

Evaluation of YES: Young Carers' Exceptional Stories

Final Report 2017

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Acknowledgements

Gratitude is owed to everyone who helped gather information, and especially Debbie and Hannah. Thanks too to the people who contributed their views, particularly the young carers we spoke to in the course of the research, and to the groups whose artwork is featured on the covers of this report.

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Evaluation of the YES Project Executive Summary

Background

The Young Carers' Exceptional Stories (YES) project was developed to raise awareness of young carers' issues and achievements. Funded through Big Lottery, the project operates in the borough of North Tyneside through a partnership between the local Carers' Centre and YMCA.

The project aimed to bring about long lasting change for young carers by raising awareness, giving them the same opportunities as other children and young people, and minimising any negative impact on their lives. Participants were aged between 10 and 18, and were caring for a family member because of illness, disability or substance use issues.

The evaluation was undertaken by Teesside University who applied a Results Based Accountability framework (Friedman, 2005). This establishes and tracks progress against specific measures built around core questions:

- How much did the project do?
- How well did the project do it?
- Were positive outcomes achieved?
- Will progress made be sustained?

The research undertaken encompassed:

- Reviewing project data
- Conducting focus groups and interviews with young carers
- Interviewing parents
- Surveying and interviewing stakeholders and staff

How much did the project do?

Based on monitoring data, by the end of year 4, the numbers of young carers involved were as follows:

- 67 attended arts/media programmes, running over a period of 13 weeks;
- 67 had the chance to meet with peers and attend a residential trip;
- 160 accessed one-to-one support from family support workers;
- 81 accessed structured group support for information, advice, and guidance.

The project also produced and facilitated:

- Multi-media insight resources, created by 9 cohorts of young carers
- 9 events to raise awareness amongst professionals in North Tyneside
- 11 newsletters to raise general awareness of young carers

How well did the project do it?

Young carers' experiences of the project were very positive. All participants in the research indicated that they had enjoyed activities, and had valued the respite, social contacts, and support provided. Concerns for the future focussed on increasing provision and widening participation.

These affirmative views were echoed by parents and stakeholders. Parents were keen to recount the difference made to their children's lives which, in turn, impacted upon their own sense of well-being. Stakeholders were keen to commend the skill and dedication of project workers, and valued both the one-to-one support given to young carers, and the quality of awareness raising materials and events. Front-line staff too were extremely positive about their roles.

Were positive outcomes achieved?

Project data shows that by year 4's end:

- 238 young carers were more aware of services and how to access them;
- 192 young carers felt able to make informed decisions;
- 208 young carers felt they had gained confidence and self-esteem.

The qualitative evidence from interviews and focus groups confirms the project's success in raising confidence and self-esteem, and in creating opportunities for young carers to make new friends and socialise in a positive environment.

Attitudes towards caring have also been positively affected. Their participation led to young people better understanding their role as carers, feeling acknowledged as such, and better understanding the needs of those cared for.

There was less evidence that levels of caring had reduced. Quantitative data suggested a marginal improvement, but discussions in focus groups and interviews was more ambiguous. However, there was clear evidence that caring had less impact on young carers' lives, and they felt better equipped to factor in their own aspirations alongside their caring roles.

The absolute reduction in the amount of care given is perhaps unsurprising. Young people find themselves in a caring role because of their home and family circumstances. These are unlikely to fundamentally change, especially in a context of budget restrictions and service reductions. The holistic approach linked family members to sources of support, but rarely substituted for daily caring tasks.

All contributors to the qualitative research (young people, parents, stakeholders and

staff) recounted notable stories of individual success, and there were some examples of how greater awareness had impacted upon other settings, notably schools, positively.

Will gains be sustained?

The confidence and self-esteem achieved by participants is a sound foundation for their futures. Young carers and parents generally felt that skills developed during engagement with YES will have a positive long-term effect.

Achieving wider understanding of young carers' lives is another way of sustaining impact. The stakeholder survey and interviews indicated good awareness amongst the professionals involved in the research, and examples of good practice within their employing organisations. However, there was an apparent under-estimation of the importance of self-esteem, and some concern that practical responses to young carers' needs may not become organisationally embedded within the project's time-frame.

Staff highlighted the inevitable time-lag in producing resources to raise awareness, and maximising their distribution and dissemination. Interviews also indicated a possible disjuncture between the holistic approach adopted by services for children and young people, and the often highly individualised approach taken to adults who might be receiving a young person's care. This suggests further awareness-activity activity may be needed.

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1 Introduction

1.1 Background

Many children and young people under 18 are involved in a caring role whereby they provide assistance, support and/or supervision to other family members (Becker and Becker, 2008; Dearden and Becker, 2004). Estimated at 175,000 following the 2001 census, analysis of the 2011 census shows an even greater number of children and young people (particularly girls, and particularly those aged 15 and over) taking part in caring activities:

Figure 1.1: Usual residents¹ aged 5-24 providing unpaid care, England and Wales 2011				
	Male		Female	
Age	Number (000s)	Per cent	Number (000s)	Per cent
5-9	11	0.7	12	0.8
10-14	33	2.0	39	2.5
15-19	69	4.1	80	4.9
All under 19	123	6.8	131	8.2

¹ Excludes usual residents in communal establishments Source: ONS, 2011 census

Analysis of the Longitudinal Survey of Young People in England (Hounsell, 2013) concludes that census data under-represents the true picture and many young carers probably remain 'under the radar' of professional support: "...there is no strong evidence that young carers are more likely than their peers to come into contact with support agencies...". The study found strong and significant relationships between being a young carer and certain factors:

- Family income (median income £5000 lower)
- Households with no adult in work (more than 4 times more likely)
- Mother without educational qualifications (more than 1.5 times more likely)
- Adults with a limiting disability (more than twice as likely)
- More than 4 children in household (more than 1.5 times more likely)

The research also revealed that young carers had significantly lower levels of GCSE attainment than their peers (53 points on average), were more likely to not be in education, employment or training ('NEET') between ages 16 and 19. Finally, the study uncovered a greater degree of sibling care than known about previously.

A growing body of research around young carers has been accompanied by greater policy and practice interest (Becker and Becker, 2008). Challenges faced, and potential strategies to address these, are now better understood. Isolation, lack of confidantes, worry, literal demands on time; all contribute to a lack of social opportunities and sub-optimal educational attendance and achievement (Frank and McLarnon, 2008).

Qualitative research for DoE (Aldridge et al, 2016) gives insight into the experiences and impacts of caring, and relationships between young carers, families and professionals:

- Most young carers saw their role as carers as rewarding, but there were also adverse effects (anxiety, stress, strained relationships, restrictions to social lives and education).

- Most parents were keen to see their child make a positive transition to adulthood, but few were actively preparing for a time when they would cease to provide care.
- Young carers developed different coping strategies. Social relationships were important to older-age groups; openly sharing feelings particularly benefitted younger carers.
- Formal or informal support helped reduce the extent of young carers' responsibilities, but not all parents were comfortable to disclose their condition to professionals.
- Support for young carers in school varied considerably, and social workers tended to have limited contact with young carers about their caring role.
- Early and effective communication between professionals and families helped to allay parental concerns, and helped to facilitate access to young carers' projects.
- These projects were an important source of support, opening up conversations about caring, and providing access to fun activities as well as information, advice and advocacy.

