get good exam grades, difficulty in completing homework etc. This is quite a common phenomenon in young caring and nationally 28 per cent of young carers supported by projects are either missing school or experiencing educational problems (Dearden and Becker, 1998). As we will see below, the Project emphasises educational support to young people and has run awareness raising sessions in the PSE programme of one of the local schools (SYCP, 1998a). Some of the young people we interviewed commented on their educational experiences:

I didn't get a good result in the exams and I was like going and missing school, so in a week I would miss about two or three days.

I am late a lot for school ...I just think I am going to fail my exams and everything like that, because, like, I mean I can concentrate, but I miss a lot of important lessons with being late all the time.

If my mum gets ill I will stay off school and I won't leave her on her own because I don't think that's fair because she helps me when I am ill.

Parents also commented on some of the educational difficulties their children experienced:

It was days at a time [missed school] but quite frequently. If there was any change in routine or if I was going anywhere she found it very hard ...she just wouldn't go unless I took her. So

quite often she was turning up late or not turning up at all because she was just in such a state she didn't go, but it was more like a day every week rather than for a long period of time, really.

She's had time off school to look after me when she were doing her GCSEs and they'd let her do extra work to catch up.

Bullying in school can compound educational difficulties and seems to be a particular problem for some young carers. One of those interviewed had been bullied although she felt this was unconnected with her caring role. She did however indicate that one of the reasons she kept this role secret from friends in school was fear that the bullying would be worse if people knew she had a parent with mental health problems. One of the parents was quite clear that her child had been bullied as a direct result of her own health problems:

I know she has been bullied through me having agoraphobia because they sort of see her going shopping and think a child that age shouldn't be doing it.

Any child perceived as being 'different' runs the risk of victimisation and this seems to be one of the reasons young carers do not openly discuss their family situations. In a sense they suffer stigma by association.

Many of the needs of the young people were complex and required a great deal of support. The co-ordinator outlined some of the needs and problems experienced by those being supported by the Project:

What we are noticing with a number of the young people is a range of problems, and I think it's too easy to assume that they're just a little bit stressed because they are doing a little bit more than other young people, when, for some of them, they are just so complex their problems. We have got young people with eating disorders, self-harming, serious emotional difficulties, exhibiting behaviour that is quite worrying ...so it is things like that, linked to things like educational problems, problems in building friendships, problems of getting out of the house ...it is multi-layered really.

The young people supported by the Project have a range of needs, including educational difficulties, poverty and social isolation resulting from family illness or disability, receipt of welfare benefits and a lack of social and leisure activities and the emotional stress and worry associated with having

a sick or disabled parent. Indeed, three of the young carers had already suffered the bereavement of a parent and several others had a parent with a terminal illness. Below we will discuss the ways in which the Project staff try to meet such diverse needs.

Collaborative working

From the outset the Project staff were committed to working collaboratively with other agencies and organisations across Sheffield to ensure that the needs of young carers were acknowledged and met. As part of the awareness-raising programme, professionals in other agencies were asked to look at their own working practices to seek ways of identifying young carers and meeting their needs. No other agency in Sheffield provides specific or tailored services for young carers. The Project accepts referrals from other agencies but does not replace or replicate the role and duties of statutory services. Furthermore, the Project staff advocate on behalf of young carers and their families to ensure that families receive all the statutory support to which they are entitled. In line with the Project's aim to develop an interagency strategy to meet the needs of young carers and their families, the Project was planning to host an inter-agency conference in 1999.

The SYCP plays an important role in preventing families from reaching crisis point. The involvement of the Project results in problems and concerns being dealt with on an on-going basis rather than allowing families to reach 'breaking point'. This key support role supplements the role of Social Services who often only intervene when problems become too severe for families to manage. Thus, there is an effective partnership whereby the Project 'filters' families through to Social Services in some cases but works more closely with them in other, more complex situations.

The Project already had links with the youth service, as the co-ordinator was employed and supervised by the service. Additional links led to a small amount of money from the service for a music group.

Throughout the life of the Project, the needs of black and minority ethnic carers have been emphasised and many links have been forged within the various communities, aided by the appointment of a project worker with the specific remit to work with and support black young carers. The advice of the various community groups was sought throughout the advertising and recruitment of this post.

Strong links were forged within Social Services and Project staff have attended case conferences. In addition, the Project was to become more involved in the assessment process of young carers and was involved in inter-agency discussions about the assessment process and the need to clarify the assessment procedure. By September 1998, no local young carers had been assessed under the Carers (Recognition and Services) Act of 1995. Joint work with Social Services may result in the Project either assessing on behalf of Social Services or Social Services accepting the Project assessment (completed for all referrals) as part of their own assessment procedure. The co-ordinator was aware of the potential difficulties that may arise from this, especially if the Project were to become associated with an assessment process that did not result in tangible benefits for families. Care was to be taken to act in partnership with the local authority while not taking responsibility for what is a statutory requirement.

