

Service Evaluation 2016



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Foreword

Young carers help to care for a family member who is ill, physically disabled, mentally unwell, has a learning or behavioural disability, or an addiction. They may have to help at home with tasks such as housework, dealing with money and bills, pushing a wheelchair, laundry, shopping, managing medication, and accompanying someone to medical appointments. Young carers might also help someone with personal care, such as bathing and dressing. If a young carer lives with someone with mental ill health or depression, they may provide emotional support and have to deal with difficult behaviour.

These children and young people have to grow up early and often miss out on the same opportunities as other children because of their caring responsibilities at home.

The Young Carer Service at Carers Trust Tyne and Wear works with over 700 young and young adult carers age 5-25 in Gateshead. It is a charitable, voluntary organisation, offering a range of free support services, including information and advice, counselling, one-to-one support, breaks and social opportunities.

In Spring 2016, the service began the process of evaluating the effectiveness of its work against a number of specific target outcomes, as laid out in its funding agreement with the Big Lottery. Over the following months, a member of staff conducted group and individual interviews with young carers, young adult carers, parents and staff, and surveyed partner agencies, in an attempt to gain a broad understanding of how well the service has performed and any areas where it might improve.

Thanks and acknowledgement must be given to all of those who supported this process, though they remain anonymous within this report. Particular recognition must be given to the parents and young carers, whose honesty has been uplifting and enlightening, though at times difficult to hear. We hope that we can draw on the experiences and knowledge that all have shared to strengthen our service in the years to come.

1.1 Evaluation Approach

The evaluation aimed to assess the effectiveness of the work of the Young Carer Service, focussing on objectives stated in the funding agreement with the Big Lottery.

These were:

- Reducing inappropriate levels of care carried out by young carers
- Improving 'time out' opportunities for young carers
- Reducing the social isolation of young carers
- Improving the physical and mental health of young carers
- Improving the self esteem and confidence of young carers
- Improving school attendance to enable young carers to reach their full educational potential
- Increasing awareness of young carers amongst residents of Gateshead and social care, health, education and voluntary sector services

These objectives are diverse, and individual stakeholders would not have been able to fully comment on how well the service achieved each. Therefore, a broad evaluation approach was required to gain as much learning as possible.

Evaluation methods included:

- Analysing data gathered from the service's annual young carer survey, conducted independently of this evaluation
- Focus groups carried out with young carers, young adult carers and parents
- Interviews carried out face-to-face, by telephone or online, with young carers, young adult carers, parents and service staff
- An online survey of partner agencies

Out of respect for those service users taking part, focus groups and interviews were planned in such a way that they allowed participants to frame the issues being explored for themselves. For example, rather than simply ask how the service might have improved health, the evaluator first explored how and why health might be an issue for young carers and did not assume that the service's understanding of the problem was absolute.

As a result, this document represents more than a simple assessment of how well the service has performed. It also describes those issues that young carers can face, from the perspective of parents, professional workers and the young carers themselves. In particular, the evaluator explored what 'care' meant to those taking part and how they personally defined activity that was 'inappropriate'. For this reason, the definition of these terms is covered in a specific chapter within the report, before the main substance of the evaluation.



Limitations

Each of the evaluation methods presented challenges, in both information gathering and reliability.

Postal and online surveys typically suffer from a low response rate and rely on participants having time to complete them. This became apparent when surveying partner agencies, with only 11 out of 50 professionals responding. To overcome this challenge when surveying young carers, staff took copies of the service's annual survey to young carer activities, where they encouraged young carers to complete and return questionnaires. This enabled a higher return rate than by post or online, and provided participants with an opportunity to clarify question meaning. 65 surveys were completed prior to this evaluation, though this still represented less than 10% of the total number of young and young adult carers registered with the service. The survey itself was designed independently of this evaluation and not all of its content was relevant. Only those responses corresponding to the objectives under review have been included.

Focus groups relied on the planning and questioning skills of the interviewer, and their ability to generate trust and create a safe emotional space for participants, especially when dealing with the sensitive topic of families and disability. Group members could be open to the influence of others and be distinctly aware of their own lack of anonymity within the group. Constructing a group interview that was consistent across participants of very different age groups was challenging. Each participant could differ in cognitive ability and attention span. These challenges in consistency applied similarly to individual interviews.

Selecting sample members for focus groups and interviews presented challenges. Given the sensitive nature of interview content, sample selection could not be random. Focus groups were selected from existing young carer Expert Panels, who were experienced in discussing their lives with staff; young carers that staff felt would feel capable of sharing their experiences; and young carers who had responded to an open invitation via the service's online social networks. Similarly, young carers' parents were selected from an existing mothers' group and those parents that staff suggested would be honest and confident. In total, 6 parents, 25 young and young adult carers, and eight service staff were interviewed.



Finally, the evaluator's personal influence should not be underestimated. As a member of staff, they had a pre-established relationship with many of the evaluation participants, which will have influenced their responses. Additionally, they did not personally participate in the evaluation; consequently, this created a void where their professional perspective was not included.

Given that each group of participants might not have been able to comment on the service's achievements under every objective, the evaluator chose to exclude certain groups from specific questions. For example, carers and parents were not asked to comment on how well the service had raised awareness across the borough, as this mostly concerned work amongst other professionals. Similarly, professionals outside of the service were not asked to define 'caring' and 'inappropriate care'.

To ensure that the evaluation made ethical considerations consistent with the values and practice of Carers Trust Tyne and Wear, several conditions had to be met. All participation was voluntary, and participants were assured that their involvement would not prejudice the level of service that they would continue to receive. The purpose of the evaluation and the importance of honest contribution were explained, as was the anonymous nature of the final presentation of findings. Finally, in all group and individual interviews, a safe space was created where participants felt able to share their stories and criticise the service without fear of judgement or repercussion. In groupwork in particular, this was done through a mixture of anonymous individual exercises and group discussion, in which no one was pressured to take part.

2.1 Executive Summary: Evaluation Findings

Despite a significant number of young carers reporting that their caring responsibilities had increased, the service could still be seen to play a large part in reducing the level of care that young carers provided. Social activities appeared to make the biggest difference. However, the service's approach to helping young carers cope and develop resilience was significant, given that the service was not capable of placing services in the home that physically reduced the level of care being given by children and young people.

The activities organised by the service were valued for relieving stress; providing social interaction and support; consequently, allowing young carers to act in a way appropriate to their age, rather than maintaining the mature role expected at home. As a result, they raised confidence; enhanced physical, mental and emotional wellbeing; and helped to diffuse tension within the home.

The Young Carer Service has played an important part in reducing the social isolation experienced by young carers, through group and one-to-one activities that encouraged social relationships and raised interpersonal confidence; and an approach that is friendly, non-judgemental and fostered trust. As a result, young carers and their families reported improved relationships at home and with peers, and a greater sense of personal wellbeing.

The service has been very effective in raising the self esteem and confidence of young carers, through both its activities and the positive approach of staff. As well as cultivating wellbeing, this has had a positive effect on young carers' personal relationships with family and peers.

Most young carers considered that the service had helped them to improve their health in some way, or prevented it from worsening. This was particularly true for mental health, with social opportunities and one-to-one support being valued highly. Healthy lifestyle activities were also identified as valuable in improving physical health. However, the friendliness and encouragement of service staff, and their ability to access specialist information and support, was also recognised as important.

Young carers and families valued the support that the service provided around education, including homework and study groups, school drop-ins, a young carer ID card, programmes that raise aspirations, and the relationships that the service built with schools. They also identified that, where the service had raised their confidence, it had improved young carers' relationships with peers and encouraged them to consider their future aspirations more positively.

The service worked hard to raise awareness amongst professionals and the public. This included training delivery and co-training with other agencies, taking part in local networks, support to schools, and public events. Staff were also committed to working with young carers themselves to create valuable training resources. Feedback from professionals, the increase in referral volume and the quality of information provided upon referral suggested that the service had at least been successful in their awareness raising work with professionals.



2.2 Executive Summary: Evaluation Recommendations

Early service contact with young carers and, in particular, the building of strong trusting relationships with young carers and their families, is fundamental to understanding the challenges that they face and providing timely and appropriate support. Service induction must seek to achieve this.

Young carers' lives can change significantly over time. They can become more difficult as young carers age, even when they have moved out of home. Service assessments must adapt to be able to identify those most vulnerable, capture how circumstances change, and evaluate the effectiveness of interventions.

Service evaluation should be robust enough to acknowledge that one intervention can have multiple outcomes. For example, development of confidence might lead to improvements in social engagement, mental health and education.

Short breaks and social activities are valued highly by both young carers and their families. They help to diffuse family tension, improve physical and mental health and provide something that many families can struggle to provide themselves. The service should ensure that as many young carers as possible have access, either to the breaks programme or Take a Break funds.

Young carers appreciate the opportunity to talk to staff about their problems and one-to-one support is highly valued. This should continue to be a service priority.

Interventions that focus on young carer wellbeing are important and should continue to be developed. This includes work that builds resilience, explores coping strategies, and focuses on the improvement of physical and mental health. In some cases, these interventions support young carers to cope better with a home situation that the service is otherwise unable to improve. The development of confidence and self-esteem overlaps all of the direct work with young carers and, where successful, can have a far wider impact on young carers' wellbeing.

The service should continue to focus on raising aspirations, through opportunities that encourage young carers to think beyond their caring role and identity. Likewise, the service must also encourage other professionals to see beyond the young carer identity, particularly if they can have an impact on young carers' career paths.

Parents value their relationship with the service. When they personally benefit from taking part in activities, they report that this can have a positive effect on family functioning. The service should consider how this could be developed, including work that explores family dynamics, understanding health conditions, and family change that can improve young carer wellbeing. However, the service must not lose sight of the fact that it is a service for young carers above all else.

The professional skills and qualities of staff underpin all of the work that the service delivers and is highly valued by young carers and their families. This must continue to be recognised in staff recruitment, work planning and supervision.

The service should focus on enabling young carers to access wider opportunities, including those amenities present in young carers' communities, and maintaining positive relationships with other young people, including young carers, outside of the service.

The service must continue to consult with young carers and their families regarding service activity and any barriers that young carers might face in accessing the service's support. This should include particular attention to young adult carers aged 18 and over.

The service should continue to work in partnership with young carers and other professionals to create resources that can be used in training and awareness raising activity.

Whilst acknowledging its increasing caseload, the service must be as flexible and accommodating as possible in how it encourages and enables young carers to access its support. This includes exploring digital means of communication and activity booking. However, a fair, measured and consistent message must be communicated to young carers and their families regarding the impact contact cancellation can have on service delivery.

