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The Caring Child: an Evaluative Case Study of the Cornwall Young Carers Project

Introduction

Young Carers are defined as "Children and young people (under 18) who provide or intend to provide a substantial amount of care on a regular basis" (The Carers Act, 1995, p. 1). Research estimates suggest that there are approximately 51000 young carers in Britain.. Inferring from this national data set, it was anticipated that there could be as many as 400 young carers in Cornwall. Even though a pilot study was set up in Cornwall in 1996 (jointly partnered by Social Service, Youth Service, and the Cornwall Rural Community Council), and an initial need identified for further work in the area of young carers, procuring long term funding for a Cornwall Young Carers Project [CYCP] had always been problematic. However, funding provided by the Cornwall and Isles of Scilly Health Action Zone and Cornwall Social Service enabled the project to become fully operational in the middle of 1999

The guiding principle of CYCP is the development of quality services and the provision of such services in supporting young carers. More specifically, it aims to:

- Maximise opportunities for the social, educational and personal development of young carers.

- Increase and facilitate partnership building. This includes raising awareness, understanding and knowledge base among various agencies. A multi-agency approach was felt to be essential in this project. In light of this a Cornwall Young Carers Strategic Partnership was established.

Thus, this paper will report on the findings of a two-year evaluation of the Cornwall Young Carers project (CYCP), and contextualise these local findings with national trends pertaining to the experiences of young carers.

Within many Government-led reports on children and young people's mental health, the importance of early identification and intervention are recognised. There is a large body of evidence that clearly identifies the risk factors within children, their families and the environment that predispose the development of mental health problems. These predisposing factors indicate that children and young people who meet the criteria of being a "young carer" are at risk of developing mental health difficulties, as noted in the report *Young Carers, Something to talk about* (National Social Services Inspectorate, 1999). Furthermore, in the national strategy document "*Caring About Carers*" (National Strategy for Carers, HM Government, March 1999), there is a discussion devoted to the subject of young carers. It acknowledges the work that young carers do for members of their immediate family. It also recognises that children with a parent in need of support, are likely to spend a large part of their time providing care and taking sole responsibility for doing so.

At a national level, numerous pieces of legislation and government initiatives are informing work with young carers, for example: The Children's Act (1989), The

Carers (Recognition and Services) Act of 1995, Together we Stand – thematic review of Child and Adolescent Mental Health Services (NHS Advisory Service Report, 1995), Bright Futures: Promoting Children’s and Young People’s Mental Health (Mental Health Foundation Report, 1999), Bridging the Gap (New Opportunities for 16 – 18 year olds: Not in education, employment or training, HMSO, July 1999) – from the Social Exclusion Unit, Learning to Succeed (A new framework for post 16 learning, HMSO, June 1999), The Framework for the Assessment of Children in Need and their Families (DOH, 2000). It has been anticipated that these initiatives will underpin the work with young carers in Cornwall.

This paper will be structured around four main activities of the Cornwall Young Carers Project (CYCP), namely: identification of young carers and the assessment of their needs, service provision, and partnership working. Following discussion and evaluation of these activities, recommendations are offered for improving service planning and provision.

Research Methods

As 'learning initiatives', Health Action Zones are encouraged to place emphasis on the role of evaluation in providing opportunities to learn about how particular approaches and interventions work and to share that learning. To this end, the 'Theory of Change' approach has been advocated by the National HAZ Evaluation Team. This has been defined as “a theory of how and why an initiative works” (Weiss, 1995). Furthermore, evaluation cannot “afford to be too distant from the

messy realism of strategy development, project design and implementation” (Judge & Barnes, 1999).

Drawing upon work undertaken within the Children and Young People's Programme of Cornwall and Isles of Scilly HAZ, this paper presents a case study analysis of the process by which the Cornwall Young Carers project was able to translate the theory of change approach into an applied evaluative methodology. This involved the development and implementation of the AAAQI (assumptions, aims, activities, research questions, and indicators) model of evaluation.