Other useful links and examples of collaborative work include the setting up of a group for older young carers, age 17-25 at the local carers centre; joint working with a training agency, JHP, to do one-to-one and group work with carers in schools; involvement in a steering group to devise quality standards in supervision; membership of the steering group of a black women's counselling project; and the drawing up by the co-ordinator and management committee of a charter of young carers' rights which local organisations and agencies were invited to endorse.

The Project has been assisted in joint working by the commitment of members of the management committee, many of whom are representatives of statutory and voluntary agencies which are committed to supporting young carers in Sheffield.

Meeting diverse needs

The Project meets needs in a variety of ways, including one-to-one work with young people who need extensive support; social and leisure activities including residential trips and holidays; volunteer 'befriending'; educational support; careers advice; and group work. In addition Project staff offer informal counselling and more formal counselling may be arranged for young people who require more extensive support, although such specialised help is difficult to identify. Project staff also advocate on behalf of young people and families to secure benefits and services.

One-to-one work with young people helps them to explore their own situation and gives them someone they can trust and turn to. Many of the young people were greatly affected by the illness

of a parent and found it difficult to open up to anyone regarding their feelings. In these situations, one-to-one support helped them, offering the opportunity to discuss matters in confidence. This was true of one of the young people interviewed whose mother had mental health problems that were exacerbated by alcohol:

Even if somebody supported me I could never say to her ‘Oh I think you have a problem, mum’, because for her to give up drink, then her life would be more worse because she would have nothing to do. I mean she hasn’t got a job or anything so I mean that, for her, would be like giving one of the main things in her life up – what I’m trying to say is that I do think that she has a problem, but I just think leave it, don’t say ought.

Another of the young people we interviewed was not in a position to join in group activities as she had total responsibility for running the home; caring for both parents, one of whom had a physical illness and disability, the other had mental health difficulties; and caring for her four younger siblings. Her leisure time was very limited, but contact with a project worker gave her the opportunity to have someone whom she viewed as very much for her - all other professional support offered to the family had been either aimed at her parents or at the younger children and had often been perceived as punitive, e.g. suggestions that the younger sibling may be taken into care or that the young woman was not old enough to cope (despite the fact that she had been doing so for years). She commented:

Tanya came around, we talked to each other, she understood what I were trying to tell her ...she came with me to the hospital – she said ‘OK you make an appointment and I will come with you’ ...I couldn’t believe it, she was on my side, someone who I really, really wanted, on my side at the end of it all.

One-to-one support for this young woman was particularly valued and additional educational support was also being offered as she wished to resit some failed GCSEs. Driving lessons were also to be provided by a local organisation, at the request of the Project, and this may improve her quality of life and give her more freedom.

Another young person we interviewed commented on the individual and group support she had been offered:

I think that one-to-one, to be honest, for me anyway, has been brilliant. What’s come about through that and the other groups that I have been involved with is meeting other people, other young people, even though they are younger than I am, in that same situation and

thinking I wish I had had that when I was their age because, you know, one of the main aims of the Project is to treat kids like they are kids and not like they are carers.

The Project has offered many social and leisure activities to young people including residential trips such as a holiday in the Lake District with other young carers from the north west; an activity weekend in Edale; and a boating holiday. All places on these residential trips were paid for from Project funds and charitable donations. Other social and leisure activities included visits to football matches; ice-skating; the cinema; meals out etc. A small donation enabled the formation of a music group, which recorded a song written by the young people, and another grant funded the making of a video. Young people commented on some of the activities they have been involved in:

I have been involved in the music group and we went to Edale on this weekend and it's like, you know, it is just a chance to let your hair down and have a right good laugh and, oh yeah it is brilliant, it is a brilliant Project. (Young carer)

This Edale trip, well, honestly, it has been one of the best weekends of my life, it has honestly. It has, it's been absolutely fantastic because we have, sort of, we have all been united together, even though it has not been spoke about, because we all know we are in similar situations and even though it wasn't discussed or anything, it was sort of like we knew we were all together. (Young carer)

Although the primary aim of social and leisure activities and residential trips is to offer young people opportunities that they may otherwise not have, there are additional advantages:

It's not just a good time, although it is and the young people deserve that, it is also about building their confidence, getting in touch with other young people, getting them out of the house, giving them access to things that they just wouldn't get access to any other way. You know, things other children take for granted like going to the swimming pool every now and again, going to the cinema now and again. Sheffield's recently produced a mental health strategy around children and young people. It was based on some research that was done in the city and it highlights the issues that are all factors that can cause mental health problems in young people, or are more likely to cause mental health problems, and they list things like family breakdown, illness or death of a parent, learning disabilities of the child themselves and a few other things. Many of our young people fit into all of those categories, you know, 72 per cent of them live in single parent families, all of them are living with someone who

has got illness or disability, some of them experience the death of a parent, many of them, in our opinion and also from statements, have learning difficulties. (Co-ordinator)

Thus, the aim of such activities is to offer opportunities that might otherwise not be available and to support young people and try to prevent further problems.