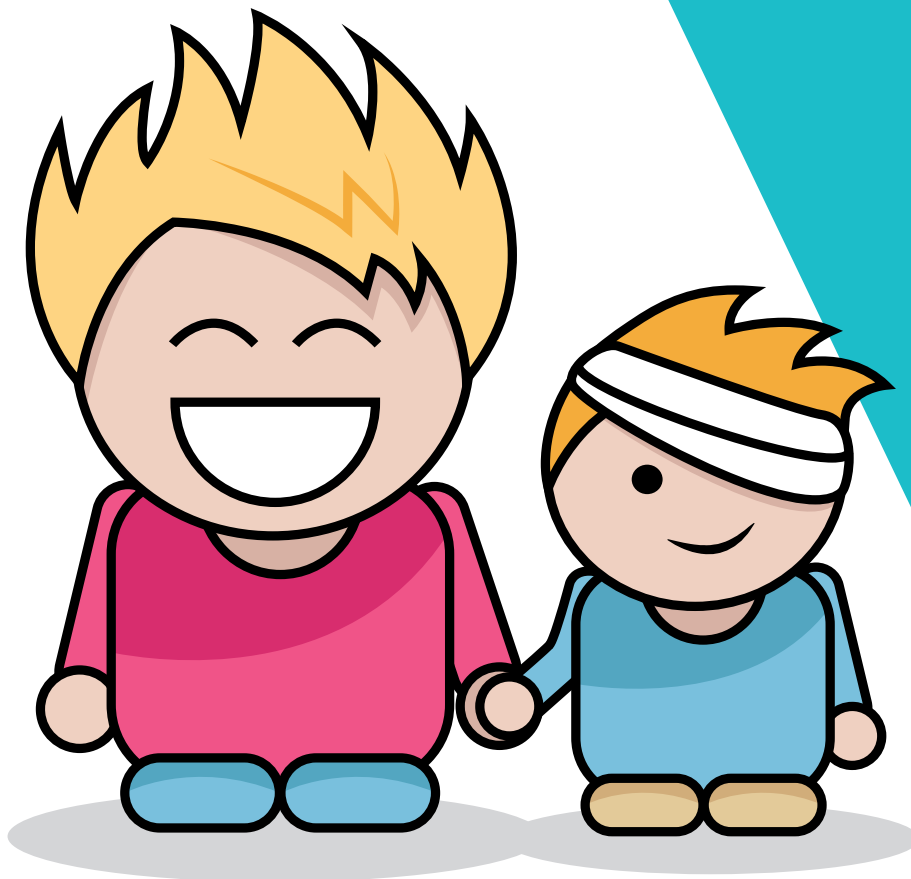
The service is limited in the resources it can directly provide to families and young carers, and therefore its ability to reduce the amount of caring that children and young people provide. In many circumstances, the role carried out by young carers could be considered to be inappropriate under legislation. It is therefore the role of the service to advocate on behalf of young carers and their families, to ensure that their needs are met under law, in a manner that is satisfactory to them and not guided purely by the agendas of other support services.

The vast majority of the service's caseload identify as white British. Other identities remain under-represented, including refugees and asylum seekers. Young carers affected by adult alcohol and substance addiction are similarly under-represented. The service must consider ways to reach these young carers.

The service must continue to seek working partners that can strengthen its effectiveness. This includes the continuous raising of awareness

within those agencies that can have the most impact on young carers' lives. Of these, organisations concerned with education, health, social care, specialist children and young people's provision, and employment are particularly important. A number of specific recommendations are made concerning how the service could develop its work with schools and encourage schools to further develop their own support.

The service should develop a clear strategy around media, resource distribution, public relations and its public awareness-raising activity.



3.1 What is caring and what is inappropriate care?

Families are the experts on what it means to be affected by an illness or disability, and to be a carer. These experiences are uniquely personal for all concerned and it cannot be assumed that one family's experience is the same as another's. Focus groups and interviews were designed to allow young and young adult carers, as well as parents, the opportunity to define for themselves what 'caring' meant, and what they believed to be an inappropriate level of care. Similarly, service staff were well placed to comment on the implications of sustained levels of inappropriate care.

Alongside these personal and professional considerations, it should be noted that, under the Children and Families Act 2014, young carers shouldn't be carrying out a caring role that:

- Makes them feel worried, sad or lonely
- Makes their health worse
- Means they miss out on time with friends
- Means they do worse at school, college or university
- Stops them getting a job or keeping a job
- Stops them wanting to achieve their goals for the future *

What the young carers said...

Young carers described caring as looking after a loved one with a need, such as a disability, who required help or couldn't properly look after themselves. By showing consideration and taking responsibility for someone else, they made that person's life easier and happier. This responsibility involved emotional as well as physical support. Young carers explained that this role could affect the carer themselves. It was hard, particularly when they had to see the person that they care for in pain; and carers must consider themselves as well in order to make day-to-day tasks stress-free. Despite this, it could be a positive experience, particularly as the carer knew that the person they cared for was in safe hands.

When asked what caring they felt it was ok for a child or young person to carry out, they felt that looking after someone, keeping them company, and keeping a house clean, comfortable and hazard free were all acceptable, though they needed clear instructions about what to do in emergencies. Driving if over 18 was also acceptable. One carer also replied that anything was acceptable that needed doing.

Young carers had some clear views regarding inappropriate levels of caring. Several indicated that 'inappropriate' was something that young carers should be able to define for themselves, based on how comfortable or capable they felt with the situation. Other considerations related to the actual task being carried out or to the impact it had on the carer and their family. They felt that young carers shouldn't carry out tasks that they were personally unable to do for themselves without help, that an adult could be doing instead, or that the 'cared for' could do for themselves. The appropriateness of certain tasks was also dependent on age. Collecting and dealing with medication was seen as particularly inappropriate as it involved issues of personal safety for both the young carer and the person they supported. One participant stated that young carers under the age of 12 shouldn't be helping with paying bills, and it was wrong to ask children to buy cigarettes.

Personal care was another important issue. While some thought that a child under 10 shouldn't be bathing or clothing someone without help, others were very uncomfortable with the idea of doing this for an adult whilst going through puberty themselves.

When considering its impact on young carers and their families, they felt that caring was inappropriate when it was detrimental to physical or mental health, when young carers had to prioritise someone else's health over their own, and when the mental health of the young carer began to reflect the mental health of the adult that they were supporting. They felt that young carers shouldn't have to see things that were 'shocking', such as blood, or someone that they loved in pain. Young carers felt that caring was inappropriate when it caused family relationships to break down, or 'when you've both pushed each other too far'. They also felt that caring was inappropriate when it affected school attendance.

Young carers were well aware of the implications of carrying out inappropriate levels of care. Regarding health, they acknowledged the risk of physical injury, but mostly described how it was detrimental to mental health, mood and anxiety levels. This resulted in loss of sleep, personality changes, low enthusiasm and poorer ability to cope in different situations. There were also feelings of guilt, particularly if caring responsibilities clashed with other things that young carers wanted to do. Changes in the relationship between children and parents were also described. One young carer explained how the relationship of daughter and mother had instead become 'carer' and the 'cared for'. Socially, the limits caring placed on time for them and for friendships could lead to low confidence and poor communication skills. Considering future outcomes, young carers expressed concerns that the impact on school studies would place employment at risk, and that if a time came when they were no longer needed as a carer they would struggle to 'switch off'.

What the parents said...

For parents, being a young carer involved their children looking after someone, providing emotional support, and being someone that they could depend on. It required young carers to make sacrifices, give up their time, and take on responsibilities that would not normally be expected of a child or young person. Parents felt that their children were growing up and dealing with adult situations too early, taking on a responsibility that was huge even for an adult. One described this as a role-reversal, and it was acknowledged that children were filling a gap where services were lacking.

Parents described how it was hard to get their children to 'take a step back' from their role, that it alienated friendships, lessened their chances of doing things they wanted to do and led to them 'missing out on childhood'.

There were several types of tasks that parents felt it was ok to ask their children to do. Some of these were described as 'life skills' tasks, such as helping with cooking and cleaning. Some parents felt it was appropriate to ask their children to accompany them to medical appointments, particularly if it helped them to understand their medical condition. Reminders from young carers about appointments or arrangements were also important.

Inappropriate tasks included personal care, especially if it involved changing an incontinent person's bedding; any dangerous activity, such as using chemicals, hot water or carrying money; attending hospital appointments where they might hear information that they could not understand and that might increase the worries they had; any task that a trained professional should do, such as administering medication, changing certain dressings or dealing with colostomy bags; and having to provide care through the night. Parents recognised that the level of care their child might provide could change over time. For example, an older child might be asked to change some dressings, but it would be inappropriate to ask a younger child to do this. Importantly, parents felt that any care that their child did not want to carry out should be considered inappropriate, with one parent going as far as to say that any care carried out by a child or young person was inappropriate.

Considering its wider implications, parents described care as being inappropriate when it caused embarrassment, social problems with peers or might 'scar' a child for life. Parents identified what they saw as numerous hypocrisies surrounding the caring role, in that children were being taught not to trust strangers but encouraged to place their trust in adult workers outside of the family; that children were expected to assume an adult role during difficult episodes but return to behaving like a child afterwards; and that, although services stated that a child should not be taking on an adult role, no one was offering a direct service to prevent this from happening. Parents felt that there was little understanding outside of the family regarding how much guilt a parent felt in this situation.

Parents identified several signs that the care that their child provided might not be 'ok'. These included their child feeling isolated or becoming withdrawn, reduction in their own personal care, showing signs of too much stress, having to make excuses to friends, and not being able to be honest with parents about how they felt about their role.

What the staff said...

Staff recognised that defining 'inappropriate' was difficult and, ultimately, down to individual young carers. However, there was a consistent understanding that if the role negatively affected a young carer's life, health, wellbeing, ability to reach normal childhood targets, or if they didn't want that



role, it could be considered inappropriate. However, some circumstances in particular were identified. These included coping with addiction or severe mental ill health without adult help, and children carrying out intimate personal care, particularly when boys and young males carried this out for a mother.

Staff recognised that they often only had a glimpse of what was happening in young carers' lives. Care responsibility could fluctuate day-by-day, change as young carers age, and some might not want to share their full circumstances with the service. It was also easy to miss the emotional dimension of caring, as it was not as simple to recognise or assess as a physical caring role.

Staff were unsure as to what proportion of the young carers registered with the service might be carrying out an inappropriate level of care. Contact with younger carers had indicated that children could be affected by family illness or disability from

a very early age. Work with young adult carers in their early 20s had demonstrated that, even when staff believed they had had a positive relationship with a carer when they were younger, there was much that they still had not understood about their circumstances.