1.2 Evaluation

Young carers were one of the priority groups supported by the Big Lottery Fund's Youth in Focus Programme. They have been supported in North Tyneside by the Young Carers' Exceptional Stories' (YES) project, a partnership between the local Carers' Centre and YMCA. Teesside University were asked to evaluate the project, addressing the following questions:

- Has the project reduced the amount of care undertaken by young carers participating?
- Has the project reduced the (negative) impact of providing care amongst participants?
- Has the project Improved professionals' understanding and recognition of young carers?
- What are young people's experiences of engaging in the YES project?
- How is the impact of YES sustained beyond direct engagement?

The researchers applied a framework of Result Based Accountability (Friedman, 2005) which establishes and measures progress against a set of indicators that contribute to a population outcome. For YES, the population outcome was defined as 'supporting young carers in North Tyneside to have the same opportunities as other children and young people in the locality'. Success was assessed by addressing 4 key questions:

1. How much did the project do?
2. How well did the project do it?
3. Are young carers better off as a result of the project?
4. Will any progress made be sustained over time?

Methods used combined desk-based review of project data, focus groups and interviews with young carers and their parents/guardians, a survey and telephone interviews with relevant professionals, and group interviews with the staff team.

1.3 Demographic profile of participants

The profile of participants is drawn from the projects' own records and need to be treated with some caution because some records were incomplete and thus unsuitable for analysis. Reasons for this included young carers not completing the programme, moving onto

another area of service, being difficult to contact, or it being judged inappropriate by staff due to family circumstances.

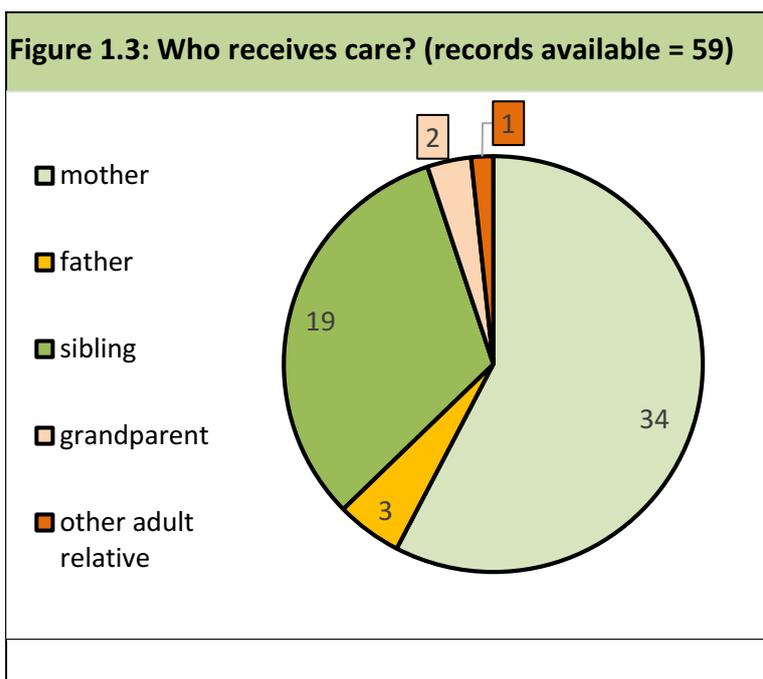
From the 59 full records that were available, the following was evident:

- As at 2016, participants in the project ranged from 12 to 21 years old
- The self-reported age at which participants started caring ranged from 3 to 14 years
- Two thirds of the participants for whom data was available were female
- 91% self-categorised as White British (95% local population doing so in 2011 census)

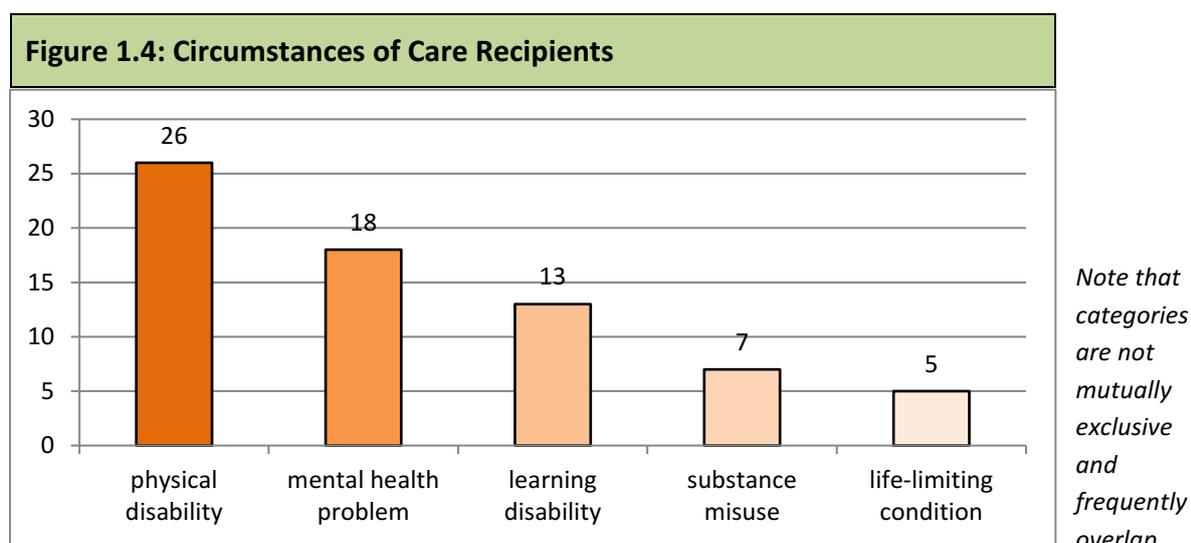
1.4 Recipients of Care

As Figure 3 indicates, most young carers for whom full details were available (34, or 58% in percentage terms) provided help primarily to their mother. This is in line with samples from other studies (for example, Aldridge et al, 2016).

Those providing care to siblings was also noteworthy (as with Hounsell, 2013). A notable proportion of these (nearly 25%) also provided care to a second person, and one young person cared for to 3 people.



Further information about the circumstances of people receiving care was recorded for 44 young carers, as shown in Figure 1.4.



As shown above, results show predominance of physical disability and mental health issues.

2. How much did the project do?

2.1 Project Scope

The aim of the YES Project is to bring about long lasting change for young carers to facilitate the same opportunities as other children and young people. The project has been delivered throughout the borough of North Tyneside from 2012 to 2016.

In partnership with North Tyneside YMCA, North Tyneside Carers' Centre have delivered several awareness raising projects that have also provided the opportunity for young carers to get a break from caring, and access peer and professional support. Each project has centred on a different awareness raising activity, for example, developing an online game or creating a series of short films outlining the problems and challenges young carers face.

Outputs have been presented to professionals in health, social care, and education where possible. A website for young carers has also been launched. Underpinning and fundamental to assessment of successful delivery is the active involvement of young carers at every stage of the project.

The project identified 4 intended outcomes for young carers; that they:

- have access to more social time, enabling them to take a break from caring and meet with other children and young people in similar circumstances
- voices are heard, leading to an improved understanding and wider recognition of the issues they face by professionals
- feel supported in their caring role, and know where to seek additional information, advice and guidance
- have increased confidence and self-esteem, to make informed decisions about their future

2.2 Performance against project targets

Quantitative targets for 'throughput' were agreed between the project and their funders, the Big Lottery, based on the aims and objectives. Figure 2, overleaf, presents results set against these.

Whilst the table shows some shortfall in achieving target numbers, the project has explained the reasons behind this discrepancy – essentially, the complexity of needs – in annual reporting frameworks.