Volunteer befriending enables the Project to offer one-to-one and social activities to more young people than would otherwise be supported through the three project workers. As such, the payment of expenses is an excellent use of limited funds.

Careers advice and educational support are provided by the careers adviser who works one day a week at the Project. Her role is to offer support with homework; assistance with option choices; accompany young people, if required, on visits to colleges etc.; and to liaise with others such as education welfare officers, teachers etc. She also supports young people making the transition from education to work. Other staff members also offer advice and support relating to education and the Project is fortunate in the fact that two of the staff are ex-teachers themselves. One of the young people received support in essay writing:

There is a drop-in service that they have, like homework ... I brought an essay in that had got to be in ... she did help me change it a little bit.

Another young person we interviewed was particularly interested in pursuing distance learning as she found it impossible to attend college. The careers adviser was to arrange this for her.

The Project runs seven groups: two general groups for the under 12s and over 12s; a group for boys of 12 and under; one for boys of 13 -16; one for girls of 13 and under; one for girls age 14 -18; and an older carers group for 17 -25 year olds. The groups tend to agree together what they would like to do, but tend to alternate between social activities one week and issue based work the next. The types of issues covered depend on the choices of the young people, but have included topics such as sexual health, body and self-image, self-esteem, bullying and other issues important to the young people concerned. Alternating the groups in such a way enables important issues to be covered while leaving time for fun activities. During interviews some of the young people commented on the issue-based groups and indicated the importance of confidentiality in their discussions. All of the young people are encouraged to be open but not to discuss issues raised relating to individuals outside of the group. This seemed to work well and was particularly valued.

Advocacy is also a critical aspect of the Project's work and many young people and parents identified the support of the Project in securing welfare benefits, both for parents, but also, in some cases, invalid care allowance for young people aged 16 and over. In addition, Project staff have accompanied young people on visits to doctors, hospitals, social services etc. and, on one occasion have offered support during a court appearance relating to an interim care order.

Funding

The main funding for the Project comes, as indicated earlier, from joint finance and the NLCB. This money pays staff salaries and the Project's day-to-day running costs. Several additional funds have been secured from a variety, of sources. Comic Relief money paid the costs of a sessional worker; the youth service 'Summer Measures' money funded the music group and the production of a record; money from the Stigma Partnership was secured to distribute literature relating to mental health; money from the Youth Initiatives Fund paid the production costs of the video which will be used for training and awareness raising; Social Regeneration Budget monies were secured; 1-2-1 charity financed and staffed the boating holidays provided to 12 young people in 1998; and many local and national companies and organisations made small donations of money or goods/services. The Project instigated a hardship fund through which young people can get additional support for one-off needs, to a maximum of ~50. This fund is not used to buy items that should be covered by DSS or Social Services.

The successful fund raising enabled the Project to offer additional support and opportunities to the young people. However, small one-off donations cannot replace the security of longer-term funding. The next step for the co-ordinator and the management committee is to raise the necessary capital to continue the work of the Project beyond its initial three years. The Project is proving its usefulness in terms of the number of young people supported and its proactive approach to promoting the needs of young carers and continuing to work in partnership with other organisations and agencies to encourage them to meet their responsibilities. While the Project does not replicate the work of any one agency, it encompasses aspects of many agencies, such as Social Services, education welfare etc. In so doing, it tries not to assume the responsibilities of statutory services but provides a much needed additional service for young carers in Sheffield and, judging by the very positive comments of all those interviewed, is doing this very well.

The interim findings were very positive in content and clearly showed the value attached to the Project by young people, their parents and the two professionals we interviewed. They also indicated the value of laying good foundations prior to accepting referrals and doing casework. Creating a strong infrastructure enabled the Project to develop effectively and to provide the right level of support to local young carers. In some cases this meant offering social and leisure activities and the opportunity to meet others in a similar situation. In others it meant more protracted one-to-one support to work through emotional difficulties.

In the next section we consider each of the Project's aims and objectives and assess the extent to which they are being met. Drawing on all of the interviews from the four periods of fieldwork we will give detailed feedback of all aspects of the Project from the perspectives of young carers, their parents, local professionals and Project staff themselves.