Staff described a number of ways that inappropriate levels of responsibility could affect young carers. The idea that children could be given adult responsibilities before their time and, in effect, miss out on having a childhood was particularly emotive. The impact on mental health was also very important, with staff suggesting that many experienced stress, anxiety, low confidence and poor self-esteem. The impact of inappropriate levels of care could extend well into adulthood, with staff particularly identifying the affect on academic performance and personal aspirations.

*Adapted from 'Know Your Rights: Support for Young Carers and Young Adult Carers in England', Carers Trust, 2015.

3.2 Reducing inappropriate levels of care carried out by young carers

Summary

A significant proportion of young carers suggested that they now had at least the same, if not more, caring responsibilities than when they had joined the service. This was often related to worsening health of family members, as well as increased confidence and ability to take on greater levels of responsibility. Where caring responsibility had decreased, this had been the result of factors such as bereavement, health improvement, family organisation or moving out of home.

Nevertheless, it was reported that the service still had a large part to play in reducing the level of care that young carers have provided. Social activities appeared to make the biggest difference by providing a break from the caring role within a supportive environment. However, service approach was very significant in helping young carers to cope with their role and develop resilience. This was particularly important to staff and parents, who recognised that the service was not capable of placing services in the home that physically reduced the level of care being given by children and young people. Drawing on links with other agencies was important, though becoming increasingly challenging. Other challenges included a continuously increasing caseload, barriers to contact that families themselves created, and not having a thorough enough understanding of young carers and their families' needs and how this changed over time.

Recommendations

As it is unable to place services directly in the home that replace the care given by children and young people, the degree to which the Young Carer Service is able to reduce inappropriate levels of care is debatable. Service aims and objectives should be revisited to reflect this.

Having a registered carer replace the care provided by children and young people can obviously reduce the impact on the young carer. The service should advocate for this where possible.

Short breaks and social activities are of very high value to young carers and their families. They lead to providing less care, even if just for a short while, and helped to defuse tensions at home. The service should continue to prioritise the provision of breaks and activities.

Contact that aims to build emotional resilience, develop knowledge and coping strategies, and encourages feelings to be expressed, must remain a priority area for service delivery. This often enables young carers to cope better with a home situation that the service is otherwise unable to improve.

Parents value building positive relationships with the service. As well as benefitting them personally, it can help to improve relationships with their children and raise parental appreciation of young carers' individual needs. The service should explore how this could be further incorporated into its delivery. However, caution should be given regarding how this might impact on the relationship between staff members and young carers themselves.

Agencies outside of the Young Carer Service (such as those concerning health, education, social care and specialist youth provision) are extremely important as a source of referrals, specialist support, and additional opportunities for young carers. The service must continue to build links with wider agencies and encourage them to consider how they might be of benefit to young carers.

Given the pressures placed on many agencies, the Young Carers Service should be aware that support might not materialise or could become guided by the agenda of the agencies concerned rather than families themselves. In such circumstances, a degree of advocacy or negotiation might be required to ensure that young carers and their families can enjoy their full rights under legislation.

Mental health conditions can be harder for parents to explain to their children than other disabilities. The service should explore how it can raise young carer understanding of disability in general, and in particular mental ill health.

Young carers' roles and responsibilities often increase or become more complex with age. The Young Carer Service must seek to understand this as far as possible for each young carer, so as to enhance service knowledge and delivery, and to improve young carer recognition amongst wider professionals. This should include a more robust induction and an on-going assessment process.

that aims to build stronger relationships with young carers and their families, provide a clearer understanding of how needs change over time, and enable the planning of an on-going pathway of support

Young adult carers can continue to provide care following a move out of home. The service should explore appropriate support with those concerned.

What the young carers said...

Nearly 60% of young carers interviewed said that they now had more caring responsibilities than when they started accessing the service. In many cases this was due to the health of the person that they cared for deteriorating or their behaviour becoming harder to manage. In some cases, as the young carer aged, they began to carry out more complex tasks, so even where the volume of caring remained the same, the level of responsibility increased. This included paying bills, cooking, looking after younger siblings and taking them to school, and being involved with medication. Other factors included family members not contributing or moving out of home, additional relatives becoming disabled, and improvement in the behaviour of a sibling with a learning difficulty which led to them accepting more help.

When asked why they might now be providing less care, young carers had fewer suggestions. Bereavement had affected one carer. In some cases, someone had either recovered from an illness or was more able to live independently. Family size and the sharing of responsibility was significant. Where several family members had health needs, when one's health improved they were better able to take on caring tasks. Some young carers had left home, either to go to university or in a crisis. However, one student continued to carry out caring responsibilities during university breaks. Another described how they provided less care for their grandparents but now had a partner with health problems of their own.

When asked what the service had done to reduce inappropriate levels of care, a majority of young carers stated that social activities had made the biggest difference. The time away gave them a break from their home situation and meant that they didn't have to provide as much care. It also took place in a group that gave support to each other and helped take their mind off what was happening at home. For one young carer, knowing that they had people that they could turn to, helped them to cope with their caring role.

Some young carers were able to identify other people or agencies that had provided assistance to them or their family, with varying degrees of success. Friends and school had been important in initiating referrals to the Young Carer Service. A specialist disability charity had helped with information and advice. One young carer described how another youth project provided someone to talk to and 'blow off some steam'. NHS services had been important, including physiotherapy and a dietician. One young carer stated that without the NHS, their mother would not be alive. In two cases, Social Services or the local authority had provided assistance to the family. However, some described how services such as CBT at the GP surgery and an epilepsy alert necklace had not been of any use at all. The health programme Balance It was mentioned positively. By providing the young carer with a gym membership it had prompted their parent to attend the gym with them, which had been valuable for their mental health. Sadly this programme is no longer available.

Young carers had no suggestions for how the service could further reduce the level of caring, inappropriate or otherwise, that they provided. One explained that they did not think that the service could do more as its role was to focus on the carer, not the 'cared for', and there wasn't much the service could do to relieve their responsibilities without placing another carer in the home.

What the parents said...

Most parents identified factors leading to their children now providing a greater level of care. In particular, the health condition of the person needing support had deteriorated and their care needs had increased. In one case, changes in medication had made a parent drowsier and less capable of taking part in activities with their children. Parents also acknowledged that, as their children have grown older, they have become more confident and capable in taking on higher levels of responsibility.

Where parents identified that their children were providing less care, they often identified this as the result of the service received from Carers Trust Tyne and Wear. Activities enabled their children to have a break from their caring role and helped to defuse family tension. Although the service had not placed a service directly in the home, helping young carers to develop confidence, express themselves, admit when they needed help or a break, and take pride in their role, had all contributed to higher levels of young carer resilience and their ability to cope better with their situation. Some parents described the

positive relationship that they had personally been able to develop with staff and other parents as valuable. For some, Carers Trust Tyne and Wear had been the first service that had followed through on what they said they could offer, and they now felt like part of an extended family of workers, young carers and other families.

Parents identified few other services that had been effective in reducing the level of care that their children provided. In some cases, no other service had been involved at all. In others, services had offered support but this had failed to materialise or appeared to be more focussed on the agenda of that service than the family's needs. However, one parent identified the value of courses delivered by local women's mental health service, Tyneside Women's Health, which enabled her to reflect on her home situation and make improvements. Another identified that having a registered carer providing support had reduced the level of responsibility that her child had taken at home.

Parents had few suggestions for what more the service could do to reduce inappropriate levels of care. One suggested that it was the responsibility of health professionals to provide more appropriate support, not Carers Trust Tyne and Wear. However, one suggestion was to provide young carers with more information about mental health conditions, as they were less easy for parents to explain than physical disabilities.

What the staff said...

Without resources to replace the role of young carers in the home, staff questioned whether they were capable of directly reducing the level of care that young carers provided. However, they identified particular areas where they believed the service had an impact. Firstly, work with young carers aimed to improve their ability to cope with their situation, whether through breaks that helped them to de-stress and recharge alongside other young carers, or interventions that enabled them to gain knowledge and develop coping strategies, such as counselling and workshops. Second, the service has drawn on links with other agencies to address the challenges young carers and their families faced. This included referrals to Carers Trust Tyne and Wear's Community Team, Adult Social Care within the local authority, the Crisis Team, Evolve (adult drug and alcohol service), Tyneside Women's Health and Contact a Family. Relationships with schools and presence at Team Around the Family meetings were recognised as being particularly valuable. Though not delivered on the same scale, group work with mothers aimed to reduce the stress that they experienced and encouraged the forming of adult peer support networks.

Staff believed that supporting young carers to cope with their caring role was effective in reducing stress and anxiety. However, other than for the time that they were away from home, it did not reduce the level of care that young carers provided. Where other agencies had become involved, this had been useful and some situations had been easily remedied, particularly if concerned with a physical disability. When successful, work with mothers had helped to improve the relationship between them and their children. Although it had not reduced the level of care, it had given mothers a greater appreciation of the role young carers carried out and helped them to better understand their children's behaviour. However, when the same worker had supported a young carer and their mother, the relationship between young carer and worker had sometimes deteriorated, as the young carer had perceived the focus of support as shifting away from them.

Staff recognised several key challenges in attempting to reduce inappropriate levels of care. Some families presented barriers to engagement, including mistrust. Their health could prevent both young carers and adults from accessing support from the service and wider agencies. Staff believed that it was becoming increasingly harder to support families to access other services. In some cases, those services no



longer existed. In others, particularly adult social care, the threshold for meeting support criteria had risen, excluding some families who could not pay for support.

Within the service, the caseload had increased at an incredible rate, making it harder to provide a service to everyone. Families were complex and their circumstances could change. Without a holistic understanding of what was happening in young carers and their families' lives, it was difficult for staff to know if they were providing an appropriate service, particularly to those most in need. Ultimately, though, the service could not place services in the home that replaced the role that young carers fulfilled.

Staff suggestions for practice development fell under four key areas: induction and assessment; assessment and support at key transitions; broader family work; and further work with local partners. Staff indicated that a better understanding of young carers' needs could be gained through a more robust induction process. Young carers received a short induction before accessing the general social

programme and additional support. Staff suggested that a longer induction, spread over several weeks, would allow them to understand a young carer's circumstances more fully. Equally important, they believed that additional time to build trusting relationships would enable young carers to request support during difficult times in the future. Staff suggested that assessment at key transitions in young carers' lives, such as changing school and preparing for adulthood, would further their understanding of young carers' needs and allow them to plan an on-going pathway of support.

Work with families could be developed in several different ways, particularly focussing on family relationships and planning tasks at home to minimise the impact on the young carer. Regarding work with partners, staff stressed the need to continue to raise the profile of young carers amongst other professionals, particularly senior officers within the local authority and those agencies that could have the biggest impact on young carers and their families' lives.

What the professionals said...