Figure 2.1: Performance against agreed targets

Outcome	Target	Target by end of year 4	Performance by end of year 4
Young carers will have access to more social time, enabling them to take a break from caring and meet with other children and young people in similar circumstances.	96 young carers attend arts/media programmes and take a break from caring 3hrs per week for 13 weeks.	84	67 young people participated. Breaks received – 34 sessions; 77 hours.
	96 young carers meet with other young carers at the arts/media programmes.	84	67 young people have had opportunities to meet other young carers on a regular basis whilst having a break from caring.
	96 young carers will attend a residential trip during the life of the project.	84	67 young carers have accessed a 2night/3 day residential.
Young carers’ voices are heard, leading to the improved understanding and wider recognition of the issues they face by professionals with whom they may come into contact.	Improved awareness amongst professionals in North Tyneside.	7 sessions	9 events to raise awareness have taken place.
	General awareness of young carers will be achieved from the publication of 15 newsletters during the life of the project.	12 newsletters	11 newsletters have been produced.
Young carers feel supported in their caring role, and know where to seek additional information, advice and guidance.	290 young carers access one to one support from family support workers.	230	160 young people have accessed one to one support.
	386 young carers will have an improved awareness of services where they are and how to access them during the life time of the project.	314	238 young people by the end of year 4.
	64 young carers access structured group support that provides information, advice, and guidance.	56	81 young people by the end of year 4.
Young carers have increased confidence and self-esteem, to make informed decisions about their future.	386 young carers can make informed decisions.	314	192 young people by the end of year 4
	386 young carers gain confidence and self-esteem.	314	208 young people by the end of year 4.

3. Experience of engaging with the project

3.1 The Project

There was relatively limited information held by the project about young carers' experience of taking part. Different cohorts of young people took part in different activities, with the project's own surveys showing that most of these were viewed favourably, with group activities and creativity scoring particularly highly:

Figure 3.1: Were activities enjoyable?	Yes	No	n
...performing on stage.	5	4	9
...photography and storyboards.	7	2	9
...sharing the group's stories.	9	8	17
...coming up with ideas.	5	4	9
...walking on the beach.	7	2	9
...planning the fun day.	7	0	7
...making the animation.	4	6	10
...group games.	23	2	25
...working together in a group.	15	3	18
...being creative.	16	1	17
...time with other young carers.	7	2	9
...learning stage skills.	5	4	9
...graffiti and radio skills.	6	3	9
...delivering the fun day.	5	2	7
...being at the music studio.	7	3	10

The young carers who took part in the research strongly valued the opportunity to share stories and experiences with each other: One young carer contributed a picture at the focus group, with the following explanation:

"I done the picture of somebody meeting another young carer, as in meeting new people who you never met before and who are probably in the exact same state that you are...And I drew a person thinking question marks, which would stand for somebody thinking about the world around them and thinking that they're not the only one who's going through the hard times".

Another commented:

"To meet new people and to get a chance to like, actually realise that it's not like, just like you going through the problems... Someone to talk to... "

Young carers also valued being able to provide input into the project in terms of which activities to undertake and how:

"designing what kind of thing that you wanted to do with the project 'cause all we got was 'This is the project. You can pretty much do anything.' So it was just like building up on our ideas...it was carer lead, which I think is really great".

"We've all got that insight into a carer's life that the carers want...yes, it's guided by individuals who work at the carers centre, they're just there for guidance and to make sure people turn up, or collect them and bring them to the location. But it's all our ideas; it's all our influence; everything. If we say we want the colour scheme to

be red, the colour scheme's red; if we want to target school, we target schools; if we want to target families, we target families. It's all our ideas".

This was a sentiment echoed by parents, for example in commenting on the reason behind their child's increased confidence:

"I think it was more about being listened to really. About what the sort of things they'd like to do. How they would like to interact with other people. The fact that it gave them responsibility as well".

Other positive dimensions identified by young carers (and their parents) included having fun, making friends, and having a break from caring:

"Yeah it was nice as well 'cause it was a break... a break from life in general".

"You can actually concentrate on, even if it's just one hour it's [about] you... You kind of, like, in a way, feel all the weight lift of your shoulders for just one hour and it's just like, really relaxing".

"Like...if you're sick of being stuck in the house. Like a different surrounding".

When asked how s/he would describe the project to someone debating whether to engage, one young carer said:

"It's a break. At first, I would like say, I recommend you should go 'cause it is loads of fun and you gain new friendships and that and it makes you more relaxed. You can actually concentrate on... even if it's just one hour... you... You get a break; you kind of, like, in a way, feel all the weight lift of your shoulders for just one hour and it's just like, really relaxing. Once you've been once you want to go back. Say it was on every week, you want that week to go really quick".

And for parents outlining the benefits:

"...confidence building, team building, an outlet for your child so if they do have an issue about anything at home and they want to burn it off somewhere or they want to express to someone else, then they can. 'Cause obviously sometimes, with the best of your ability, sometimes you're not able to listen and that's a horrible thing to say and admit to that as a parent... Not that I didn't want to; I wasn't able to. It's not a very nice feeling but then you sort of see the 'then' and 'now'. It's a really nice feeling just watching her. And then, obviously, they go on activities, they do drawing, they do cooking. They get to make new friends. All of that stuff, you know".

And: *"Go for it. Go for it. Go for it. Your child has so much to learn from going there".*

More than one parent described the effect of the project as *"giving young carers their childhoods back".*

3.2 Valued Aspects

The positive and supportive relationship young carers developed with staff was seen to be a centrally important factor in the success of the project, explicitly in discussion with parents, implicitly in discussion with young carers. There were many comments focussing on staff members' dedication and professionalism:

“The staff are absolutely amazing for them [kids] as well. It’s like a friendly kind of connection that the kids have with them and it’s a very trusting connection they have with them as well. I don’t know their surnames I only know them by their first names as a parent...I know their names so that goes to show how much of an impact it’s had on me as welcoming a friend along”.

“They are highly motivated. It’s not as though they are incentive driven in anyway. You can just see that, it’s very much the love of the job, the staff. And I think that rubs off on the kids who they are working with, you know”.

“The staff being there all the time, the same staff, so the children can make a bond with them and they can feel as if they can talk to them about anything. That’s one of the things that I do like. That I know whatever [young carer] says to them, is in confidence. If they think they’ve got to tell me then I know that they would tell me... they’re a good judge of what they need to keep and what they need pass on”.

Young carers were more likely to recount scenarios that demonstrated their appreciation of staff without directly mentioning them. This was also true for one-to-one support:

“I think it takes a lot of pressure off you...cause like...you get like stressed don’t you, whoever you’re caring for and then you feel like you don’t have time to yourself. And then like...when you go on to one-to-ones and stuff like that you get like...pressure off you. Like you’re not under pressure”.

“I think it helps ‘cause they ask when you want to have one-to-ones or when you wanna see them. It’s not forced on a timetable, ‘cause like...it’s a bit annoying if you have to get pulled out of school”.

One-to-one’s, intended to provide young carers with support at an individual level, were generally viewed positively, with provisos that continuity was important, that success depended on the staff member being able to build a relationship based on trust over time, and that budgetary constraints might impede this process.

Staff saw the approach whereby activities to develop a bank of awareness-raising resources, when combined with one-to-ones and family support, was a winning formula. They repeatedly identified ‘listening’ as the crucial element within all these dimensions.

Stakeholders interviewed expressed very high regard and respect for staff. For example:

“They were fantastic, really fantastic. Approachable. Just amazing with the kids, as well as relating well to staff. The kids absolutely adored [name of worker]”

Amongst other valued attributes of the service was the transport provided for young people to attend. Parents without cars highlighted that this could be a crucial facilitator in allowing young people to take part.

