



**Final Report:**

# **Evaluation of the Integrated Interventions Programme for Carers Trust**



**Peter Fletcher Associates Ltd**  
*Research and Consultancy*





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# Acknowledgements

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# 1

## Introduction



### 1.1 The Integrated Interventions Programme

The Department for Education has funded Carers Trust to deliver the Building the Practice, Building the Evidence Programme. This programme aims to support all those who commission or develop services for young carers and their families, and help the sector achieve the four priorities stated in the Carers Strategy Refresh (HM Government (2010), *Recognised, Valued and Supported: Next Steps for the Carers Strategy* (Department of Health).

As part of this funding stream, Carers Trust established the Integrated Interventions programme which funded eight partnership sites. The overall aim of the Integrated Interventions programme was:

*“Partnership sites adopt an inclusive and whole family approach that prevents or reduces the amount of excessive or harmful caring undertaken by young carers under 18 in England.”*

There are four key programme specific aims, developed alongside the National Young Carers Coalition:

- 1 Families’ resilience is increased to prevent or reduce the amount of excessive or harmful caring undertaken by young carers (under 18) in England.
- 2 The partnership ensures a no wrong door approach to service provision and practice within statutory and voluntary sector stakeholders to prevent or reduce the amount of excessive or harmful caring undertaken by young carers under 18 in England.
- 3 Sustainable whole family approaches are developed at all levels and by all partners to prevent or reduce excessive or harmful caring undertaken by young carers under 18 in England.
- 4 Knowledge, skills and resources developed from partnership sites that demonstrate the prevention or reduction of excessive or harmful caring are made available.

Funding under this programme was given to eight partnerships. All eight partnerships have a voluntary and community sector (VCS) organisation as lead, partnered with a statutory organisation. The innovative way that the Integrated Interventions Programme has brought the voluntary and statutory sectors together has been praised by several of the professionals across the different partnership sites. Many suggest that the two sectors would not have come together without the requirement to bid for funding together as a partnership, and that by coming

together, the outcomes for both the service users and the sectors involved have been very positive.

The aim of the partnerships is to work together to embed whole family approaches, specifically focusing on early intervention and prevention of excessive or harmful caring and improving integrated interventions for young carers and their families across England. Figure 2.1 in Chapter 2 of this report offers an overview of the eight partnership sites, including the type of young carers and families they are working with, their geographical location, and the organisations that make up the partnership. A brief overview of each site is given in Appendix A.

## 1.2 Policy context

The most important policy documents with regards to young carers currently are the Care Act and the Children and Families Act, which came into force in April 2015. A brief overview of each is given below.

### **The Care Act 2014 and the Children and Families Act 2014**

Through the Children and Families Act and the Care Act the Government has changed the law to significantly strengthen the rights of young carers in England. Since April 2015, when a child is identified as a young carer, the needs of everyone in the family are to be considered. This should trigger action from both children's and adult services – assessing why a child is caring, what needs to change and what would help the family to prevent children from taking on this responsibility in the first place.

### **Key provisions in The Children and Families Act 2014**

- Extension of the right to an assessment of needs for support to all young carers under the age of 18 regardless of who they care for, what type of care they provide or how often they provide it.
- A clearer duty to assess young carers' needs for support based on the appearance of need – young carers will no longer have to request an assessment (although a young carer or their family may request one) or be undertaking a 'regular and substantial' amount of care.
- Appropriate links between children's and adults' legislation to enable local authorities to align the assessment of a young carer with an assessment of an adult or child the young carer cares for.

### **Key provisions in The Care Act 2014**

- Preventing needs for support including provision of services and support to adults and families so that children are protected from undertaking inappropriate caring roles.
- A whole family approach to assessing and supporting adults so that young carers' needs are identified when undertaking an adult or adult carer's needs assessment.
- Entitlement for assessment for young carers at transition.

## 1.3 The evaluation brief and the research approach

Peter Fletcher Associates (PFA) was commissioned by The Princess Royal Trust for Carers<sup>1</sup> in March 2012, to carry out an evaluation of the Integrated Interventions Programme.

The evaluation of the Integrated Interventions Programme has produced two reports, the Interim Report (Peter Fletcher Associates Ltd, 2015), and this final report. The Interim Report, which includes the initial learning that was generated by the partnership sites, can be read alongside this report, which focuses more on defining the specific outputs and outcomes that have been achieved by the partnership sites.

### Methodology

A brief overview of the methodology used in this evaluation is set out below:

- Desktop analysis of Integrated Interventions Programme partnership sites' application forms. Desktop analysis of two sets of partnership monitoring forms; the first completed at the interim stage and the final completed at the end of the funding period.
- Two sets of telephone interviews with professionals from the voluntary and the statutory organisation, alongside interviews with professionals from wider services that were working closely with the partnership.
- Visits to all eight partnership sites, during which a focus group was held with project staff, statutory partners and wider stakeholders, and face-to-face interviews were undertaken with both young carers and their family members. An additional focus group was held with stakeholders in the partnership sites involved in the social return on investment (SROI) analysis.
- Two All Partnership Site events, the first in March 2013 and the second in October 2013, to allow the eight partnerships to get together, discuss the findings to date and share learning under the three headings of: integrated working; whole family working; and sustainable strategic change.
- An SROI analysis was carried out with four of the eight partnership sites to identify the social value being created as a result of the Integrated Interventions Programme. A full report on the findings of this linked but separate analysis was published by Carers Trust in 2015. The headline findings are included in this report.
- Preparation of a progress report and an interim report to develop and disseminate the main findings emerging from the work to date.

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1 Carers Trust is a new charity formed by the merger in 2012 of The Princess Royal Trust for Carers and Crossroads Care. Carers centres and schemes are now known as Network Partners.

## 1.4 Chapter and appendix overview

- **Chapter 2: Overview of the partnership sites.** Including an analysis of the young carers and family members who they have supported.
- **Chapter 3: Delivering the whole family approach:** Overview of the quantitative findings from the MACA/PANOC assessment tools, qualitative findings from focus groups and interviews with young carers and family members. Analysis of learning generated from interviews with professionals on whole family working and comparison of the different models employed by the partnership sites.
- **Chapter 4: Integrated working on the ground:** Analysis of the key professional learning points around integrated working and the benefits of working this way.
- **Chapter 5: Building and sustaining strategic change:** Analysis of the key professional learning points around building and sustaining strategic change, including a partnership site comparison table outlining different approaches to achieving this.
- **Chapter 6: SROI and cost-benefit analysis:** Brief overview of the SROI findings.
- **Chapter 7: Conclusions and recommendations:** The report is pulled together to develop conclusions and recommendations by audience.
- **Appendix A: Overview of the partnership sites.**
- **Appendix B: MACA and PANOC analysis.**
- **Appendix C: Assessment tools completed by family members.**
- **Appendix D: Analysis of estimated vs achieved numbers supported.**

### About Carers Trust

Carers Trust is a major new charity for, with and about carers. We work to improve support, services and recognition for anyone living with the challenges of caring, **unpaid**, for a family member or friend who is ill, frail, disabled or has mental health or addiction problems.

We do this with a UK wide network of quality assured independent partners, through our unique online services and through the provision of grants to help carers get the extra help they need to live their own lives. With locally based Network Partners we are able to support carers in their homes through the provision of replacement care, and in the community with information, advice, emotional support, hands on practical help and access to much needed breaks. We offer specialist services for carers of people of all ages and conditions and a range of individually tailored support and group activities.

Our vision is of a world where the role and contribution of **unpaid** carers is recognised and they have access to the trusted quality support and services they need to live their own lives.

# 2

## Overview of the partnership sites



### 2.1 Chapter overview

This chapter provides an overview of the eight partnership sites that have received Integrated Interventions funding, looking at the organisations that make up the partnership, the focus of the partnership, and the types of young carers and families that they are working to support. It also includes details of the number and profile of families that have received support from each partnership site. These numbers are compared to the original estimates given by the partnership sites in their application for Integrated Interventions funding, to identify whether or not each site has achieved or over/under achieved on the numbers they set out to support.

### 2.2 The partnership sites

Figure 2.1 lists the eight partnership sites, and provides information on the types of young carers who the service supports, the service model that is employed by the site, the type of statutory partner and the geographical region in which the site operates.



Figure 2.1: The partnership sites

Partnership name	Young carers supported	Service model	Statutory partner	Region
<b>Roundhouse, Portsmouth</b>	Parental substance misuse	Two project workers, one from the local authority's young carers service and one from Cranstoun's Substance Misuse Service work together to provide holistic support to families.	Local authority	South East
<b>Blackpool Carers Centre</b>		Out-of-hours service which provides individual support and emergency support planning, trips and activities.	Local authority	North West
<b>Croydon Young Carers</b>	Complex or high level needs	Direct support to young carers and families as well as strategic work to embed new referral pathways and delivering training to statutory agencies.	Local authority	London
<b>Kingston Carers Network</b>		Brokerage service for young carers and their families, as well as in-house services, including financial and legal advice.	Local authority	London
<b>Birmingham Young Carers</b>		Using the multi-agency family Common Assessment Framework (fCAF) the partnership works with young carers and their families to coordinate the assessment and intervention.	Local authority	West Midlands
<b>Barnardo's Liverpool</b>		Strategic work to embed the existing identification pathways for young carers across the local authority, as well as direct service provision to young carers and family members.	Local authority	North West
<b>Family Empowerment Project, Gloucestershire</b>	Parental mental ill health	Strategic focus to ensure potential young carers of inpatients are identified and discharge policy is amended to ensure parents with mental ill health are properly supported. Direct support to young carers and their families by the project worker.	NHS mental health foundation trust	South West
<b>Wiltshire Young Carers Strategic Partnership</b>	Military families and transitions (Year 6 and Year 11)	Direct work with families including a series of five x eight week programmes and one-to-one support, counselling, debt advice and healthy eating, sports, arts and housing support.	Local authority	South West

A brief overview of each partnership site is available in Appendix A of this report.

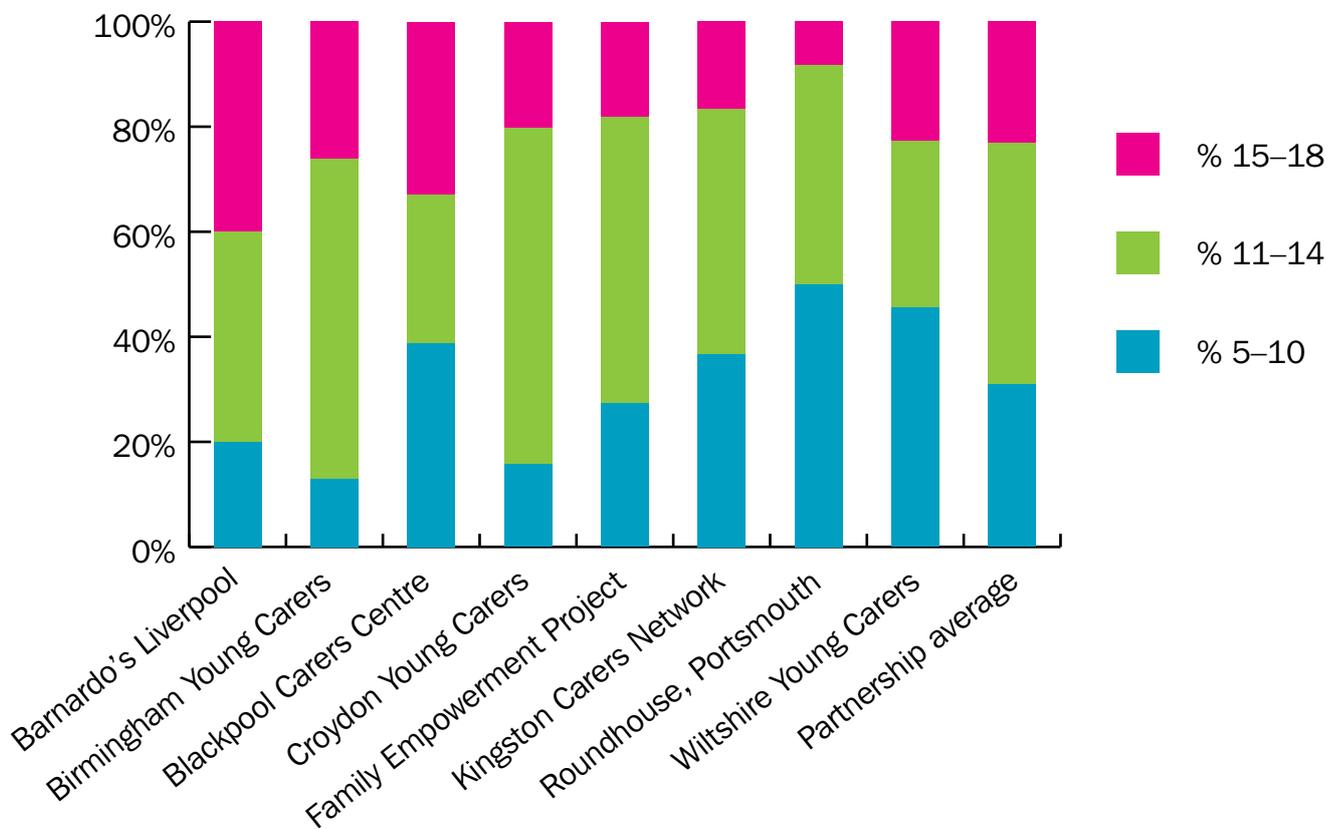
## 2.3 The number and profile of young carers and family members supported

The full analysis of the number and profile of young carers and family members who have received support, along with a comparison of the estimated and actual numbers is given in Appendix D. The key findings are included here.

### Young carers

- A total of 973 young carers received some level of support from the partnership sites. 321 received direct support and 652 received indirect support. Direct support in this case means that the young carer has received tailored support from the project worker(s) under the Integrated Interventions Programme. Indirect support means that the young carer, who had lower level needs, has received some form of support either from the generic young carers service or help in the form of information/advice or use of resources developed by the sites. Such support may include receiving emergency planning tools such as the Message in a Bottle tool that provides information to the young carer and emergency services in the case of an emergency or family crisis.
- The age profile of the young carers who received support is given in Figure 2.2. The highest proportion of young carers are in the 11–14 age group.

Figure 2.2: Age profile of young carers supported

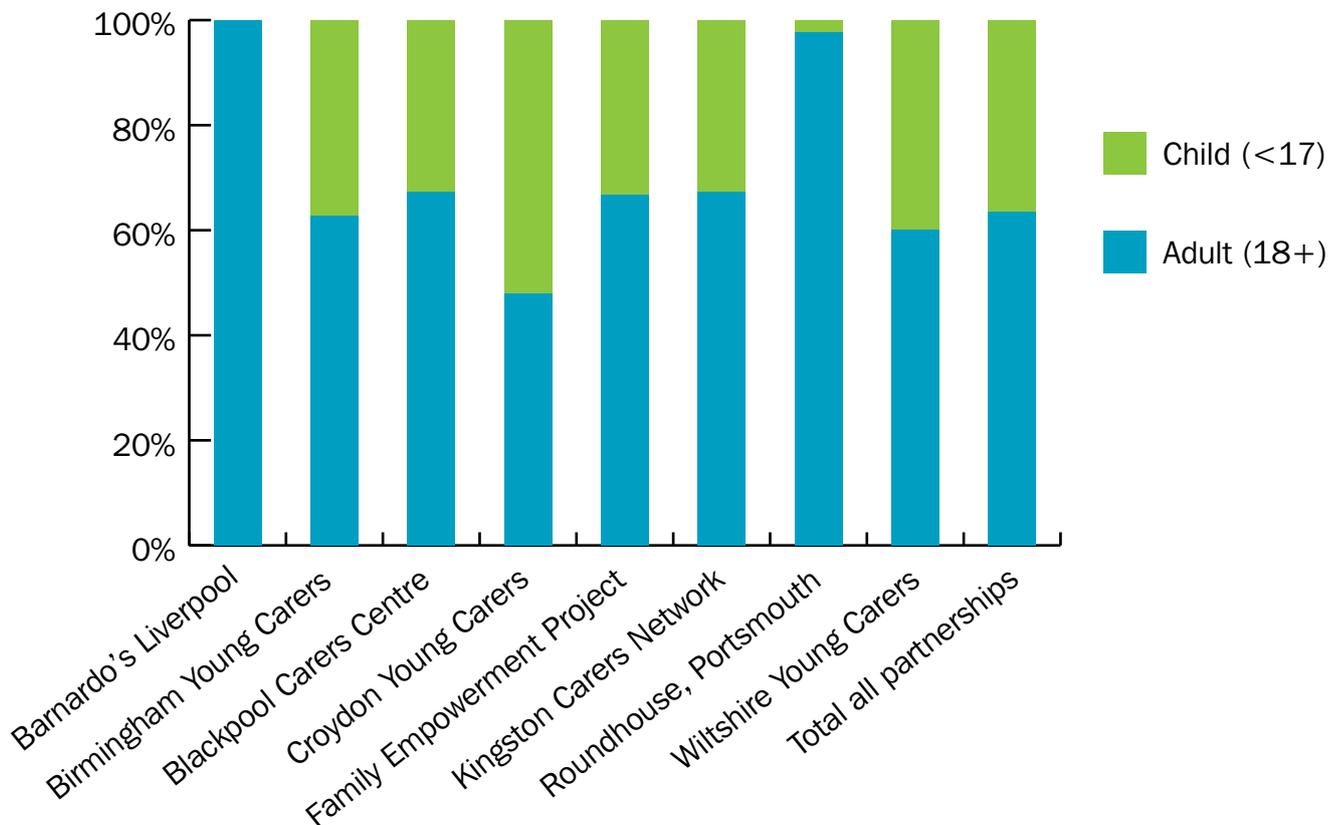


- 40.8% of the young carers supported were male and 59.2% female.
- The majority of young carers were not in receipt of support from the young carers service before their involvement with this programme. This figure was as high as 90.9% of the young carers supported by the Family Empowerment Project, Gloucestershire and 89.4% of young carers at Blackpool Carers Centre.
- There were varying levels of referrals of young carers from the statutory partners, the highest being 81.8% at the Family Empowerment Project, Gloucestershire and the lowest being 11.1% at Roundhouse, Portsmouth.

## Family members

- 790 family members received some level of support from the partnership sites: 511 received direct support and 279 received indirect support. Direct support means that family members received tailored support from the project worker, whereas indirect support refers to wider family members, for example grandparents, who have benefitted from information or advice provided by project workers but have not received direct one-to-one support.
- The adult/child breakdown of family members who received support is given in Figure 2.3.

**Figure 2.3: Adult/child breakdown of family members supported**



- 71.3% of the family members supported by the partnership sites were in receipt of care from the young carers. 28.7% of family members were siblings and parents who were not directly cared for by the young carer.
- The proportion of family members not in receipt of support from either partner organisation prior to their involvement with this programme varied between partnership sites, from 20.4% at Kingston Carers Network to 85.4% at Roundhouse, Portsmouth.
- The proportion of family members referred from partner organisations was also varied, from 97.2% at the Family Empowerment Project, Gloucestershire to 9.8% at Roundhouse, Portsmouth.

### **Estimated numbers vs achieved numbers**

- Partnership sites estimated that they would support a total of 469 young carers on their original funding application forms. The actual number of young carers who have received support is 311. A large part of this difference between estimated and actual stems from the Family Empowerment Project, Gloucestershire, where the estimated number of young carers was 220 and the achieved number was 11. There are several reasons for this difference, including the time it took the partners to resolve difficulties in working across agencies and systems, problems with the data recording systems within the mental health ward, and difficulties in arranging joint visits. Further information from the partnership sites on the differences between estimated and achieved numbers are given in Appendix D.

# 3

## Delivering the whole family approach



*“Whole family working works.”*

(Carol Harvey, Kingston Carers Network)

### 3.1 Chapter overview

Working with the whole family was a fundamental element of the Integrated Interventions funding. This chapter focuses on the key findings regarding delivering the whole family approach, including what the partnership sites see as the essential ingredients to achieving a whole family approach, the outcomes that have been achieved for both young carers and their family members, and an overview of the qualitative findings that have been provided by both those receiving and those providing the service.

### 3.2 Ingredients of successful whole family working

*“Trying to create change in a child’s life is very hard without whole family working.”*

(Claire Grant, Blackpool City Council)

Figure 3.1 lists the key ingredients that are necessary for partnerships to achieve successful whole family working, as listed by the partnership sites. There is a clear focus on having an asset-based approach to service provision, that enables families rather than creating dependency. Assessment of whole family need and provision of tailored time-limited support with a clear exit strategy are fundamental. Whole family assessments are a requirement of the new Care Act, so all services will need to be thinking in this way in future.



**Figure 3.1: Key Ingredients of successful whole family working**



### **3.3 Young carer outcomes**

This section of the report outlines the quantitative and qualitative evidence of the impact that the partnership sites have had upon the lives of the young carers who have used the services. The pre and post MACA and PANOC assessment tool returns have been analysed to identify changes in the amount of caring being carried out by the young carers as well as their feelings towards their caring roles. This quantitative data is then supported by qualitative data gathered during focus groups and interviews with young carers.