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to a reduction in the level of inappropriate care provided by young carers. They gave an average score of 8.57 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:

And our survey said...

Results from the annual survey indicated some shift in the amount of caring that service users provided. 26% agreed with the statement that they now did 'less caring'. However, a large proportion of respondents did not agree with the statement, with 36% disagreeing and 38% replying that they did not know. 22% agreed that the person that they care for now 'gets out more'. While 10% said that this was not true, the remaining 68% said that they did not know.



3.3 Improving 'time out' opportunities for young carers

Summary

Young carers needed time out from their caring role. Due to individual circumstances, particularly physical capability and family finance, many young carers and their families faced difficulties in arranging or accessing activities that could meet this need. The activities organised by the service were valued for many reasons. They relieved stress, provided social interaction and support, and allowed young carers to act in a way appropriate to their age, rather than maintaining the more mature persona expected of them in the home. Activities raised confidence; enhanced physical, mental and emotional wellbeing; and helped to diffuse tension within the home. Providing a social programme presented challenges, however. Activity drop-out had been a consistent issue throughout the service's history, something unsurprising given the circumstances that families experienced. Worries about leaving a family member could prevent young carers attending. Staff also believed that, in some cases, parents prevented their children taking part. Staff acknowledged that joining group activities with strangers could be difficult for any child or young person, and more so for young carers. Moreover, a borough as large and diverse as Gateshead presented particular transport issues and the service's swelling caseload made offering opportunities increasingly difficult.

Recommendations

Social activities were highly valued by young carers and their families for many reasons, and often provided something that families faced difficulties in providing themselves. The service should maintain a focus on delivering this work as far as possible.

Young carers that have attended fewer activities and those most in need of breaks from their caring role should be prioritised for service support.

Consultation should take place with families and young carers regarding the activities that they want and any barriers to taking part that they might experience.

Building positive relationships with families and young carers, that reduce barriers related to trust and confidence and foster better understanding of the challenges that they face, must remain a service priority.

Where possible, the service should take into account young carer travel needs and try to accommodate the cost of this.

Where possible, the service should try to notify the families of younger carers as to what time they are likely to be picked up in the minibus.

Activities involving parents have been beneficial to young carers and their families in numerous ways. The service should explore further opportunities for wider family activities and continue to deliver them where possible. Though organising a holiday is extremely unlikely, the service could still explore means to bring parents together to form their own social and support groups.

Staff do not have the capacity to remind all young carers about activities, and cannot ensure that newsletters arrive in the post and are safely retained. However, the service should continue to explore ways that young carers and families can be kept up to date with upcoming opportunities, book places and access information, including by digital means.

Activity places will inevitably be cancelled at short notice. The service must continue to acknowledge and accept this risk. However, a fair, measured and consistent message must be communicated to young carers and their families regarding the impact this can have on service delivery.

What the young carers said...

Young carers almost unanimously stated that they needed 'time out' opportunities. Most stated that they would not be able to access as many activities without the support of the service. Transport, affordability and the ability to plan ahead were particular issues, especially for bigger days out. Confidence and anxiety also presented an issue for one young adult carer. They felt that the service provided valuable breaks from their caring role, space to feel 'young again', and an opportunity to relieve built-up stress. Socially they were highly useful, offering somewhere to make friends, particularly with people who were 'the same' and easier to trust than peers in general. They also provided a place to discuss problems with staff,

opportunities to learn new skills, exercise, and inspirational experiences that could influence future career choices. However, some young carers described how there were times when they did not want time out, or might cancel an activity, because they wanted to be available to help the person that they cared for.

In general, young carers were satisfied with how activities were booked and arranged. One young adult carer even stated how she used to love getting letters and newsletters from the service when she was younger. There were some difficulties, though. Younger carers found the wait for a minibus to be too long, particularly as pick-ups are scheduled for between 9-11am on a Saturday, and they reported that the minibus was sometimes late. Knowing what time the bus should arrive would be appreciated by some as they had woken up early to be ready. For over 14s, making their own way to activities could be difficult and expensive, especially if they had lost their bus travel cards. Travel in Gateshead presents a particular difficulty, as it is such a large borough. Some young carers stated that newsletters had arrived late in the post, meaning that some activities had already passed before they could book them. Others needed a reminder to ensure that they didn't forget they had an activity booked.

What the parents said...

All parents recognised the importance of young carers having time out from their caring role. They were often expected to behave in a mature manner. Time out opportunities provided a space for young carers to act their age and 'let their hair down'. Parents understood that their children's lives could be stressful, and that this could be detrimental in the long-term. Time out opportunities helped to relieve some of this, and allowed young carers to 'recharge their batteries' with other children and young people in a similar situation. Additionally, parents themselves could feel extremely guilty for the level of responsibility placed on their children, so these opportunities provided some relief for parents as well.

Parents did not identify any difficulties in how their children accessed activities, other than the worry young carers can experience about who is looking after their parents while they're away. Parents were generally satisfied with the way that activities were booked. Organising via Facebook was viewed as a good system, especially when places became available at short notice. There were mixed

feelings regarding postal invitations. Young carers could feel very proud about receiving their own post, though they sometimes did not show letters to their parents or they could be lost in the house.

Parents described how time out activities had made a major difference to their family's wellbeing. Young carers returned from activities energised, 'buzzing' and in a better frame of mind, which lifted the mood of the rest of the house. For one parent, their family had some of its happiest moments when their children returned home from these activities. As well as providing a break, activities had been a confidence booster, a place to offload stress, and helped young carers to feel special. Parents also appreciated family and parent activities, particularly when they provided ideas or resources for activities that they could do at home with their own children.

Parents agreed that they would not have been able to provide their children with as many activities without the service's support. Some struggled just to take their children to the park. They found making arrangements difficult, as their health changed from day to day, or they simply did not have the financial resources. For one mother, the service was 'the mam that we can't be'.

Parents appreciated that resources restricted the service that was available. They suggested that the service should target young carers who had not taken part in as many activities, provide more overnight stays or even help families to organise holidays together, as this would alleviate some of the worry regarding what might happen if parents were ill.

What the staff said...

Staff were all very clear in their belief that young carers need some form of break from their caring role, particularly as this provided an opportunity for young carers to behave more like other children and young people of their own age. Staff viewed the breaks that they offered as a valuable opportunity to socialise and share peer support, and to experience activities that they would not normally be able to, given the physical or financial capabilities of their own families.

Staff believed that 'time out' activities made a difference to young carers' lives in ways that went beyond simply having a break from the caring role. Time spent with other young carers, and the opportunity this provided for young carers to be



themselves, was extremely important, as was the improvement activities could bring to emotional, mental and physical wellbeing. Time out activities helped to raise confidence and, in some cases, this had enabled young carers to access further activities outside of the service. They gave young carers something they could look forward to that was 'theirs', and the positive behaviour and relationships that staff modelled were valuable in raising self-esteem and interpersonal development.

Staff recognised that many young carers would struggle to access time out activities without the service's support. Family finance presented the largest barrier, though many families would find it challenging to organise activities themselves due to the nature of someone's illness or disability.

Staff had attempted to improve the activity booking system several times over the years and believed that it was the best that they had been able to make it so far, especially with the use of Facebook for contacting teenage carers. However, there remained a number of challenges. Families cancelling their children's places on activities at short notice, or even on the day, was very common and had been on-going throughout the service's history, leaving activity spaces that were paid for but the service was unable to fill. This could be related to the chaotic nature of some households. If an incident had occurred or a family member was particularly unwell, families could forget that their child was booked onto an activity, or they might have had to make some other arrangement for that day. The size of the service caseload also

prevented staff from reminding families about activities that they had booked. However, staff also made it easy for families to cancel. They did not challenge parents when they claimed not to have known about a booking, even when a member of staff had very recently reminded them. In some cases, staff believed parents had deliberately prevented children from attending activities. They could be overprotective, parent inconsistently or be liable to change their minds very quickly. In some cases, these were the young carers most in need of social opportunities.

Staff also viewed young carer confidence and anxiety as barriers to engaging with activities. Meeting with strangers could be a challenge for any children and young people, but lack of previous social opportunities, low confidence, and worries about what was happening at home in their absence could present additional barriers to young carers. Transport was accepted as an issue for teenage young carers as they were expected to make their own way to a central location. If they did not have bus fare, this presented a challenge.

Staff suggested a number of ways that provision could be improved. Given the usefulness of social networking to arrange activities, further digital systems such as an app or online booking could be explored. More consultation with young carers and their families could take place, around both future activities and barriers to taking part. Consideration also needed to be given to how young carers were prioritised so that those most in need could access more.

What the professionals said...

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to an improvement in 'time out' opportunities for young carers. They gave an average score of 9.6 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:

'Through conversations, just around higher education opportunities, I have been informed of the multiple residential experiences the young people have received. For a vulnerable group to have access to one residential is wonderful, for this service to have accessed multiple is beyond expectations'.

'Staff sometimes take the children out one-to-one and I can recall a child I work with being taken out for a pizza with a worker. He really enjoyed this'.

*'Day trips, short breaks away'.
'Employability residential'.*

'Social activities and away days as well as helping them secure personal budgets outside of the service'.

'Talking to young carers who have been on activity days and respite'.



And our survey said...

Survey feedback about time out opportunities was generally very positive. 96% enjoyed most of the activities. 68% stated that the service had helped them get out more and have fun. 81% responded that they had learned something new and useful.

3.4 Reducing the social isolation of young carers

Summary

Social isolation could affect many young carers. Family circumstances presented practical difficulties that restricted time and opportunity, as well as social and emotional factors that hindered the development of social confidence and relationships with peers. For some, these issues increased with age, as they took on more caring responsibility or found it harder to maintain social links with friends.

The Young Carer Service has played an important part in reducing the social isolation experienced by young carers. It has done this not only through group and one-to-one activities that encouraged social relationships and raised interpersonal confidence, but also through an approach that was friendly, non-judgemental and fostered trust. The result of this could be seen outside of the service's activities, in improved relationships at home and with peers, and a greater sense of personal wellbeing.

Recommendations

The service should ensure that as many young carers as possible have access to its social programme or Take a Break funds.

The service should prioritise those young carers most vulnerable to social isolation.

Overnight stays are highly valued by young carers and their families and should be offered as widely as possible.

The service must remain aware of the significance of its interactions with and attitude towards young carers. Its value should always be considered in the recruitment of staff, work planning and supervision.

Enabling young carers to enjoy social opportunities and maintain connections with friends, including non-carers, outside of the service should be a core priority. The service should consider how its methods continue to promote this.

The service should consider how it could make use of local resources and facilities in its activities, that families might then be able to use themselves.

The service should explore methods that support improved family dynamics and enable families to understand all members' social needs.