Finally, parents not only highlighted the opportunity for their child to make new friends and develop life skills, but also talked about the peer support that is available to parents as well:

“There’s groups where parents can get together. You might sit there and just have a cup of coffee and if you’ve had a crap night and a crap morning, just to go and have a

cup of coffee and moan about your child and for other people to know where you're coming from. So I would really recommend it to everybody..."

3.3 Suggested improvements

All parents and young people contributing to the research had positive things to say about the project, with most suggested improvements essentially requesting 'more of the same'. Young carers highlighted a number of ways in which they thought the project could improve, although two of these (more groups and more contact time) are resourcing issues, confirming that young carers enjoy and value being part of the project. Other suggested improvements concern promotion and awareness. Some young carers felt further outreach was needed to reach young carers not currently accessing the service, and one contributor suggested widening the scope of disseminating the outputs:

"Even though we're targeting schools and teachers, we weren't targeting doctors and nurses who were supposed to make sure that...right if...if adult A is looking after adult B, do they have any children and do you need to go to an organisation like the young carers centre for timeout".

This was a theme picked up on by staff, who pointed out that it had taken 2 or 3 years to develop a bank of resources; this had inevitably curtailed the time available to use them comprehensively for awareness-raising.

Suggested improvements from parents and stakeholders were also largely concerned with 'more of the same', although there were a few practical suggestions as well. One suggestion from a parent was that there could be more 'age-alignment' in groups; another was that the project could usefully explore ways to secure involvement beyond the project, perhaps through peer-led activity. Specific suggestions from stakeholders included providing more practical guidance about making a referral and eligibility criteria; and developing a resource pack specifically focussing on younger children, for use in primary school settings.

3.4 Summary

Young carers' experiences of the project were very positive. All young people taking part in the focus groups enjoyed the activities and highly valued the opportunity to take a break from caring. They have also made new friends and been able to access peer and project staff support. Any suggestions for improvements were generally centred on increasing the number of contact hours or widening awareness and participation, recommendations which demonstrate that young carers highly value the project. Young carers felt they had meaningful input, and believed their views were respected. Relationships with project staff were particularly highly valued - by young people and by their parents.

4. Are young carers better off?

This section considers the available data relating to outcomes – whether young people supported by the project ended up in a ‘better place’ than before their participation. The section is structured in accordance with 3 core questions:

- Has the project increased confidence, better equipping young carers to face the future?
- Has the project reduced the amount of care undertaken by participants?
- Has the project reduced the (negative) impact of providing care amongst participants?

The section ends with case studies, based on life story interviews which outline the journey taken by 2 young carers who took part in the project.

4.1 Confidence and self-esteem

As part of the YES project, some of the young carers were asked if being involved was helping with various areas of their lives (confidence; pride; friendships; respite; fun; skills). The biggest positive amongst this list related to self-assurance, with over 80% of young people responding recording that they felt more confident. Young carers were also asked if new skills and experiences had helped in other areas of everyday life (school, home, meeting new people, being in new situations, making decisions, being with friends, hobbies and interests. Meeting new people – a measure of confidence – came out top, recorded by over 75% of the young carers responding.

This was confirmed by analysis of the ‘skills wheel’ utilised by the project. Participants are asked to rate their competencies in various areas, giving each a score out of 10. All measured areas of competency showed a positive increase between average scores before and after participation, with ‘talking to adults’ showing the largest improvement (3.56).

These results must be treated with a degree of caution partly because of low numbers and partly because scoring categories differed across various cohorts of the project, meaning that not all participants were measured in all areas. However, the positive effect on confidence was amplified in the focus groups with young carers: *“It’s a confidence thing. It influenced me and [a friend] to go back to the gym” and “[I’ve developed] confidence. And erm... being around other people ‘cause sometimes I was shy and that, but now I’m not”.*

The parents interviewed also strongly indicated that the project had significantly impacted the confidence and self-esteem levels of their children:

“It’s definitely gained her confidence to be able to approach things in a different way whereas beforehand it was all, I can’t do it. I can’t do it. I can’t do it. So it’s definitely brought her confidence on, to actually try different things... “

“I wasn’t able to provide the confidence levels and things like that ‘cause I wasn’t...when she initially started the programme I wasn’t coping very well me self-mental health wise, physically... I just suppose I’m watching her blossom really, from being this shy little girl to being quite confident. Not frightened to approach new things and just being able to go for it really, which is what you want for your child”

For some young carers, recognition of their role was important in achieving a sense of self-worth. However, although recognition was seen as important, participants were fairly evenly split in having a concern about the stigmatisation that *public* recognition could lead to. For one: *“I don’t like telling people at school about it”* whereas, for another: *“My friends at school help us. Like my friends are interested”*. A third young carer had told their friend expecting support but experienced teasing instead: *“There’s someone in my class...and he kind of took the mick a little bit ‘cause I was getting rewarded for everything... That was like a bit horrible...he was one of me good friends... [but] when I told him I joined carers last year, he just took the mick”*.

These different preferences and experiences led to some young carers emphasising the need to keep school and carer’s life independent of each other. A parent suggested that initial concerns may well dissipate over time as the young person became more confident:

“[Young carer] didn’t want to say anything ‘cause she didn’t want to be labelled at the same time. She’s happy that she was a young carer, out of school. But she found it quite difficult when she first went to the young carers and there were children from her school... she wanted things separate... I think she was embarrassed... I think she had low self-esteem at the time and she didn’t want anyone being horrible to her or something ‘cause she went to the young carers... You want to fit in with your peer group. But now she’s not bothered; she doesn’t care”.

Finally, interviews with staff and stakeholders also provided unsolicited examples of greater confidence and self-esteem, and the difference made to the young carer. A stakeholder described how one previously withdrawn primary school pupil had *‘absolutely thrived’* since becoming involved with the project and was now an active contributor in groups. Another pupil had *‘become more comfortable with himself’* as he became more aware of, and more understanding of, his father’s condition. Previously a cause for concern, his behaviour at school and at home had improved massively. A YES staff member illustrated how wider benefits were also achieved: *“Two young girls [at a group] became good friends to the point where their mums became friends as well, and they all came together outside of the project; in fact, they still do...”* Other examples included a young carer whose lack of social interaction was notably acute becoming confident to the point of seeking and getting a job in a highly social place of work, and *“absolutely thriving”* there.

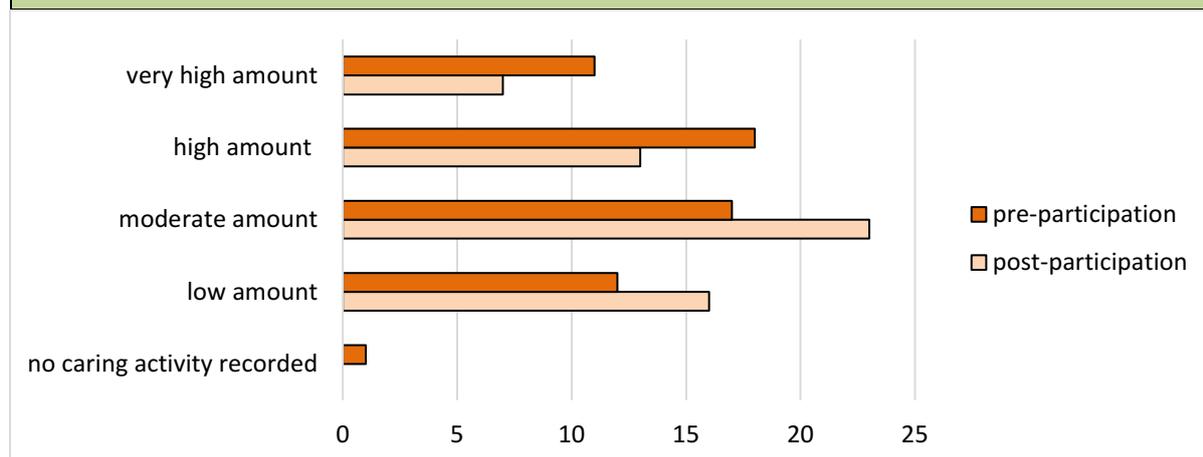
4.2 Amount of care provided

Records held by the project included the results of young carers being asked (before and after participation) to estimate the amount of care provided on a weekly basis. Results showed that the average (mean) number of hours reduced (Figure 4.1).