3: Meeting aims and objectives: A general overview Changes since September 1998

A number of staffing changes took place between the writing of the interim report and this final report. The co-ordinator left the Project and was replaced in April 1999. At around the same time, one of the project workers also left. While this could have been problematic, the second project worker remained with the Project and provided the continuity for the young people. The replacement project worker was previously a sessional worker within the Project and had also done some voluntary work and so was already familiar to most of the young people. This made the changes easier for both existing staff and the young people. The new co-ordinator commented on her transition into the Project:

Tanya [project worker] has been immensely supportive and the information here is so well organised, it's just perfect. There is nothing that I wanted - that I knew I wanted and I couldn't find. And I think that is partly because Tracey [previous co-ordinator] left a legacy of good information and Tanya has kept up an extremely good information system as well. And I suppose, in a way, it is quite nice that Tracey left at a -I think she left at quite a good time really, because she established a really good reputation for the organisation, a really firm base on which to build.

This reflects the value of establishing sound foundations and a strong infrastructure in the early stages of the Project. Nevertheless, despite being very happy to take over such a well organised Project the new co-ordinator was also keen to use her appointment to review working practices and to plan for the future.

The Project remains located in the city centre and while, ideally, staff would prefer larger premises, city centre accommodation is expensive and the Project budget would not meet any additional expenses in this area.

Aims and objectives

In this section we will take each of the aims and objectives individually and assess the extent to which these are being met.

The Project has three main aims:

To support young people (under 21) who are caring for someone who has an illness, disability, mental health or drug/alcohol problem.

By the end of 1999, the Project was supporting 56 young people between the ages of eight and 21, 18 of whom had been referred since the interim findings of 1998. The average age, both mean and median was 13, slightly younger than at the interim point and closer to the national average. Of these young people, 57 per cent were girls, 43 per cent boys. Almost one third came from minority ethnic communities, reflecting the Project's commitment to the needs of black and minority ethnic young carers. Two thirds were from lone parent families – a higher proportion than the national survey where just over half were living in lone parent families (Dearden and Becker, 1998). Two thirds were caring for mothers, 14 per cent for fathers and seven per cent for both parents (approximately the same as the national figures). Only a small number were caring for siblings. Slightly over half the young people were caring for someone with physical health problems, around a third were caring for someone with mental health problems, and the remainder were supporting someone with learning difficulties or sensory impairments.

In its first three years the Project has received more than 150 referrals and those which meet the Project's criteria have been supported. In the early days, the criteria were interpreted more liberally, but as numbers have increased a waiting list has been instigated although urgent referrals are usually seen as quickly as possible.

While one Project cannot hope to meet the needs of all young carers in Sheffield, the collaborative approach outlined in the previous section has ensured that the most urgent cases are prioritised. The Project does not duplicate the duties or functions of other voluntary or statutory agencies, but works alongside them to maximise support to local young carers.

To increase the opportunities (social, leisure, educational and employment) available to young carers who are restricted by their role.

In a previous section we saw how the Project has increased social and leisure activities for young people, particularly those who may otherwise have limited opportunities in this area because of family poverty and social exclusion. While the social and leisure activities are highly valued by both young people and their parents, the aims of these activities are also to provide the opportunity

for social mixing and to increase self esteem and confidence. The co-ordinator explained why social and leisure activities while useful are not the only opportunities the Project wishes to offer:

We are having a planning day just to look through our criteria for the young people coming into the Project the kind of passage they take through the Project really, how and why they get in and what we offer while they are here. We are looking at much more specialised structured work rather than general activities which are good fun but don't provide anything special that they couldn't get in a youth club.

While some Projects see the provision of social and leisure activities as one of their major functions, the Sheffield Project has balanced this with the aim of increasing educational and employment opportunities.

Research suggests that young carers fare badly in the educational system and national figures (Dearden and Becker, 1998) show that over a third of young carers of secondary school age are missing school or have educational difficulties. More recent research (Dearden and Becker, 2000) demonstrates that educational difficulties at an early age can have a negative effect on later education, training or employment and can also make transitions into adulthood more difficult. By concentrating on the provision of educational and employment opportunities therefore, SYCP may be helping to ensure more positive transitions into adulthood.

Having a careers adviser working in the Project benefits all young carers and especially those who are not attending school regularly. Recent research (Dearden and Becker, 2000) again indicates that where young carers regularly miss school not only are they likely to have no or minimal educational qualifications, but they also frequently miss out on careers advice. The careers adviser has tended to work closely with a small number of young carers, arranging college visits, advising on courses, helping prepare young people for job interviews etc. The young people can also access computer programmes designed to help with career choices.

To raise awareness about young carers' issues to ensure a long term strategic response to their needs.

Awareness raising, as discussed previously, was initially intensive as the co-ordinator and, once they were in post, the project workers gave presentations to local professionals from social services, education, health and the voluntary sector. The aims of awareness raising were threefold. Firstly, to educate local professionals about young carers' needs and experiences in order that they might more effectively identify them. Secondly, to offer information about the Project and how to refer young carers for support. Thirdly, to persuade professionals, organisations and agencies that they too had responsibilities to local young carers, and to give them the information that would help them to support young carers within their own particular organisations. This third point is possibly the most critical since the Project is small and has time-limited funds. The Project has always been keen to work alongside other organisations and not to undertake any duties that are the province of the statutory authorities. The professional approach adopted and the strong infrastructure of the Project have resulted in Project staff being invited to social services meetings and have enabled them to influence local policy making.