The service should recognise that social isolation can increase with age and consider how it might be able to help overcome this.

Assessment processes should be improved to recognise those most vulnerable and how their circumstances change over time.

The service must continue to make other agencies aware of the social needs of young carers, and encourage them to consider how they might be able to offer assistance.

What the young carers said...

Social isolation was an important issue for many of the young carers interviewed. They described how they wouldn't tell friends that they were a carer, lacked free time and felt like they didn't get out. For some, their caring role led to declining social invitations, such as sleepovers, without being able to give an explanation to friends. The extent to which social isolation had changed amongst focus group participants varied. While most of those who did report a change said that it had decreased, a small number reported that it had increased. Roughly a quarter claimed that isolation hadn't been an issue for them, or that it hadn't changed. Those who had become more socially isolated stated that their caring responsibilities had increased. It had also become harder to stay in contact with friends. They now felt awkward around them or like they had been 'abandoned'.

Those who reported lower social isolation attributed much of this to the Young Carer Service. Activities helped them get out more or feel like they were involved in a group of similar people, particularly as they felt 'different' in other social situations. They felt able to do the things that their peers did, and not be 'that one person who doesn't do anything'. The social groups formed between young carers were lasting and they felt like they 'just clicked', even when they hadn't seen each other for some time. The service had helped young carers to feel more confident and less anxious

in social situations, with one young carer stating that she was able to get out more as she now had less panic attacks. Another described how support from the service had enabled her to build better relationships with her family, reducing her sense of isolation.

The Young Carer Service was not the only factor involved in reducing social isolation. Young Carers noted the importance of school, neighbours, counselling services, regular telephone support from Epilepsy Action, the Positive Pathways team, Youth Focus: North East, a school attendance officer, a college tutor and the local authority. They also cited the value of Facebook, online inspirational films about other people facing challenges, and being trusted more as they had gotten older.

When asked what else the service could do, young carers had few suggestions, other than trying to ensure that all young carers had access to social opportunities or Take a Break funds.

What the parents said...

Parents believed that social isolation could be an issue for young carers and recognised several ways in which the service helped to overcome this. In particular, overnight stays, where young carers could share rooms, were seen as very positive, as were one-to-one sessions with staff. In one case, the service had provided a young carer with vouchers to visit the cinema with another young carer. This encouraged him to arrange social activities independently, and he developed a much wider social circle. Another parent described how the service enabled their children to feel safe, confident and care less about how other people perceived them, improving their ability to form social relationships with others.

Parents highlighted the significance of the attitude and approach of service staff. They were perceived as creating a friendly, safe and trusting environment, both for young carers and their families. The service provided a non-judgemental space, where young carers did not feel pressured to look a certain way, 'listen to the right music' or feel ashamed about their situation.

Parents recognised changes in their children that they associated with the work of the service. Some had made friends that they maintained contact with, took part in groups, got out more socially with non-young carers, and talked more openly with their parents. Most parents involved did not

acknowledge any other service helping to reduce the level of social isolation that their children experienced. One parent recognised the social value of her child taking part in extra-curricular sports, though said that these were mostly 'solitary' sports activities.

Parents had no suggestions for how the service could improve its work in reducing social isolation, other than continuing in what it was doing.

What the staff said...

Staff all agreed that social isolation was an issue for many young carers. Family activity often had to revolve around the needs of the person who was disabled or unwell, which could be unpredictable and present practical difficulties. When adults had mental ill-health, they could be at risk of isolating themselves and, in effect, their children, impacting on the child's ability to develop social skills and confidence. Many of the families supported by the service had to manage on a low income, limiting opportunities for the family to take part in the wider community and for children to enjoy the same social activities as their peers. For some young carers, the extent of their caring role severely restricted their free time, or they could find it hard to separate from home, as they worried about their family when they were away. Staff appreciated that young carers could feel different from their peers, making it harder for them to form social relationships. This problem could begin in childhood, leading to poorer mental health as the child aged. Strong support networks could play an important role in overcoming these barriers, particularly within the family, friends and schools. Social networking was also valuable as it allowed young carers to remain connected to friends when they were unable to leave the home.

While the service's activity programme was valuable in reducing social isolation, staff believed that it was their approach to working with young carers that was of fundamental importance. They actively encouraged young carers to form social relationships during activities that they could maintain away from the service. This approach could also be seen in their work bringing children together before they entered secondary school, at school drop-ins, at overnights which extended the social time young carers spent together, and through the use of Take a Break funds that encouraged young carers to organise their own social activities together. These social relationships could be observed continuing into young adulthood. Where possible, the service took practical steps to


encourage participation. Transport was arranged for younger carers, food was provided, and young carers were even recruited as volunteer buddies that helped ease young carers into the social programme.

At the time of the interviews, it cost approximately £100,000 a year to deliver the service's social programme. While staff recognised that delivering a wider programme would be valuable, it would be

beyond the current service capacity. Staff made several suggestions to try to overcome this. More use could be made of local resources and groups that young carers might visit themselves in their own time. Family work could focus on internal dynamics that recognised and supported the social needs of young carers. Work would also have to focus on the most vulnerable young carers, which would require a more robust assessment and induction process.

What the professionals said...

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to a reduction in the social isolation of young carers. They gave an average score of 9.6 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:



'The service is very proactive in getting involved with projects such as YouNE Cares, which aims to increase the confidence and aspirations of young carers. They provide excellent support both during and away from the project ensuring that an appropriate amount of support is given to the young people and their families'.

'The children I work with who have involvement, really enjoy attending group activities and making new friends, as well as one-to-one work with staff, who also take them out'.

'Supporting students to access clubs/activities'.

'Involving them in activities with others and offering respite as well as encouraging young carers and helping to build their confidence'.

'Talking to young carers whilst delivering training. They told me before attending the service they were isolated and felt less so now meeting other young carers and getting support from the staff'.

And our survey said...

Survey results overwhelmingly supported a reduction in social isolation of the young carers responding, with 91% agreeing that the service has helped them to make new friends and 83% agreeing that they 'get out of the house more'.

3.5 Improving the physical and mental health of young carers

Summary

Health was a significant issue for young carers. Physical health problems included difficulties such as poor diet, lack of exercise, and fatigue. Mental health issues appeared to be more prevalent, including stress, anxiety, depression, mood swings, eating disorders, feelings of having no control, and social withdrawal. However, physical and mental health issues were complex and interrelated, and could not necessarily be viewed as two distinct issues.

Most young carers considered that the service had helped to improve their health in some way, or prevented it worsening. This was particularly true for mental health, with social opportunities among other young carers, and different forms of one-to-one support being very valuable. Healthy lifestyle opportunities and activities were valuable in improving physical health and the approach of the service and staff was valued for its friendliness, encouragement and ability to access other specialist information and support.

Recommendations

The service must continue to consider how it captures young carer health, particularly mental health, in service assessments.

When caring impacts on health, it can be considered to be inappropriate. If necessary the service should refer to legislation to advocate for additional support for young carers.

The service should recognise the high value of social activities in improving both the mental and physical health of young carers, and continue to consider this in programme planning.

The service should deliver work that enables young carers to understand their families' health. This is particularly important where there is the risk that young carers will blame themselves for someone else's condition.

One-to-one support is valued highly and should continue to be prioritised.

Healthy lifestyle activities should continue to be included in programme planning.

The service must maintain a focus on health and its role in encouraging young carers to consider and value this themselves.

Positive relationships with staff are fundamental to improving young carer wellbeing. This should be recognised in planning, recruitment and supervision.

Some service users do not have the confidence to ask for help. The service must demonstrate to all young carers that they can ask for help at any age.

The health needs of young carers will change over time. Service assessments and the setting of appropriate goals must be capable of capturing this and carried out more regularly.

Work that improves young carer confidence can have a positive impact on health and should remain fundamental to the service's approach. Service evaluations should also attempt to capture this additional outcome.

The service should continue to try to support young carers earlier in life, so that appropriate support can be provided sooner and positive relationships built with staff.

Young carers should be consulted regarding the development of future health programmes. The service must seek opportunities to work with additional partner agencies, so as to broaden the health-related activity that it is able to offer.

The service should explore opportunities to use family therapy to bring about changes at home that could improve young carer health.

The service should consider how it could work more strategically around the borough in a manner that enables young carers to become aware of and access their local amenities.

What the young carers said...

Young carers were very aware of the effects caring could potentially have on their health. Poor mental health was mentioned in particular, including



stress, depression, anxiety, the effects of bullying, comfort eating, panic attacks, feeling isolated, self-harm and suicidal thoughts. Physical health could be affected by injury, accidentally taking medication and unhealthy lifestyle.

When asked about the health issues that young carers had personally experienced, poor mental health was prevalent, especially amongst young adult carers. Anxiety and depression were reported most frequently. In some cases, participants explained that being a carer hadn't been the cause of this, but had exacerbated it. One young carer explained that, when younger, she had felt that she needed to 'tiptoe' around their parent to avoid making them unwell. This had caused them a degree of mental strain, which they felt a child shouldn't experience. Feelings of isolation were also mentioned several times. Other issues related to mental health were anger, mood swings, low confidence, an eating disorder, and a young carer feeling like 'giving up on myself' because they would never have time for relationships or partnerships.

Some physical health issues were mentioned, particularly related to poor lifestyle. This included lack of exercise, weight gain, poor nutrition and irregular sleep patterns. Several young carers raised tiredness as a problem, and its affect on motivation and enthusiasm, with one stating that they had stayed awake to look after a parent. Another mentioned that certain activities had caused them pain. However, it should be

recognised that roughly a quarter of interviewees did not suggest that being a young carer had impacted on their health. These were nearly all under 14 years of age.

When asked if the service had improved their health or prevented it from getting worse, nearly all young carers responded positively. In particular, social activities had had a positive impact on their mental health by providing a social life, new friends, new experiences, motivation and space to relax. One young carer explained that meeting other young carers had helped them to realise that their parent's health condition was not their fault. Having staff to talk to confidentially featured almost as highly, particularly in one-to-one sessions, and some claimed that this had helped with their depression and panic attacks. Healthy lifestyle opportunities featured highly, especially exercise, though also healthier eating.

Some young carers noted that staff had encouraged them to consider the importance of their own health, that the service made them feel happier about themselves, encouraged them to take up counselling from other services, and was able to offer useful information and advice. Support with an eating disorder, and coping with home and school were also mentioned. Once again, it should also be noted that a small number of younger participants did not respond that the service had had a positive impact on their health.