Figure 4.1: Estimated hours of care provided (records available = 59)		
	Pre-participation	Post-participation
Weekday (Monday to Friday)	18.6	16.4
Weekend (Saturday and Sunday)	10.3	9.5
Total Weekly Hours	28.9	25.9

A possibly more reliable indication of levels of care provided is the Multidimensional Assessment of Caring Activities (MACA-YC18) questionnaire, a psychometrically tested model which measures levels of caring in terms of the range and number of activities undertaken by young carers (Joseph, Becker & Becker, 2009). Again, this was applied by the project before and after participation. Analysis of results demonstrate a movement from higher to lower levels, indicating reduced amounts of caring (Figure 4.2).

Figure 4.2: Levels of care provided, based on MACA-YC18 (records available = 59)



Guidance for the YC-18 measurement tool (Joseph et al, 2009) suggest that the average score amongst young carers is 14, on the borderline between 'high' and 'moderate' levels of care. For the young carers engaging with YES, the mean pre-participation score was 13.78, as compared to a post-participation score of 12.09.

Findings from the qualitative fieldwork were more equivocal. When discussed during focus groups and interviews, only one young person reported reduced levels of caring. Most young carers reported that levels of caring stayed the same; a few reported an increase. Some linked this to their improved understanding of the caring needs of family members and an increased willingness to take on the caring role. For example:

"It's just made us a bit more like, mature. Because like, I've got like, me little sister as well. She's littler so she's like. It's made us look after her a bit more. When me mam's not well or anything" (young carer)

Others pointed out that the project could not impact directly on the circumstances at home that resulted in the need for them to provide care:

"A lot of us have been doing the caring role for a lot of years so it becomes second nature. Especially if you started young, it's second nature for you to do the caring..."

If young people are to step back from their caring responsibilities, someone else needs to step in; this is difficult to achieve in a context of austerity cut-backs and increasingly strained resources.

Staff and stakeholder interviewees were keen to emphasise the holistic approach adopted by the project, and the value this had to all family members. For example:

“The project created great links for adult parents as well; it linked them to activities and support. It's been like a global thing, not just about the individual; It's about the whole family and the big picture...”

And: “[if the project doesn’t get more funding], it’ll be a huge loss - not just for children. [worker’s name] has provided huge support for the family as well. When parents were informed that the project might end, they were devastated at the thought of losing the support”

Staff contrasted the holistic approach of the project - and of local children’s early help services generally - with the approach taken by adult services who might be involved in supporting the recipient of the care. This was an issue they had sometimes found to be problematic when a plan of action had been agreed with an adult which had implications for the whole family, but about which other family members were in the dark. The holistic nature of the service was also acknowledged by stakeholders:

“[the project] provides great links for adult parents as well, they get to know about activities and support. It's been like a global thing, not just about the individual. It's about the whole family and the big picture.”

4.3 Impacts of providing care

Research and practice have identified that many young carers are significantly affected by their caring responsibilities both negatively and positively (Joseph, Becker & Becker, 2009). The project used the Positive and Negative Outcomes of Caring questionnaire (PANOC-YC20) to measure young carer’s their attitudes towards caring. A psychometrically tested tool, this provides a score for subjective cognitive and emotional impacts of caring. Results were mixed (Figure 4.3), a marginal reduction in negative outcomes is counter-balanced by a drop in positive impacts as well.

Figure 4.3: Positive and Negative Outcomes, based on PANOC-YC20 (records available = 59)

Positive Outcomes	Pre	Post	Negative Outcomes	Pre	Post
No positive outcomes	0	0	No positive outcomes	7	9
Relatively few positive outcomes	22	29	Relatively few negative outcomes	36	38
Relatively high positive outcomes	37	30	Relatively high negative outcomes	16	12
Total	59	59	Total	59	59

Guidance accompanying PANOC-YC20 (Joseph et al, 2009) identifies that scores of less than 12 for the positive scale, and more than 8 for the negative scale are a cause for concern. This compares to mean positive scores of 13.36 (pre-engagement) and 12.68 (post), and mean negative scores of 5.76 and 4.76. As with most rating scales, however, the tool is unable to explain why or how a change has come about.

In contrast to the picture for the level of care provided, where qualitative evidence was more equivocal for gains, the interviews and focus groups suggested that far from being marginal or counter-intuitive, the project made a notable impact on how young carers think and respond to the care they provide, and the people they provide care to. Most young carers indicated a positive approach to caring post-project, as did their parents.

“Like I never actually used to care. I never used to care. I never used to be bothered... but now I am bothered because it’s my mam”

“I think it helps her understand that it’s not that we don’t love her, we do love her”.

4.4 Case studies

Two life history interviews were conducted with young carers who had taken part in the YES project. Life history interviews are about documenting *“the inner experience of individuals; how the interpret, understand, and define the world around them”* (Farraday and Plummer, 1978), allowing evaluation to enhance understanding of the *“significance of turning points in an individual life”* (Bryman, 2012). In the two cases below, the interviews demonstrate that participation in the project was a ‘turning point’ in the lives of the young people involved.

Figure 4.4: Naomi’s Story

Naomi’s situation: Naomi, in her late teens, lives at home with mum, dad and two siblings. She has been providing care since the age of eleven. Mum has epilepsy, has had a stroke and lives with depression. Dad has mobility issues due to an accident at work some years ago. Her caring tasks include cooking, cleaning, food shopping, personal care (including helping mum bathe and getting dressed), helping with medication, and attending medical appointments. Her siblings do not help with caring and social services provide no direct support.

Before the project: Naomi’s social life was significantly restricted because of her caring responsibilities. Although able to see friends for a few hours over the weekend, she rarely met them on evenings. *“By the time the cooking and all that’s done I was tired. I just wanted to go to bed. Normally about 7 o’clock I used to get to sit down”.* A typical weekend day would comprise of *“getting up in the morning, giving mam her tablets. Make sure she’d had her breakfast then I’d go out for a couple of hours then come back in about five. And then, say she wanted to go in the bath or anything. Then she would go and sit in her room; I would just go and watch the telly. I used to go to bed whenever on weekends, it didn’t really matter, but when I’d got school it was more important”.*

Naomi sometimes had to miss school to attend mum’s medical appointments. Homework had to wait until daily caring duties were finished which often meant staying up late to get it done. The school did not provide any direct support. *“The school was rubbish...never understanding situations and stuff”.* The school did refer her to Young Carers but Naomi interprets their reaction to this referral as, *“Well we’ve put you in contact with these people so that’s your problem now...for you to sort it out. When I look back at it now, I was still only a kid. You would expect them to have people at school that would support you on the side-lines but there was no one”.*

Naomi disliked her caring role and the impact it had on her life. *“I hated it. I felt like I didn’t have a life. I felt like I was just trapped in this box and I couldn’t get out of it...I was sad quite a lot but it was just ‘cause I didn’t really get out to see me friends all the time”.*

Experience of the Project: Naomi was nervous to attend the project at first and did not think of herself as a carer: *“At first I was a bit nervous cause I was like, I’m just like any other person...carers are people who get paid to look after people. Whereas young carers*

get nothing. They do it 'cause they love the person they are caring for... I just thought, 'well like, she's me mam, of course I'm gonna do it'".

