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Sheffield Young Carers Project: an evaluation - interim report April 1997 September 1998

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Sheffield Young Carers Project: An Evaluation

Interim Report April 1997 . September 1998

A report prepared on behalf of
Sheffield Young Carers Project

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

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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 which had been meeting for approximately a year. Joint finance funding was awarded for a three year period, and additional funding from the National Lotteries Charities Board (NLCB) has enabled the Project to employ additional staff. Currently the Project has one full-time co-ordinator, who is employed by and managed by the Education Department of the local authority. Two project workers and an administrator were employed in September 1997 for a three year period, funded by the NLCB grant. One of the project workers is employed to work specifically with young carers from black communities. They are employed directly by the Project and line managed by the coordinator. In addition a careers adviser works at the Project two days a week (increased from one day a week from September 1998). A sessional worker has been employed from August 1998 for one year, and a researcher is researching young carers' issues for two days a week over a period of three months. 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 the 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 is 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 is to be collected by the Project and collated by the YCRG to offer a statistical profile of service users and their circumstances. This will enable 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 arise 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 they were asked by Project staff 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 is both quantitative and qualitative. Data relating to service users are collected by the Project using referral and monitoring forms. Over a three year period these data are to be collated and analysed by the YCRG to give a statistical profile of young carers supported by the Project. Data collection takes place at six-monthly intervals, with five episodes in total. Information is also drawn from the co-ordinator's reports and Project policy documents. In addition to the quantitative element, four phases of fieldwork will take place, enabling the research team to interview Project staff, young carers, parents and professionals who have made referrals to the Project.

The periods of fieldwork take place approximately one month after data collection in order that any significant findings from data analysis can be investigated during fieldwork interviews. The qualitative element allows the research team to explore in detail the experiences of young people referred to the Project and to establish how the SYCP is meeting their needs, whether any needs continue to be unmet, how the young people view the Project and its staff and what changes, if any, they would like to be made. Interviews with parents are 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 is to establish their feelings regarding their children receiving the support of the SYCP and to establish how and in what ways the Project has assisted them.

The Project co-ordinator will be interviewed several times over the period of evaluation to establish any changes in the direction of the Project and to give an overall view of progress. Other staff members were interviewed soon after appointment and will be interviewed again when they are established within the Project. It will be interesting to see whether their attitudes and opinions have changed over time as they become more accustomed to supporting young carers.

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.

At the point of preparing this interim report, two periods of data analysis and fieldwork have taken place. In total 21 interviews have been conducted. The coordinator has been interviewed twice, the two project workers and the administrator were interviewed soon after their appointments and the outgoing chair of the Project advisory team has been interviewed. Eight interviews have been conducted with young people (one of whom has been interviewed twice), five with parents and two with referrers. We 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:

- 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.

- Offer advice, information and support around all aspects of their life, particularly education, training and employment; benefits; opportunities available; family difficulties; caring for themselves.
- Advocate for the rights, needs and experiences of young carers with agencies and organisations.
- 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.
- Provide training to workers, agencies and organisations about young carers' issues.
- Encourage the development of good practice around young carers across the voluntary and statutory sectors and with local community organisations.
- Ensure that the experiences and needs of young carers from a range of communities are reflected in all the work of SYCP.
- Evaluate the work, both quantitatively and qualitatively on an ongoing basis.

The final evaluation report will consider these aims and objectives individually to assess the extent to which they are being met. In this interim report we are interested in highlighting the issues raised so far by the work of the Project. This report 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 now has a confidentiality policy which 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 now 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 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.

Since the appointment of the co-ordinator, the Project has secured city centre accommodation, has recruited additional staff and has become a registered charity in its own right. Creating a strong infrastructure to the Project and spending time preparing policy and practice guidelines has resulted in clarity for staff members regarding their roles and responsibilities. It has also ensured that referrals can be dealt with appropriately and that the Project was not swamped with casework in its early days. The policies and procedures are now in place and direct work with young carers is ongoing.

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 and a researcher is 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. This piece of work has been funded by the Youth Service.