Young carers made several suggestions for how the service could continue to address health needs. The importance of being able to build good relationships with staff was raised. In one case, the young carer had reflected on how valuable this had been when younger and first joining the service, and how this had facilitated them forming relationships with other young carers. Another young carer explained that they didn't receive as much help as they needed as they didn't have the confidence to speak up. For them, the service needed to demonstrate that it had an 'open door' policy and encourage young carers to ask for help. However, another noted the importance of recognising individual needs, as trying to achieve too much change too soon with a young carer could be stressful. Recognising that young carers' needs could change over time, and making sure that young carers knew the support was still available as they got older, was important. One young carer described how the impact on her health had changed from mental to physical as she had aged. Understanding this could provide the service with a better understanding of whether a young carers' situation was improving. Maintaining 'cook and chat' sessions, counselling and support groups was also raised, along with to 'just keep doing what we're doing'.

What the parents said...

Parents recognised several ways in which poor mental and physical health could become issues for young carers, and most felt that caring had affected their own children's health in some way. Physically, parental health and energy levels could prevent them from supporting their children to engage in health-promoting activities, and the caring role itself could be very tiring for young carers. Emotionally, the role could be draining and lead to young carers carrying a lot of 'emotional baggage', experiencing low self-esteem, and disengagement from activities that they enjoyed. When young carers did not understand the health condition of the family member, this could also lead to stress and worry.

Parents valued the work that the service delivered to develop confidence, the trusting relationships that they built with young carers, and health-focussed programmes, as significant in improving their children's mental and physical wellbeing. One parent even described how her child had made suggestions regarding suicide in the past, but this had changed following their involvement with the service.

In some cases, children's mental health services had attempted to support the young carer. The parents felt that this had been approached inappropriately, focussed on the wrong issues, or staff and the environment had appeared unfriendly. Instead, they valued the approach taken by the Young Carer Service's one-to-one workers.

When asked how the service might be improved, several parents suggested more regular monitoring or assessments of young carer wellbeing, particularly if someone is a carer for an adult with mental ill health. Earlier intervention was also important, both in the provision of appropriate support and the building of trusting relationships with staff.

What the staff said...

Staff understood that young carer wellbeing was complex, involving an interrelation of both physical and mental health. To staff mental health appeared to be the larger issue amongst young carers, involving stress, worry, anxiety, social withdrawal, eating disorders, and feeling a lack of control over their own lives. Physical health issues included poor fitness, being significantly under or overweight, limited sleep, poor concentration, chronic fatigue and, in some cases, self harm.

Staff identified a number of interventions that attempted to address these health issues, including one-to-one support, counselling, emotional freedom technique (EFT), general outdoor activities, targeted physical activity programmes, and help to create personal mental wellbeing plans and strategies. Workshops and courses also covered topics such as mental health awareness, first aid and sexual health. Staff also offered to refer to other relevant services where appropriate.

Staff believed that addressing health was something that the service was able to do well, though acknowledged that there was always room for improvement. Service evaluations provided positive feedback and, in some cases, staff had been able to observe positive changes very quickly. When a group had been ongoing, staff had been able to observe improvements as the group had progressed, particularly programmes based around healthier lifestyle. However, they acknowledged that they could not make young carers act on the information or guidance that they provided and that the high caseload limited how much work could be done.

Once again, staff suggested a need for earlier intervention, better relationships with young carers, and more regular assessments to understand young carer health and offer support before the need became critical. They recommended developing health-related activities and training in consultation with young carers, covering both physical and mental health. Other practical

suggestions included finding more partner agencies that could offer activities to young carers; utilising family therapy to bring about changes in the home that could improve young carer health; working geographically to help young carers find local amenities; delivering out of school drop-ins around the borough; and employing younger staff!

What the professionals said...

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to an improvement in the physical and mental health of young carers. They gave an average score of 9 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:



And our survey said...

Survey feedback was positive regarding changes in young carer health. Nearly half said that the service had helped them to be more healthy. 58% claimed that they felt less stressed and less worried. 69% claimed that they looked after themselves better.

3.6 Improving the self-esteem and confidence of young carers

Summary

Confidence and self-esteem presented particular problems for young carers. They could feel different from peers and experience fewer opportunities that encouraged confidence and self-esteem to grow. When parents struggled personally with confidence and self-esteem, they could find it difficult to encourage this to develop in their children.

The service has been very effective in raising self-esteem and confidence, and the attitude and approach of staff played an important role in achieving this objective. They displayed empathy and encouragement; and valued service users both as young carers and children and young people in their own right. The value of particular service activities could also be identified, particularly social activities with other young carers, one-to-one support, school drop-ins and programmes that had personal development as a core objective. As well as cultivating wellbeing, this had a positive effect on personal relationships with family and peers.

Recommendations

Group activities that focus on raising confidence and self-esteem were highly valued and should remain an integral part of the service's output.

Young carers appreciate the opportunity to talk to staff about problems. One-to-one support should remain a fundamental element of the service's work.

The ability of staff to demonstrate empathy and be non-judgemental, to encourage and motivate, and to allow young carers to express themselves, were very important to young carers. Such skills and qualities should be embedded in staff selection, training and supervision.

The development of confidence and self-esteem overlaps all of the service's direct work with young carers. Consideration should be given to how assessment and evaluation can capture this.

Work with parents should maintain a focus on

improving young carer confidence and self-esteem. This can be done through the raising of the self-esteem and confidence of the parents, as well as by encouraging parents to recognise their children's needs.

Work at an earlier age will encourage the forming of relationships that enable young carers to communicate more openly. The service must encourage earlier referral as well as work to form positive, trusting relationships as early as possible.

The service must be as flexible as it can in order to allow young carers to engage in as many ways as possible.

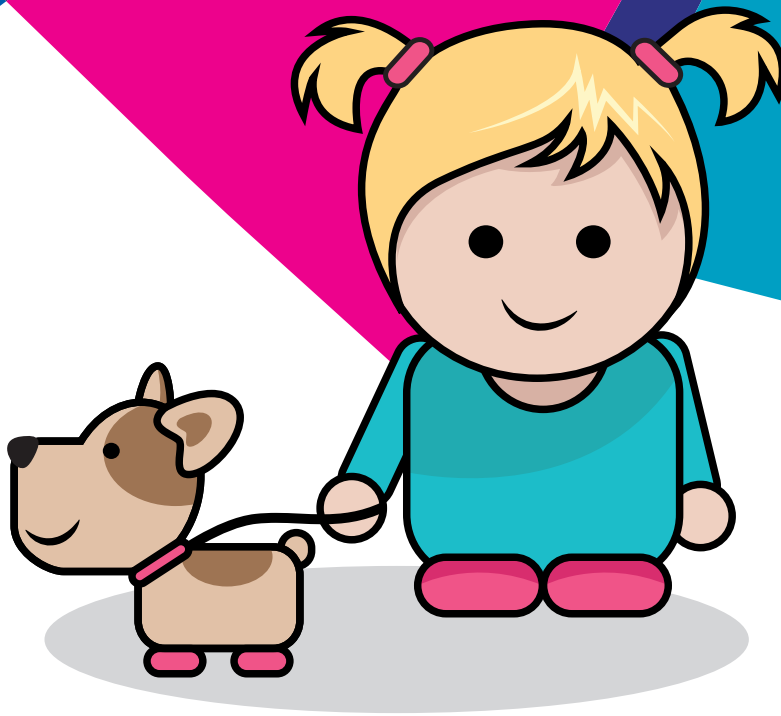
The service must continue to consult with young carers, particularly with over 18s, to better understand the barriers they might face in asking for support, and those barriers faced in the past that the service was unaware of.

What the young carers said....

Young carers were able to identify many ways that the service had helped to raise their confidence and self-esteem. Breaks were important, both alongside other young carers and through the Take a Break scheme. Being around other young carers in group activities was also very important. It provided an opportunity to make friends, be with likeminded people, and to recognise that others were in a similar situation. One young carer explained how attending group activities had improved her ability to socialise, which in turn enabled her to work better in groups in school. This further raised her self-esteem and confidence.

Young carers raised the significance of particular activities, including drama, lifestyle workshops, school drop-ins, the Reducing the Skills Gap employment skills programme and helping with the Young Carer Conference. Having the opportunity to talk to staff about problems was also noted, particularly in counselling and one-to-one sessions. Staff were valued for their empathy, open-mindedness, belief in young carers, encouragement, and ability to motivate and encourage positive thinking.

Young carers felt that the service enabled them to express themselves and have more courage. It made them happier ('hakuna matata', as one young carer suggested) and this affected their relationships with others. At home they felt more



confident to help and some were able to build stronger and more open relationships with family and friends.

What the parents said....

Parents believed that confidence and self-esteem were significant problems for young carers, and particularly highlighted their own influence in this. In some cases, the parents struggled personally with self-esteem and confidence, and recognised that this could impede its development in their own children. Reduced social opportunities, due to parental illness, also limited opportunities that helped confidence to grow. One parent explained how, in the past, their child had not been valued enough in the home as a child and family member in their own right, which impacted on their confidence and how they felt about themselves. Additionally, young carers could experience bullying due to their parent's health, particularly when the disability was 'invisible'.

Parents identified some key features in the service's work that promoted the development of confidence and self-esteem. The service was offered unconditionally and with no ulterior motive. Staff demonstrated that they valued the young carers' contributions, which made them feel 'special', and encouraged young carers to value themselves and the decisions that they wanted to make. Staff were available when young carers

needed to 'reach out' to someone outside of the family. Additionally, specific activities, such as drama, focused on raising confidence. One parent described how she recognised the need for her child to be out more when they started attending young carer activities. This change in attitude to her child had helped to boost the young carer's confidence. However, they also needed an adult carer in place to replace the care that their child was providing.

When asked how the service could do more to improve the self-esteem and confidence of young carers, one parent suggested supporting parents to develop their own. A previous project, delivered by the service for young carers' parents, had had a great influence on their own confidence, and they felt that this had incentivised their children.

What the staff said....

Staff understood that low confidence and self-esteem affected many young carers that they met. They identified a number of factors that influenced this, including feeling different from peers, poor personal health, fitness or appearance, limited experiences that raised confidence, a lack of role models and, in some cases, families that were not able to nurture self-esteem.

Staff viewed raising self-esteem and confidence as a core objective of their role, underpinning all of the work that they delivered. This could be in the form of workshops, activities and one-to-one support that directly aimed to improve confidence and self-esteem and encouraged young carers to try something challenging or new; as well as practical interventions, such as supporting young carers to use public transport or young carer participation as buddies. However, underpinning these interventions was the relationship that staff aimed to form with young carers. It emphasised the significance of the role of the young carer, whilst reinforcing their value as children and young people in their own right.