The approach adopted in evaluating the CYCP is triangulative, in that a variety of data capturing and analytical methods were utilised. The following techniques were used:

- national statistics were analysed with a view of contextualising and comparing the data recorded in the CYCP with those of national standards;
- the evaluator drew on the findings of a local pilot study which was conducted at the Redruth Youth Centre in 1996;
- baseline information (e.g., age, gender, geographic location and referral base) was established and assessed;
- a monthly monitoring evaluation instrument was developed, to track the progress of the project against targets and outcomes;
- a monitoring system (i.e., quarterly proforma reports) was developed by the evaluator in conjunction with other Cornwall HAZ projects;
- anecdotal feedback was provided from the CYCP project worker following formal and informal discussions with young carers and their families, and

- a focus group with young carers (i.e., 7 young carers, aged 11 – 18) was conducted.

Results and discussion

1. Identifying young carers

The first step towards creating a project to meet the needs of young carers in Cornwall was to identify the number of young carers. Initially 48 young carers were referred to the project by Social Services (October 1999 – June 2000). It was hoped that this identification strategy would encourage a proactive, in preference to a reactive, stance to the referral of young carers.

This referral base was the first quantitative indication of the prevalence of young carers in Cornwall, and enabled the project lead to establish a baseline. This baseline was felt to be essential for the ongoing identification of young carers, and the assessment of their needs. The following demographic distributions were identified.

- **Distribution of referrals from partner agencies**

The CYCP relied heavily on referrals from agencies and community resources. It is encouraging to note that the CYCP Project received 202 referrals, during the 24-month period presented in this report. In reviewing the data it is clear that Social Services emerges as the primary source of referrals to the CYCP, with 87% of referrals, followed by Carer Support Workers (4%).

A disappointing finding was the fact that the referral rate from schools was markedly low, with only 1 referral from a school nurse and 8 referrals from Head

Teachers. The project expected that there would be a much higher number of referrals from schools around the county. As a result of this low referral rate, the project lead has identified the need to raise awareness in schools regarding both the identification of young carers, and referral to the project.

Another area of concern emerging from the data was the low referral rate from GP practices (only 2 referrals were made during the months under review). In response to this, the project lead has identified this as a priority focus and has begun to visit numerous GP practices around the county with a view to increasing referral rates in the future.

The issue of increasing the referral base from partner agencies and organisations, coupled with the project's primary aim of raising awareness in terms of identifying young carers within the community, will be addressed more fully in the section on partnership working.

- **Geographic distribution of new contacts**

Demographic information revealed a relatively even spread of young carers across Cornwall. Within this distribution, the majority of new contacts were located in Carrick (21%), with the minority located in Restormel (13%). Frequencies relating to the other geographical districts are Penwith (20%), Kerrier (16%), Caradon (14%) and North Cornwall (16%). It will be interesting to monitor and track the geographical distribution of young carers with the emergence of the new PCT/O structures in Cornwall, namely: reducing the geographical and service provision boundaries into three main areas – West, North and East, and Central Cornwall.

- **Gender distribution of new contacts**

The gender distribution of new contacts identified during the period of review is relatively equally distributed, that is, females (49%) and males (44%). The gender is not known for 7% of the distribution.

- **Age distribution of new contacts**

The age distribution of newly identified young carers (see Figure 1) fell predominantly into the 11-14 year age range (53%). Although a prior expectation of the project lead was that young carers would predominantly be 15 years and older, this group comprised only 21% of the demographic distribution. The implications of these findings are that the majority of young carers known to support agencies in Cornwall fall on the threshold of adolescence. Given the extensive responsibilities faced by young carers, this developmental phase could exacerbate stress and the feelings of alienation and depression voiced by young carers. These findings speak to the type and extent of support needed by this vulnerable age group.

INSERT FIGURE 1 APPROXIMATELY HERE

A disconcerting finding is that 15% of newly identified young carers fall into the 5–10 year age group. Children of this young age would normally not be left to fend for themselves, and yet they find themselves in a context of having to assume the primary caregiver role within their families. Young carers, who fall between 5-10

years of age, may require more extensive home assistance than would be required by an older age group.

2. Assessing the needs of young carers

Before services could be designed and delivered, it was necessary to assess the needs of young carers – both in terms of level and diversity of need. The CYCP adopted the following strategies in assessing need for this population:

- Consultation with young carers and their families (both formal and informal discussions, as well as an externally facilitated focus group).
- Consultation with service providers.
- Data collection via the Social Services Assessment Form.