Naomi attended a residential team building course where she got to know other young carers, and took part in activities including canoeing, zip wires, and rock climbing; and took part in the creative aspect of the YES project, making a DVD to raise awareness among professionals of the issues facing young carers. Naomi also received one-on-one support from the project staff, including advice about practical and emotional issues. This support continues informally today.

Naomi found that the activities helped build her confidence. *"It was good cause that's how you can be confident around others and then show them what you've been going through so you can be more open with them...We were quite a close group so we could talk about anything. Like if we were having a problem we'd go speak to one of our friends, 'I'm having such a bad day, such and such has happened'. And they would be like, 'oh I know exactly how you feel'. Just, someone to motivate you and be like...you can get through it in the end".* The activities also offered welcome respite from caring. *"You do feel like you need a break. I loved it when we went away on residential. I thought...it's just nice to...its weight of my shoulders just for a couple of days. You know, even just going out of the house for a couple of hours is a break".*

Naomi developed strong relationships with project staff. *"They're all lovely. They couldn't do enough for you. You've got a problem; you go and speak to them and they'll be there fighting your corner. It's the only way I can put it. They're dead supportive. They couldn't do anymore for you if they tried.* She cites the staff as the key ingredient of the project's success. She is very positive about the entire project, and thinks a reunion would be a great way to catch up with the other young carers she met. Her only suggested improvement was to have more regular residential opportunities

Life after the project: The main way that Naomi describes the project helping her is with confidence: *"I used to be a nervous wreck as a kid. But like now, I can't shut up - me mouth just goes and goes! Even with people that I don't know. Me first day of work, I wasn't even nervous, I was just talking to them as if I'd know them for years".*

Naomi still cares for her parents. *"I still do a lot of the cooking. I go shopping when I can for me mam and dad. Sometimes it's more like financial things like, gas and electric and just silly things like that, it's still my responsibility, medications still as well. But like me dad will do the day time medication".* However, she says that her attitude towards caring has changed due to the project and her current work as a Health Care Assistant. *"I feel more positive about it cause I'm good at what I do. I'm quite a caring person. In my group of friends, I get called the mother of the group, even though I'm the youngest out of them. It's just like, it's a natural thing. You do, when you grow up with it for so many years and then you work in the profession, it's just what you do".*

Naomi is currently studying towards her NVQ level 3, and plans to undertake a nursing degree at Northumbria University. Being able to live at home to continue caring is an important factor in her decision to study locally.

Figure 4.5: Paula's Story

Paula's situation: Paula cares for her mum, who has mental health problems, and dad, who has physical problems affecting his mobility. Paula started caring for her dad at the age of twelve. There are 5 older siblings in the family, all of whom have moved out of the family home and none of whom provide support with caring. Paula's mum sometimes helps to look after dad but when her mental health deteriorates, Paula steps in. A typical caring day includes helping her parents in getting up, cooking family meals, assisting with personal care, cleaning the house and washing clothes. She also regularly provides company for both of her parents.

Before the project: Paula worried a lot about her dad dying. *"You expect him to get better and stuff when you're helping them, and they're getting worse and it's just why and... with my dad, I'd cry about it every night thinking 'Aw well, me dads gonna be gone soon. But I try not to think about it anymore".*

Paula found that she couldn't talk to her friends about caring. *"I just wanted to talk to someone and I wanted them to talk back to us about it and not just say 'That's nothing, you're not getting on with your mam and dad...'. They weren't...even now I don't think the best friends I've got I can really talk too".* She also feels that a lack of money within the household impacts negatively on her social life. *"Either of them don't work because of stuff that's wrong with them, I can't really go out like normal kids".*

Being a young carer impacted upon school attendance. *"At one point I was really, really depressed with different situations and they... my mam and dad struggled to be there. They didn't understand why I felt that way, and at one point the thought of getting out of bed was terrible and I just didn't want to get out".* Homework was also affected: *"When the teacher asked us to do something or 'why isn't your homework in?' I couldn't say 'oh well my dad fell over yesterday and I had to make sure he was alright'. I couldn't really say that. I didn't really like to be the type of person to give excuses anyways, because you get told they're excuses".*

Paula feels her school did not understand her caring role or offer meaningful support. *"I think I tried telling them when I was sort of in trouble... But I think they thought cause I was in trouble I was just kind of saying it to get out of trouble... I didn't really get that much support in school".*

Experience of the project: Paula was referred to the project by a counsellor at CAMHS. She knew she needed some support but did not recognise herself as a young carer. *"I don't even think then I counted meself as a young carer until like, I started coming here and I was meeting more people and I was like 'Aw, I am...'. It helps to recognise it but, more than anything, it helps you deal with it".*

Paula took part in a range of activities including trips to the cinema, a girl's well-being group, and various other social activities. She really enjoyed all of the activities and felt safe at all times. She particularly valued that young carers have a high level of input into what activities are planned and take place. She was also able to make new friends, something she highly values. *"Not only were you getting out the house, just being able to have fun, you were meeting new friends and you were with other people who understood. You could talk to them about it...I definitely made quite a few friends from young carers".*

Paula's describes her relationship with her one-to-one support worker as very important. *"The staff are lovely. My support worker that I've got...she's supported us so much, she's been amazing. I don't know what I would do if I didn't have her to talk to. Just to be able to have a break".* In explaining what the worker does that helps so much, she says *"she just pushes us to do the best I can. If I'm ever doubting myself she makes sure I'm not. She just makes us feel a lot more confident with myself."*

Life after the project: Paula believes that being part of the project has helped her in many ways. *"It's taught us new skills and helped us in every possible direction. To be more patient. Be more understanding. Yeah, just everything in general".* It has specifically helped her to develop conflict resolution skills which help at home and have improved her relationships with her parents.

When asked if her confidence has improved she comments that *"yeah definitely. It's probably a main aspect and it's been a massive improvement in day to day life...yeah. I don't feel silly talking to people any more... For a while I thought 'I don't want to talk to people 'cause it might look like I'm attention seeking'. But now it's different".*

Being part of the project has also facilitated Paula to take up new interests. *"Yeah I suppose it's made us like, to want to write more...Trying to get out of the house and even go swimming or something. Just doing something to...for a while I thought it meant like doing something to just pass the time so you weren't bored but now I realise it's just to get the most experience you can".* Support from staff has been crucial in raising Paula's aspirations: *"The more I got off my chest the more it motivated us to just go out there and be the best I could. It just really made us realise that these next few years are really important to get us where I want to be".*

Although the project gave Paula a break from caring, it has not been able to change the amount or type of caring that she is responsible for. *"I think I do a little bit more now because I like, learned to be more understanding and the whole situations a lot easier so I don't mind it".*

Paula is currently studying NVQ level 3 in Health and Social Care, and is considering a career in mental health nursing. She also volunteers with the national citizen programme. In the long term, she plans to go to University although she believes her caring responsibilities may restrict where she can go. *"I just want to go to Northumbria [now] 'cause for a while I wanted to go all the way up to Leeds. But I don't think I can do that."*

4.5 Summary

The available evidence suggests that YES has been successful in raising young carer's self-esteem and confidence levels, setting the scene for more positive futures. Whilst evidence that there had been reductions in the amount of care provided was equivocal, evidence that the care given had less negative impact was clear. Young carers who have been through the project and are making the transition to adulthood are not necessarily doing so on the same basis as other young people, but their own needs and aspirations are certainly in the frame. Moreover, the YES project seems to have been a critical turning point in facilitating this.