As the Project has developed and the caseload has increased, so awareness raising has decreased. Nevertheless, Project staff remain available for local training sessions and continue to promote the work of the Project while trying to ensure that all young carers receive some support from the various agencies in Sheffield in addition to the SYCP.

Underpinning these three core aims are a number of objectives:

To provide young carers with support through: one-to-one support work; volunteer befriending; large and small group activities with other young carers; issue-based group work.

In a previous section we outlined the types of support young carers receive from the Project. One-to-one support is not only provided by core staff, but also by the volunteers, which makes the best use of the resources available. The two volunteers we interviewed felt very confident in supporting young carers because of the training they had received on appointment and also the support and supervision they received from Project staff. The group activities are highly valued by the young

people themselves and while many of those interviewed commented on the social and leisure activities, they also felt they gained confidence and knowledge from the issue based group work.

To offer advice, information and support around all aspects of their life, particularly education, training and employment; benefits; opportunities available; family difficulties; caring for themselves.

Once again the Project has emphasised education, training and employment and has been fortunate in having not only a careers adviser but also two members of staff with a background in teaching. A homework club has been established where young people can bring school or college work to the Project and use the facilities on offer, such as CD ROMs and the internet. Project staff will assist young people where necessary and computers can be used for preparing homework.

One-to-one support and issue based work helps young people to identify their own difficulties and to try and work through them, either with the support of Project staff or with their peers. The Project has assisted families in getting community care assessments, social care support and benefits where applicable. The Project has also supported some young carers in applying for invalid care allowance.

The co-ordinator commented on how the provision of information and support will continue to develop:

We are going to cut down on the social things but what we are thinking about is doing kind of themes. There are common themes coming up again and again: ones about study support and education, so we are trying to set up a whole year's programme of study support which will be run with a careers worker. And then things like nutrition and healthy eating, and bullying and sexual health. So rather than doing ice-skating and bowling and all those sort of things we will probably do those as well —it will be much more topic work and trying to work through a topic and have something at the end, maybe pieces of creative writing or maybe a bit of theatre work whatever, about an issue specifically around their caring.

The Project is therefore looking to further develop several aspects of its work to better meet the needs of young carers in a variety of innovative ways, over and beyond simply giving young carers a good time.

To advocate for the rights, needs and experiences of young carers with agencies and organisations.

The awareness-raising programme has been utilised to not only raise awareness of young carers' issues, but also to promote young carers' rights across the various statutory and voluntary agencies in Sheffield. Project staff can act as advocates for young carers and their families. One of the project workers commented on this role:

I think it is extremely difficult to be holding the family together and then still be fighting the system ...part of our role is to do advocacy work ...already we are finding that because of this issue [benefits] lots of families aren't aware that they are entitled to attendance allowance and I think it is our role to enlighten them about it or certainly to raise awareness about it.

Another staff member also found that families' lack of awareness about their entitlements coupled with cuts in statutory funding increased the need for advocacy:

I think one of the most frustrating things, one of the things that is going to continue to be a difficulty, is the lack of support services going into families and how this puts us in a difficult position sometimes. We do a lot of advocacy obviously on behalf of families and young people, but sometimes we don't get what we want and the families don't get what they need and that's getting worse. And it will get worse, I think, with the cuts in resources, especially in social services. And I am reluctant for us, in some cases, to be the only agency involved, because we cannot take the responsibility.

The aim of advocacy is therefore not only to try and promote young carers' rights and to help families to access services and benefits to which they are entitled, but also to enlist the support of other agencies and organisations that can assist families.

To lead in the development and implementation of an inter-agency strategy aimed to more effectively meet the needs of young carers and their families on a long-term basis.

Project staff have been instrumental in working with social services staff and others to devise a plan for local young carers. Young carers are mentioned in the children's services plan and social services' staff are aware of their responsibilities towards them. The proposed conference for 1998 did not take place, but despite this the Project continues to work towards helping to develop an

inter-agency strategy. This is being achieved through awareness raising and training, attendance at meetings with social services and other professional groups, and membership of various advisory and steering groups. For example, a member of the Project sits on the Carers Joint Planning and Action Group which is a city wide strategic group whose remit is carers' issues. The group informs policy in social services, Sheffield Health and Primary Care Groups. The work of the group has led to the development of a carers special grant programme and provides consultation on carers' issues. Membership of the group ensures that the needs and experiences of young carers are represented. The group is to recruit a worker who will be based within social services and will specialise in carers' issues.