The Social Services Inspectorate report *“Something to Think About”* (November, 1995) revealed some of the effects that children and young people experience when they have been providing care:

- Isolation, social exclusion and stigmatisation;
- Problems at school, including bullying;
- Lack of time for play or leisure activities;
- Lack of self-esteem;
- Lack of recognition, praise or respect for their contribution; and
- Difficulties moving into adulthood, especially finding work, a career, further study and establishing relationships

Similar themes emerged from the focus group with this group of service users. The findings will be discussed under central themes emerging from the varying data collected.

- **Theme 1: Isolation, social exclusion and stigmatisation**

Given the rural context, within which many Cornwall young carers find themselves, transport emerged as one of their key needs in overcoming isolation and social exclusion.

A recurring theme in discussing the difficulties in accessing transport services, was the need for young carers to be more self-sufficient. Frustrations emerged regarding lack of self-sufficiency related to transport. These are compounded by the fact that these young people are forced by circumstances to play adult roles within their families, yet they are legally constrained from being licensed to drive. A poignant view was expressed by a 12 year old young carer, who stated: *"If only I could have a monkey bike. Then I would be able to get my mom's medication and the shopping without having to walk miles."*

Rurality and transport difficulties are linked in terms of accessing services. Living in a rural context means that there are limited facilities available 'on site' for young people. When considering the multitude of responsibilities associated with the role of a young carer, issues of rurality are more salient. Rurality also impinges on the ability of young people to have a social life. Carers, like any other young people, need opportunities to socialise with their peers. For young carers, their role restricts opportunities to socialise and results in carers having to 'steal' an hour

here or there for social activities. Rurality linked with transportation difficulties means that young people need more than an hour in order to travel to social activities. Rurality and transportation further imbed feelings of isolation as unanimously articulated throughout the focus group.

The isolation experienced by young carers is broader than merely geographic constraints. Societal perception and stigmatisation have a compounding effect for these young people. The impact of caring on the well being and development of carers needs to be considered (Franks, 2002).

Young carers felt that oftentimes their friends and peers do not understand what it means to be a young carer. Furthermore, friends are sometimes cruel in expressing comments regarding the ill parents of young carers. This misunderstanding and cruelty was illustrated by young carers as follows:

"Friends don't understand what it means to be a young carer."

"My friends tease my mum. It is horrible when they call my mum dirty names, like she is fat."

Bullying is an issue which also surfaced in national research regarding young carers (Franks, 2002).

Societal perceptions are also hurtful to young carers (*"Because it is a long term illness, people don't want to know ... they don't want to care."*).

Due to societal perceptions and extensive responsibilities at home, young carers felt that they wanted a place that they could "escape to" when they felt that they

could not cope. Some suggestions were a “safe house” (“...only for young carers”) or a “holiday chalet” (“buy a hotel that young carers can stay there whenever we like”). They were very clear that this facility should only be made available to young carers and not be accessed by other young people (“... they would think we are a bunch of weirdos”).

- **Theme 2: Problems at school**

National findings indicate that .20 % of young carers miss school (Franks, 2002).

One of the reasons for this is that stigmatisation and social exclusion are experienced within the school context.

The perceptions of authority figures within school contexts were problematic to young carers. Perceived lack of interest regarding their plight contributed to stress regarding home responsibilities. As voiced by young carers:

“Teachers don’t know about young carers.”

“Teachers don’t care.”

Young carers expressed some positive comments regarding teachers’ perceptions:

“Primary school was best because teachers listened to you.” (linked to this was the negative perception that secondary school has been the opposite experience, in that they “are expected to be adult” and not complain about their responsibilities as young carers)

The national young carers' message to education authorities was a request for improved communication; a desire to be listened to, believed and understood; and to be recognised and valued. Young Carers expressed that they required practical facilities while at school, for example access to telephones and one-to-one mentoring support (Franks, 2002).

- **Theme 3: Lack of time for play or leisure activities**

Young people contextualised a lack of time for social activities in terms of recommendations for future service provision by the CYCP. When asked what they would change in future involvement with the CYCP, responses centred around the project providing more leisure and respite activities.

Residential weekends were felt to be a welcome break from home responsibilities.

A young carer offered the following comment:

“At present we have these weekends once every two months, but we would like them once a month.”

Another young carer also expressed the need for more day outings.