5. Will impact be sustained?

This section considers the questions surrounding sustainability. It is structured into 3 parts: individual journeys taken by young carers who participated in the project; awareness raised amongst others; and organisational change.

5.1 Individual Journeys

The data presented in previous sections presents a promising picture for those young carers who have been directly involved in the project. Overall, the evidence suggests that their engagement has been very successful in raising the confidence and self-esteem of young carers, standing them in good stead for future challenges. Sometimes this was about learning how to stand their ground and demanding recognition. For example, one parent of a younger child recounted:

“Two weeks ago, she come in from school and she was like ‘Mam, teacher tried to give us homework today but I told them that I can’t do it cause I’m at Young Carers’. And I was like trying not to jump about. I was like ‘thank you, well done’. [I said] ‘Clever lass, no bother. That’s brilliant that’”.

This greater confidence, together with newly acquired skills, was seen to have potential for long-term benefit beyond the young person’s direct engagement. In the words of one young carer: *“It’s a good opportunity. It’s good to build life skills and stuff. You do learn a lot”.* And for a parent: *“It’s sort of like a building block if you like...But I think it definitely going to impact... benefit in the long run, for sure”*

The longevity of the impact is supported by the journeys presented in the case studies in Section 4, which demonstrated that individual impacts have been sustained beyond direct involvement with the project. Both former participants described a trajectory whereby the project had laid the foundations for them to move into work and training, and develop longer-term career plans.

The impact of the project was also evident in other accounts of post-project experience. For example:

[Through engagement with the YES project] “I got nominated to be part of the media panel for the Carers’ Trust. This is quite a long story (laughs). I got invited to this ‘time to be heard’ event at Nottingham University and it was showcasing the first ever research on young adult carers ‘cause there was literally nothing out there. That was three years ago now. That inspired me ‘cause I’d just applied to Uni to go to my own university and see what was happening there. And then I found out there was nothing in place. So I asked can I do something and they gave me an equality rep role. So it’s the first ever role for carers at the student union... It’s very slow progress but its good (laughs)... I guess I’ve grown up”.

Other examples – of young carers succeeding at college, of young carers doing well at work, of young carers simply enjoying life – were shared by staff, stakeholders and parents alike.

5.2 Greater Awareness

A major aim of the project was to educate professionals in general, and teachers in particular, with regard to the role and needs of a young carer. It should also be noted that participation in producing materials to heighten other people's knowledge was itself an empowering experience. As one young carer put it:

"We weren't only giving back but the time were spending away from our caring roles was making a difference elsewhere. That seems like a self-worth achievement to do that because the things you were going off to do were just an hour away. I'm just spending an hour away from home. I'm spending an hour away from home but I'm making a difference whilst having fun at the same time."

Young people in the project confirmed that the project was an important tool for gaining recognition for 'young carers', something that was previously not forthcoming. The following comment was by no means atypical:

"I think one of the most important parts of the YES project was to encourage others to speak up about what they do as a young carer and make other people realise what a young carer is within society. I think a lot of people don't know young carers exist."

Many of the YES cohorts involved creating some form of media, such as a DVD, animation, or play that was distributed/performed in schools to raise awareness, as well as being available publicly, via the web-site or YouTube. Whilst some of these were lauded as successful, in some cases the experience of trying to raise awareness led to disappointment:

"I went to [a local college] which we presented the play to... A few months later, one of the teachers decided [to put] power into our own hands and try and educate more people on who was a young carer... Initially we wanted to display to staff and students, but we only had the chance to do it to staff, which was...it was come and watch it if you like; you don't have to. Only handful of them actually turned up which defeated the entire point of doing a project"

There was also some scepticism amongst the focus group participants about what would happen in schools once young carers who had been instrumental in positive change left:

"I started it in school and then we all started coming together but I think now I've left, I don't think it's still carried on..."

"A fellow student of mine, she was a young carer, we asked if we could put a presentation together and display it to several years of students in the school. I think we presented it to tutors and then students. That got more recognition and people did realise 'This is a young carer, this is their role'... That's what we did, but after that everything just went quiet. There was a big fuss in the beginning and they were like, 'Aw, yeah we'll do this, we'll do that, we'll put up some more posters' but after that it just died out".

To directly address whether the project has improved understanding and recognition of young carers, the research included a survey of professionals linked to health, education and social care. Fourteen responses were received and although disappointing in terms of absolute numbers, this encompassed a good range of organisations: schools and colleges;

health commissioners and providers; public health and local authority staff. Most respondents (12 of the 14) had had contact with North Tyneside Carers' Centre, and 5 reported direct engagement with the YES project.

Participants were asked whether they agreed or disagreed with a range of statements designed to gauge perceptions of their own knowledge levels regarding young carers. Results (see Figure 5.2) show that respondents were generally comfortable with their personal understanding. Only one reported being 'neutral' with most strongly agreeing that they had a good level of insight.

Figure 5.2: Background understanding about young carers					
I understand...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
Who young carers are, and what responsibilities they may have at home	0	0	1	2	11
What impact caring can have on a young person's physical and emotional health	0	0	1	2	11

This positive self-assessment of awareness was confirmed by responses to survey questions asking directly about the tasks young carers may undertake as part of their caring role, and the problems they might face; these were compared with current knowledge of the issues.

The Carers Trust (2015) identify common tasks undertaken by young carers as:

- Cooking, housework and shopping
- Physical care, such as helping someone out of bed
- Emotional support, such as talking to someone who is distressed
- Personal care, such as helping someone dress
- Managing the family budget and collecting prescriptions
- Helping to give medicine
- Helping someone communicate
- Looking after brothers and sisters

This list was reflected in the wide variety of young carers' tasks identified by respondents:

Figure 5.3: Tasks identified by respondents and frequency of identification			
Shopping	12	Paying bills	7
Personal care	10	Emotional support	6
Cooking	9	Help with medication	4
Caring for siblings	9	Attending appointments/liasing with professionals	4
Cleaning	8	Providing company	2

The Carers' Trust (2015) identify the following negative impacts:

- Caring can affect a young person's health, social life and self-confidence
- Young carers may struggle to juggle education and caring, causing pressure and stress
- Young carers may end up missing school and face problems completing homework
- Quite often young carers are not recognised as such

These dimensions were amongst those recognised by survey respondents, with most identifying multiple problems (Figure 5.4).

Figure 5.4: Problems and barriers identified by respondents and frequency of identification			
Problems experienced by young carers		Factors creating a barrier to seeking help	
Engagement with education	8	Lack of awareness amongst professionals	3
Social isolation	8	Loyalty to parents	2
Emotional impacts (anxiety; stress)	6	Lack of family understanding	1
Low aspirations for the future	2	Not recognising themselves as a young carer	1
Low confidence and self-esteem	1		
Sleep deprivation	1		

However, the impact that caring can have upon a young person's confidence and self-esteem – something that came out strongly when talking to young carers - does not appear to be well-recognised, with just one respondent mentioning it as a major issue.