To Provide training to workers, agencies and organisations about young carers' issues. In addition to awareness raising, staff from the Project have provided training to workers in other agencies, such as health, education, social services and voluntary groups such as Shed, a young people's drugs project. This has usually taken the form of presentations to groups of workers relating to young carers' issues, how best to identify and support them, what their needs and rights are, how current legislation and policy affects young carers and their families, and what the Project can offer in terms of support to both young carers and workers from other agencies.

To encourage the development of good practice around young carers across the voluntary and statutory sectors and with local community organisations.

The development of good practice across other sectors has been achieved by awareness raising and training. Providing other workers with the information necessary to help them to support young carers within their own organisations and agencies leads to good practice all round and prevents others from seeing the Project as the only source of support available. One project cannot hope to meet the needs of all of Sheffield's young carers, but by acting as a resource for other agencies as well as for young carers and their families, the Project is able to meet needs more effectively. However, the majority of referrals continue to come from the statutory sector, and the co-ordinator expressed concern that there had been fewer from the voluntary sector:

I have realised that the Project is rather isolated in terms of the rest of the voluntary sector which is very odd. All our referrals come from the statutory sector, hardly any from the voluntary sector, and we don't seem to be very well linked to what else is happening in the sector, and it's a really important sector with a really big voice - it's something we need to look at in the future.

This realisation should lead to renewed efforts to raise awareness within the voluntary sector, which may result not only in referrals, but also increased knowledge, and therefore better practice within that sector.

To ensure that the experiences and needs of young carers from a range of communities are reflected in all the work of SYCP.

The appointment of a project worker to work specifically with black young carers has helped to ensure that young people from minority ethnic communities are identified and supported by the Project. This worker has liaised with the various communities in Sheffield to raise awareness of young carers' issues and to encourage referrals to the Project. Almost 30 per cent of the young carers supported by the Project are black or Asian, the majority being from the Pakistani community. The Project worker has liaised closely with a Somali mental health project, a Yemeni carers project, an African Caribbean mental health project and a south Asian women's counselling group. This close working and collaboration has resulted in referrals from the Somali and Yemeni communities in addition to the Black and Asian communities. However, as the co-ordinator indicated:

[We are looking at] working with non-black ethnic minority communities, travelling communities and with the Celtic community and so there's an enormous amount of development work [to be done].

Despite the fact that the Project has a designated worker and is receiving referrals and supporting young people from a range of communities, Project staff are not complacent and are keen to further develop their work and meet the needs of more young people.

All staff in the Project are careful not to impose ethnocentric values into their work and also use issue based sessions to counter any racism that may be present in the young people themselves. The ethos of the Project is to value everyone, and this is reinforced during group work.

To evaluate the work, both quantitatively and qualitatively on an ongoing basis.

Evaluation has always been important to the staff and management committee of SYCP. External evaluation, in the form of our work with the Project was built into the Project budget from the outset. Staff from the Project have co-operated fully with this evaluation and provided us with all the necessary documentation required to fully evaluate the Project. They have also been very willing to be interviewed and to give accounts of how the work has progressed. Accurate statistical

data relating to all the young people referred to the Project have been collected and shared with the evaluation team.

Furthermore, Project staff have evaluated their own work as it has progressed. Regular meetings and reviews of ongoing work have been undertaken. When evaluating the work done and the activities offered the Project staff have approached the young people involved and have taken their views seriously. A number of reports have been produced by the Project relating to their work. The first annual report (SYCP, 1997a) summarised the work up to October 1997 and included areas which Project staff wished to develop further. These included awareness-raising, increased practical support to some families, and better identification of young carers in other agencies. As indicated above, the Project has worked hard in improving these areas and has successfully raised awareness throughout many of the agencies and organisations within Sheffield, resulting in the identification and referral of young people from a range of sources. Through their role as advocates and by working closely with other agencies they have also managed to increase the level of support offered to many families.

Evaluations of other activities include reports on two trips to Edale (SYCP, 1997b, 1998b); an evaluation of awareness raising within local schools (SYCP, 1998a); a report and evaluation of a young women's residential outing (SYCP, 1998c); and, in 1998, an evaluation of the Project by all the young people using its services (SYCP, 1998d). Throughout both the YCRG evaluation and their own various evaluations, the Project staff have reflected on findings and, where necessary adapted Project activities to reflect findings and to meet needs.

Perceptions of the Project

While the Project is working towards meeting its own aims and objectives it is important to see how young people, their parents and professionals perceive the Project. To be considered successful, the aims and objectives of the Project must accord with the views and wishes of both service users and professionals across the range of agencies and organisations that support young carers and that may refer young people to the Project.

Young people's perceptions

Not surprisingly, when asked what they considered to be the best aspect of the Project, the majority of young people mentioned the social and leisure activities, in particular the residential trips.