“During half-term we should go away for a whole week.” [They realised that schools would not give them time off, and so expressed that such activities should take place during school vacations]

- **Theme 4: Lack of recognition, praise or respect for their contribution**

National UK findings suggest that young carers are often ignored when decisions are made about meeting the families needs (Franks, 2002). Recognition and respect can be viewed in different ways. One perspective relates to appropriate

levels of financial reimbursement in proportion to the amount of caring / responsibilities performed by young carers within their families.

Young carers keenly felt the strain of having to contribute to the family's finances and, in some cases, felt responsible for paying the mortgage and household bills. These bills were a constant worry for the respondents (*"We have to switch off all the lights, otherwise we can't afford the electricity"*). There was a perception that carers should receive financial reward for their role within the family (*"We are fulltime carers. They should pay us something for being carers, even if it is only £5 or £10 a week."*). They further experienced that existing financial support for parents was inadequate, resulting in continual worry regarding the family finances (*"The grant is not enough to cover mortgage and food."*; *"We need more money, around £50 extra per week."*).

In summary, it is evident that the CYCP has placed significant effort in activities as they relate to the one of the project's primary objectives, namely the identification of young carers and assessment of their needs. Perhaps the most significant outcome has been the identification of the 5 – 10 age group as a growing cohort of young carers in Cornwall – something, which was not originally anticipated at the outset of implementing the CYCP. Furthermore, it is important to note that historically this population of children has not been targeted for service provision. This gap in service provision will need to be addressed in future planning, not only by the CYCP, but by all partner agencies working with this population of young carers.

It is encouraging to note that the amount of time and resources invested in needs assessment has resulted in three significant outcomes: a) the project has been user and needs led, b) the project has been able to develop a clearer picture/profile of the range and diversity of needs of young carers, and c) through the process of identifying young carers, the project has been able to obtain a demographic overview of this population – in terms of gender, age, geographical locality, and referrals from partner agencies. These achievements will further contribute towards future planning and service delivery being formulated within a more informed picture of the needs as identified and articulated by the young carers themselves.

3. Service provision

The CYCP has offered a diverse range of services to young carers in Cornwall, including consultation, respite, transport, education and training, mentoring and support. These services are appreciated and well-accessed by young carers, and appear to be functioning well and enhancing the quality of life for this service user group. Services can always be improved however, and young carers, with a view to future planning and delivery, have already identified some of these issues, namely, more contact with the project lead and increased access to other young carers.

Some young carers expressed the value they attribute to the project lead in saying:

“She used to come to our house often to see how we are, but not so much anymore.”

"I want her to come more often."

This observation speaks to the need for more support workers to be available to young carers. The young carers expressed that they were aware that the project lead was very busy and could not be available to them all the time:

"She does a lot already."

Furthermore, a young carer commented that setting up a web site would help "so we can all keep in touch". He went on to say that he felt there were a lot of other young carers in Cornwall who were either unaware of the CYCP or unable to access services offered by this project. A positive way of improving access, which is already in process, is the setting up of a CYCP web site. Young carers also commented on the importance of raising awareness of the CYCP, so that other young carers could access this project's services.

Another observation is the fact that even a small financial investment in a particular service for a young carer, in conjunction with the project's flexibility and creative imagination, can have a significantly positive impact on the lives of young carers. A young carer who stated that the CYCP was supporting his taxi fares in enabling him to gain access to work experience (related to his college course) reinforced this.

Another important outcome in terms of service provision is the fact that the CYCP has not just simply provided a "blanket and uniform set of services" but rather, they have responded to the individual needs of young carers. This further reinforces the

project's commitment to being user lead and driven, both in terms of assessing and responding to needs. Furthermore, the project has built into its philosophy an “on-going needs analysis” process. This strategy has ensured that young carers feel that their changing needs are being reflected in the project's activities, and that the project lead constantly has her “pulse on the needs of these young people”.

The remit of providing evaluation support and external evaluation included approximately 30 different HAZ funded children and young people projects. The CYCP has emerged as one of the best examples of direct practise, in terms of needs assessment and service provision for this Cornish population of young people.