Asked if their understanding of young carers and their needs had increased in the last 3 years, 10 of the 14 respondents said that it had, of which 7 specifically mentioned links to North Tyneside's Young Carers' project. For example: *'Having closer links to NT Young Carers and the Yes project'* or *'I received excellent training from North Tyneside Young Carers and have throughout my subsequent work with young people'*.

The survey of professionals also explored whether this greater awareness of young carers' lives and issues was accompanied by confidence in identifying them, knowing local pathways for support, and understanding their legal rights (Figure 5.5). These results were also positive, but marginally less so:

Figure 5.5: Practical knowledge relating to young carers					
I know...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
how to take a proactive approach in identifying young carers	1	1	0	3	6
how to refer/signpost young carers to other resources available locally.	2	2	0	3	7
young carers' rights under the law	1	1	2	5	5

Although staff interviews revealed the positive and productive relationships that had been made with many professionals, there was also concern that some continued to lack understanding, and were unaware of young carers' rights under the law.

5.3 Organisational Change

The impact of the awareness raising activity in schools suggested positive progress with some caveats. Young carers spoke of teachers who now recognised the need for extra support. and highlighted that in some schools, counselling services have been offered to young carers and extra help including homework clubs, have been set up. There was however, some scepticism about the long-term impacts within schools once the young

carers, who were instrumental in positive change, had left, as illustrated by some of the quotes in the previous sub-section.

Positive experiences to be recounted included:

“They [the[teachers] became more aware...I took it in to school and showed the counsellor and then showed one of my learning mentors. Once she saw that, she kind of realised that it wasn’t just me as a young carer, there was more young carers in the school. So she organised a group where we try and meet up once or twice every half term. And that, just to see how things are and from being three of us we now have twelve... they’ve made loads of improvements”.

“Yeah its changed loads...once I took my DVD in they kind of realised their going to have to do something about it. In a way, they can’t just...cause...it was a case of like if there was something wrong you’d go and speak to a teacher and like...see if you can extend a homework deadline or something. Now, you’ve got an actual place where you can do your homework if you can’t do it in school. The teachers, depending on who the teacher is and subject, you get like a bit extended. They pull you aside and you feel like open and comfortable; you can talk to them a lot more”.

Survey respondents were also asked for their perceptions of whether, and how well, knowledge about young carers and their needs was put in to practice within their organisations. Again, this elicited a mostly positive response (Figure ??).

Figure 5.6: Perceptions of organisational responses to young carers					
I know...	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
how support from my organisation can improve the outcomes of a young carer	0	1	2	2	9
the roles/responsibilities of colleagues in identifying/supporting young carers	1	0	1	4	8
how the needs of young carers can be addressed within my organisation	1	1	3	2	7

Giving an overall assessment of their organisations’ performance, 9 of the 14 respondents rated it as ‘good’ and 3 as ‘very good’. The most commonly cited elements in relation to what their organisation did well were ‘providing a dedicated member of staff’ and ‘identifying young carers’. When asked to identify what would help improve the support available organisationally, the most common suggestions were increased in-house funding for activities for young carers, and further training to raise awareness of the services available to them.

The stakeholders interviewed confirmed the ongoing impact within their organisations of the projects’ input. One interviewee, whose school had invited YES in to deliver a whole-school programme of assemblies with all year groups and staff, and CDP (continuing professional development) days with the pastoral and senior leadership teams, highlighted the resultant progress. Recognition of young carers had notably increased (from 11 to 30, which was ‘still the tip of the iceberg’) and the school now had a young carers’ group that met half-termly, with an accompanying social fund, giving them acknowledgement and

enabling them to do things together, and dedicated advocates amongst the senior team and governors. Future plans included heightening awareness of the significance and emotional impact of sibling care, something that it was felt continued to be under-recognised.

Although this work was ongoing within the school, there was concern about the impact of any reduction in support from the YES project, seen to be a crucial partner and ally.

Finally, staff also cited examples of organisational change, but with some caveats about how far awareness had been embedded beyond 'key partner' schools.

5.4 Summary

For the young carers directly involved in the project, there is every indication that they will benefit from their engagement in the longer term. Raised self-esteem and confidence provides for bigger possibilities and higher aspirations; greater understanding of their role provides for factoring these wider horizons into plans for the future. Similarly, where professionals have come into direct contact with the project, awareness and understanding appear to have been raised.

The degree to which organisations have embedded the needs of young carers into their core practice is less certain, although this does seem to be a journey that some schools have embarked on. However, wider awareness and understanding amongst professionals outside of the education sector, and embeddedness in organisations who have not been directly involved, is questionable. This suggests that more might be needed to reach a wider range of services in any further activity.

6. Conclusions

In relation to the key questions addressed by the evaluation, overall assessment is summarised in Figure 6.1:

Figure 6.1: Assessment of Key Questions	
Key Question	Summary Response
How much did the project do?	Performance of the project in terms of numbers and 'throughput' is lower than initial targets, largely because of the complexity of young carers' circumstances. Nevertheless, the project has reached over 300 young carers, providing one-to-one support to 230, and engaging 84 in group activities. The project also leaves a legacy in the form of the bank of resources developed to raise awareness about the challenges facing young carers.
What are young people's experiences of the project?	The evidence suggests a highly affirmative response to this question. Young carers had enjoyed activities and had highly valued the opportunity to take a break from caring. They had also made new friends and been able to access peer and project staff support. Moreover, young carers felt they had meaningful input, and believed their views were respected. Relationships with project staff were particularly highly valued - by young people and by their parents.
Are young carers better off?	This question is divided into categories, reflecting the anticipated outcomes of the project.
Young carers have access to more social time, taking a break and meeting others in similar circumstances.	Young carers strongly agreed that the project provided an important break from caring. Having the opportunity to meet other young carers, share experiences of caring, and develop friendships was highly valued. The greater understanding gained also led to young people both viewing and experiencing their caring role less negatively.
Young carers are heard, with wider understanding and recognition by professionals they have contact with.	Young carers felt they had meaningful input, and believed their views were respected. Progress has been made in improving the understanding of issues and recognition from professionals, mainly school staff. However, it is arguably advisable to extend this awareness to other agencies, notably those concerned with social services and health, and perhaps especially adult service provision.
Young carers feel supported and know where to seek information/advice when needed.	Young carers involved in the project generally felt well supported in their caring roles through meeting other young carers, participating in group activities, and taking part in one-to-one provision. Arrangements for multi-agency working were in place, and project staff were well-connected to these.

Young carers' greater confidence and self-esteem allows for informed decisions about the future.	Evidence suggests that confidence and self-esteem rose markedly across young carers who have taken part in the project. Young carers reported this as the main outcome to arise from participation and indicated that being more confident would improve their lives going forward. Parents, staff and stakeholders confirmed this position, citing relevant examples.
The amount of care undertaken by young carers taking part in the project will reduce.	There is less evidence of the project being able to facilitate notable reductions in levels of care provided. This is not surprising, given that the project's limited capacity to alter home circumstances. However, evidence points to young people making the transition to adulthood being able to factor in their own ambitions, alongside any caring role.
Will progress be sustained?	The greater confidence and self-esteem that young people acquire sets them up for more promising futures, and the knowledge that professionals gain equips them to identify and address the issues young carers face. The degree to which organisations have embedded the needs of young carers into their core practice is less certain, especially in non-school settings.

The evaluation concludes that the YES project is highly regarded by the people who engage with it, be they young carers, parents or professionals; and that it achieves good outcomes for those directly involved, with every indication that these will continue. The project thus has a degree of sustainability, although the extent to which insights and practices have been embedded in local organisational cultures and practices is more questionable.

7. References

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