## 3.4 Reduction in Harmful Caring (MACA/PANOC Analysis)

The Manual for Measures of Caring Activities and Outcomes For Children and Young People contains two standardised assessment tools that were used by all of the partnership sites to measure the caring activity – Multidimensional Assessment of Caring Activities (MACA-YC18) and the impact of caring – Positive and Negative Outcomes of Caring (PANOC-YC20) from the perspective of the young carer. The tools were used at the very outset of involvement with the partnership site and at the end of involvement, to enable any changes in the amount of caring activity and attitudes towards the caring role to be measured.

A PDF version of these assessment tools can be accessed at <http://static.carers.org/files/2248-yc-outcomes-manual-sb-4047.pdf>.

The MACA score indicates the average level of caring the young carers at each project undertake. A score of 1–9 indicates a low amount of caring activity, a score of 10–13 indicates a moderate amount of caring activity, a score of 14–17 indicates a high amount of caring activity and a score of 18 and above indicates a very high amount of caring activity. PANOC scores indicate how caring is experienced by young carers, the positive score indicating how positively caring is being experienced, the negative score indicating how negatively caring is being experienced. A higher positive score indicates a higher positive experience and a higher negative score indicates a higher negative experience of caring. Both the positive and the negative scales have a range of 0–20.

As the Integrated Interventions Programme’s fundamental aim was to create services that focused on early intervention, it would be expected that young carers would have a low to moderate MACA score at the start of their engagement with the service. However, the partnership sites have supported a very wide range of families under the Integrated Interventions Programme, with levels of caring being undertaken by young carers ranging from very high to moderate/low. The full complexity of need within each family is not always identified within the MACA and PANOC assessment tools, and the emotional side of the caring role may be missed. All partnership sites have achieved a reduction in MACA-18 scores.

The full analysis of the MACA and PANOC data submitted from each partnership site is available in Appendix B. An overview of the main findings has been summarised here.

### A. Pre vs post MACA-18 scores

All of the partnership sites have experienced a reduction in MACA-18 scores from pre to post intervention. This shows a reduction in the amount of caring carried out by the young carers. The greatest reductions in scores were achieved by Wiltshire Young Carers Strategic Partnership, where average scores reduced by 2.8 points from 15.7 pre intervention to 12.9 post intervention, and Roundhouse, Portsmouth, where average scores reduced by 1.9 points from 11.1 pre intervention to 9.2 post intervention. The overall average reduction across all partnership sites was 1.4 points from a score of 12.4 to a score of 11.

The partnership sites have achieved the main aim of the Integrated Interventions Programme – a reduction in the amount of excessive or harmful caring undertaken by young carers. All of the partnership sites (where data was available) have achieved a substantial reduction in the proportion of young carers carrying out a high level of caring, indicated by the reduction in MACA-18 scores from pre to post intervention. The proportion of young carers who were undertaking a very high level of caring reduced from 21.9% of the total for all partnership sites pre intervention, to 9.4% post intervention. This is a substantial reduction.

## **B. Pre vs post positive PANOC scores**

Analysis of these scores provided a mix of results, with some partnerships experiencing an increase and some a decrease in average scores. As some project workers have highlighted, the answers provided by young carers for the PANOC questions are very dependent upon mood and recent experiences in their lives as a carer. Therefore, the subjectivity in the PANOC-Y20 scores is greater than MACA-18 scores. Wiltshire Young Carers Strategic Partnership experienced the greatest increase in positive scores, from an average score of 16.2 pre intervention to 18.4 post intervention followed by Kingston Carers Network, which experienced an increase from a score of 14 pre intervention to 15.9 post intervention. The overall average for all partnership sites was an increase in the average score from 13.6 pre intervention to 14 post intervention.

## **C. Pre vs post negative PANOC scores**

All of the partnership sites, with one exception, experienced a decrease between pre and post negative PANOC scores. This indicates that the young carers assessed with this tool felt less negative about their role as a carer overall. The greatest decrease in negative PANOC scores was achieved by Roundhouse, Portsmouth, with a pre intervention average of 4.8 going down to 1.9 post intervention. The overall average score for all partnership sites reduced from 4.5 to 3.3.

## **D. Overview of MACA and PANOC results**

Although the reduction in overall MACA-18 scores seems quite small overall, there has been a large decrease in the proportion of young carers who are carrying out a very high level of caring. This is a significant change and provides evidence that the Programme has achieved the aim to reduce the level of excessive or harmful caring being carried out by young carers. There has been an overall decrease in the negative PANOC scores, meaning that the young carers who have been assessed are feeling less negative about their caring role, another significant finding. Across the Programme, there has been an increase in the positive PANOC score. According to the Manual of Measures of Caring Activities and Outcomes, a positive PANOC score that is lower than 12 is a cause for concern. The overall Programme average positive PANOC scores are above this threshold.

## 3.5 Young carer qualitative findings

The following is a thematic analysis of the data gathered during the focus groups and interviews that were conducted with young carers at each of the partnership sites. The main headlines include:

- A. Helping to achieve a balance: reducing the responsibility.
- B. A different perspective: understanding about the caring role.
- C. Supporting the caring role.
- D. Meeting other young carers: building confidence, reducing isolation.
- E. Supporting the whole family.
- F. Partnership sites are different from other services.

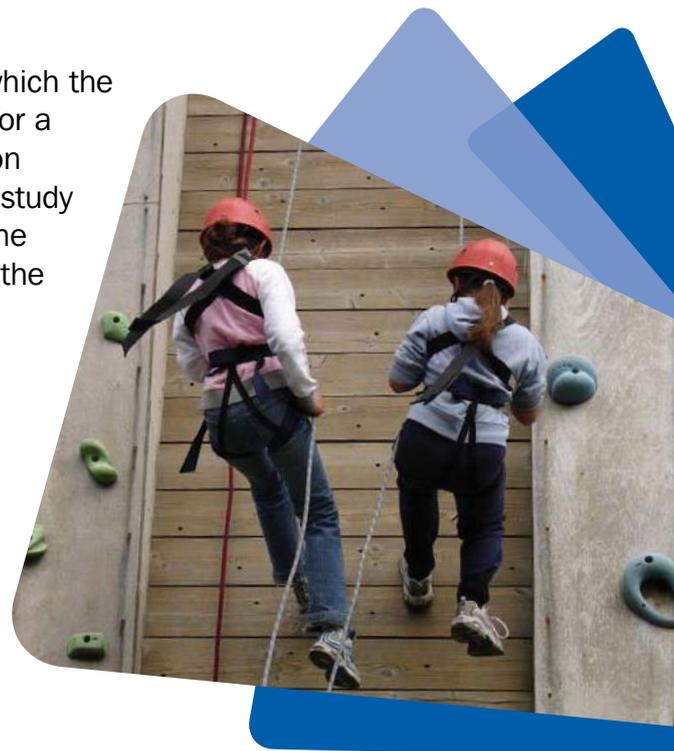
### A. Helping to achieve a balance: reducing the responsibility

*“Barnardo’s helps me to balance helping out and going out.”*

(Young carer, Barnardo’s Liverpool)

Many of the young carers interviewed said that their partnership site had helped them to establish a balance between being a young carer and being a young person. The partnership site hadn’t taken away their caring role completely, it had just made life as a young carer easier for them. By providing and brokering support for the parents, the partnership site had helped to reduce the amount of caring that was required of the young carers. Also, by providing individual and group support for the young carer, the partnership site was helping the young carer to gain some respite from their caring role and to socialise with other young carers.

Case Study 1 below outlines the ways in which the responsibility of caring has been reduced for a young carer who has accessed the Kingston Carers Network partnership site. The case study illustrates the range of support that both the young carer and his mother received from the site and how this support has helped to reduce the amount of caring that the young carer now needs to provide for his mother.



## Case study 1: Reducing the responsibility, Kingston Carers Network

**Family:** Mother and five-year-old son (young carer)

**Caring situation:** Mother with a physical disability and mental ill health was due to have an operation after which she would need more support.

### **Previous support:**

Statutory services were not available and Homestart (a support and friendship service for families) was withdrawn as the son reached his fifth birthday.

### **Caring activities undertaken by young carer:**

- Household tasks – cleaning, dusting
- Carrying in and putting the shopping away
- Taking the laundry in and out of the washing machine and hanging out some items
- Making food (sandwiches) and cold drinks for himself and his mother
- Taking his mother's medication to her and making her comfortable
- Providing emotional support to his mother

**Aim of intervention:** Prevent the young carer having to take on an excessive or inappropriate caring role after his mother's operation.

### **Interventions with young carer:**

- One-to-one support to help deal with emotional issues
- Volunteer encouraged group participation
- Multi-agency meetings
- Summer activities
- Monthly drop-in session in which young carer developed social skills and friendships
- Mentoring to help young carer improve his relationships
- Social and communication assessment
- Transport arranged to enable young carer to access respite
- School engaged

### **Interventions with mother:**

- Free counselling
- Community care assessment
- Support from the intermediate care team, to help mother to remain independent at home
- Personal budget
- Occupational therapy assessment
- Grant for washing machine
- Anti-social behaviour from neighbours resolved
- Encouraged to volunteer as a disability champion
- Advocacy for child trust fund issues
- Emotional support
- Help to complete ESA form

**Impact:** The young carer's caring responsibilities have reduced due to the increased support given to his mother. Her new personal budget is now used to pay for help with her care and sometimes to help with cleaning. These interventions have reduced the caring responsibility and improved school attendance.

## **B. A different perspective: understanding about the caring role**

*“It (being involved with the service) definitely gives you a better outlook on life.”*

(Young carer, Croydon Young Carers)

Many young carers felt that being involved with the partnership site had helped them to think about their caring role in a more positive light. One young carer in Croydon said that the partnership site had given him a better outlook on life, knowing that he was not alone and had the support of the project workers and other young carers to help him in his caring role. All of the young carers in that particular focus group agreed with this point.

*“I love that they are helping me to care. I feel quite proud to be caring.”*

(Young carer, Barnardo’s Liverpool)

Many of the young carers also did not think of themselves as carers until they became involved with the partnership site, so the service had helped them to self-identify as a young carer. This simple acknowledgement of their caring role and better understanding of the positive impact that their caring was having upon their family has had a positive effect upon the young carers overall.

## **C. Supporting the caring role**

*“They were there when I needed them ... when everything was too much to deal with.”*

(Young carer, Blackpool Carers Centre)

Engaging with the partnership site has supported the young carers in their caring role by reducing the amount of caring being required of them and by helping young carers to manage their caring role. This finding was highlighted in every focus group and interview with the young carers.

*“They don’t take my caring role away. They just help to take some of the weight off your shoulders.”*

(Young carer, Barnardo’s Liverpool)

Many young carers appreciated the fact that they could call the partnership site anytime and with any sort of issue and that there would always be a friendly voice at the end of the telephone to help them through whatever difficulty they were facing. Sometimes this little bit of help would be enough to reassure the young carer to feel supported and more confident in their caring role.

## **D. Meeting other young carers: building confidence, reducing isolation**

*“It (involvement with the service) helps me be more confident and not as shy.”*

(Young carer, Blackpool Carers Centre)

The trips and outings were highlighted as one of the best parts of the partnership site’s services by many young carers, especially the opportunity the activities offered to socialise with other young carers. The trips gave the young carers the opportunity to do something they may not otherwise have been able to do. One carer at Croydon suggested that going on the trips “makes you more outgoing and gives you confidence”. The loneliness of being a young carer was described by one carer as “horrible”, but meeting others who are going through similar things helps.

The activities and outings served two purposes for the young carers – the opportunity to socialise with other young carers and do something they may not otherwise be able to do, and the opportunity to have a break from their caring responsibilities. As one young carer suggested, “it is good to get away from your family for a little while”. Another young carer said that everyone needs space and that the partnership site offers both the young carers and their parents the opportunity to have space. One home-schooled young carer said that being taught at home means she doesn’t often get a break from her mother. Her partnership site allows her the time away from home that she needs.

## **E. Supporting the whole family**

All of the young carers who were involved in the focus groups expressed the view that they regarded the support their family received very highly. One young carer said how much she benefitted from being able to come to the carers service alone, to meet with other young carers or receive one-to-one support, or with her mother, where they could both share some quality time together being involved in activities such as cookery classes. Young carers were also comforted by the fact that their parents were receiving support. This both helped their parents and also reduced the amount of caring responsibility the young carers felt they had.

When asked about their advice for other organisations wishing to undertake a similar project, one young carer in Liverpool said that the most important thing is to include and support the whole family, not just the young carer.

The M-PACT (Moving Parents and Children Together) course (a group therapy course for families that explores substance misuse), provided to families by Roundhouse, Portsmouth is an example of one of the ways in which the whole family is brought together and supported as a unit. Case Study 2 outlines one family’s involvement with the M-PACT element of this partnership site and the positive impact the course had upon their lives.

## Case study 2: Supporting the whole family: the M-PACT course, Roundhouse Portsmouth

**Family:** Mother and 16-year-old daughter (young carer)

**Caring situation:** Mother misuses alcohol. Mother and daughter have communication problems around the issue of alcohol misuse and argue frequently. Daughter feels she is to blame for not being able to control her mother's alcohol misuse and feels that she has failed in being able to support her mother. Daughter is very low in confidence.

**The intervention:** Family was enrolled on the eight week therapeutic M-PACT course. M-PACT supports children/young people aged 8–17 who are experiencing the effects of parental substance misuse within the family. The programme offers a whole family approach, working with parents and children together. More information on M-PACT can be found on [www.actiononaddiction.org.uk](http://www.actiononaddiction.org.uk).

**Impact (mother):** Mother and daughter are attending the course together. The course is working to improve communication between mother and daughter and daughter has started to talk to her mother about her feelings. The mother is also receiving support for her substance misuse from Cranstoun (Substance Misuse Service).

**Impact (young carer):** Mother and daughter are attending the course together. The course allows the daughter to understand that she is not to blame for her mother's alcohol misuse and is given the opportunity to meet other young carers socially. Daughter has begun to access other Roundhouse, Portsmouth services due to her involvement with the M-PACT course and being encouraged by knowing that her mother is also receiving support from Cranstoun (Substance Misuse Service).

## F. The partnership sites are different from other services

*“Just because we are children they don't think we are important. They (statutory services) only listen to you when it's too late.”*

(Young carer, Barnardo's Liverpool)

The young carers agreed that the partnership site service was very different to other services that they had previously accessed (mostly statutory). This difference was one of the key reasons that they had engaged with the service in the first place, and the reason that they were benefitting from the service and achieving positive outcomes. Young carers felt that they could trust the partnership sites and felt respected and understood by the project workers they were in contact with.

*“They talk to me like a normal person.”*

(Young carer, Blackpool Carers Centre)

It is this perception of the service that is helping the young carers to enjoy their engagement and get the most out of it by being open to the support that is being offered.

## 3.6 Family outcomes

This section outlines the qualitative data that has been gathered via focus groups and face-to-face interviews with family members who have received support from one of the partnership sites.

### Family quantitative findings

Unlike the assessment tools that are used with young carers to identify changes in their caring role and the way they feel about this role, there is no standard quantitative assessment of the changes experienced by family members. Some of the sites have used versions of the Family Star tool, while others have used a variety of questionnaires to measure impact and change created. As such, an overall analysis of the results of these tools is not possible here as there was not a single comparative tool used. However, we have included as an example an Outcomes Star in Appendix C. This was used by Roundhouse, Portsmouth for pre and post assessment by family members.

### Family qualitative findings

A thematic analysis of the main findings highlighted during the focus groups and interviews carried out with family members during partnership site visits is provided below. The main headlines include:

- A. Bringing the family together.
- B. Reassurance that children are supported.
- C. Flexible and accessible support.
- D. Providing an innovative and new service to support unmet need.
- E. Practical support.



## A. Bringing the family together

*“If it wasn’t for the team we wouldn’t do anything as a family.”*

(Parent, Blackpool Carers Centre)

A common theme throughout the interviews and focus groups with parents was the fact that the service has brought their family together, in both a physical sense by being involved in family outings and classes, and in an emotional sense by building and strengthening family relationships. In Liverpool, one parent said that the partnership site allows her family to do things that they wouldn’t normally be able to do together, as she has limited mobility. Another in Blackpool said that before being involved with the partnership site, they did not leave the house as a family. The partnership site has enabled the family to go out together for the day, which they have found very beneficial.

## B. Reassurance that children are supported

*“It gives me such a boost knowing that my kids are supported.”*

(Parent, Croydon Young Carers)

*“It gives them the chance to be a child.”*

(Parent, Barnardo’s Liverpool)

The parents who were interviewed or involved in the focus groups felt reassured by knowing that their children were being supported, which in turn increased their own sense of wellbeing. One parent with disabilities said she found comfort in knowing that the partnership site was giving her son the chance to be a child, away from the responsibilities of caring for her. Another, with physical ill health, said that she personally felt more able to recover from her illness by being relieved of the guilt and stress she felt by having to depend on her child for care.

*“It gives the kids a break and means they are not on the streets.”*

(Parent, Blackpool Carers Centre)

For one parent in Blackpool, the knowledge that his children were safe away from the streets where they live, helped his emotional wellbeing. A very positive outcome for family members has been the opportunity to feel reassured that their children were safe, happy and supported by being involved with the partnership.

## C. Flexible and accessible support

*“Just knowing that they are there. If you can’t cope there is that voice at the other end of the phone.”*

(Parent, Croydon Young Carers)

Many of the parents have found great comfort in the accessibility and flexibility of the support provided by the partnership site. They know that they can call the project worker with any problem and they will receive the support they need or be directed to a service that can help them. This ease of access and holistic service approach appears to have greatly benefitted many of the parents interviewed, impacting positively on their sense of wellbeing.

*“I can just pick up the phone – before I had no one else to talk to.”*

(Parent, Kingston Carers Network)

Some parents suggested that a simple telephone conversation with their project worker has prevented or reduced a crisis situation from developing. This has been particularly true of families with chaotic lifestyles, such as those with substance misuse issues.

## **D. Providing an innovative and new service to support unmet need**

*“They helped when I didn’t know who to go to.”*

(Parent, Barnardo’s Liverpool)

The services provided by the partnership sites are regarded by many parents as bridging the gap and providing a new service that has not previously been available in their local area. Many have suggested that other similar services that support the whole family do not exist in their local area. When asked about where they would turn to if this service was not available, many felt that they would have no other support options. It was felt that some of the distrust felt by some family members of statutory services, perhaps resulting from a previous negative experience, was removed by the partnership and gateway to wider support approach taken within these sites. Statutory services also reported finding this approach useful to engage with families who had previously been harder to reach.

The parents have also highlighted the importance of the advocacy and signposting elements of the service that have helped them to access a whole range of services that they had not previously been aware of or accessed. The outcomes for parents and young carers of this advocacy support have been both practical and emotional. The practical and emotional support achieved via advocacy has greatly improved the wellbeing of the whole family.

## **E. Practical support**

One family that was involved in the focus groups reported that they had an extension to their home built, including a downstairs accessible toilet. This extension was achieved for the family via advocacy work carried out by the project worker. This had allowed the disabled mother to become more independent and to need less help from her children. The young carer said that her caring tasks have been reduced as a result, including the need to help her mother to the toilet as her mother can now access

unaided the toilet that has been added to the home. Other examples of practical support include help with completion of forms to access benefits such as Disabled Living Allowance and Housing Benefit, and advocacy with social housing providers to arrange home improvements or to help the family to access more appropriate housing.

### **3.7 Whole family working: the professional perspective**

*“Whole family working looks at individual problems and joint problems to create holistic solutions and support.”*

**(Amanda Haylock, Portsmouth City Council)**

This section provides a thematic analysis of the main findings from the interviews with the professionals involved with each of the partnership sites. Professionals agree that working with the whole family is essential if holistic and lasting changes are to be achieved. The findings also highlight particular aspects that services need to consider in working with the whole family, including using a tailored approach and achieving a balance in supporting the young carer and the rest of the family. The analysis is broken down under the following headings:

- A.** Holistic support, holistic solutions.
- B.** Tailored support to meet individual need.
- C.** The young carer/parent balance.
- D.** Readiness for support.
- E.** Managing expectations.
- F.** Managing transitions.

#### **A. Holistic support, holistic solutions**

*“Supporting the parents is essential to help them to support the young carer.”*

**(Carol Harvey, Kingston Carers Network)**

All partnership sites agree that in order for the young carer to receive meaningful support that creates lasting change, the whole family needs to be supported. It is important for the young carer to know that their parent’s needs are being addressed for them to be able to receive support and be fully engaged with the service. It is also important for services to acknowledge that the young carer is just one piece of the puzzle, and that real change for them comes from a change in their family situation and circumstances.