Gaps in service provision

Through the process of continually monitoring services, CYCP has identified gaps in service provision. Some of these gaps have been resolved during the duration of this review, whereas other gaps need further consideration and planning to resolve them in order to improve services to young carers. These include:

- The need for more preventative intervention: the CYCP, in conjunction with relevant statutory agencies, needs to be more proactive in preventing families reaching a point of crisis.
- Difficulties in accessing young carers grants: numerous difficulties were encountered in trying to access young carers grants, including eligibility criteria, method of accessing funds, and the speed with which payments are processed.

- Clarification of access to CYCP services: the main issues centre around clarification, including whether registration of young carers with Social Services is required in order to access CYCP services; eligibility criteria; and the line of decision making regarding the provision of services.
- Accessing services offered by statutory agencies: young carers expressed significant difficulties in gaining access to Social Workers as they were seen to be “too busy”.
- Insufficient support workers: in order to provide greater support for young carers, additional support staff and volunteers are required. Greater support is needed for younger age groups of young carers (i.e. the 5 – 12 age group).
- Access to transport: while voluntary agencies have been supportive in providing transport for young carers, it is essential for the project to continually broaden this voluntary base.
- Rurality: rurality, and the isolation associated with it, remains problematic in providing services to young carers. It is important for the project to consider rurality as a significant facet of planning activities requiring transportation.
- Assessment protocol: at present, the CYCP project lead is required by Social Services to administer their protocol in assessing the needs of young carers. Usually this protocol would be administered by trained social workers. This is a barrier in two respects: firstly, the information often does not capture the unique and complex needs of young carers (as this assessment form is used as a standardised instrument in assessing ‘Youth at Risk’ in general), and secondly the issue of who should take responsibility for administration is currently unclear.

4. Partnership building

Commitment to partnership building and inter-agency collaboration

The CYCP relies heavily on partnership working within a cross spectrum of agencies, so that an efficient referral system can be constructed in order to provide suitable services to all young carers. Other agencies are utilised both in the realisation of an initial request from a young carer, as well as on a referral basis for ongoing support. Examples of partner agencies who assist with service provision include:

- Social Services
- Cornwall Youth Services
- Cornwall Centre for Volunteers
- Local companies
- Local Health Authority
- Health Action Zone

In line with its commitment to inter-agency collaboration, the Cornwall Young Carers Strategic Partnership was established. In order to ensure the broadening of the referral base and sustainability of the project, a variety of methods have been adopted in building effective partnerships. These included meetings with individuals and groups, presentations to meetings, conference attendance and presentations, participation in forum and support groups, collaborative case studies and review, information sharing and distribution of leaflets and a video regarding the work of the CYCP. Training regarding “what it means to be a young carer”, and raising awareness of the difficulties encountered by young carers, have played an important role in partnership building.

Professional-user interface

Evidence gleaned through this evaluative case study indicates that young carers value the project and the range of services which it has been able to deliver over the last two years. They have expressed that they have been listened to, consulted with, responded to and supported in their daily lives as young carers. This has provided an example of good and innovative practise with this marginalised group of young people in Cornwall.

Unfortunately, this has not been the case when considering the entire service delivery system for young carers. The premise of all agencies working together, and in the same direction, has in the view of young carers, been lacking in support from various statutory agencies. The young carers expressed strong views regarding two agencies, namely Health Services and Social Services. National research regarding young carers has revealed that Health and social Services need to improve with regard to communication, resources, support for young carers and response to crises. The views of the Cornish young carers in this regard are discussed below.

- **Perspectives regarding Social Services**

The young carers singled out Social Services for discussion, by expressing disappointment in service provision. Their experience was one of unfulfilled commitments and difficulties in communicating with agency representatives. As expressed by young carers:

“Social Services make promises but don’t deliver.”

“That lady at Social Services, I don’t know what her name is but she is a bitch.”

“They (Social Services) don’t care about nothing.”

A 13-year-old young carer commented: *“Social Services told me it would be cheaper to put us into foster homes. They want to split us up and my baby brother is only 2 years old.”*

Young carers expressed grave concerns about being placed into foster care with strangers. In expressing this concern, a young carer drew an analogy with the story of Romulus and Remus (*“It is like that story where babies were put into baskets and left in the river to be brought up by wolves.”*). Young carers expressed a considerable amount of anxiety at the possibility of being placed with strangers, and expressed feelings of their needs and fears being ignored in order to serve agency cost-effectiveness.