However, they could also see additional advantages to being Project members. For example, some commented on being able to have someone to turn to when they were worried, upset or feeling down, or simply felt the need to talk to someone:

Sometimes if I am low I will phone them up and ask if I can come up.

They are just there for you. Just there if you want to talk.

Others commented more generally on how comfortable they felt with the staff and how easy they were to talk to:

He [project worker] were fine. He were great because he used to come down and talk to me . I used to have a drink and talk to him and ask him how things were going and he used to just chat all the time.

I have not met anybody else, but Tanya, Tracey and Lawrence. It's like it's not a job, it is like they want to do it and they want to help you and that comes across so mush, and I think it is that openness and that accessibility that sort of makes the Project what it is . I haven't got a criticism at all.

Others commented on the group sessions and careers advice:

They say if I am stuck with my homework I can go.

I come to most of them [group meetings] ...they have these sort of classes, like what are you going to be when you get older. It helps you a lot with your work so you can find out about your GCSEs, and I come to them. And it were with James, this new careers adviser, and I talked to him and he says he is going to try and find me something out ...that I can go to a hospital and talk to them. (Young carer who wishes to become a nurse)

Others acknowledged the difficulties they, and many other young carers, faced in getting time out for themselves and how the Project offered this. Equally many felt that knowing they were not alone, that other Project members had similar home experiences, made them feel better and less

isolated. However, few wished to spend their time at the Project discussing their home situations.

What was important was that others understood and were there should they need peer support:

If people can't get out then it's [SYCP] a good chance for them. And they will get to have a good time and not be able to worry.

It's the fact that knowing that they [other young people] have got disabled parents as well, so they are doing the same things. But we hardly talk about it because it is one of them things that when you come [to the Project] you sort of put it out of your mind until you get back home.

None of the young people we interviewed had any criticisms or negative comments about the Project. One of the young people had been let down when the Project had arranged to collect her and then not turned up, but she was fairly philosophical about this because it had only happened once.

It is clear that although social and leisure activities are highly valued, the young people are also able to see the value of the other, more structured work done by the Project. As the balance between the two shifts in favour of more structured work it is unlikely that this would deter many young people. The Project staff need to achieve a balance between social and leisure activities, which some of the young people do not get elsewhere due to lack of time, poverty and social deprivation, and more specialised structured work.

Parents' perceptions

Although the Project is for children and young people and has no specific remit to work with parents, the aims and objectives demonstrate that advocacy and joint working are intended to improve the position of whole families and not simply children. It would not be possible for the Project to operate successfully without the co-operation, consent and trust of parents. Furthermore, Project staff are aware of some of the criticisms directed towards young carers' support by some disability rights authors (see for example Keith and Morris, 1995; Parker and Olsen, 1995) and have taken measures to ensure that parents do not feel undermined by the Project and that, where appropriate, staff can help to support parents as well as children.

Some of the parents commented on how easy they found it to speak to staff:

And she [project worker] came to see me and I could just talk to her ...she was so easy to talk to.

Others commented on how they feel involved with the Project:

[At] Christmas the Young Carers rung me up and they took me down to town, we had a coffee there and then went on and we had a meal out with them.

They all know me when I phone up because I have been there a couple of times with F and CS (Family and Community Services).

Parents also had their own objectives in wanting their children to become involved with the Project. Like their children, many of the parents wanted their children to have the opportunity for social and leisure activities, but they also wanted their children to have the opportunity to meet others in a similar situation:

I wanted her to meet other kids so she didn't think it was only her, because as far as she is concerned - well, we don't know anyone else who is in the same situation as her and it's difficult for her friends to understand why she suddenly bursts into tears or gets very angry about what seems to be nothing.

Parents were also able to see changes in their children following contact with the Project:

She is a lot less stressed. And also, because she knows there is somebody there, you know what, she's a lot easier with me too. It's like because she knows there are other people doing it [caring], younger than herself, it's made her think 'I'm not the only one'.

None of the parents we spoke to had any criticisms of the Project but several mentioned the funding situation and were hopeful that continuation funding would be secured. They clearly valued the Project and were grateful that their children were involved in something which they considered to be beneficial in terms of introducing their children to others in a similar position and providing support and services that many of them were unable to offer either because of illness or disability or because of a lack of finances.

Professionals' perceptions

The professionals we interviewed heard about the Project either following presentations by Project staff or via colleagues. They commented on the approachability of the staff:

They [staff] are very professional.

Their approach, when they were telling us about the service, was very appropriate to the team, at our team meeting, and both Tracey and Lawrence seemed to have a firm grasp of a lot of the issues for carers in general but for young people in particular, who might have all sorts of difficulties themselves. Sand that was confirmed when I went along with them to meet the first client, when both Tracey and Lawrence were there and I felt they handled that quite delicate situation very sensitively.