*“The child is just one piece, helping the child isn’t enough. You need to change the situation they are in.”*

**(Helen Carter, Croydon Young Carers)**

Creating a change in the young carer's situation can reassure them that the real issues are being tackled, which can lead to a greater sense of trust between the young carer and the service. Supporting the whole family also opens up a pathway to greater communication and understanding between the young carer and the other family members. Helping young carers to better understand their parent's/ other family member's illness or issues can help to reduce blame and to improve relationships within families. Partnerships agree that whole family working does work, particularly when families have complex needs, stemming from issues such as the threat of eviction and other financial problems. The whole family will benefit when parents are given support with these wider issues.

Prior to the start of the Integrated Interventions Programme, some of the partnership sites were already making progress on working with the whole family. In Liverpool, there was already a strong agenda around whole family working, for the Barnardo's Liverpool partnership to fit into. The Integrated Interventions funding has allowed other partnerships to work in this way and to fill the 'gap' in developing a whole family approach to service delivery within their local area.

## **B. Tailored support to meet individual need**

*“Whole family working is essential because otherwise you don't get to the root and cause of the problem.”*

**(Sophie Anderson, Blackpool Carers Centre)**

Each family is different. There is no one-size-fits-all approach to whole family working. Many of the partnership sites work very intensively with each family within a support package that has been tailored specifically for their needs and circumstances. There is wide consensus that this intensive and tailored approach to working with the whole family is essential, if meaningful and lasting positive change is to be achieved.

## **C. The young carer/parent balance**

Creating a balance between supporting the young carer and supporting parents/ other family members is a challenge that has been highlighted by several of the partnership sites. Partnerships identify a fine line between supporting the parent and supporting the child, with difficulty in ensuring that the young carer knows that the service is there to support them during times when the project worker is focusing on supporting parents through wider issues.

There may be times during the family's involvement with the service when focusing on the parent is the most effective use of the project worker's time, to provide lasting change in the family's circumstances that benefits all family members. The balance of family working depends on the individual family and the needs that they have.

Project workers from the different partnership sites feel that it may help if the service has two project workers, so that the young carer can identify a worker that is there specifically for them while the other worker focuses on supporting the needs of the wider family.

## D. Readiness for support

*“Readiness of families is very important. They have to be ready and motivated to be engaged.”*

(Jane Steggall and Jules Girven-Stott, Roundhouse, Portsmouth)

In order for the whole family to be completely engaged with the service and to get the most from the support being offered, they need to be ready for and receptive to receiving support. This can mean different things to the different partnership sites. For example, in the case of the Family Empowerment Project, Gloucestershire, readiness means that the parent who is on the mental health ward is physically and emotionally ready to engage with the project worker. For the partnership sites that are supporting families with parental substance misuse issues, readiness depends upon the parent’s commitment to get help with their addiction and understanding that support is both for them and for the young carers within the family.

For other partnership sites, this readiness comes from initial work with the families by the referring agency. This initial work could help to ensure that referrals are both appropriate for the partnership and that families have the right expectations of the service, are willing to be engaged, and are in a position personally to be supported. This is something that Barnardo’s Liverpool has been working on, to make the referral process become more streamlined and to help to prevent crisis within the family. Fewer inappropriate referrals means that the partnership site is more able to support those who are both ready and in need.

## E. Managing expectations

The management of expectations from a family is a very important part of supporting them and needs to come from both the referring agency and from the service itself. In order for the referring agency to be able to help families to understand the service and what the service can do for them, there needs to be a good understanding of the service from within the referring agency. This has been achieved by partnership sites via professional training programmes aimed at increasing awareness of the service and the needs of young carers and their families, and via wide and continuous promotion of the service to other professionals by those involved in the partnership site.



Once the family is engaged with the service, expectations can be managed by communicating clearly with the family exactly what they can expect from the service and what the service will expect from them, regarding engagement and commitment to making lasting changes together. Partnerships need to be open and honest with families, and to address problems head on. One project worker put this simply as reflecting in working practice what you are trying to achieve with families, by being clear with communication and keeping to what you say you will do.

## **F. Managing transitions**

The partnership sites identified two main transitions regarding working with the whole family. The first is the initial stage of introducing the service to the family and getting them to engage. The second is at the end of the engagement when the family is to move on from receiving support from the partnership site. Managing these transition stages is a challenge that has been highlighted by many of the partnership sites.

The success of the initial transition stage depends largely on the readiness of the family to engage, and managing the family's expectations. The family needs support to become able to engage with the service emotionally and physically, as well as having the information it needs to understand exactly what the service is and what it can do for it. The success of the second transition, ending engagement with the service, is the stage that some partnerships have found most challenging. Partnerships identify a risk that some families may become reliant on the support being offered by the service. Several project workers from different partnership sites suggest a gradual winding down of support to ease this transition stage, with families having the opportunity to access a lower level of support for a period of time.

Some agree that a period of six months, which was originally set by some partnerships as a time-limited period of support for each family, may not be long enough to tackle the complex needs that some families have. When asked about what they have learned from this, there was wide agreement that it may be better to work with fewer families over a longer period of time, to give project workers more time to work through support needs to create lasting change with individual families.

## 3.8 Comparing the partnership sites

### Models of whole family working

Figure 3.2 provides a brief outline of the different models of whole family working that each of the eight partnership sites uses, in order to allow a comparison to be made. Several of the partnership sites use the Common Assessment Framework (CAF) process to ensure that the whole family is supported (fCAF is the CAF applied to whole families). Further information on the CAF process is available from the Department for Education's website at [www.education.gov.uk](http://www.education.gov.uk).

Figure 3.2: Partnership models of whole family working

Partnership site	Use CAF/fCAF process	Direct service or brokerage?	Other model specifics
Birmingham Young Carers	✓	Mix (more brokerage than direct)	Project worker is fCAF lead professional and coordinates whole family support.
Roundhouse, Portsmouth	✓	Direct	Together-Separate-Together model (see Figure 3.3 below).
Blackpool Carers Centre		Direct	Family Plan model, influenced by Roundhouse, Portsmouth's Together-Separate-Together model.
Barnardo's Liverpool	✓	Mix (more direct than brokerage)	One-to-one support provided by project worker while young carers also have access to generic support from Barnardo's Liverpool.
Croydon Young Carers	✓	Direct	Team Around the Family (TAF), project worker acts as CAF lead professional where necessary.
Wiltshire Young Carers Strategic Partnership	✓	Direct	The whole family accesses services direct from Community First, including a range of family activities and one-to-one support.
Family Empowerment Project, Gloucestershire		Direct	The project worker has a physical presence on the mental health ward to talk directly to both practitioners and patients about the service.
Kingston Carers Network	✓	Brokerage	Each family receives project worker support for six months or until CAF is closed. Project worker acts as lead professional on CAF.

Several of the partnership sites use the CAF or fCAF process to carry out whole family working. Case Study 3 offers an example of a successful intervention carried out by Barnardo's Liverpool, using the CAF model.

### Case study 3: Successful intervention using the CAF model, Barnardo's Liverpool

**Family:** Grandmother and eight-year-old granddaughter (young carer)

**Caring situation:** Grandmother has chronic obstructive pulmonary disease and mental ill health. Young carer provides daily care. Extreme social isolation.

**Home situation:** Young carer has lived with grandmother since birth due to mother's drug misuse.

**Caring activities:** Young carer provides daily physical and emotional care to her grandmother as well as occasional personal care. On days when grandmother is unwell, young carer is not attending school as she has nobody to take her.

**Intervention:** Project worker opened a CAF and proceeded to put together a Team Around the Family (TAF) at a pace that suited grandmother (initial reluctance to be involved with services). The TAF included adult social care, the GP, adult mental health services, school, parents of the child's friend, as well as grandmother and the child.

**Impact (young carer):** Improved school attendance, improved opportunities to enjoy childhood experiences, improved network of support for the family, greater contact with family, caring role reduced to an acceptable level, emergency plans in place for young carer to activate if grandmother becomes ill, school now provides additional support around homework, parents of a friend now take young carer to school when grandmother is ill.

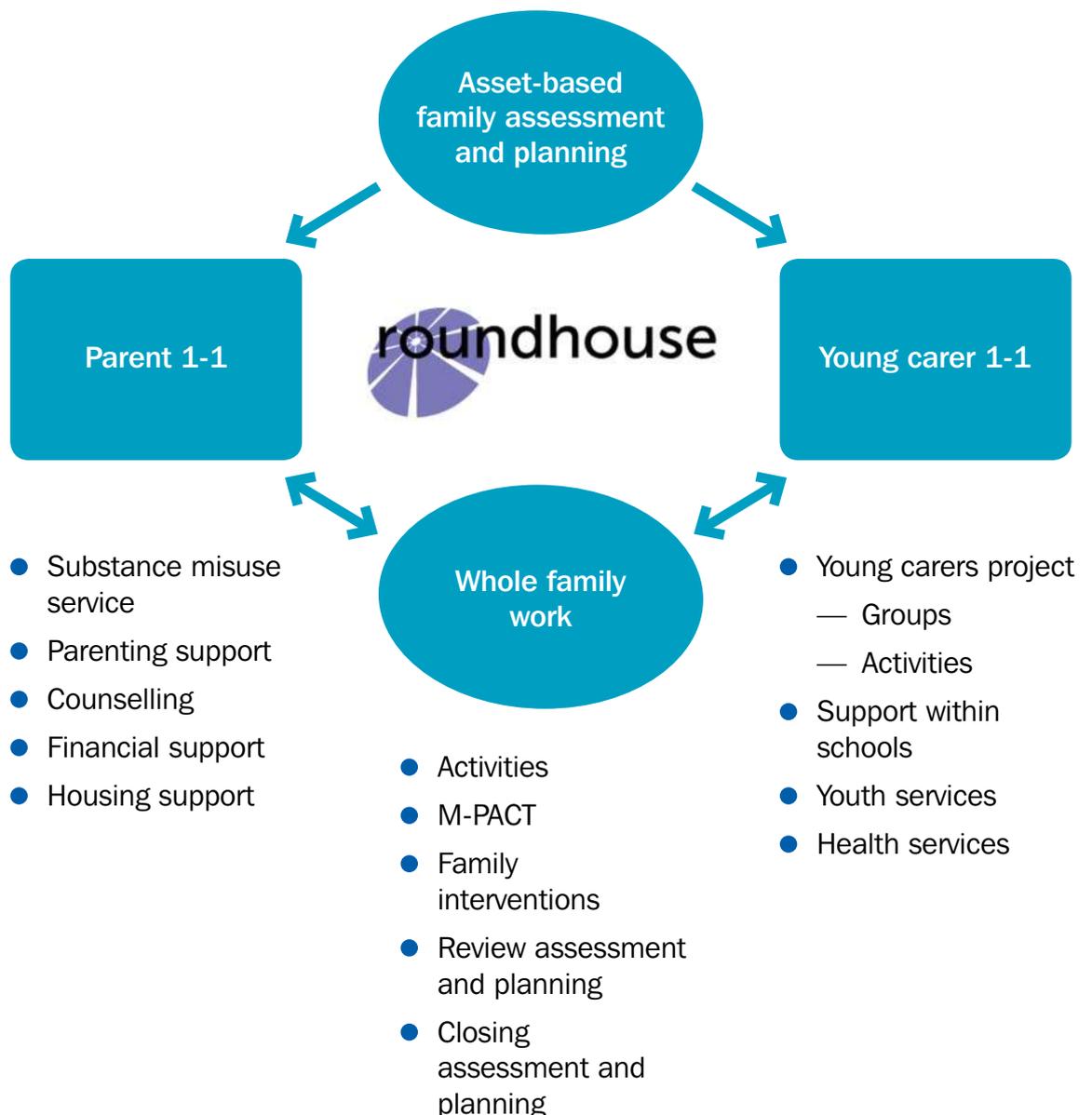
**Impact (grandmother):** Health needs assessed in line with her caring role as grandmother and are now being supported, care package is now in place, local supermarket delivers food shopping, respite for both her and her granddaughter via improved contact with paternal family.

The models of whole family working used by Roundhouse, Portsmouth and Birmingham Young Carers are detailed in Practice Examples 1 and 2 and Figure 3.3.

**Practice example 1: The Roundhouse, Portsmouth model of whole family working**

At Roundhouse, Portsmouth there are two project workers. One project worker has a background in substance misuse and the other a background in working with young carers. They carry out the initial family assessment within the family home together. They then carry out assessments with the young carer(s) and parent(s) separately to identify their individual needs. Both project workers then come together to develop a package of support tailored specifically to the needs of the young carer, the parent, and the family as a whole. Support is offered to the young carer and the parent both individually and as a family unit, to strengthen the resilience and relationships within the family. This model is represented visually in Figure 3.3 below.

**Figure 3.3: The Roundhouse, Portsmouth model of whole family working (Together-Separate-Together)**



Birmingham Young Carers is using a different model of whole family working. The project works intensively with young carers and their families to coordinate the assessment, intervention and review of service delivery through the multi-agency fCAF. Birmingham Young Carers is partnered with Birmingham City Council's CAF team and so uses the referral pathway already in place and widely promoted. The city's CAF team provides administrative support as well as advice to the fCAF coordinator and helps promote the service. It is a multi-agency process that brings together the resources of several agencies for young carers, adults and siblings and so increases the support to whole families. The young carer fCAF coordinator is responsible for implementing the fCAF process, holds all partners to account and liaises with the family.

### 3.9 The whole family approach: summary of key professional learning points

*“Whole family working is the only way to work with these families. It’s the only way to make a real impact.”*

(Nigel McMurdo, Blackpool Carers Centre)

Figure 3.4 offers a summary of the key professional learning points that have been highlighted around using a whole family approach to working with young carers and their families.

**Figure 3.4: Summary of key professional learning points on delivering a whole family approach**

Whole family working is the only way to create lasting and meaningful change for the young carer and their family. Whole family working ensures that the needs of each family member are identified and supported.

Whole family support needs to be tailored to the individual family. There is no one-size-fits-all approach.

Project workers need to achieve a balance between supporting the young carer and supporting the family members. This balance differs between families and may differ during different stages of family support.

Families need to be ready to engage with the service. Family members have to want to engage and be ready emotionally and physically, and referrals to the service need to be appropriate.

Expectations from the family on what the service can do for them need to be managed. This requires clear communication with the family from the outset and throughout. The referring agency also needs to be clear about the service offer so that families can be prepared for engagement.

There are two transition periods in supporting a family that need to be managed: the initial stages when the family is beginning to engage and the final stage, when the service is preparing for withdrawal.

# 4

## Integrated working on the ground



*“Until you get together and do the work you don’t realise the difference that can be made by working together.”*

(Andy Ames, Portsmouth City Council)

### 4.1 Chapter overview

A fundamental part of the Integrated Interventions Programme approach was for a voluntary sector organisation to partner with a statutory organisation, in order to develop an integrated service for young carers and their families. This chapter looks at the learning that has been developed by the partnership sites over the course of the programme. It also compares the different models of integrated working that the partnerships have employed and the extent to which each partnership site has achieved an integrated approach on the ground.

### 4.2 Key ingredients for successful integrated working

*“It’s great to have access to different professionals’ skills, knowledge and insight.”*

(Helen Carter, Croydon Young Carers)

#### The ingredients of successful integrated working

Figure 4.1 sets out the key ingredients required for successful integrated working to be achieved, according to the partnership sites themselves. These ingredients focus on communication, trust and respect, flexibility, and systems being in place for progress to be regularly reviewed to ensure shared aims are achieved.



**Figure 4.1: Ingredients of successful integrated working**



### **4.3 Qualitative analysis**

*“Complex families need a multi-agency approach.”*

**(Helen Carter, Croydon Young Carers)**

This section of the report includes a thematic analysis of the main findings from the telephone interviews carried out with professionals involved in the partnership sites. All of the partnership sites agree that working in an integrated way is a positive thing. The findings here highlight the mutual benefits involved in working together and are broken down into the following headings:

- A.** Increased understanding, mutual trust and respect.
- B.** Shared aims, goals, ownership and reduction in duplication.
- C.** Increased awareness of young carers.
- D.** Greater links, clearer pathways.

- E. Increased opportunities for communication: steering groups and other formal structures.
- F. Increased professional development.

## **A. Increased understanding, mutual trust and respect**

The consensus among partnership sites is that working in partnership has allowed both organisations to substantially increase their knowledge and understanding of each other. Some of the partner organisations had not worked directly with each other before. By coming together for this piece of work, organisations feel they now understand each other far more, not only in terms of the work each other does, but in terms a deeper understanding of the way each partner organisation works and the different processes and systems of operation they each work under.

This increased knowledge and understanding has helped, in many cases, to boost the profile of the voluntary sector organisation within the locality, which has in turn resulted in an increase in referrals to the service from a wider set of agencies. A greater understanding of each other has also resulted in a reinforced trust and respect between partners, factors that partnership sites have listed as essential ingredients in achieving integrated working.

## **B. Shared aims, goals and ownership and reduction in duplication**

Partnership sites agree that successful integrated working is dependent upon having shared goals and a shared vision on how these goals will be achieved. Partners bring different skills and strengths to the table and if these skills are brought together in a complementary way they can be used to achieve an end product that benefits both partners, and the families and young carers who they are supporting.

Both partners need to take ownership of their role in ensuring that young carers' issues are addressed both strategically and on the ground. The Family Empowerment Project, Gloucestershire has developed a formal agreement which has been signed by both organisations to reflect their shared ownership. Both partners need to be accountable for pushing forward the work, whether this be strategically or operationally. Having a joint protocol, in either a formal or informal format, can help to structure the work and ensure that both partners are aware of their responsibilities in achieving the goals set.

The innovative way that the Integrated Interventions Programme has brought the voluntary and statutory sectors together has been praised by several of the professionals. Many suggest that the two sectors would not have come together without this push, and that by coming together, the outcomes for both the service users and the sectors involved have been very positive.

## C. Increased awareness of young carers

*“Partnership working has raised the profile of young carers and their needs.”*

(Amanda Haylock, Portsmouth City Council)

Partnership sites agree that by working in partnership under the Integrated Interventions Programme, awareness of young carers has increased in their locality. One project worker stated that more agencies now understand the young carer agenda and better understand the needs of young carers since the partnership site has been in operation, while another suggested that young carers have become a priority group for the local authority as a result of the Integrated Interventions work. Many feel that partnership working has raised the profile of young carers and their needs, spurring professionals to think about how they can identify them and help them to get the support they need. On the ground, this has meant that practitioners are starting to ask the right questions of patients on the mental health ward in Gloucestershire, to enable them to identify any young carers within the family. On a strategic level, increased professional awareness in Portsmouth has meant that the service model employed by Roundhouse, Portsmouth has been extended into mental health services.

## D. Greater links, clearer pathways

By bringing together both voluntary and statutory services and supporting adult and children’s services to work together, the partnership sites are helping to create greater links between services and more streamlined support pathways for young carers and their families. Some project workers agree that some of the families they have been supporting may have been picked up by other services without their involvement, but that the service they are receiving due to this partnership is much more integrated as a result of stronger links with the services that can support the young carer in the best way possible.

The development of the partnership sites has meant that there is now a clearer pathway to link young carers into the help and support they require. By working in partnership, one project worker explains that “doors have been opened” for the voluntary sector service. Greater links with a variety of agencies has meant an increase in the resources and contacts available to the voluntary sector agency, making it easier for the project worker to access the relevant professionals more quickly and efficiently. Another project worker highlights the importance of knowing the right person within the right agency, to enable the right support to be obtained for the family. Contacts and links have been increased over the course of the Integrated Interventions work.

Case study 4 outlines the impact created for a young carer and his family by a coordinated multi-agency approach from Birmingham Young Carers.

## Case study 4: The impact of a multi-agency approach, Birmingham Young Carers

**Family:** Mother, eleven-year-old son (young carer), younger daughter

**Caring situation:** Mother has depression, social phobias and Type 1 diabetes and self-harms. Young carer looks after his sister when his mother is ill, makes meals, does cleaning and shopping. Both children have poor levels of school attendance and are often late. Young carer has anger issues.

**Home situation:** Family's local authority house is in a state of disrepair, family are socially isolated due to mother's social phobias, family wish to live closer to mother's friend for moral and practical support.

**Intervention (mother):** Referral to mental health team for support with depression, self-harming and social phobias, referral to mental health support services and support worker allocated, referral to agency for benefits advice, contact made with diabetes clinic and GP surgery regarding poorly controlled diabetes, supported with house move.

**Intervention (young carer and sibling):** Funding sourced for school shoes, uniform, PE kit, emergency food and bedroom furniture, young carer accessed activities, one-to-one support from a keyworker counselling from Birmingham Young Carers, liaised closely with both schools during young carer's transition to secondary school, liaised with both schools over issues with anger and subsequent aggressive behaviour, and learning needs of both children, holiday clubs arranged, family attended a Birmingham Young Carers daytrip to the seaside, emergency plan put in place for example, if the mother is ill and cannot collect youngest from school.

**Impact:** Caring role reduced due to support being in place for mother, young carer's social isolation reduced by involvement in after school clubs and holiday clubs and Birmingham Young Carers activities, young carer's anger managed with support from junior school, young carer's behaviour at school improved, detentions at school were reduced and young carer reported feeling happier, emotional wellbeing and resilience of young carer improved due to Birmingham Young Carers counselling, school attendance and attainment of both children improved dramatically, family moved closer to family friend and are now accessing practical and moral support from her, reduction in family's social isolation, improvement in financial stability now that benefits and funding are being accessed.