The Project now has 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) have received training, have had police checks performed and have been '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 has been obtained for volunteers to work with young people and the co-ordinator is happy that parents are 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)

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 much 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. (Young Carer)

She [project worker] came round and, I mean, she was brilliant, I could talk to her easily. I 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)

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

We have met Tanya and Tracey, they are the main two that we have dealt with if I didn't think they were trustworthy I wouldn't [allow child to attend Project]. (Parent)

They [staff] are very professional. (Referrer)

[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 coordinator receives direct line management and supervision from Youth Services. She in turn line manages and supervises the other project workers and the volunteers are currently 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 has 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 is 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 has now 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 are active. Some cases have been closed and the remainder were either inappropriate referrals or no action has yet been taken. The young people referred to the Project are 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 are heavily involved in practical care tasks, many are providing emotional support and are affected by the uncertainties of living with a relative with health difficulties. The young people supported span the age range of eight to 21, the average age, both mean and median being 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 are 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 (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 are from these communities, significantly higher than the 14 per cent nationally (Dearden and Becker, 1998). Seventy two per cent are 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 offers 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, 1998). 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 are complex and require 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 have already suffered the bereavement of a parent and several others have 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 have been committed to working collaboratively with other agencies and organisations across Sheffield to ensure that the needs of young carers are acknowledged and met. As part of the awareness-raising programme, professionals in other agencies are 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 will 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 is employed and supervised by the service. Additional links have 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 have been forged within Social Services and staff members have attended case conferences. In addition, the Project is to become more involved in the assessment process of young carers and is involved in inter-agency discussions about the assessment process and the need to clarify the assessment procedure. Currently no young carers have 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 is aware of the potential difficulties which may arise from this, especially if the Project becomes associated with an assessment process which does not result in tangible benefits for families. Care will 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 establishing 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 will be invited to sign up to.

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 informal

counselling is offered by Project staff 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 are greatly affected by the illness of a parent and find it difficult to open up to anyone regarding their feelings. In these situations, one-to-one support helps them, offering the opportunity to discuss matters in confidence. This was true of one of the young people interviewed whose mother has mental health problems which are 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 has a physical illness and disability, the other with mental health difficulties, and caring for her four younger siblings. Her leisure time is very limited, but contact with a project worker has given her the opportunity to have someone whom she views as very much for her - all other professional support offered to the family has been either aimed at her parents or at the younger children and has often been perceived as punitive, e.g. suggestions that the younger sibling may be taken into care or that the young woman is not old enough to cope (despite the fact that she has 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 is particularly valued and additional educational support is also being offered as she wishes to resit some failed GCSEs. Driving lessons are 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 barging holiday. All places on these residential trips have been paid for from Project funds and charitable donations. Other social and leisure activities include visits to football matches; ice skating; the cinema; meals out etc. A small donation enabled the formation of a music group which has 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 which 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 which 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 currently works two days 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, 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 has 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 is particularly interested in pursuing distance learning as she finds it impossible to attend college. The careers adviser is to arrange this for her.

The Project currently 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 seems to work well and is 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 will pay the costs of a sessional worker; the youth service 'Summer Measures' money funded the music group and the recording 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 have been secured; 1-2-1 charity financed and staffed the barge holidays provided to 12 young people in 1998; and many local and national companies and organisations have made small donations of money or goods/services. The Project has instigated a hardship fund through which young people can get

additional support for one-off needs, to a maximum of £50. This fund will not be used to buy items which should be covered by DSS or Social Services.

The successful fund raising has 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.

Future issues for consideration

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

Future visits by the research team will need to include additional interviews with a range of professionals who have referred young people to the Project; more interviews with young people, especially boys who are currently under-represented among Project users and as interview respondents; and one or two volunteers to gain their perspective on the training and support they receive and on their interactions with young people and their parents. All respondents will be encouraged to comment on the future direction of the Project and to highlight any criticisms, concerns or areas for improvement, in addition to indicating what they perceive as the successes and advantages of the Project.

The final evaluation report in December 1999 will consider each of the Project's aims and objectives and assess the extent to which they are being met. It will also offer a detailed statistical breakdown of the Sheffield young carers and draw comparisons with the national picture. Drawing on all of the interviews from the four periods of fieldwork it will give detailed feedback of all aspects of the Project from the perspectives of young carers, their parents, local professionals and Project staff themselves.

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