Excellent. The Archangel Gabriel as far as I am concerned. I mean she at no time has ever let me or, as far as I know, the young carer down. She has got an amazing organisation behind her which seems to be able to fashion care and change as necessary to the individual, where all the other bureaucratic organisations, including my own, have fairly stringent remits ...whereas the young carers supporter really seems to be able to just sort it out beautifully.

Obviously when professionals refer a child on to any organisation they have their own objectives in so doing. We were interested to know what these objectives were and whether the Project's support had succeeded in meeting individual professionals' objectives.

Professionals had several reasons for referring on to the Project and felt that most of their own objectives had been realised:

In her case she was not attending school and not particularly socialising with friends because she is spending a lot of time at home caring for her mother and I was quite concerned about her degree of isolation. Isolation-wise she went along to the club that meets weekly and I think she went on one of the holidays. She's no longer involved with the Project now. She settled at her new school, she and she's getting on well with the new education social worker. She made friends and she's going to school, plus we got more care in for her mother.

The Young Carers Project got involved this time last year and I got involved a month or two afterwards. In fact I think it was actually the Project that suggested the family got social work help...they [Project staff] have been extremely supportive of all three children, not just through their time as carers, but in counselling, bereavement help, bereavement counselling as well.

I know of several things they have tried to do, particularly educationally...and I know that Tanya has tried extremely hard to get the young carer involved with that [careers advice and educational support].

[I wanted to] give the kids their own little support systems, their own escape from it, or their own bit of normality in doing things that kids should be doing in a more normal environment.

Some of the professionals made minor criticisms or suggestions about how things might be improved. In section 1 we indicated that some professionals felt that more formalised feedback might be appropriate in some instances and changes have since been made to the feedback system.

One professional had referred a young person on but the young person had decided that they did not wish to become involved. A member of the Project had contacted the young person who had felt pressurised. The professional commented:

She [young person] felt it should have been left, that she would come when she wanted or ring when she wanted to...she was quite sensitive about it. I understand why she felt it was slightly intrusive but I think that is an easy mistake to make. It is difficult to get the balance isn't it, between keeping in touch with a young carer, keeping the door open, yet respecting their right to choose what they do.

Apart from comments on feedback and the comment above, the professionals were all very satisfied with the service offered by the Project and all said they would have no hesitation in referring others to the Project.

The perceptions of children, parents and professionals were all positive and it seems clear that the Project is meeting their needs and addressing issues that they consider to be important. This general overview of the Project up to December 1999 indicates that it is meeting its own aims and objectives and is valued and respected by users and professionals.

4: Conclusions

The Project is meeting the needs of a large number of young carers in Sheffield in a variety of ways. The profile of young carers supported by the Project is very similar to the national one for young carers supported by projects across the UK (Dearden and Becker, 1998). SYCP has been particularly successful in reaching young carers from black and minority ethnic communities. The young carers have a range of experiences and needs, but many are from families that are reliant on welfare benefits and suffer from poverty and social exclusion. The young people are prone to educational problems and missed schooling. The Project is committed to supporting young carers and to working in partnership with other agencies and organisations to maximise the support offered to young carers and their families.

It has met many of its aims and objectives and is working towards meeting the remaining ones. The social and leisure activities are highly valued by children and parents and do provide opportunities denied many children living in poorer families and those reliant on welfare or disability benefits. Nevertheless, by having a range of aims for the young people over and above providing social and leisure activities, the Project has succeeded in tackling some of the more negative outcomes of caring in the absence of adequate or appropriate professional support. This is particularly true when assessing the educational experiences of the young people. The provision of educational support and careers advice should help to reduce some of the longer-term problems of many of the young people and should help them to make a smoother transition into adulthood.

While parents are happy with the support offered to their children, it would be desirable to involve them further in the Project activities. There was no evidence in interviews with parents that any of them felt threatened or undermined in any way by their children receiving this support, but staff need to be aware of the potential for resentment. Family outings and activities were welcomed by the parents and could be arranged on a more regular basis. Currently the Project is inaccessible for wheelchairs and, should alternative accommodation be secured, it would be appropriate to get somewhere which is fully accessible.

Fund raising began almost from the outset and SYCP has managed to avoid the problems faced by many other projects with short-term funding that have folded leaving young carers with no support. However, there are no alternative specialist support services for young carers in Sheffield and a more permanent funding structure is necessary if the work is to continue to progress. By attracting

one-off grants for residential trips and specific activities and the prudent use of volunteers to provide some of the one-to-one support and leisure activities, the Project has made excellent use of its budget and provides extremely good value for money.

The Project is well managed and the time taken in the early stages to build the infrastructure led to a comprehensive range of policies and procedures which protect not only the vulnerable young carers who use the Project, but also the staff and volunteers. The professionalism adopted by all Project staff is clearly appreciated by parents and professionals and has resulted in the Project being viewed as an integral part of the support for children in Sheffield.

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