## **E. Increased opportunities for effective communication: steering groups and other formal structures**

*“You need people at the right level with the right amount of influence to make decisions and push work forward. You can’t do this as a delegated task. Seniors need to be directly involved.”*

**(Carol Bernard, Mersey Care Liverpool)**

The important role of steering groups and other formal structures in the success of their partnerships has been highlighted throughout this evaluation. Steering groups are regarded very highly by the professionals involved in the partnership sites. In order for steering groups to be effective, there needs to be involvement of senior professionals and decision makers from both partner organisations, to actively push the work forward and find joint solutions to any problems. Having an established steering group allows frontline staff to report directly to more senior staff, to identify potential issues so that they can be dealt with early, and to generally keep everyone informed about day-to-day service provision.

Involvement in different formal groups and structures to communicate the work of the partnership site can be positive on a number of levels. It can help to inform members of the issues faced by young carers and their families, and of the real outcomes that are being achieved. It can also help to both increase the profile of young carers on a strategic level and to help professionals to understand the value of working in partnership. Maintaining interest and understanding at this level can help to increase the sustainability of the service beyond the life of the funding. If decision makers can see the value of the service, they may be more likely to proactively seek further funding to allow for continuation, or expansion of service delivery. On the ground, communication of progress and evidence of success can lead to an increase in referrals to the service, meaning that more young carers may have the opportunity to receive the support being offered.

## **F. Increased professional development**

Integrated working paves the way for professional development within both partner organisations and among wider professional agencies. Many of the partnership sites have been involved in the provision of training for professionals. Barnardo’s Liverpool has been commissioned by the local authority to develop a professional training pack around young carers and the issues they face. This pack will be used in social care training across the board.

One professional suggests that joint training for frontline staff is key. When services are squeezed financially, there may be a tendency for professionals to retreat into their core business. Joint training can help professionals to understand their role in the greater scheme of things and to see the financial benefit that comes from pulling together and working in an integrated way. Having professionals from different agencies in the same room can help to create networks and to start the relevant discussions.

## 4.4 Comparing the partnership sites

Figure 4.2 compares the partnership sites by the ways in which the voluntary and statutory partners have come together within the Integrated Interventions Programme. The figure looks at the resources that have been committed by the partners, partners' involvement in steering groups and other formal structures, and other evidence of joint ownership of the work.

Figure 4.2: Comparing the partnership sites – integrated working

Partnership site	Both partners have committed resources?	Both partners involved in steering group/other formal structures?	Other evidence of joint ownership
<b>Barnardo's Liverpool</b>	Yes. Both partners commit time to attend for example, meetings and conferences. Professional development carried out jointly.	Yes. Steering group developed and attended by both partners. Also joint involvement in variety of other groups/ board meetings.	Joint role in ensuring young carers were added to the Joint Strategic Needs Assessment. Joint promotion of CAF model and whole family working.
<b>Birmingham Young Carers</b>	Yes. Statutory partner provides admin support to the voluntary partner project worker. Joint delivery of professional training.	Yes. Steering group developed and attended by both partners.	Streamlining of assessment tools together. Developed kite mark for fCAF usage in partnership. Joint attendance at fCAF meetings.
<b>Blackpool Carers Centre</b>	Involvement in Getting it Right training. This is single point of access for referrals into social care. Appointment of young carers champion by statutory partner.	No steering group. However, both partners involved in quarterly Carer's Partnership Board where young carers became standing item.	Memorandum of understanding signed. Both partners involved in CAF meetings.
<b>Croydon Young Carers</b>	Yes. Voluntary partner project worker given office space within statutory partner office. Integrated Youth Support Service (IYSS) officer acting as Young Carer Champion.	Yes. Young Carers Working Group was established and is attended by both partners.	Joint monitoring and reviewing of the work. Joint planning of events.

(continued)

Partnership site	Both partners have committed resources?	Both partners involved in steering group/other formal structures?	Other evidence of joint ownership
<b>Family Empowerment Project, Gloucestershire</b>	Project worker position seconded from statutory partner. Health trust's Social Inclusion Team holds responsibility for young carers and whole family approach. Gloucestershire Young Carers provides its generic young carer service to the young carers identified.	Yes. Both partners involved in steering group, strategic meetings and other opportunities to promote the work.	Formal joint protocol signed between partners. Establishment of young carers as routine agenda item on trust's strategic Service Experience Committee and Psych and Non Psych Service Advisory Group.
<b>Kingston Carers Network</b>	Other than attending multi-agency meetings, all resources committed were from voluntary partner.	Six multi-agency meetings were held over the 18 month period. TAF meetings every 6–12 weeks.	Joint launch of multi-agency protocol for identifying and supporting young carers.
<b>Roundhouse, Portsmouth</b>	Yes. One project worker from each partner plus management time from both partners.	Yes. Both involved in strategic meetings and promotional events.	Both partners involved in initial problem solving around offices and compatibility of and access to systems and data. Commitment from statutory partner to sign Memorandum of Understanding.
<b>Wiltshire Young Carers Strategic Partnership</b>	Yes. Joint training provided around referral criteria, identification of young carers, transitions and joint delivery approaches.	Yes. Both partners involved in Hidden Harm steering group, Carers Strategic Action Group and multi-agency forums.	Both partners involved in awareness raising activities, including media representation. Joint presentations at networking events. Joint consultation.

## 4.5 Integrated working on the ground: summary of key professional learning points

*“Getting the right people involved is worth investing time in.”*

(Kate Dudley, Kingston Carers Network)

Figure 4.3 provides a summary of the key professional learning points highlighted around the subject of integrated working.

**Figure 4.3: Summary of key professional learning points on integrated working**

Integrated working promotes greater understanding, trust and mutual respect between partners.

The success of a partnership depends on both partners having shared aims, goals and ownership of the service. Both partners need to be committed to achieving the goals of the service and both need to be accountable for carrying out their role in this process.

Working together has resulted in a greater awareness and understanding of young carers within the locality. Professional training has resulted in practitioners ‘asking the right questions’ of service users that they come into contact with.

Greater links between services have resulted in clearer and more streamlined service pathways for young carers and their families.

Steering groups and other formal communication structures are essential in driving and directing the work of the partnership sites. The involvement of senior professionals and having ‘the right people around the table’ is vital.

Professional development is key to keeping young carers on the agenda and in helping professionals to understand their role in identifying and supporting them.

# 5

## Building and sustaining strategic change



*“It would be criminal if we lost the learning from this project.”*

(John Needham, Birmingham City Council)

### 5.1 Chapter overview

The focus of this chapter is on understanding the strategic and sustainable change that has been generated by the partnership sites as a result of the Integrated Interventions Programme. We begin with the learning that has come from the work, including what the partnership sites believe are the essential ingredients to achieving strategic and sustainable change. The different approaches to achieving this change are compared between partnership sites to identify if some approaches have been more successful than others.

The latter part of this chapter looks at the outputs that have been created by the partnership sites. These outputs include knowledge and skills, including skilling-up of staff in-house and within wider agencies and organisations, and physical resources such as models, literature and templates that other organisations could use to assist them in carrying out a similar piece of work. These outputs are all very important in achieving sustainability beyond the life of the Integrated Interventions Programme.

### 5.2 Key ingredients for successful and sustainable strategic change

#### The ingredients of successful strategic and sustainable change

The key ingredients in achieving successful and sustainable strategic change, as identified by the partnership sites themselves, are set out in Figure 5.1 below. Strong communication between and within partner organisations, shared ownership and involvement of decision makers and senior professionals are all highlighted.



**Figure 5.1: Ingredients of successful strategic sustainable change**



### **5.3 Qualitative analysis**

*“The strategic change is slow, but it needs to be sustainable.”*

**(Mubin Choudhury, Croydon Young Carers)**

This section provides a thematic overview of the qualitative findings gathered from interviews with professionals involved with the partnership sites. The following key headings have been used:

- A.** Alignment with existing policy agendas: finding the fit.
- B.** Effective decision making structures: having the right people around the table.
- C.** Influencing policy and strategy.
- D.** Embedding systems and processes.
- E.** Promotion and awareness raising.

## **A. Alignment with existing policy agendas: finding the fit**

**In order for partnership sites to have a strategic impact, they need to fit with existing local strategic policy agendas.** In Liverpool, this fit has been found within the Troubled Families agenda. In Blackpool, the strategic policy link is to the Hidden Harm agenda. There have been different levels of success among the partnership sites in finding the policy fit, including finding connections between eligibility criteria of the policy agendas and what worked throughout the partnership site's work.

While some partnership sites have struggled to find this fit, all partnerships agree about the importance of this alignment with regards to achieving strategic and sustainable change. The qualitative analysis within this report has already highlighted the importance of service promotion and awareness raising among professionals, in getting agencies to identify young carers and work with the service on the ground. In order for the partnership site to be given priority in a strategic sense, it needs to find a place within the strategic agenda that already exists.

## **B. Effective decision making structures: having the right people around the table**

Having the right people around the table can help to ensure that the service is promoted widely, that young carers are given strategic priority, and that changes can be made to existing systems and processes within the locality. Having senior level officers around the table is essential if solutions to problems such as a tight financial climate and stretched budgets are to be overcome.

The important role of steering groups and other formal decision and communication structures was highlighted in the Integrated Working section of this report. However, looking at this from a strategic perspective, the importance of these structures, and more so the importance of having the right people involved in them, needs to be stressed again. It has been raised by professionals from both the voluntary and statutory partner organisations that the people who can make decisions or can give weight to the young carer agenda and the work of the partnership sites have a fundamental role to play in the strategic impact of this programme and the sustainability of the service provided and the funding that needs to underpin it.

## **C. Influencing policy and strategy**

As well as finding the fit with existing structures and agendas, having a strategic impact also depends upon ensuring that young carers are included within local policy and strategy documents. Several of the partnership sites have dedicated time and resources to getting young carers included in documents including carers strategies, children and young person plans, and statistical resources such as the Joint Strategic Needs Assessment (JSNA). Partnership sites have highlighted a need within some localities to shift the understanding of carers, to ensure that young carers are identified in their own right.

In Kingston, a new Carers Protocol has recently been launched, for which 55 professionals received training. The Family Empowerment Project, Gloucestershire has amended the hospital discharge policy to allow consideration of children within the family. Influencing policy and strategy ensures that young carers remain high on the agenda beyond the life of the Integrated Interventions funding.

## D. Embedding systems and processes

*“Change does take a lot of time and sits within a constantly changing financial environment.”*

(Louise Wardale, Barnardo’s Liverpool)

Achieving sustainability depends upon being able to embed the new systems and processes into the existing structures. This way of working with the whole family in an integrated way, needs to be seen as mainstream and to become part of the day-to-day way of working of all professionals within the locality. For a large proportion of the partnership sites, this embedding has revolved around the use of the CAF and fCAF model of assessing and supporting family need. By providing training to professionals in both adult and children’s services about young carers and how to identify them within a family, their identification will become part of the practitioner’s daily routine. Although this is something that many of the partnership sites have dedicated time and resources to achieving, the common feeling is that it is not something that can be completely achieved overnight or within the life of this funded work.

Partnerships agree that achieving real change does take time. One professional suggested one way around this was to look for some quick wins. Workforce development was highlighted as a good way to start to get people involved and engaged at the same time as strategic change is working its way through.

## E. Promotion and awareness raising

Increasing the awareness of young carers and the impact that the partnership sites can and have had upon the lives of young carers is crucial in achieving sustainability. Partnership sites have approached promotion and awareness raising in various ways, from delivering professional training courses, to attending and presenting at a range of conferences and professional meetings. All of the partnership sites have agreed that this process is a continuous and laborious one, but have all found great benefit in it.

From attending multi-agency meetings and talking to various professionals around the table, word of mouth then spreads to their colleagues and further afield. Now that the partnership sites have real evidence of their success, in the form of outcomes being achieved for families, they are finding that the profile and respect of their organisation is increasing among professionals. If professionals can see the improvements that have been made within families that they have referred to the service, they will be more willing to refer again. This demand for the service can help to promote it, and to encourage those in decision making positions to find ways of helping the service to continue into the future.

## 5.4 Partnership outputs

Many of the partnership sites have produced a variety of different resources as a direct product of the Integrated Interventions Programme. These resources include checklists, assessment tools, promotional media and films. Figure 5.2 lists the resources that have been produced by each site. Some of these resources can be accessed on <https://makingastepchange prevention.wordpress.com/resources>. Others can be accessed directly, as indicated overleaf.

Figure 5.2: Resources that have been developed by partnership sites

Partnership site	Resources	Website
Birmingham Young Carers	<ul style="list-style-type: none"> <li>● Family CAF leaflet</li> <li>● fCAF model</li> <li>● fCAF process checklist</li> <li>● Pre and post intervention questionnaires</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="https://makingastepchange-prevention.wordpress.com/resources">https://makingastepchange-prevention.wordpress.com/resources</a></li> </ul>
Barnardo's Liverpool	<ul style="list-style-type: none"> <li>● CAF model</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="https://makingastepchange-prevention.wordpress.com/resources">https://makingastepchange-prevention.wordpress.com/resources</a></li> </ul>
Wiltshire Young Carers Strategic Partnership	<ul style="list-style-type: none"> <li>● Young carer film</li> <li>● Web pages containing information and various media around young carers</li> </ul>	<ul style="list-style-type: none"> <li>● Film can be accessed on <b>Youtube</b></li> <li>● Web pages can be accessed at <a href="http://www.youthactionwiltshire.org/services/young-carers">www.youthactionwiltshire.org/services/young-carers</a></li> </ul>
Roundhouse, Portsmouth	<ul style="list-style-type: none"> <li>● Together-Separate-Together model</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="https://makingastepchange-prevention.wordpress.com/resources">https://makingastepchange-prevention.wordpress.com/resources</a></li> </ul>
Family Empowerment Project, Gloucestershire	<ul style="list-style-type: none"> <li>● Interim Report 2013, DVD, an information pack and the In the Bag resource for young carers</li> <li>● Web pages offering information on the impact of parental mental ill health</li> <li>● Young Carer film</li> </ul>	<ul style="list-style-type: none"> <li>● Interim report and young carer film accessed directly from Mandy Bell at Gloucestershire Young Carers (mandy@glosyoungcarers.org.uk)</li> <li>● Web pages can be accessed at <a href="http://www.glosyoungcarers.org.uk/how-we-can-help-professionals/impact-of-parental-mental-health">www.glosyoungcarers.org.uk/how-we-can-help-professionals/impact-of-parental-mental-health</a></li> </ul>
Kingston Carers Network	<ul style="list-style-type: none"> <li>● Family Support information leaflet</li> <li>● Family Support evaluation form</li> <li>● Family Support project brief</li> <li>● Strengths questionnaire for parents</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="https://makingastepchange-prevention.wordpress.com/resources">https://makingastepchange-prevention.wordpress.com/resources</a></li> </ul>
Croydon Young Carers	<ul style="list-style-type: none"> <li>● Aware of Young Carers training programme slides</li> <li>● Aware of Young Carers training programme</li> <li>● Young Carer assessment form</li> <li>● Young Carer referral checklist</li> <li>● Referral pathway</li> <li>● Young Carers service pathway</li> </ul>	<ul style="list-style-type: none"> <li>● <a href="https://makingastepchange-prevention.wordpress.com/resources">https://makingastepchange-prevention.wordpress.com/resources</a></li> </ul>

NB No resources were provided by Blackpool Carers Centre

## 5.5 Comparing the partnership sites

The partnership sites, and their achievements in building and sustaining strategic change, are compared in Figure 5.3. This has been done to offer a brief overview of the progress that has been made on a strategic level over the 18 month funding period.

Figure 5.3: Comparing the partnership site – building and sustaining strategic change

Partnership site	A strategic fit has been found?	Change in systems and process can be evidenced?	Policy/strategy impact has been achieved?	Evidence of sustainability beyond funding?
<b>Barnardo's Liverpool</b>	Yes. This works sits within the Troubled Families agenda.	Yes. The CAF model has been adopted and is being used by professionals.	Yes. Young carers are now included in the JSNA.	Yes. The CAF model will continue to be promoted, as will whole family working.
<b>Birmingham Young Carers</b>	Yes. This work sits within the Think Families agenda, and the Early Help strategy in Birmingham.	The fCAF model has been piloted by this site and professional training has been carried out. fCAF kite mark has been developed.	No policy or strategy impact to date, although the fCAF model is being embedded in the locality via professional training and promotion.	The fCAF model and its use will continue beyond the life of the funding. However, the project worker's position cannot be maintained without additional funding.
<b>Blackpool Carers Centre</b>	The work fits within the Hidden Harm and Troubled Families agenda. However, young carers were not included in local authority priorities.	Joint protocol signed between adult and children's services.	Young Carers are listed as a priority in the Blackpool Joint Health and Wellbeing Strategy 2013–2015.	Short-term continuation funding agreed following meetings with Public Health. Blackpool Carers Centre developing a discrete project based on the outcomes of the Integrated Interventions funding.

(continued)

Partnership site	A strategic fit has been found?	Change in systems and process can be evidenced?	Policy/strategy impact has been achieved?	Evidence of sustainability beyond funding?
<b>Croydon Young Carers</b>	Yes. The work fits within the remit of the IYSS in Croydon.	Amendments have been made to the young carers project Confidentiality and Consent document to incorporate the release of specific information regarding the personal details of young carers. Support pathways have been developed within children's services.	Pathways and protocols have been embedded within IYSS and youth offending service. Young carers now included in strategic documents including JSNA and the Carers Strategy.	Yes. Relationship between voluntary and statutory partner will continue beyond this funding. Pathways and protocols are now in place and are sustainable.
<b>Family Empowerment Project, Gloucestershire</b>	Yes. The work sits within the 2gether NHS Trust Service Experience Strategy and is also linked with the pledges made in the Young Carers and Carers Charters. There is also a strong connection with Gloucestershire's Social Inclusion Strategy and the Clinical Commissioning Group Mental Health and Wellbeing Strategy.	Yes. Changes have been made to the way patient data is recorded to improve identification of potential young carers. Changes to patient data recording software made and staff re-trained.	Inpatient Discharge Policy has been refreshed and amended.	Commitment from statutory partner to continue to work in a whole family way beyond funding. Lasting working relationships formed between partners. Formal systems are in place to maintain contact between Gloucester Young Carers and link workers in the NHS.

(continued)

Partnership site	A strategic fit has been found?	Change in systems and process can be evidenced?	Policy/strategy impact has been achieved?	Evidence of sustainability beyond funding?
<b>Kingston Carers Network</b>	Yes. This work fits within the Carers Strategy and the Young Carers Protocol.	The new multi-agency protocol provides the basis for change. Better linkages between agencies have been created but are dependent upon the project worker's coordination role.	Multi-agency protocol for identification and support for young carers has been launched.	The project worker's position is dependent upon continuation funding, which has been sourced. The work in its current form would not be sustainable without this.
<b>Roundhouse, Portsmouth</b>	Yes. The fit is with the public health 'give every child the best start' work stream and linked into the children's trust boards via this.	Increased understanding of young carers within locality, with resultant increase in referrals to the service. Greater linkages between children's and adult services.	No policy or strategy impact yet but the success of the service model has been acknowledged as is being rolled out into mental health services.	Yes. The service model is sustainable and is to be rolled out to mental health services. The service itself is not sustainable in its current form without continuation funding, which has been sourced.
<b>Wiltshire Young Carers Strategic Partnership</b>	Yes. The work fits within the Hidden Harm agenda.	The partnership has provided training on CAF and Hidden Harm Protocols. Increased awareness of the service and of identifying and supporting young carers via various awareness raising events.	Young carer consultation influenced revision of the Carers Strategy. Young carers focus group supported commissioning of young carers contract. Young Carers Joint Commissioning Strategy developed.	Key work and activities will continue but family programmes will not continue unless further funding can be identified.

## 5.6 Building and sustaining strategic change: summary of key professional learning points

*“Don’t get disheartened – it takes time to shift cultures and embed new systems.”*

(Jane Weller, Liverpool City Council)

Figure 5.4 provides a summary of the key professional learning points regarding building and sustaining strategic change.

**Figure 5.4: Summary of key professional learning points on building and sustaining strategic change**

The best way to achieve strategic impact is to find the strategic ‘fit’ within existing structures and agendas.

Steering groups are essential to drive the work and to ensure that the work is given strategic priority. Having decision-makers around the table is vital.

The work needs to be placed to influence local policy and strategy. In order to be given strategic priority, young carers need to be included within local policy and strategy documents.

The systems and processes developed over the course of the work need to be embedded in order to become sustainable. This is not something that can be achieved overnight but has been progressed by some partnership sites via professional training and other professional events.

The service needs to be continuously promoted in order for awareness of young carers to increase and for their identification to become mainstream.