Furthermore, they expressed anger regarding a lack of home help provided for their ill mothers. They perceived a need for more extensive home help, and commented:

“We only get 3 hours a day provided.”

“It’s tough after a hard day at school. We need more home help, after school until 9pm.”

Young carers offered both positive and negative perceptions regarding home care assistants. Some perceived these helpers to be cold and clinical. On a positive note, one young carer spoke of the support he receives from a home care

assistant by commenting: *“My home help is really kind and everything. She brings big bags of sweets.”*

When asked whether they had discussed the need for more home support with their Social Workers, young carers stated:

“Social workers never listen.”

“I can’t get hold of my social worker.”

- **Perspectives regarding Health Services**

The young carers also singled out Health Services for commentary. They expressed disappointment regarding perceived slowness of diagnoses for parents, as well as financial difficulties in accessing needed medical care.

“My mum’s partner told Health for 4 years that she was ill, and they didn’t do anything.”

“Health services charged my mum £10 for the car to get medical help.”

Although gaps in partnership working were evident, it should be noted that there are numerous examples of good partnership practice, which have been developed and nurtured by the CYPC.

Recommendations

This discussion will provide evidence-based recommendations and potential action steps for the provision of improved services for young carers in Cornwall.

- Difficulties in accessing Young Carers Grants need to be overcome.

Action steps: (a) provide a weekly petty cash system which is managed by the Project Manager; (b) Make money for young carers outings (e.g., day trips) more easily and quickly accessible; (c) Centralise the Young Carers Grants within the project. There could be a better understanding between Social Services and Care Managers.

- Presently there are no mentoring services for young people aged 5 – 12. This is an increasing problem area because there is an increasing number of young carers who fall within the age range 5 – 12. At present Youth Service and Connexions only provide a mentor for young people who are 13 years or older. Action steps: (a) the project needs to find alternative providers for mentoring services, for example: NCH action for children or the Children's Society; (b) the project needs to build in financial resources dedicated specifically to facilitating a mentoring system for the age range 5 – 12; (c) the Early Years Partnership, whose specific remit is to target children and young people under the age of 12, should be approached in offering mentoring service to the Young Carers project.
- The project worker has experienced difficulty in gaining access to Head Teachers and school governors, as well as difficulty in schools recognising the importance and the role of young carers. Action steps: (a) to access as many school as possible within Cornwall in terms of encouraging schools to both identify young carers, as well as understanding their roles both within schools as well as in the family; (b) the LEA should recognise and promote the value of young carers work in all of its

schools; (c) a follow-up questionnaire is being planned to distribute to all the schools in order to ascertain the impact that the video and training manual has had in various school settings.

- The Social Services Assessment Form utilised by Social Services, does not adequately reflect the unique and specific needs of young carers

Action step: Social Services need to be more flexible and ensure that their assessment form, and any forms relating to young carers, are not simply generic forms but tailored to the needs of young carers. Ideally, revisiting this form should be completed in consultation with the Young Carers Project worker and the young carers themselves.

- Throughout the last year of the project there have been very low referral rates from GPs, community nurses, and schools.

Action step: the project worker should embark upon comprehensive awareness raising campaigns within these settings, as well as developing a monitoring and recording system for GPs (of young carers) in particular.

- Partner voluntary organisations have played a significant role in the project thus far, however it is important to maintain the momentum of procuring additional partners and volunteers.

Action step: to continue to raise awareness about the CYCP among the voluntary sector in Cornwall.

- The complexity of potential mental health problems (exhibited both by parents and young carers) is often overlooked in planning and service delivery for this population.

Action step: visit all the District Mental Health Teams around the county in order to ensure that the mental health needs of young carers are prioritised and granted the appropriate resources in order to deliver these specialised services.

- Oftentimes the rights of young carers, as both young people and young carers, are disregarded. The young carers made this point in various discussions with the evaluator.

Action step: to raise awareness among professionals working with populations of young people, and specifically young carers themselves, of the rights of young people as specified in the UN charter for children – more specifically:

Article 15: *“You have the right to meet, make friends with and make clubs with other people, unless it breaks the rights of others.”*

article 27: *“You have the right to a good enough standard of living. This means that parents have the responsibility to make sure you have food, clothes, a place to eat, etc. If parents cannot afford this, the government should assist.”;*

and Article 31, which simply states: *“You have the right to play.”*

- Increasing communication regarding the project as well as increasing access to services needs to be addressed in future planning.