Staff felt that they could still do more to improve the self-esteem and confidence of young carers. As well as continuing a programme of activities that provided a challenge and sense of achievement, earlier intervention could be valuable, particularly in building relationships that enabled young carers to communicate more openly. The service needed to remain flexible, as young carers would not all want to engage in the same ways. Continued consultation was seen as important, particularly with over-18 year-olds so as to understand what barriers they had to asking for support.

What the professionals said....

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to an improvement in the self-esteem and confidence of young carers. They gave an average score of 9.8 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:

'Some of the children I work with have commented to me that they have made friends with other children in a similar situation. This definitely helps the children to understand they are 'not alone', and helps them to value themselves'.

'As previous, empathy, friendship and support'.

'One-to-one support based on young carers' personal issues'.

'Through drop-in sessions within school'.

'Through provision of workshops and training and one-to-one work'.

'Involved with an art project. Showcasing the young carers' work'.

And our survey said....

Survey feedback regarding improvement in self-esteem and confidence was overwhelmingly positive. 88% of young carers claimed that the service made them feel good about themselves, while 79% said that the service made them feel good about their families. 91% stated that the service made them feel happier and 78% responded as being more confident.

3.7 Improving school attendance to enable young carers to reach their full educational potential

Summary

School life was challenging for young carers. They could experience bullying and difficult relationships with peers, and often felt that schools did not acknowledge their role. Keeping up with education was hard and young carers often needed leniency with deadlines and detentions. Several reported missing school as result of their caring role. This had long term implications, particularly for education into young adulthood, training and employment.

The service has helped to support young carers' education in a variety of ways that young carers and families report as valuable. They have provided homework and study groups, school drop-ins, a young carer ID card, programmes that raise aspirations, and staff themselves worked to build relationships with schools that increased their understanding of young carers' needs. Additionally, where the service has raised the confidence of young carers it has improved their relationships with peers and encouraged young carers to consider their future aspirations more positively.

Recommendations

The service must continue to cultivate working relationships with schools, recognising that staff turnover will make this an on-going process.

The service should encourage schools to identify a specific member of staff to act as first point of call for young carers, their families and the service. Where possible, they should take responsibility for coordinating support for young carers within the school.

The service must ensure that all secondary schools understand the young carer ID card and that, in turn, schools ensure that all of their staff are aware of its purpose.

The service should encourage all levels of education, training and the Connexions service, to recognise young carers and their individual needs and to explore how they can be supported.

The service should encourage schools to allow young carers to have access to their mobile phones.

The service should continue to provide drop-ins in secondary schools or support schools to deliver their own.

The service should consider how, where and when drop-ins are delivered, and what factors might impede some young carers attending.

The service must continue work in a way that raises awareness amongst school staff and pupils, including delivering training and assemblies.

The service should work closer with schools to compliment the support that they already provide; evaluate the effectiveness of its SATs and homework support; and to link its support to wider assessments of young carers' needs.

Supporting young carers to create their own resources is useful in raising awareness within education and should be revisited as a project regularly.

The service should encourage and support all schools to adopt the Young Carers in Schools programme.

The service should encourage schools and other professionals to raise young carer aspirations, so that professionals and young carers alike look beyond 'caring' professions as a future career path.

The service should work with local employers to raise awareness of young adult carers' needs and explore how they might support them within the workplace.

The service must continue to raise the aspirations of young carers, through opportunities such as courses, visits to universities and colleges, and special events. However, this must continue to be underpinned by the encouraging attitude and practice of service staff themselves.

Staff should be aware of career and aspiration raising opportunities available, so that they can direct young carers to them or support young carers to attend.

The service must maintain a focus on young carer confidence and self-esteem. As well as raising future aspirations, it enables better social relationships, improving the experience of education.

The service should attempt to evaluate how other areas of its support might impact on school improvement. For example, how improving confidence through social activities might have led to an improvement in social relationships within school.

The service must advocate on behalf of young carers where it is unable to facilitate young carers' needs itself. This could require referring to young carers' rights under current legislation.

What the young carers said...

School life provided many challenges for the young carers interviewed. Difficulties in personal relationships with peers and bullying were important. Sometimes this was due to friends finding out someone was a carer. In another case it was a sibling with a disability that was the bullying victim. Identification and recognition by school staff was an issue. One young carer explained how she used her own health as an excuse for non-attendance, as she did not want to admit what was happening at home. Where schools were aware, staff sometimes failed to acknowledge its significance. Young carers explained how no one else 'got it' and they would have to explain why they were late, sometimes in front of a class, and it was reported that some school staff still did not understand what the young carer ID card meant. One young carer reported how her mother regularly had falls. The school wouldn't let her return home early when this happened so she eventually stopped attending. Identification continued to be an issue in higher education for one carer. University was unaware that she was a carer, despite her continued worries about what was happening at home.

Education itself could be difficult for young carers. They reported feeling pressured to achieve good grades, sometimes in subjects where their strengths did not lie, yet focussing on education was very difficult when so much was happening

at home. Homework and detentions presented problems, with young carers reporting a need for leniency with deadlines and times that detentions were held. A school staff member with responsibility for young carers, and someone who could motivate them when they felt unable to achieve, was seen as important, as was being able to use mobile phones to contact family.

One participant suggested that young carers could 'learn' anger problems from the person that they cared for and they needed support in school to overcome this.

Young adult carers explained how some of these issues continued into the workplace. They had been told not to tell potential employers that they were carers, and one had lost a job when their employer had found out. There were reports of stereotyping, being treated differently from other employees, and employers assuming that they were always going to be late.

Young carers suggested several ways that the service had been able to help with school and education. Homework and media clubs had directly provided support in completing assignments. The school ID card had helped some change the timings of detentions or homework deadlines and it was reassuring to know it was there, even when they didn't need to use it. School drop-ins were important for providing somewhere that young carers could de-stress. For those young carers who could not talk to peers about their caring role, they offered somewhere to talk to staff and other young carers without fear of repercussion.

Service support had also been instrumental in improving awareness amongst school staff. Talking to teachers had given them greater understanding of a young carers' situation. One young adult carer suggested that a filmmaking project the service had supported had ultimately helped to educate her college tutors. Another young carer described how the service had been helpful when she needed support changing schools.

Young carers identified different ways that the service had helped them to think about their career options in a different way. Several reported that, at school, they had been encouraged to consider careers in caring professions. Talking to service staff, attending professional events with the service, and taking part in activities like cooking or university visits, all helped to broaden young carer

horizons and raise their aspirations. The service helped raise some young carers' confidence and encouraged them to 'go for it', whereas some felt that, at school, attention was focussed on achievers. One (now at university) had been told by school that she was going to fail in education. The Reducing the Skills Gap pre-employment skills course, delivered with Youth Focus: North East, was particularly noted as valuable, as well as one-to-one support in help finding courses and apprenticeships.

When asked what more the service could do, young carers suggested more school assemblies to improve the understanding of both pupils and staff, as well making links with school librarians as they met professionally across the borough to share practice. Consideration also needed to be given to where drop-ins were held so that young carers did not feel like they stood out to other pupils or staff. Work was also needed to encourage training providers and the local college to better support young adult carers and adopt the young carer ID card.

What the parents said...

Parents identified homework as a particular issue for young carers. They felt unable to help and their children could be too tired or not have time to complete it. Some suggested that there was a lower expectation on their children to perform well and an attitude that young carers shouldn't be academically capable. Some parents also identified instances when their children had missed school as a result of their caring role.

Parents recognised several ways that the service had made school life easier for their children. Raising their confidence had enabled them to mix better with school peers. Drop-ins provided a space where they could speak to someone if they had a problem. Where several children in a class were accessing the service, they felt that it was 'cool' and not something that they had to keep secret. The school ID card provided a 'safety net' when needed and had helped young carers to access support when upset, and have priority entry on the school bus. However, one parent did state that their daughter did not want a card, as she did not wish to appear different to her peers.

Parents found the academic support that the service provided to be very useful, with some identifying that it had raised their child's grades

and even helped them to move up into higher sets. It provided a different approach to learning that was more comfortable than the school environment, with tutors having time to explain something several times if needed. Some parents identified that the service had enabled their children to consider their future in a different way. One described the service's input as being 'life changing', while another stated that her son was now seriously considering going to university, which he had never thought of before.

Some parents felt that there was still more that the service could do to support young carers' education. School staff should have greater awareness of young carer needs, what the service had to offer and the purpose of the young carer ID card. They also wanted to see more school drop-ins, homework support sessions and careers advice.

What the staff said...

Staff recognised that education can present significant difficulties for young carers. Family situations could impact on attendance, educational attainment, aspirations, practical and personal resources, and the ability to form relationships. This required understanding and flexibility from schools in order for young carers to enjoy and achieve in their school lives.

Staff described how the service provided a number of interventions that attempted to improve the school life of young carers. In particular, it delivered lunchtime drop-ins in almost every secondary school. These were weekly, fortnightly or monthly, depending on the school's need. While they provided an opportunity for young carers to socialise, across year groups, in a space that was free from stigma, drop-ins were also a way to stay in regular contact with young carers and monitor emerging issues. On several occasions, young carers had brought friends with them who were unregistered, leading to referrals into the service. Additionally, drop-ins maintained a service presence within education, cultivating dialogue between school and service staff, and helping to raise the profile of young carers within schools.

Staff believed that forming relationships with schools, particularly named key staff, and staying in regular contact, was important. It had improved schools' understanding of the difficulties young carers might face and the support that schools could offer. It had also generated two-

way communication between the service and schools, enabling clearer and timely discussions that supported young carers as well as additional service referrals.

Staff identified several other ways that the service attempted to improve young carers' experience of school. Secondary school age young carers were offered an ID card so that they could identify themselves if they were having difficulties. In schools that were better at recognising the card, feedback from young carers about the support that they received had been much better. Schools had been provided with resources that they could use in lessons or on displays. Staff also attended Team Around the Family meetings, and could speak on behalf of young carers who did not wish to attend. Staff recognised how other elements of the service might also improve the school experience. Age-related social activity groups encouraged young carers to build relationships with other young carers in their school. Workshops and one-to-one support aimed to improve the emotional and mental health of young carers, which could enable them to cope better with their school day and concentrate on studies.

The service had attempted to help young carers improve their schoolwork, particularly through SATs groups and, in the past, homework groups and access to individual tutors. SATs groups were seen as effective as they followed nurturing techniques and focused on stress relief and how to sit exams, not just the exam questions. However, staff were unsure as to how much difference homework support had made. The service provided annual 'transition workshops' for children moving to secondary school. These helped young carers to meet others attending the same school and addressed some of the concerns that they might have had. Staff felt that group work in general might also have helped to improve school performance as it encouraged teamwork and communication.