# 6

## SROI and cost-benefit analysis



### 6.1 Introduction

As part of the evaluation of the Integrated Interventions Programme, we were also commissioned to undertake a social return on investment (SROI) analysis with four of the eight partnership sites. The four partnership sites that have been involved in the SROI are:

- Blackpool Carers Centre.
- Croydon Young Carers.
- Kingston Carers Network.
- Roundhouse, Portsmouth.

For each of these sites, evidence has been collected to calculate the social and economic return that has been generated. This evidence was collected using:

- Case study material for a selection of families that the partnership site has worked with.
- Surveys with young carers and parents.
- Surveys with professionals involved in the work of the partnership site.

This SROI and cost-benefit analysis has three strands:

- 1 An evaluative SROI that looks at the value that has been created for a selection of families that each partnership site has worked with. This strand of the analysis is based upon evidence collected from case study material and surveys with young carers and their parents.
- 2 A cost-benefit analysis of the potential savings that have been created for wider services including schools, local authorities, and health services. This strand of the analysis is also based upon case study evidence.
- 3 A cost-benefit analysis of the savings created from working in an integrated way, based upon savings in staff time and the benefits achieved via knowledge sharing. This strand of the analysis used the findings from the surveys that were returned from professionals involved in the work of the partnership sites.

Together, these three stands offer an insight into the social value and financial cost-savings that have been generated by the partnership sites.

In this chapter we have included a short overview of the SROI process and the headline findings that have resulted. A full SROI report (Peter Fletcher Associates Ltd, 2015), which offers a detailed understanding of the methodology, analysis and

findings, has been produced alongside this final report, together with an SROI Toolkit which contains a number of resources to assist other organisations to carry out an SROI for themselves. These additional reports can be accessed at <https://makingastepchange prevention.wordpress.com/resources>.

## 6.2 What is an SROI?

SROI is a framework for measuring and accounting for the social value that has been generated by an activity. It aims to measure the changes or outcomes that are important to those for whom they have been achieved and for those who have contributed to the change. The SROI analysis tells the story of how these changes/outcomes have been achieved and uses monetary values to represent the changes. As stated in the A Guide to Social Return on Investment (Cabinet Office, 2012):

*‘SROI is about value, rather than money. Money is simply a common unit and as such is a useful and widely accepted way of conveying value.’*

Using monetary values to represent change allows a ratio of benefits to cost to be generated. For example, a ratio of 5.50:1 would suggest that for every £1 invested, a social return of £5.50 has been achieved.

A Guide to Social Return on Investment (Cabinet Office, 2012) has been used heavily to structure this SROI analysis. It can be found on <http://socialvalueuk.org/publications/publications> and provides a very useful guide as to what an SROI is and how to carry out an SROI. It lists the seven principles of SROI, which have been adhered to as much as possible during this analysis. These principles are:

- 1 Involve stakeholders.
- 2 Understand what changes.
- 3 Value the things that matter.
- 4 Only include what is material.
- 5 Do not over-claim.
- 6 Be transparent.
- 7 Verify the result.

It also offers full guidance about different stages of an SROI and the best way to gather and analyse the data required to produce the analysis. This SROI element of the analysis has followed this guide as closely as possible. The cost-benefit elements of the analysis are structured around a basic cost-benefit format, accounting for the savings that the partnership sites are helping to achieve.

## 6.3 Headline SROI findings

Each partnership site submitted a number of family case studies containing a standardised set of information, structured by a case study template. This data was used to calculate the SROI ratio for each case study family. An SROI ratio shows the amount of social return achieved for every £1 invested. As the data shows, the SROI ratios differ widely, from £1.23:1 to £12.08:1 return for every £1 invested. The full analysis of this data can be found in the full SROI report (Peter Fletcher Associates Ltd, 2015).

**Figure 6.1: SROI ratio ranges by partnership site**

Partnership	Ratio Range
Blackpool Carers Centre	4.11:1 – 12.08:1
Croydon Young Carers	1.78:1 – 2.64:1
Kingston Carers Network	1.23:1 – 9.31:1
Roundhouse, Portsmouth	2.25:1 – 5.45:1

## 6.4 Headline cost-benefit findings

### Wider services cost-benefit findings

Data from the 13 case study families was also used to calculate the potential value created for wider services, including the NHS and schools. The outcomes achieved for the family members within the case studies were used to determine this potential value. Figure 6.2 lists the outcomes, or stakeholder objectives, that were used for this purpose, along with the number of family members for which each was achieved.

**Figure 6.2: Outcomes used for the wider services cost-benefit analysis**

Stakeholders	Stakeholders' objectives	Number of young carers or parents for which outcome was achieved
NHS	Improve mental health (parents)	10
	Reduction in alcohol misuse (parents)	9
	Improved mental health (young carers)	11
School	Increased attendance (young carers)	10
Social care	Reduce child protection risk (young carers)	4

The cost-benefit analysis that was carried out has determined a contribution to the savings set out in Figure 6.3.

**Figure 6.3: Wider services cost-benefit findings in relation to the 13 case study families**

	Year 1	Over 5 years
NHS benefit	£35,982.00	£69,715.13
Social care benefit	£11,328.00	£21,948.00
School benefit	£14,180.00	£27,473.75
Total benefit	£61,490.00	£119,136.88
Carers Trust funding	£19,324.70	£19,324.70
Total savings for the 13 families	£42,165.30	£99,812.18
Total saving per family	£3,243.48	£7,677.86

## Integrated working cost-benefit findings

This part of the analysis was based on findings from a survey completed by professionals working alongside the partnership sites. A questionnaire was produced to ask professionals about the impact of the partnership sites on their awareness and knowledge of young carers, their opportunities for multi-agency working and knowledge sharing, and the time they spent carrying out specific tasks during their working day. The following is an overview of the main findings, alongside the cost-saving calculations.

### A. Increased awareness and knowledge

27 of the 34 professionals that completed the survey said that their involvement with the partnership site has increased their knowledge and awareness of young carers and the issues that they face. This is a total of 79% of survey respondents.

**Cost-saving of increased awareness and knowledge = £570 per professional x 27 professionals = £15,390.** (NB The £570 per professional is the cost of an equivalent professional training programme).

### B. Increased opportunities for multi-agency working and knowledge sharing

Stakeholders were asked if their involvement with the partnership site had impacted on their opportunities to share knowledge and skills and to work more closely with other professionals to better support young carers and their families. 27 of the 34 professionals agreed that this was the case.

**Cost-saving of increased opportunities for multi-agency working and knowledge sharing = £450 per professional x 27 professionals = £12,150.** (NB The £450 per professional is the cost of attending a relevant professional conference).

## C. Time savings

An estimate of savings has been produced by applying average salaries to each of the professionals who said they were saving time in their working day due to the work of the partnership site. Our survey returns suggest professional time savings amounting to **£828.35 per week, an average of £30.68 per week per professional.**

# 7

## Conclusions and recommendations



### 7.1 Conclusions

The conclusions in this section have been broken down by the four key aims of the Integrated Interventions Programme, with the addition of the conclusions derived from the SROI analysis.

#### 1 Increased family resilience: reduced excessive or harmful caring

- Partnership sites have achieved this aim. The pre and post intervention MACA scores, which indicate the level of caring being carried out, have decreased for all sites. The proportion of young carers who are undertaking high and very high levels of caring has been substantially reduced across the programme. On the whole, young carers are feeling more positive post intervention about their caring roles.
- Partnership sites have achieved an improvement in family communication and relationships, evidenced by qualitative findings from both the young carers and their family members. Improved communication contributes to an increased resilience within the family. Young carers were found to better understand their caring role and were receiving support to reduce their caring responsibility. The wellbeing of both the young carers and their family members was improved by knowing that the whole family was being supported.
- Professionals agree that working with the whole family is the primary way to achieve holistic change for the young carer, and that working in an integrated way was the best way to achieve this outcome.

#### 2 No wrong door approach

- Professionals involved in the work of the partnership sites have highlighted that by working in an integrated way, support pathways for young carers and their families have become more streamlined.
- Referrals to the partnership sites have increased over the course of the funded work, not only from agencies that have referred previously, but from agencies that have not referred to the service before.
- Improvements in identification and referral of young carers have been achieved via different methods by the partnership sites, including professional training, involvement in steering groups and other formal meetings, and promotion of the service at conferences and other public events.

- Professionals agree that they would not have been able to achieve progress in this no wrong door approach without the voluntary and statutory sectors being brought together as a condition of the Integrated Interventions funding. This is a fundamental finding that has been highlighted throughout the evaluation.

### 3 Sustainable whole family approaches

- On the ground, the partnership sites have used a variety of service models to achieve whole family working. Some sites have used a direct service approach, where the majority of family support is provided in-house. Others have used more of a brokerage model, where the project worker coordinates the involvement of services depending upon the individual family needs.
- Strategically, many of the partnership sites have made good levels of progress in terms of mainstreaming the whole family approach. For some, this has been achieved in the promotion and embedding of the CAF or fCAF model. Some sites have carried out professional training to increase professional awareness of the needs of young carers and the importance of working with the whole family.
- Creating sustainability in terms of embedding models of whole family working and mainstreaming processes such as the CAF takes time and commitment of resources from both partners. The partnership sites are all at different stages in creating sustainability but all agree that the process is continuous and systems cannot be changed overnight.

### 4 Knowledge, skills and resources

- A variety of resources, tools and literature have been produced by the partnership sites to demonstrate the methods that they have used to work with whole families and to achieve the aim of reducing the amount of excessive or harmful caring being carried out by young carers. These tools are referenced in this report and offer valuable resource to organisations wishing to embark on a similar partnership.
- The impact that the sites have had upon reducing excessive or harmful caring is evidenced in the quantitative findings in this report.



## 5 Wider social benefits and savings (SROI analysis)

- The findings of the SROI analysis carried out as part of this evaluation are very positive and provide evidence of the wider social benefits and savings that can be achieved by a programme such as this.
- The SROI ratios that have been calculated for the 13 case study families are all positive, indicating a strong social return on investment.
- The potential savings for wider services, such as the NHS, schools and social care, are also very high. Those calculations were based only on the 13 case study families. If all of the families that had received support from the partnership sites were included, the savings would have been far higher.

## 7.2 Recommendations

The authors' recommendations have been listed by audience in Figure 7.1.

Figure 7.1: Recommendations by audience

Audience	Recommendations
<p>Current or future partnership sites and other potential partnerships</p>	<ul style="list-style-type: none"> <li>● <b>Match the scale of the initiative with the level of funding and the complexity of the case load to be supported:</b> It is important that partnerships are realistic in their funding applications about estimating the numbers of families their service will work with during the course of the programme. This needs to be assessed in relation to the capacity of the service in relation to the level of funding available and the complexity of the target group of families they will be working with. Overestimating the number of families to be supported, and then under achieving, should be avoided.</li> <li>● <b>Ensure that there are clear referral criteria in place:</b> In order for a service to provide effective support to those who need it most, the service needs to have strict referral criteria for referring agencies to follow. The best way to ensure relevant and appropriate referrals is to promote the service and to ensure that agencies understand fully what the service is offering, and the referral criteria identifying which families would benefit most from the service.</li> <li>● <b>Further develop whole family working as an approach:</b> Whole family working was built into the Care Act and the Children and Families Act legislation in 2014. Partnerships should take steps to develop it further and broaden the approach by building other key partners into the whole family working approach.</li> </ul>

(continued)

Audience	Recommendations
<p>Current or future partnership sites and other potential partnerships (cont)</p>	<ul style="list-style-type: none"> <li>● <b>Use family assessment tools in a standardised way to collect data and evidence:</b> Working with the whole family requires the whole family to be assessed both pre and post intervention to provide evidence on the impact of the intervention on all family members. Partnership sites are already using some very effective tools for this purpose, including the Family Star/ Outcomes Star. Tools like these need to be used in a standardised way to collect relevant data.</li> <li>● <b>Be rigorous in collecting data to evidence outcomes:</b> Partnerships need to be rigorous in collecting and analysing performance and outcome data to ensure that they have the evidence to support future bids for funding.</li> <li>● <b>Develop an agreed framework and approach to integrated working:</b> At the start of future integrated interventions initiatives, the statutory and voluntary sector partners should demonstrate their joint commitment through a formal agreement that sets down a strategic framework covering culture, structure and systems in order to be able to hit the ground running. In addition, the initiative needs to be clearly positioned within the strategic policy framework of the statutory partner to ensure it is a priority for action.</li> </ul>
<p>Carers Trust</p>	<ul style="list-style-type: none"> <li>● <b>Review the current assessment tools to ensure they can be tailored to particular groups of young carers:</b> Some of the partnership sites have identified that the current tools do not adequately identify the needs of particular groups of young carers, for example very young carers and young carers of families with parental substance misuse. Carers Trust should review the current tools to ensure they have sufficient flexibility for different groups of young carers.</li> <li>● <b>Give the partnership sites the responsibility for entering data onto spreadsheets and owning the results:</b> There have been difficulties throughout this programme regarding the collection of assessment tool data from the partnership sites. It is recommended that the partnership sites be asked to complete MACA and PANOC data in an Excel spreadsheet throughout the programme, which can then be sent to Carers Trust, alongside paper copies of assessment tools. This ensures ownership of correct data input stays with the partnership site and removes the potential for errors in data entry by Carers Trust.</li> <li>● <b>Promote the requirement for partnerships sites to use family assessment tools:</b> The Integrated Interventions Programme is a whole family programme, yet only the young carers are assessed in a standard and obligatory format. If the outcomes for the whole family are to be evaluated, then partnership sites should also be required to use a recognised standard assessment tool for parents.</li> </ul>

(continued)

Audience	Recommendations
<p>Department for Education</p>	<ul style="list-style-type: none"> <li data-bbox="384 219 1461 719"> <p>● <b>Allow greater lead-in time for new partnership programmes to allow the partnership to be properly established:</b> Programmes such as the Integrated Interventions Programme often require very different types of organisations to come together to develop a joint project and to establish the shared culture, structure and systems that are required to achieve integrated working. Such development work takes time, and many of the partnership sites have suggested that the time they were given to establish and embed the partnership was not long enough. If a longer lead-in time had been allowed in order to develop an agreed approach, policy and ways of working before direct service provision began, some of the initial challenges experienced by the partners, including problems around getting staff in post and issues around management structures, could have been avoided.</p> </li> <li data-bbox="384 745 1461 1245"> <p>● <b>Develop further integrated working funding programmes:</b> This evaluation clearly shows that bringing together the voluntary sector and statutory sector to develop an integrated approach has been a highly innovative and successful element of the Integrated Interventions Programme. It has brought about a real step change in the way the partner organisations have worked together. Professionals have highlighted that if coming together in this way was not a specific condition of the funding, it may never have happened. As such, it is felt that bringing together the voluntary and statutory sectors should be something that is developed for future funding programmes. Given that the evaluation shows the clear benefits and success of a Department for Education funding programme built around the principles of integrated working, there is a clear case for the Department for Education to fund further such programmes in the future.</p> </li> </ul>

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# References

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Cabinet Office (2012), *A Guide to Social Return on Investment* (The SROI Network).

Peter Fletcher Associates Ltd (2015), *Interim Report: Evaluation of the Integrated Interventions Programme for Carers Trust* (Carers Trust).

Peter Fletcher Associates Ltd (2015), *Social Return on Investment Report: Evaluation of the Integrated Interventions Programme for Carers Trust* (Carers Trust).

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# Appendices

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## Appendix A: Overview of the partnership sites

### 1: Birmingham Young Carers

This is a partnership between Birmingham Young Carers and Birmingham City Council, targeting young carers in families with multiple issues, that are most affected by chronic ill health, learning disabilities and/or substance misuse. The needs of these families are further compounded by family conflict, poverty, debt, domestic violence and inadequate housing. The project works intensively with young carers and their families to coordinate the assessment, intervention and review of service delivery through the multi-agency fCAF. This project is integrated into the city's CAF team and so uses the referral pathway already in place and widely promoted. The city's CAF team provides administrative support as well as advice to the fCAF coordinator and helps promote the service.

The fCAF meets the needs of the young carers through their active involvement in the assessment and individual support plan. It is a multi-agency process that brings together the resources of several agencies for adults and siblings and so increases the support to whole families. Agencies include education, work and benefit advice and adult health practitioners. The young carer fCAF coordinator (Birmingham Young Carers) is responsible for implementing the fCAF process and holds all partners to account.

### 2: Barnardo's Liverpool

This site consists of a partnership between Barnardo's Liverpool, which provides a young carers service, and Liverpool City Council. The partnership has a heavy focus on promoting strategic change in the wider systems and processes through which young carers are identified and supported. The prime outcome for the partnership is to embed the existing identification pathway for young carers at both the strategic and operational level across children's and adult services. The work of this partnership is highly focused on influencing strategic planning to achieve lasting, sustainable changes within current complex systems in children's and adult services across statutory and voluntary sectors, including schools and health.

The partnership also provides one day a week of direct service provision to young carers and family members affected by complex issues surrounding parental physical/sensory impairment, learning disability and/or substance or alcohol misuse. Barnardo's Liverpool and Liverpool City Council historically have a strong working relationship that dates back to 1992. This was helpful when they embarked upon the Integrated Interventions work. The strategic focus of this partnership was heavily guided by the Keeping the Family in Mind work that the partners have jointly worked on in the past.

### **3: Blackpool Carers Centre**

This is a partnership formed between Blackpool Carers Centre and Blackpool Council. The target group for support from this partnership are young carers living with parental substance misuse. The Integrated Interventions partnership developed when Blackpool Carers Centre identified there was a gap in provision of support for young carers with parents with substance misuse issues and the Council were supportive of doing work in this area.

This project aims to provide a flexible service to support a specific group of young carers and their families. The help involves individual support and emergency support planning, trips and activities for the whole family, signposting, guidance and information. The partnership provides an out-of-hours service for families with substance misuse issues. It is felt by Blackpool Carers Centre that an out-of-hours service is the best way to provide a service for these families.

### **4: Wiltshire Young Carers Strategic Partnership**

The Integrated Interventions partnership has been developed between Community First and Wiltshire Council to support families and young carers in various ways including:

- Military families.
- Young carers' transition into high school (Year 6) and adulthood (Year 11).
- Healthy families programme.

Support is being delivered through closer working with relevant agencies, developing referral pathways and identification processes and awareness raising. They will also deliver a series of five x eight week Family Health Together programmes and one-to-one support including counselling, debt advice, healthy eating, sports and physical activity, arts and housing support. Alongside this, Wiltshire Young Carers Strategic Partnership is a partnership between Community First Wiltshire, Wiltshire Council, NHS Wiltshire and the Ministry of Defence. This partnership was already established prior to the Integrated Interventions funding. Community First is also a member of the Carers Act group. The Integrated Interventions funding strengthens the existing relationships and extended developments to support young carers.

### **5: Roundhouse, Portsmouth**

This site consists of a partnership between Cranstoun and Portsmouth City Council. The partnership site has been named Roundhouse, Portsmouth and provides support to young carers and family members who are affected by substance misuse. The partnership has been formed to fill a gap that has been identified in Portsmouth around the identification and support of young carers of substance misusing parents. There is a young carers centre in Portsmouth which is run by the City Council, but this centre did not work with the whole family. A need for a holistic service that supported the whole family was identified and the Integrated Interventions funding was used to set up the Roundhouse, Portsmouth service to fill this gap.

The partnership takes a coordinated approach to working with both parents and carers in the interests of the whole family, supporting parenting and strengthening relationships within the family. Young carers are supported via individual support, group programmes and self-esteem building activities to reduce isolation, anxiety and inappropriate levels of responsibility. For parents, staff members undertake outreach and motivational work to effectively engage parents into substance misuse treatment and work holistically to ensure activities and skills which support appropriate family relationships are learned, strengthened and maintained. This includes support and training in parenting skills. The project offers a range of diversionary activities and family outings to support and reward strengthening appropriate family relationships.

## **6: Family Empowerment Project, Gloucestershire**

This site consists of a partnership between Gloucestershire Young Carers and 2Gether NHS Foundation Trust. The partnership targets families where a parent or sibling experiences mental illness, specifically including children of parents requiring acute mental health treatment in hospital. The impetus for the project came from one Gloucestershire Young Carers project worker observing a similar scheme in Australia and builds on the work of the well-established Gloucestershire Young Carers Project.

A key objective is to ensure that the families of all parents who are admitted to mental health hospital wards in Gloucestershire are contacted and informed about the project. All parents admitted, treated or discharged from Wotton Lawn Hospital and their families will be offered a visit in order to ensure that they are aware of any support available to them. Those families which are most in need and who are offered family advocacy will have an action plan which will be reviewed regularly.

An NHS mental health worker, seconded to the Family Empowerment Project, Gloucestershire for the lifetime of the Integrated Interventions funding, is involved in developing systems and in skilling up practitioners to identify those children of parents with mental ill health who are likely to be providing excessive or harmful caring roles. They will also identify young carer champions in mental health teams. Intervention is based on the assumption that children of parents needing mental health inpatient treatment or being supported by community mental health teams have an increased likelihood of taking on excessive or harmful caring responsibilities.