Action steps: (a) a monthly newsletter to be drafted and sent to all identified young carers, making them aware of different services and community

resources, for example: youth forums, day trips, residential weekends, young carers grants, and their rights; (b) to enable young carers who have not yet been identified by the project to gain access to the services through, for example, the construction of a web page.

- There needs to be an increase in the amount of 1:1 contact between professionals and young carers. As stated by the young carers in the focus group, they understand that it is impossible for the project worker herself to individually meet all the young carers on an ongoing basis. This task would become even more difficult, considering the projected increase of identified young carers throughout the next year.

Action step: the project needs to be granted more resources (human and financial), for example: the appointment of youth workers and support staff, who would be able to provide 1:1 support to existing young carers as well as increasing the profile of the project and in so doing identifying more young carers in their communities.

- There appears to be a lack of understanding amongst professionals working with young people in Cornwall, regarding defining the role of young carers.

Action steps: (a) for the project manager to attend professional conferences in order to raise the profile of the CYCP; (b) to continue to raise awareness regarding the role of young carers.

- Young carers have referenced the fact that they feel isolated, most often by their peers.

Action step: Perhaps the various district youth forums could include adopting young carers as part of their planning for the future. Furthermore the youth forum members could make a concerted effort to facilitate greater access and involvement of young carers in the various youth forums.

- In reviewing the project status over the last year, it appears that there have been certain organisational restraints and constraints placed on the project by statutory agencies.

Action step: it would seem logical and viable that the Young Carers Project attains an independent status once the joint funding between Social Services and the HAZ draws to an end in 2002. Gaining non-profit status would facilitate access to a broader base of funding opportunities (locally, nationally and internationally). This could also facilitate the constraints of bureaucracy which are inherent in all statutory agencies, for example this would be able to circumvent issues of accessing funds for young carers. Being independent would enable the project to develop more innovative and creative services and in so doing expand the gamut of services which it could potentially provide in the future.

- Young carers, the CYCP worker and partner organisations need ongoing training in issues (e.g., legal issues, mental health issues, abuse and child protection, sign language, the role of home help etc.) pertinent to service planning and delivery to young carers.

Action step: future-funding proposals should include specialised funding for existing and ongoing training requirements.

- The monitoring and evaluation strategy should continually be adapted to include changes and new variables as the project grows and develops.

Action step: In collaboration with the project manager, the evaluator should revisit monitoring and evaluation instruments and ensure that they capture relevant data in a user-friendly manner.

- Professionals need to be trained regarding consultation with young carers in the planning and delivering of services which are targeted towards meeting their specific needs.

Action step: the young carers themselves should be involved in designing and delivering various training modules to professionals working in this field in Cornwall. (this could be modelled upon the Cornwall Youth Participation and Advocacy Project

Conclusion

In reviewing the anticipated target outcomes which were established by the Young Carers project at the outset of its service delivery, the project has made significant progress in not only meeting these targets, but in many instances, exceeding these initial expectations and targets. The fact that the project has been able to identify 202 new young carers is a key milestone in demonstrating the critical need for such a service, but it also speaks to the fact that this is perhaps only the “tip of the iceberg” in identifying significantly more young carers in Cornwall.

While the majority of referrals have come through Social Services, there is evidence to suggest that the referral system is widening. Given that the project

lead has identified information sharing, monitoring and recording young carers by GPs and related professionals, and developing a more coherent and thorough referral base for young carers in Cornwall, the number of identified young carers will more than likely be significantly higher in the months ahead. In consulting with the young carers themselves, evidence suggested that this project (with its array of services and programmes) has begun to address the unique needs of a previously “invisible” population of young people in Cornwall. While the young carers have expressed significantly high levels of user satisfaction with the project, they have also raised numerous issues regarding the role of statutory services in relationship to providing more effective services for themselves and their families. Many of these suggestions have been captured in the recommendations outlined in this paper.

It is recommended that the Young Carers project be viewed as a critical and valuable service in the specialised carer’s arena in Cornwall. Furthermore, the evidence from this case study strongly suggests that the project should either be mainstreamed or granted the support to obtain funding from external sources so as to continue its work, beyond the termination of HAZ funding.

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