The service attempted to raise the aspirations of young carers through visits to colleges and universities; work on CVs; an employment skills course led by other young adult carers; and specialist workshops. Workshops also introduced young carers to a certain skill, such as cooking, and encouraged them to think differently about their future. However, staff believed that it was their approach to working with young carers in particular that raised their aspirations, by

attempting to improve their confidence and self-esteem and encouraging them to think about life beyond Gateshead.

Staff explained that there was still a lot more work to do with schools. School staff could still be hard to communicate with and many were not aware of the young carers or even the drop-ins happening in their school. Despite the popularity of homework and SATs groups, it was difficult to quantify their effectiveness. There were also challenges that young carers faced that were beyond the service's ability to directly address. For example, if a young carer was struggling with transport to school, or absent due to the need to look after siblings. In such cases, additional statutory support was required.

Staff believed that much more could be done to improve young carers' school attendance and aspirations. Structurally, the service could compliment the support that schools already provided, by offering nurturing programmes, further one-to-one support, additional drop-ins and support to schools to achieve the national Young Carers in Schools Award. By working more closely, the effectiveness of SATs support could be evaluated and transition work could be linked to wider transitional assessments for young carers. The relationship with school staff could also be strengthened. Ensuring that all schools had a named staff member that could be contacted regarding young carers was seen as important, as well as providing more training to teachers and governors, delivering more assemblies and promoting recognition of the school ID card.

Staff felt that more work needed to be done to build links with colleges, training providers and Connexions, and ensure that they were aware of young adult carers and how to support them. Work could be done earlier to instil ideas and ambitions, including at primary school age. Staff could develop their knowledge further of the opportunities available in the area, and organise more visits to universities, courses or places of work. They could also encourage other professionals to think more about young carers' aspirations rather than guiding them towards caring careers.

What the professionals said....

Those professional respondents commenting on how well the service contributes to an improvement in the school attendance and attainment of young carers, gave an average score of 9 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they have observed the service do this, responses included:

'Multi-agency working'.

'Employability support which will support young carers to achieve better academic results'.

'Involvement in educational experiences, both at further and higher educational level at a young age, will inspire young people to strive that little bit harder to achieve their academic goals. Through involvement of the planning of YouNE Cares, this service was one of many in the region who were in agreement to build in attainment raising activities throughout the programme'.

'Some of the children I work with have accessed the homework club and also attended the SATs club - they really enjoyed this time. It was also great that they were provided with transport'.

'Drop-ins are well used, and communication between school and the service are good, which helps the overall pastoral care'.



And our survey said...

Survey responses regarding education were answered by secondary school - age young carers only. 86% claimed to now do better at school and 78% claimed that they now attend school or college more often. Of those who had attended a homework club or SATs group, 70% stated that these groups had helped to improve their grades. Of those who have a school card, 73% had found it useful. Conflictingly, though, only 41% claimed to have actually used it. Of those respondents who had attended school drop-ins, 78% stated that they found it helpful.

3.8 Increasing awareness of young carers amongst residents of Gateshead and social care, health, education and voluntary sector services

Summary

The service worked hard to raise awareness amongst other professionals, particularly within health, the local authority and education. This was achieved through training delivery and co-training delivery with other agencies, taking part in local networks, and the support it provided to schools. It had also carried out several public events aimed at raising awareness amongst local residents. Increase in referral volume and the quality of information provided upon referral suggested that the service had been successful in this area, as did feedback from professionals, though the effectiveness of different approaches had varied, and there remained some specific areas that the service still needed to target. To staff, co-training alongside other professionals appeared to be the most valuable approach, though they were committed to working with young carers themselves to create resources that enabled young carers to tell their stories while educating professionals.

Recommendations

The service should continue to explore opportunities to co-train professionals alongside staff from other agencies.

The service must continue to explore opportunities to train or raise awareness within schools and other key referring agencies. This should be ongoing to account for staff turnover and manage professional expectations of the service.

The service should continue to create resources in partnership with young carers and professionals, particularly those from creative industries.

The service should continue to work with health professionals to explore how best to improve sector knowledge and practice regarding young

carers.

The service should assess which awareness-raising activities are of little or no value, so as to direct resources in the most useful method possible.

The service should set out a clear strategy for the use of media and public relations, identifying gaps and how these could be filled, including additional paid or volunteer staff.

The service should distribute the media resources it creates more widely.

The service must raise awareness amongst specific target groups from which it receives fewer referrals, including non-white British young carers, refugee and asylum seekers, and those young carers affected by adult alcohol and substance addiction.

What the staff said...

Staff described how the service actively worked to raise awareness of young carers amongst other professionals. This included delivering training to GPs; co-delivering training with other professionals, including delivering Common Assessment Framework training with the local authority and young carer awareness training to staff within the local mental health trust; delivering presentations, assemblies, drop-ins and one-to-one work in schools; advocating on behalf of young carers and their families in Team Around the Family; and taking part in local networking groups, such as the local Young Carer Strategy steering and working groups. The service had also carried out several PR activities in an attempt to raise public awareness, particularly during Carers Week. These included attending the annual carers' Party in the Park; organising a flash mob; taking part in TV features for Comic Relief; gaining the support of a national celebrity; and a campaign involving hiding hundreds of woollen dolls around the borough, representing young carers 'hidden' from services and not receiving support.

Staff believed that the significant increase in referrals to the service was a clear result of this awareness raising activity amongst professionals. They noted a raised level of understanding of young carers and the service amongst referrers and there appeared to be an improved understanding within schools, though this not only varied between schools but also between school staff.

Co-training appeared to be the most successful activity to date, particularly with mental health professionals. However, staff recognised the value of creating resources alongside other organisations and young carers themselves, citing postcards that young carers created with a local illustrator about their own lives and a recent performance developed with Live! Theatre. These activities helped young carers to tell their own stories, translated through professionals who understood how to maximise impact and understanding.

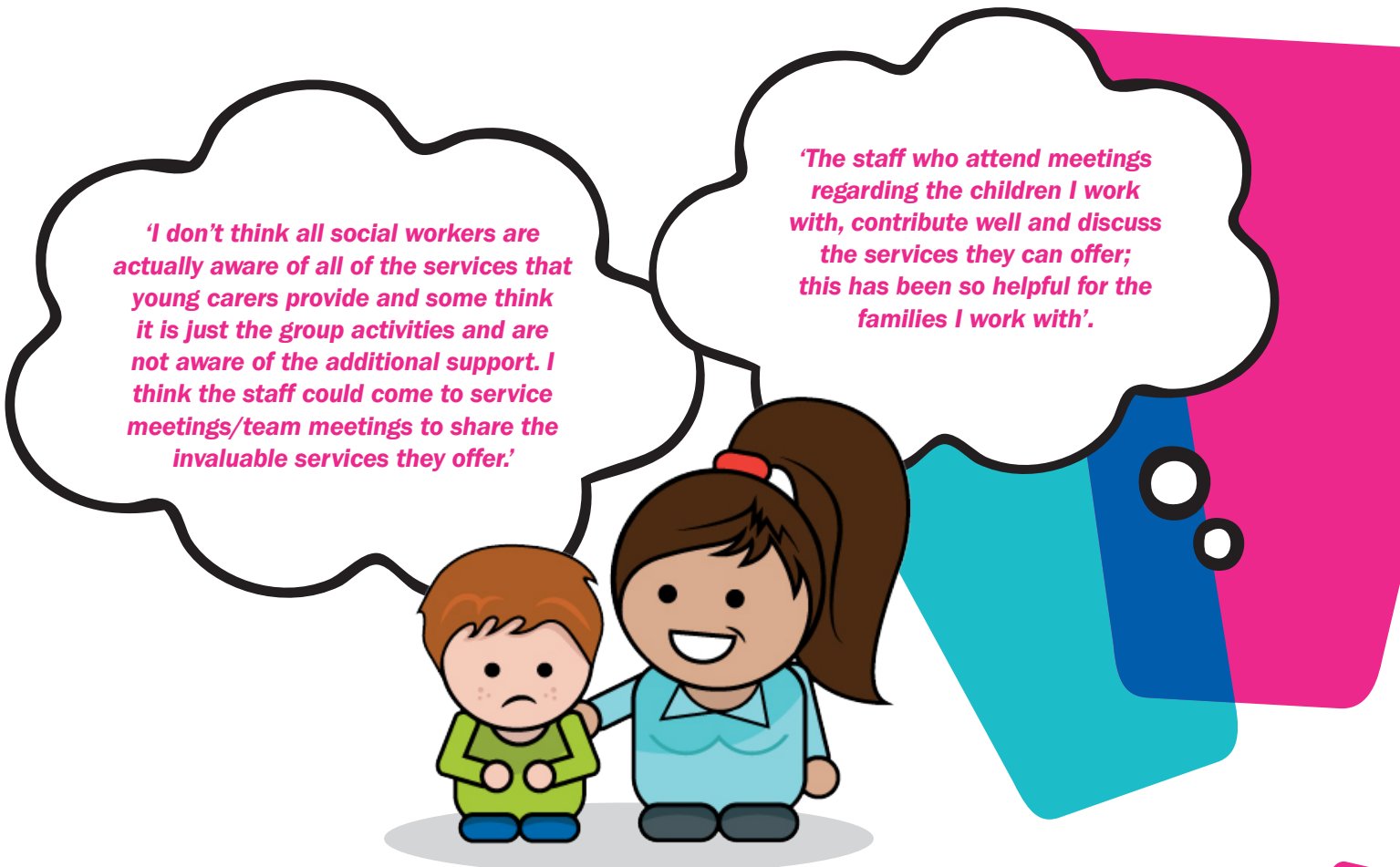
The service had seen very limited success from its work with GP surgeries. Simple leafleting at public events also seemed to have little effect.

Staff believed that more could be done to promote both the service and young carer awareness. However, having the capacity to do more was

unlikely. They recognised a clear need for a more strategic use of media, PR and marketing, particularly online, but as this was time consuming it would require additional staff or volunteers. The service could also make better use of the media that it produced, such as distributing its films and newsletters. Presentations and training programmes needed to be ongoing to deal with the staff turnover in other agencies and to maintain a presence in school assemblies. This would help to manage the expectations that other people had of the service when making referrals, as some agencies wished to close their support to a family once the young carer had been registered with the Young Carer Service. There remained a need to target certain groups that did not feature highly in the service caseload, including young carers from non-white British backgrounds, refugees and asylum seekers, and young carers affected by substance addiction within the family.

What the professionals said...

Professional respondents were asked to comment on the level to which they had observed the Young Carer Service contributing to an increase in the awareness of young carers amongst the public and professionals in Gateshead. They gave an average score of 9 on scale of 1-10, with 1 being 'not at all' and 10 being 'to a very high degree'. When asked how they had observed this happening, responses included:





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LOTTERY FUNDED