## **7: Kingston Carers Network**

This site consists of a partnership between Kingston Carers Network and The Royal Borough of Kingston-Upon-Thames. The partnership site provides a brokerage service for young carers and their families, ensuring that they are supported to access the services that they require. The partnership site also provides in-house services, including financial and legal advice, thus creating a one-stop holistic service for the whole family.

The target group for this partnership site are young carers and families that are not currently receiving services to support their needs. These families are experiencing multiple challenges including parental mental ill health, substance misuse,

unemployment, financial hardship and inadequate support networks. The target group therefore requires a bespoke, tailored approach and input from a number of agencies, including adult and children's services.

Once referred to the service, information and advice is provided to enable families to receive other services. The support worker delivers intensive support, including advice, information and emotional support to the whole family. The coordinator uses a triage approach to prioritise support to families where children are providing excessive levels of care and where families are struggling to cope. Changes to the level of caring are monitored through regular one-to-one sessions with young carers, and follow up assessments.

## **8: Croydon Young Carers**

This partnership has been developed between Off the Record Youth Counselling Croydon's young carers service, Croydon Young Carers, and London Borough of Croydon Council. Other departments or agencies including education, housing and mental health have also become involved. The project also has a strong strategic element embedding new referral pathways and delivering training to council professionals and other agencies. In addition, a young carers working group has been established. The Young Carers Coordinator is based one day a week within the local authority and is undertaking strategic work, including training professionals from several agencies.

The operational and strategic work for the partnership from Croydon Young Carers is split between two posts, which has worked particularly well and has meant more has been achieved. The service targets young carers under 18 with the highest levels of caring responsibilities who may be at the edge of statutory intervention. They have a clear identified need for coordinated support across several services to address overall family needs and reduce excessive or harmful caring. The combination of direct family work alongside strategic work is designed to ensure that robust new pathways and protocols are built on the direct experience of work with young carers and their families ensuring that training is relevant and accessible and new processes are robust and meaningful.

## Appendix B: MACA and PANOC analysis

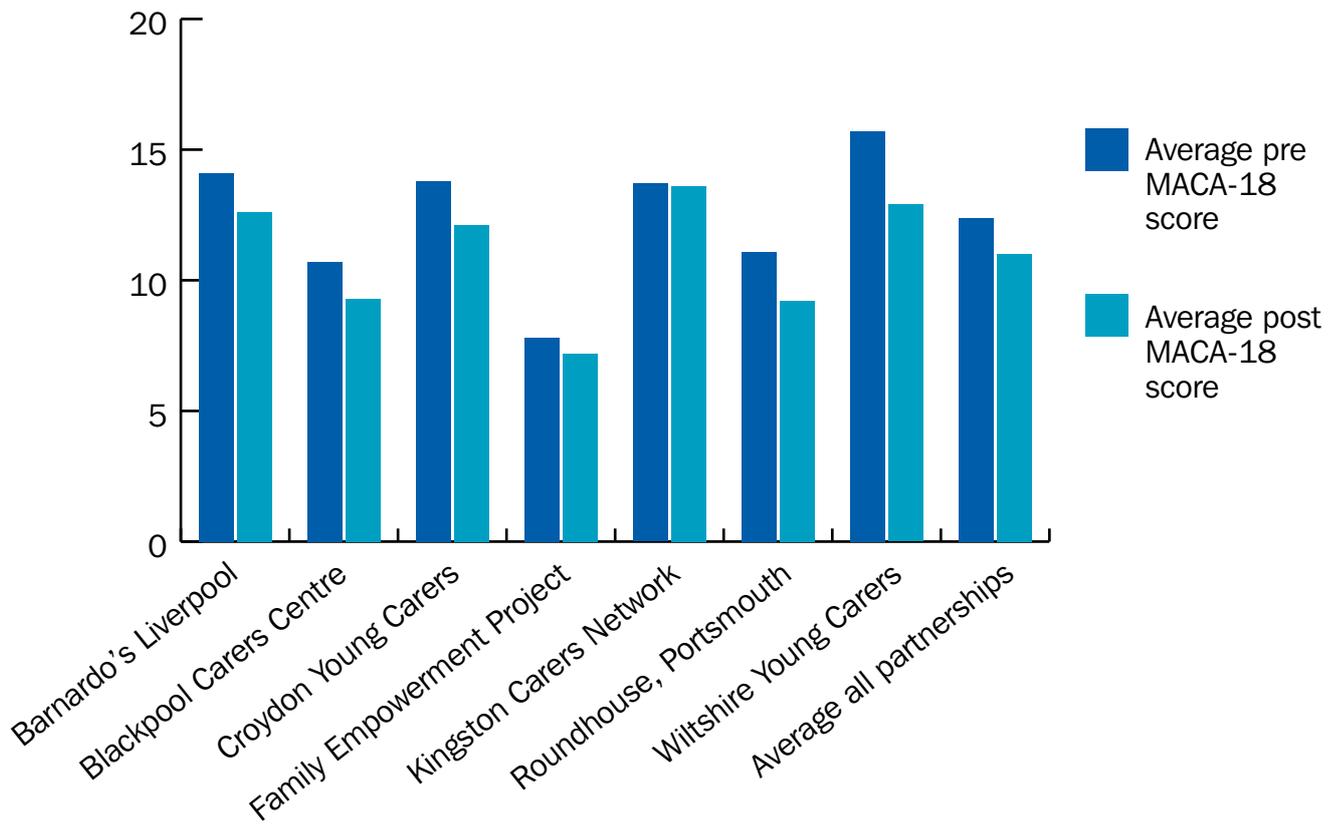
This appendix includes the full analysis of the MACA and PANOC assessment tools that have been completed and returned by the partnership sites. Pre assessment tools were used with young carers at the very start of their involvement with the service, review assessment tools have been used mid-way through the intervention, and post assessment tools have been completed at the end of the service provision. Figure B.1 details the number of assessment tools that have been completed and returned by each partnership site.

**Figure B.1: Number of assessment tools completed by each partnership site**

Partnership site	Pre assessment tools				Review assessment tools completed			Post assessment tools	
	MACA-18	MACA-42	PANOC Y-20	What I like and dislike about caring	MACA-18	PANOC Y-20	What I like and dislike about caring	MACA-18	PANOC Y-20
Barnardo's Liverpool	25	0	25	24	17	17	14	2	2
Birmingham Young Carers	3	9	11	0	0	0	0	0	0
Blackpool Carers Centre	85	0	83	43	36	36	19	3	0
Croydon Young Carers	144	0	66	2	19	13	0	14	14
Family Empowerment Project, Gloucestershire	8	0	8	0	0	0	0	5	4
Kingston Carers Network	22	0	21		0	0	3	19	18
Roundhouse Portsmouth	16	0	16	0	3	3	0	16	16
Wiltshire Young Carers Strategic Partnership	30	0	30	0	0	0	0	20	21
<b>Total all partnerships</b>	<b>333</b>	<b>9</b>	<b>260</b>	<b>69</b>	<b>75</b>	<b>69</b>	<b>36</b>	<b>79</b>	<b>75</b>

The MACA-18 assessment tool looks at the amount of caring that the young carer carries out. A score of 1–9 indicates a low amount of caring activity, a score of 10–13 indicates a moderate amount of caring activity, a score of 14–17 indicates a high amount of caring activity and a score of 18 and above indicates a very high amount of caring activity. Figure B.2 gives the average pre intervention and post intervention MACA-18 scores for each partnership site.

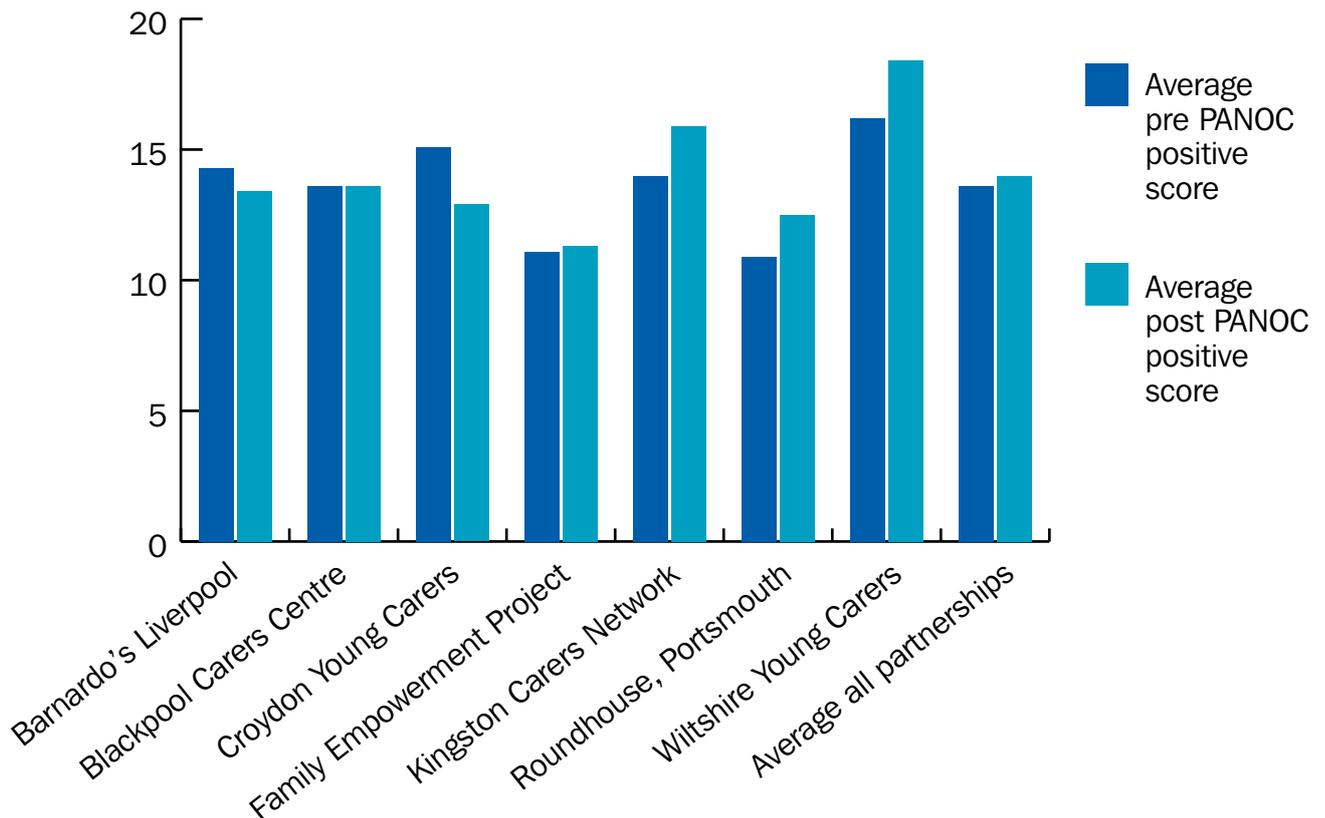
**Figure B.2: Average pre and post MACA-18 score**



NB Scores for Birmingham Young Carers have not been included here as no post assessment tools were used by this partnership site. Including only the pre score data would have skewed the all partnership average score. Review MACA-18 scores have been used for both Barnardo's Liverpool and Blackpool Carers Centre as both of these partnerships had very low numbers of post MACA-18 tools.

PANOC scores indicate how caring is experienced by young carers, the positive score indicating how positively caring is being experienced, the negative score indicating how negatively caring is being experienced. A higher positive score indicates a higher positive experience and a higher negative score indicates a higher negative experience of caring. Both the positive and the negative scales have a range of 0–20. Figure B.3 gives the average pre intervention and post intervention positive PANOC-Y20 scores by partnership site.

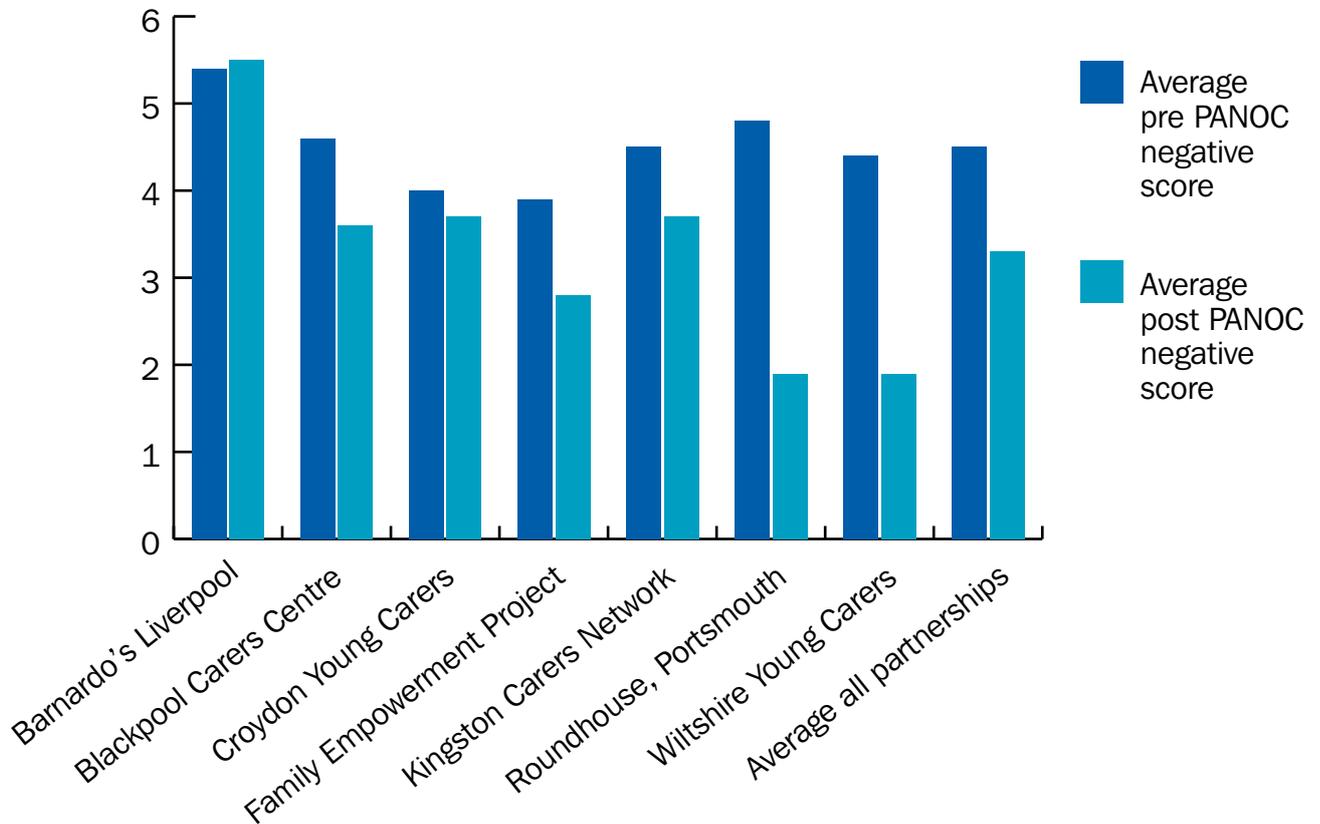
**Figure B.3: Average pre and post positive PANOC-Y20 score**



NB Scores for Birmingham Young Carers have not been included here as no post assessment tools were used by this partnership site. Including only the pre score data would have skewed the all partnership average score. Review PANOC-Y20 scores have been used for both Barnardo's Liverpool and Blackpool Carers Centre as both of these partnerships had very low numbers of post PANOC-Y20 tools.

The average pre and post negative PANOC scores for each partnership site are given in Figure B.4. Most of the sites have experienced a decrease in negative scores, indicating that young carers are feeling more positively about their caring role post intervention.

**Figure B.4: Average pre and post negative PANOC score**



NB Scores for Birmingham Young Carers have not been included here as no post assessment tools were used by this partnership site. Including only the pre score data would have skewed the all partnership average score. Review PANOC-Y20 scores have been used for both Barnardo's Liverpool and Blackpool Carers Centre as both of these partnerships had very low numbers of post PANOC-Y20 tools.

Figures B.5 and B.6 look at the change in levels of caring being carried out by young carers both pre and post intervention. There is a clear change between the two figures, indicating a substantial decrease in the proportion of young carers who are providing higher levels of care.

Figure B.5: Pre MACA-18 levels of caring

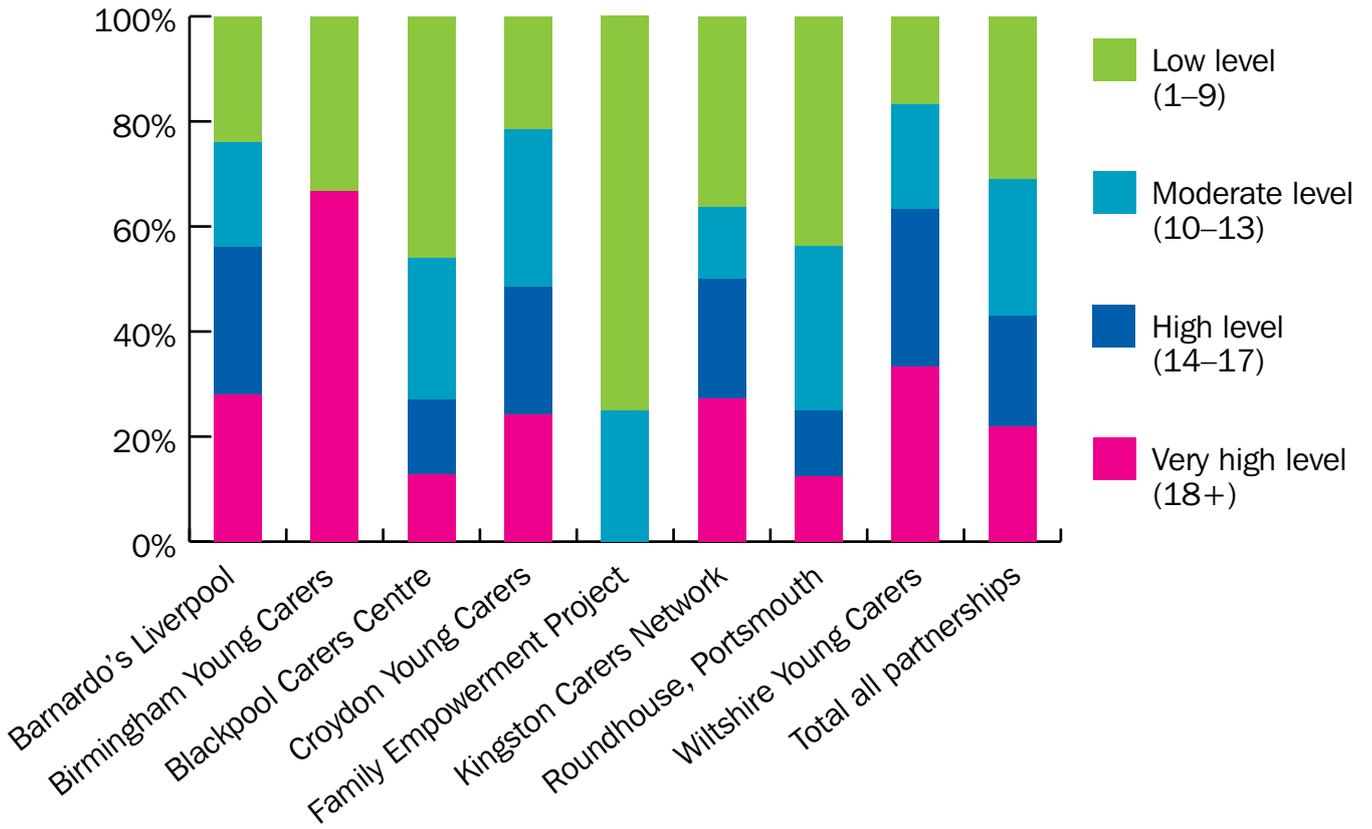
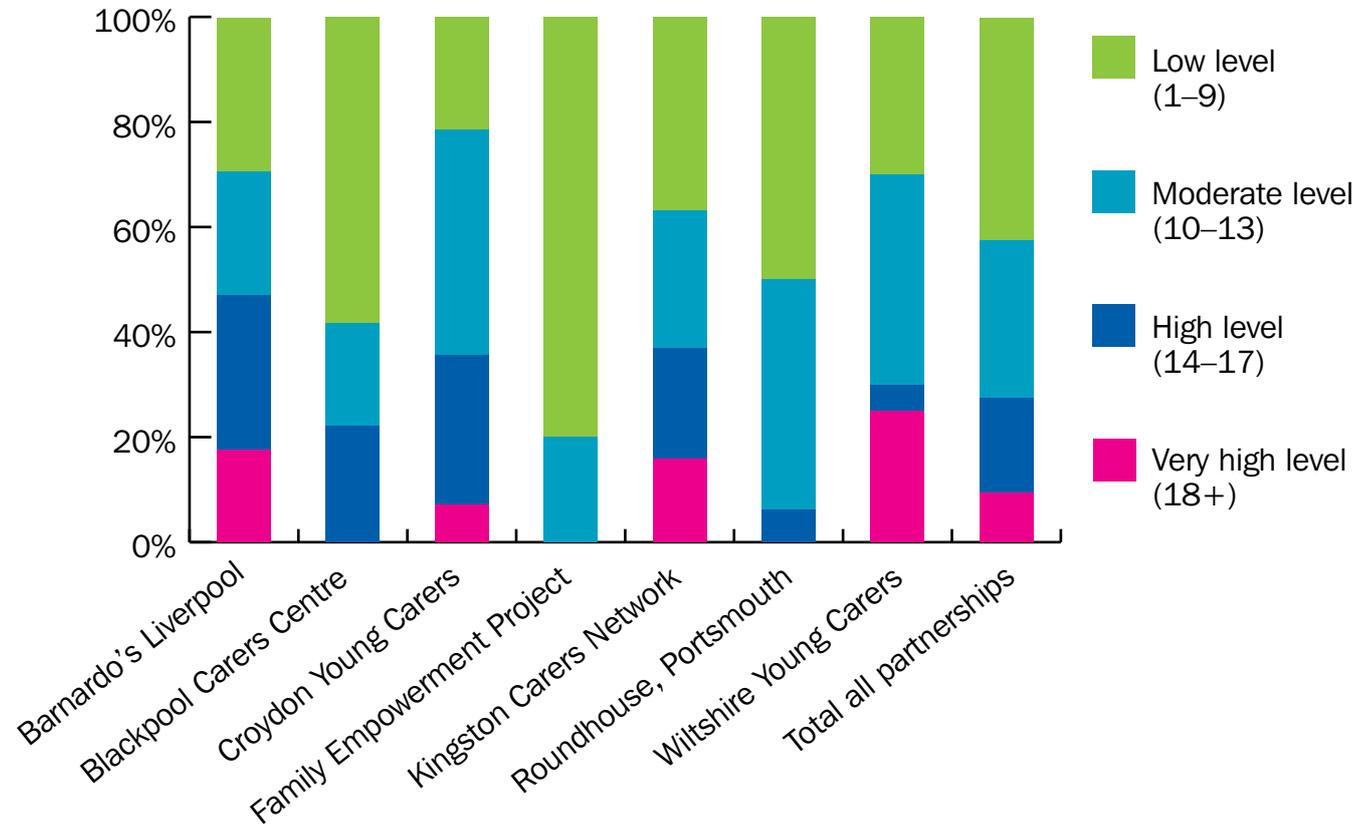


Figure B.6: Post MACA-18 levels of caring

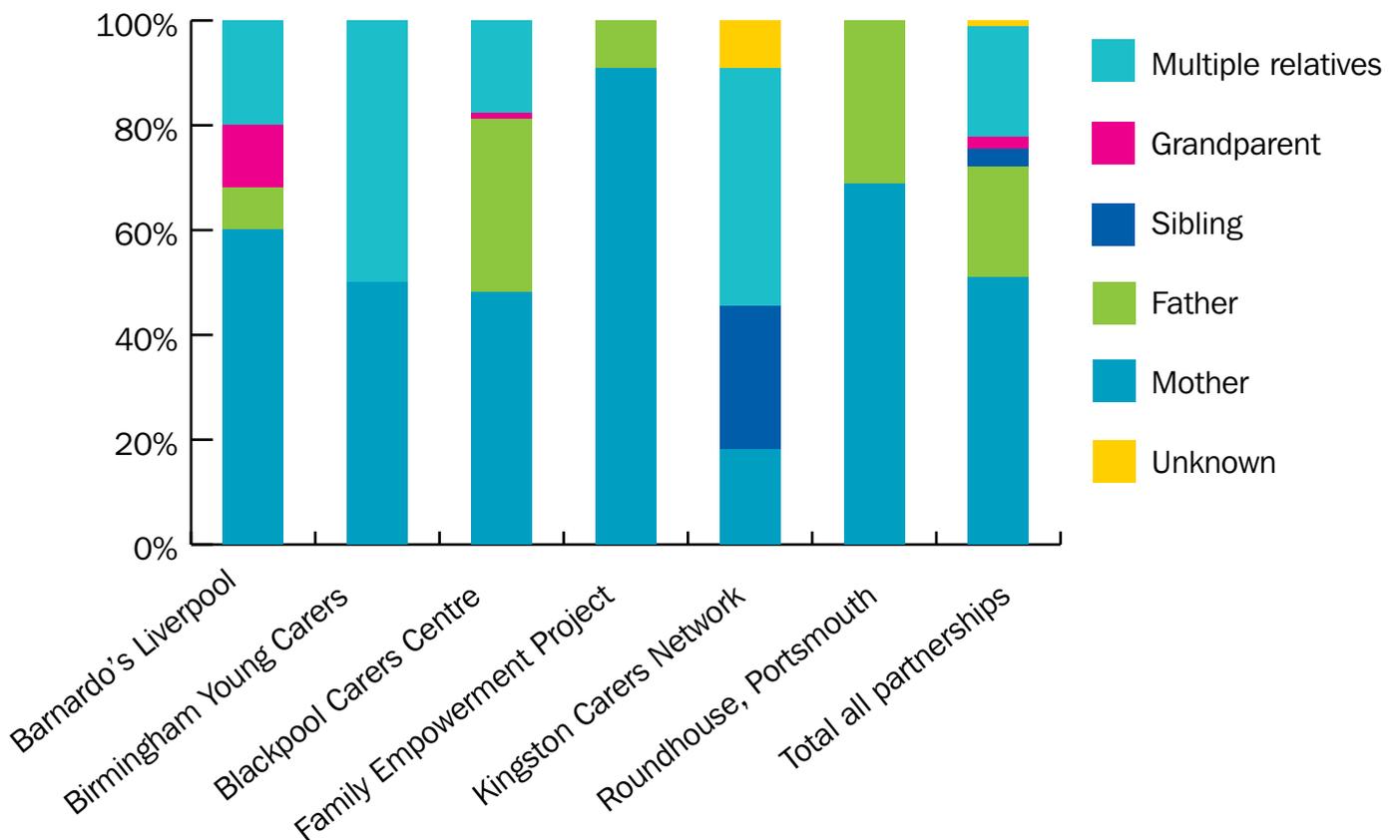


Most commonly, young carers are providing care for their mother. The proportion of young carers who are providing care for multiple relatives is also high.

NB Review MACA-18 scores have been used for both Barnardo's Liverpool and Blackpool Carers Centre as both of these partnerships had very low numbers of post MACA-18 tools. Birmingham Young Carers did not complete any post assessment MACA-18 forms.

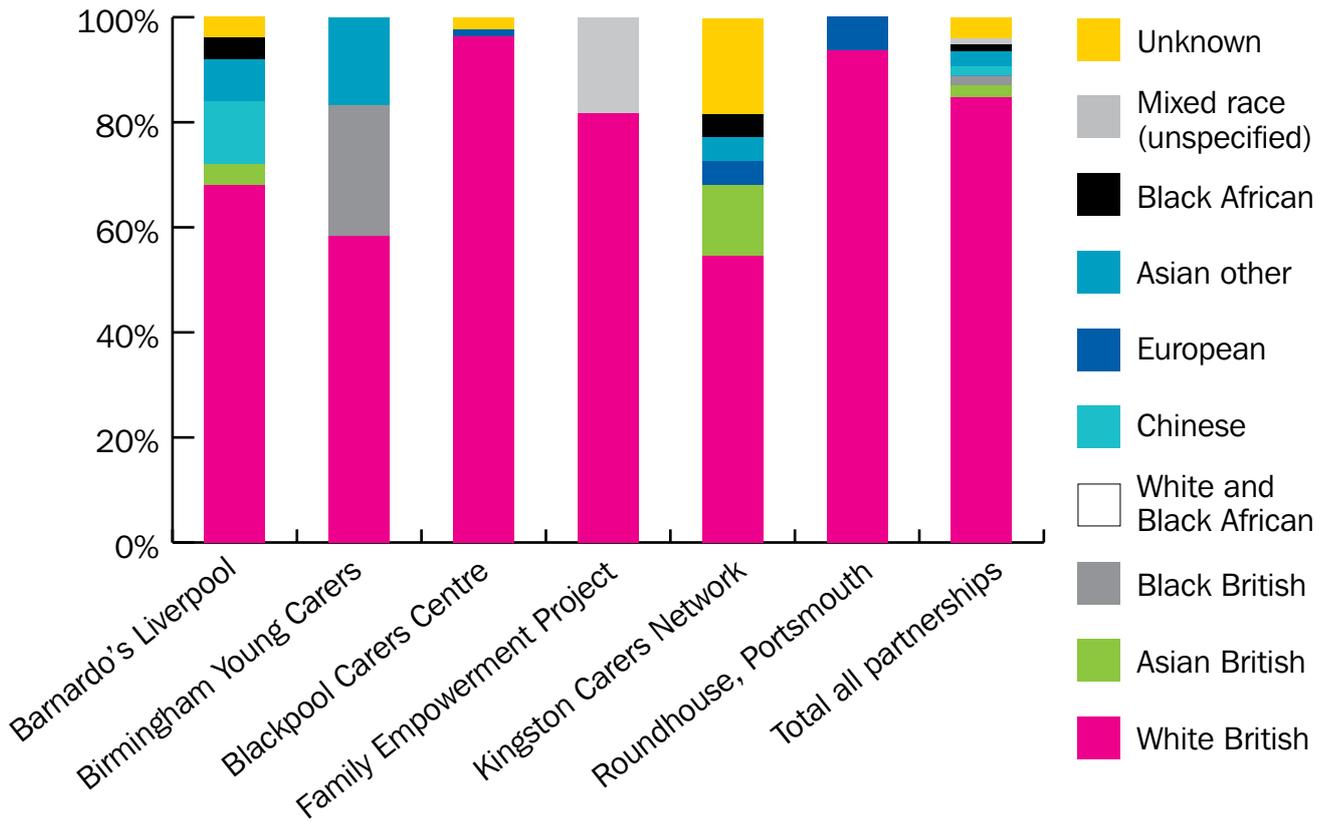
**Figure B.7: Person cared for by young carer**

NB, there is not enough room to include the actual amounts on the stacked graphs so they have been left out



NB This data was not provided for Croydon Young Carers or Wiltshire Young Carers Strategic Partnership so has not been included here.

Figure B.8: Ethnicity of young carers

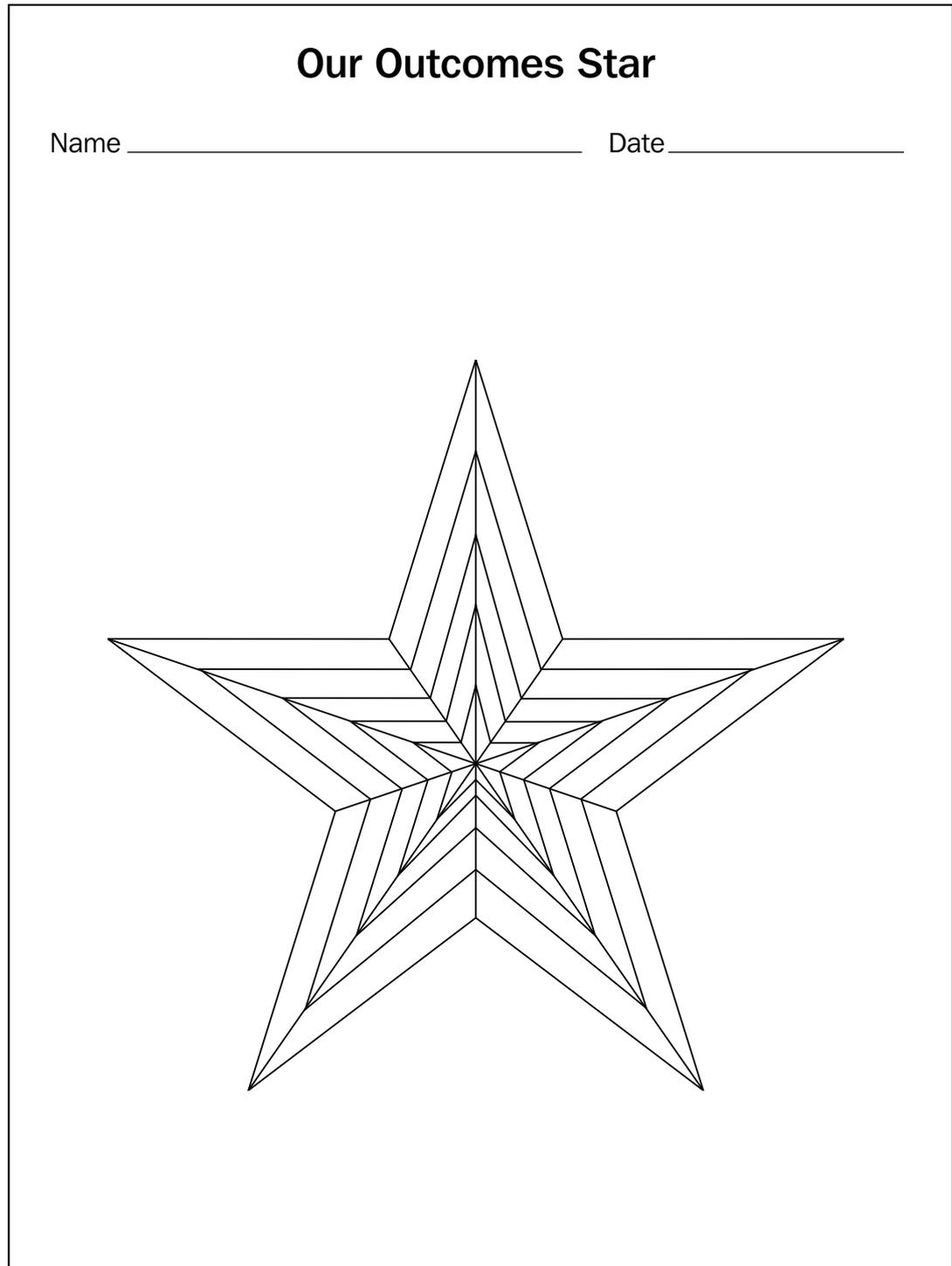


NB This data was not provided for Croydon Young Carers or Wiltshire Young Carers Strategic Partnership so has not been included here.

## Appendix C: Assessment tools

The Outcomes Star assessment tool has been given here as an example of the different types of assessment tools that have been used by partnership sites to assess family members.

Figure C.1: Outcomes Star



## Appendix D: Analysis of estimated vs achieved numbers supported

The following is an analysis of the data given in initial funding applications and in final monitoring reports. It offers an insight into the demographic profile of the young carers and family members who have received support from the partnership sites and a comparison between estimated and achieved numbers.

### Number and profile of young carers who have received support

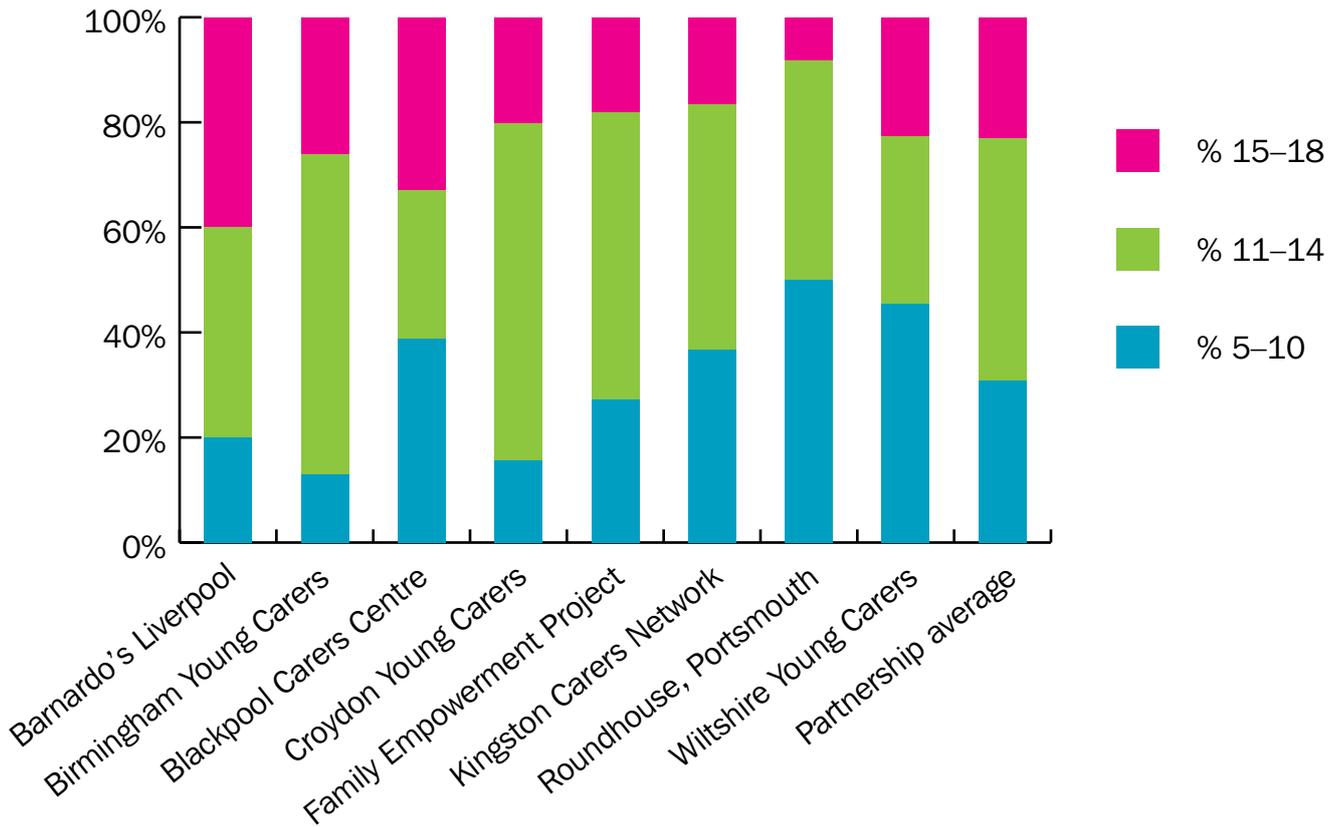
Figure D.1 gives the number of young carers who have received both direct and indirect support from the partnership sites. In this case, direct support means that the young carer has received tailored one-to-one support from the project worker. Indirect support means that the young carer may not have been eligible for direct support but has benefitted from receiving support from the generic young carer service or has received information/advice to support their role as a young carer.

**Figure D.1: Number of young carers supported directly and indirectly**

Partnership site	Number of young carers receiving direct support	Number of young carers receiving indirect support	Total young carers receiving some level of support
Barnardo's Liverpool	25	10	35
Birmingham Young Carers	23	21	44
Blackpool Carers Centre	85	18	103
Croydon Young Carers	79	493	572
Family Empowerment Project, Gloucestershire	11	27	38
Kingston Carers Network	30	18	48
Roundhouse Portsmouth	36	15	51
Wiltshire Young Carers Strategic Partnership	22	50	72
<b>Total all partnerships</b>	<b>321</b>	<b>652</b>	<b>973</b>

The age profile of the young carers who have been directly supported by the partnership sites is detailed in Figure D.2. The largest proportion of young carers fall into the 11–14 age group across the sites, although there is some variation between sites.

**Figure D.2: Age profile of young carers supported**



The majority of young carers who have received direct support are female, at 59.9% across all partnerships.

**Figure D.3: Gender of young carers supported**

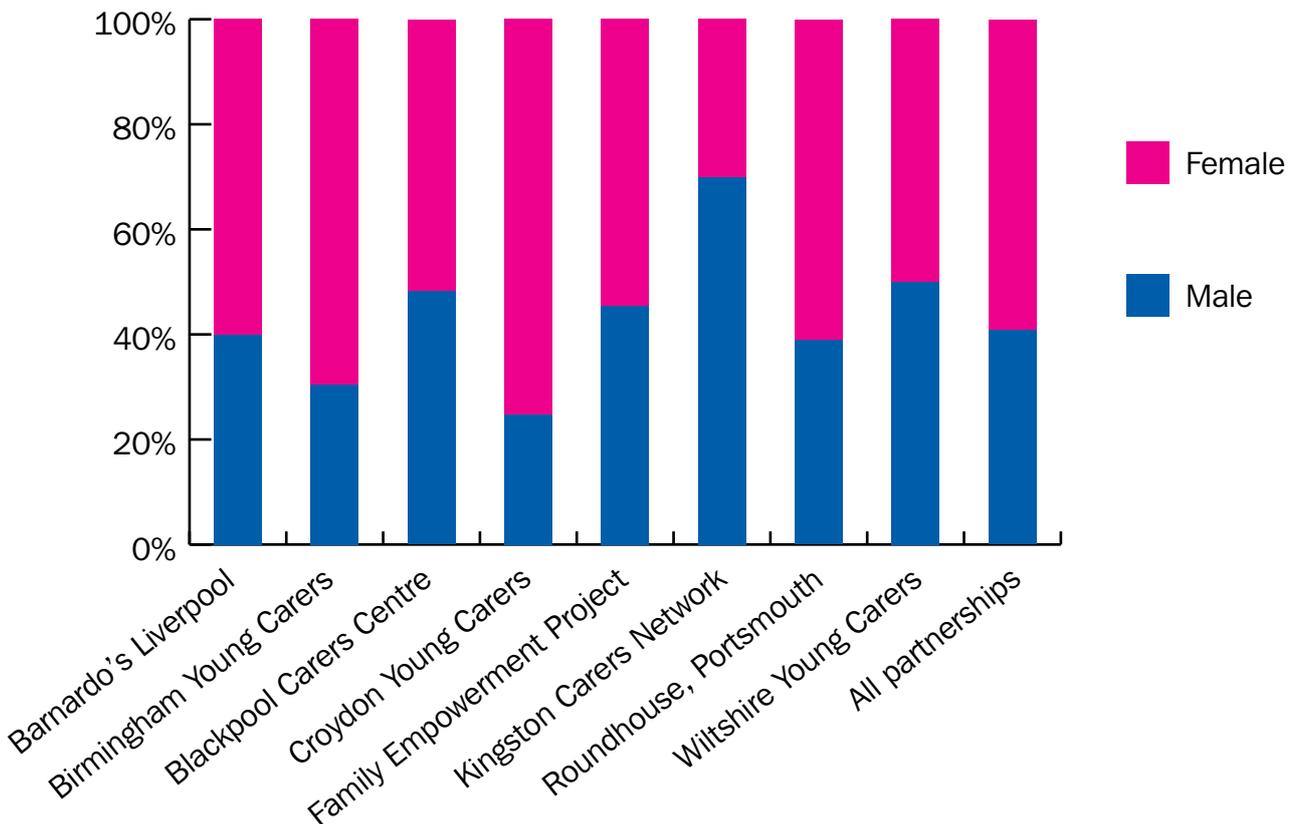
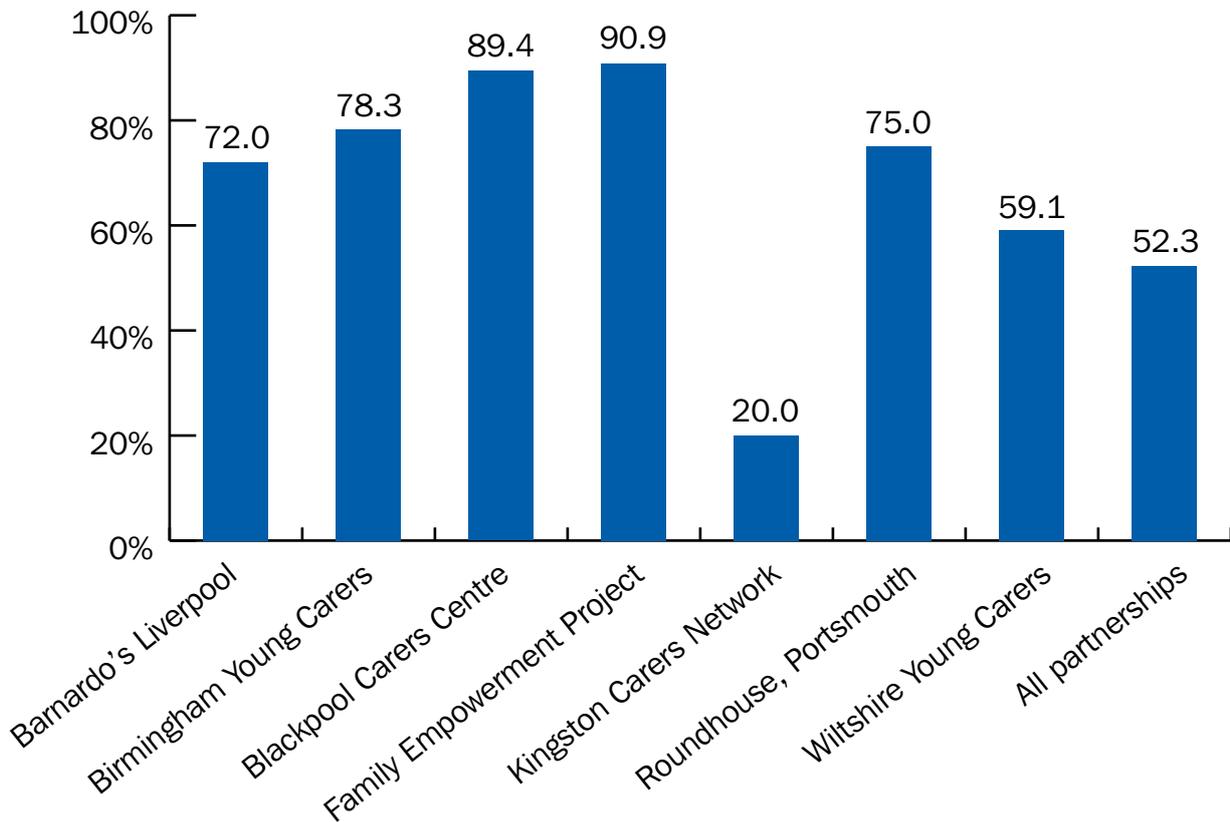


Figure D.4 looks at the proportion of young carers who had not been in receipt of support from the young carers service prior to their involvement with the partnership sites. The proportion differs considerably between sites, with the Family Empowerment Project, Gloucestershire having the largest proportion at 90.9% and Kingston Carers Network having the lowest at 20%.

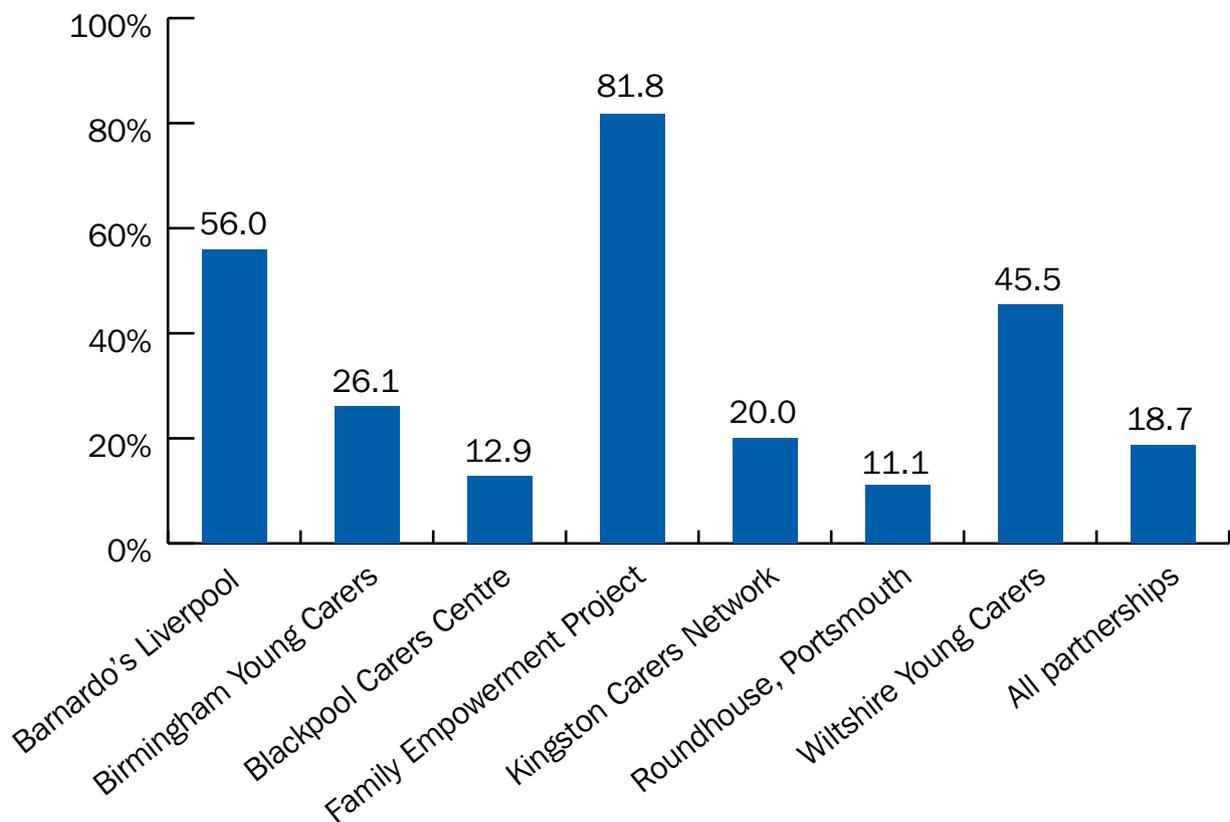
**Figure D.4: Percentage of young carers who had not received support from young carer service previously**



NB There is no data for Croydon Young Carers provided here as late changes were made to young carer figures.

As with Figure D.4, there is also a great variation between partnership sites regarding the proportion of young carers who were referred to the service by the statutory partner. The Family Empowerment Project, Gloucestershire has the highest proportion while Roundhouse, Portsmouth has the lowest. This is closely linked to the services that make up the partnership sites. In Gloucestershire, the project worker has a physical presence on the mental health ward, so is working directly within the statutory partner's premises to identify young carers for the service. For Roundhouse, Portsmouth, the young carers service is provided by the statutory partner and the majority of referrals to the service have come from the voluntary sector organisation Cranstoun, which works with people who have substance misuse problems. The young carers are identified from this source rather than the statutory partner.

**Figure D.5: % Young carers referred by statutory partner**



NB There is no data for Croydon Young Carers provided here as late changes were made to young carer figures.

## Number and profile of family members who have received support

Figure D.6 offers a breakdown of the family members who have received both direct and indirect services from the partnership sites. Direct and indirect service provision for family members is as defined above for young carers.

**Figure D.6: Number of family members supported directly and indirectly**

Partnership site	Number of family members receiving direct support	Number of family members receiving indirect support	Total family members receiving some level of support
Barnardo's Liverpool	23	60	83
Birmingham Young Carers	43	7	50
Blackpool Carers Centre	110	21	131
Croydon Young Carers	179	101	280
Family Empowerment Project, Gloucestershire	36	16	52
Kingston Carers Network	49	28	77
Roundhouse, Portsmouth	41	24	65
Wiltshire Young Carers Strategic Partnership	30	22	52
<b>Total all partnerships</b>	<b>511</b>	<b>279</b>	<b>790</b>

The breakdown of adult vs child family members who have received support is given in Figure D.7. The majority of family members who have received direct support are adults.

**Figure D.7: Adult/child breakdown of family members supported**

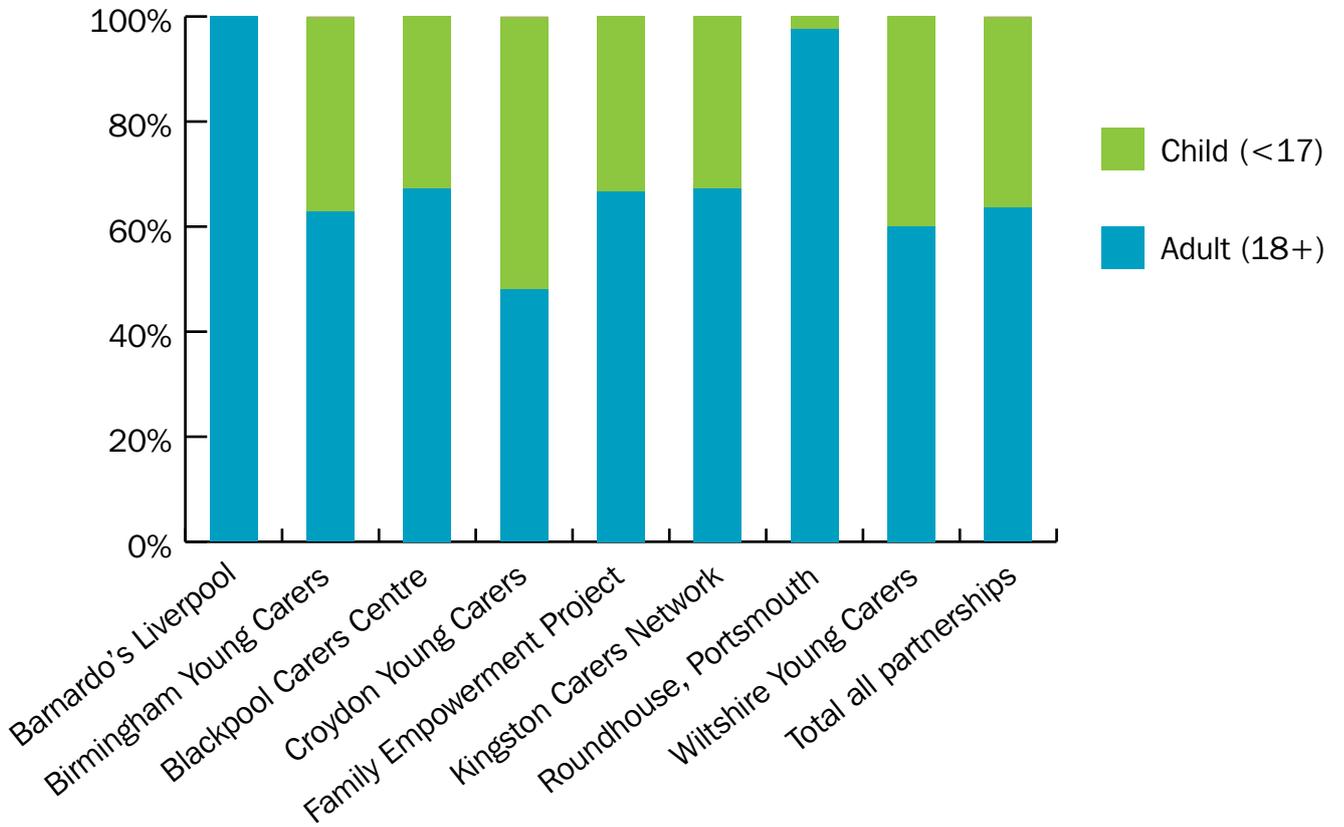
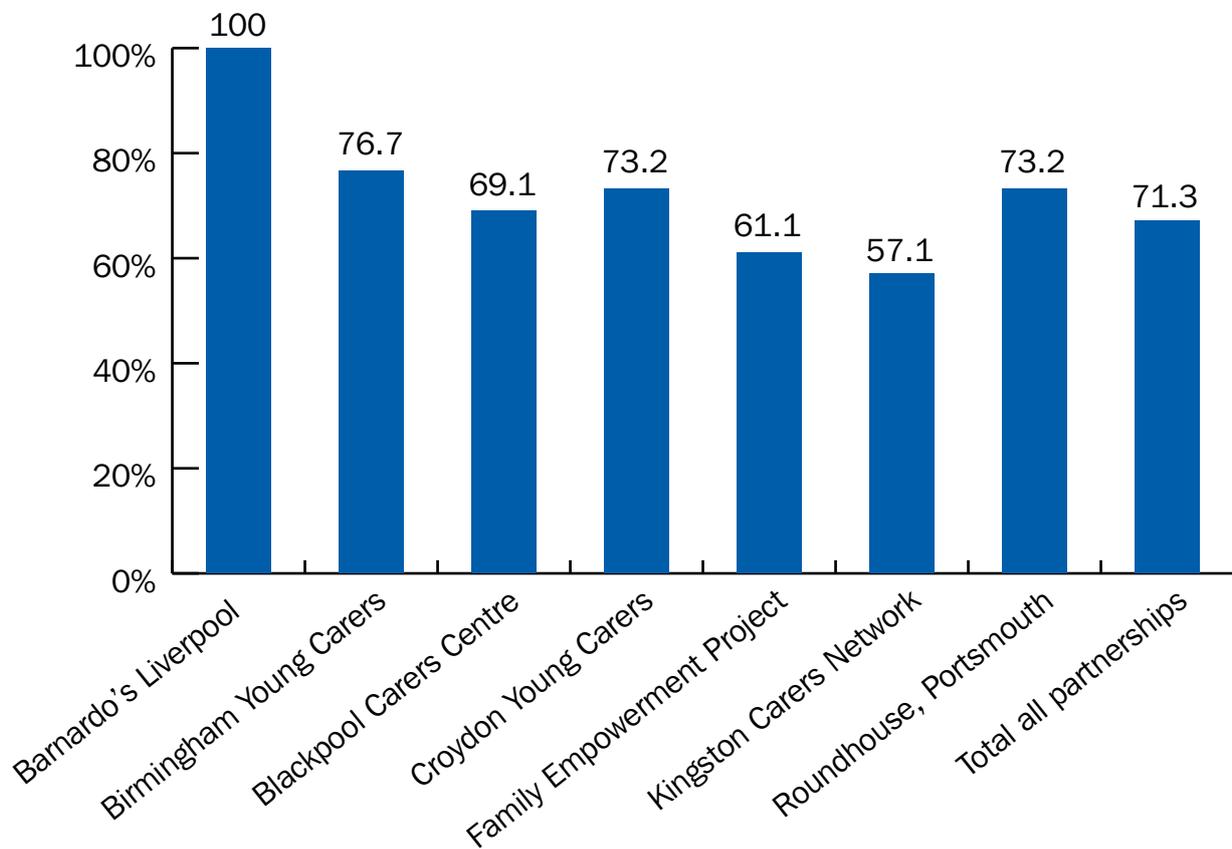


Figure D.8 looks at the proportion of family members who have received direct support from the partnership sites who were in receipt of care from the young carer. The remainder of family members are adults and children within the family who are not directly cared for by the young carer.

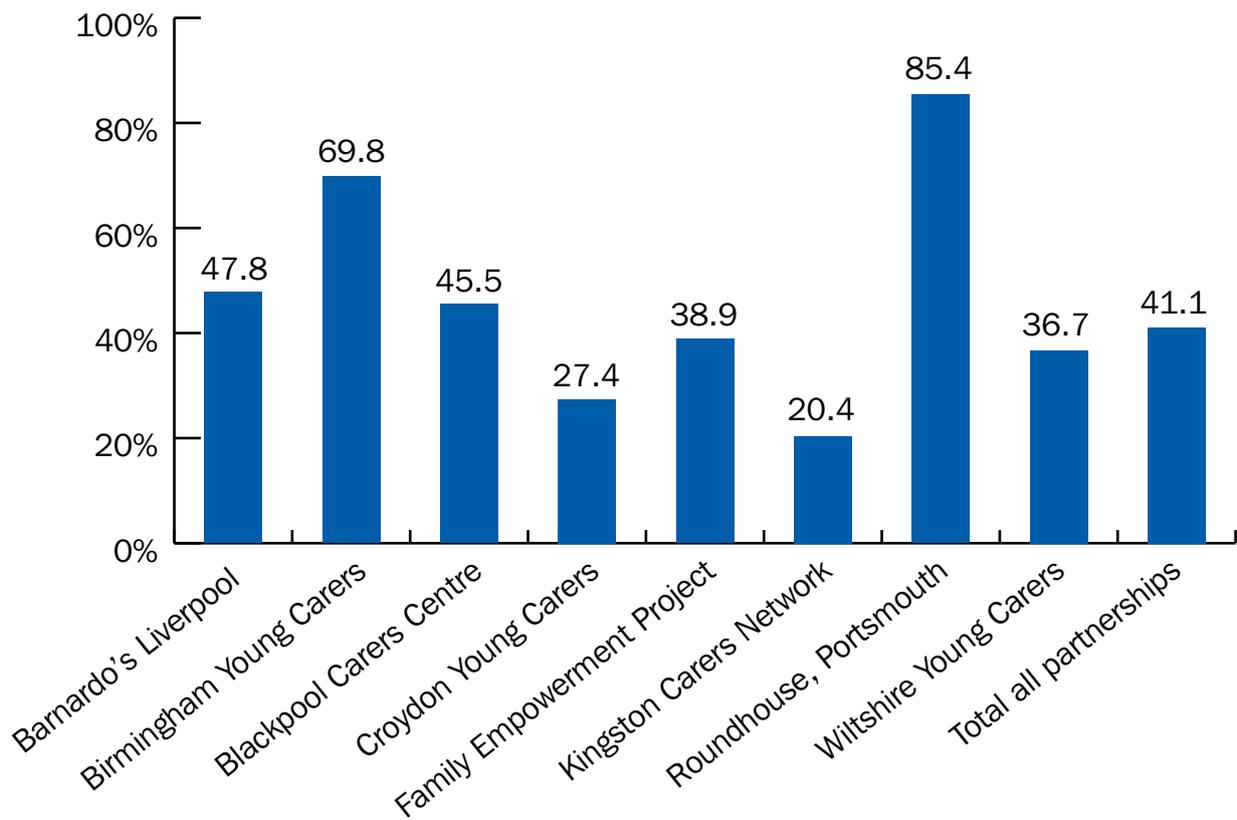
**Figure D.8: % Family members in receipt of care from young carer**



NB Data has not been included for Wiltshire Young Carers Strategic Partnership as it was unavailable.

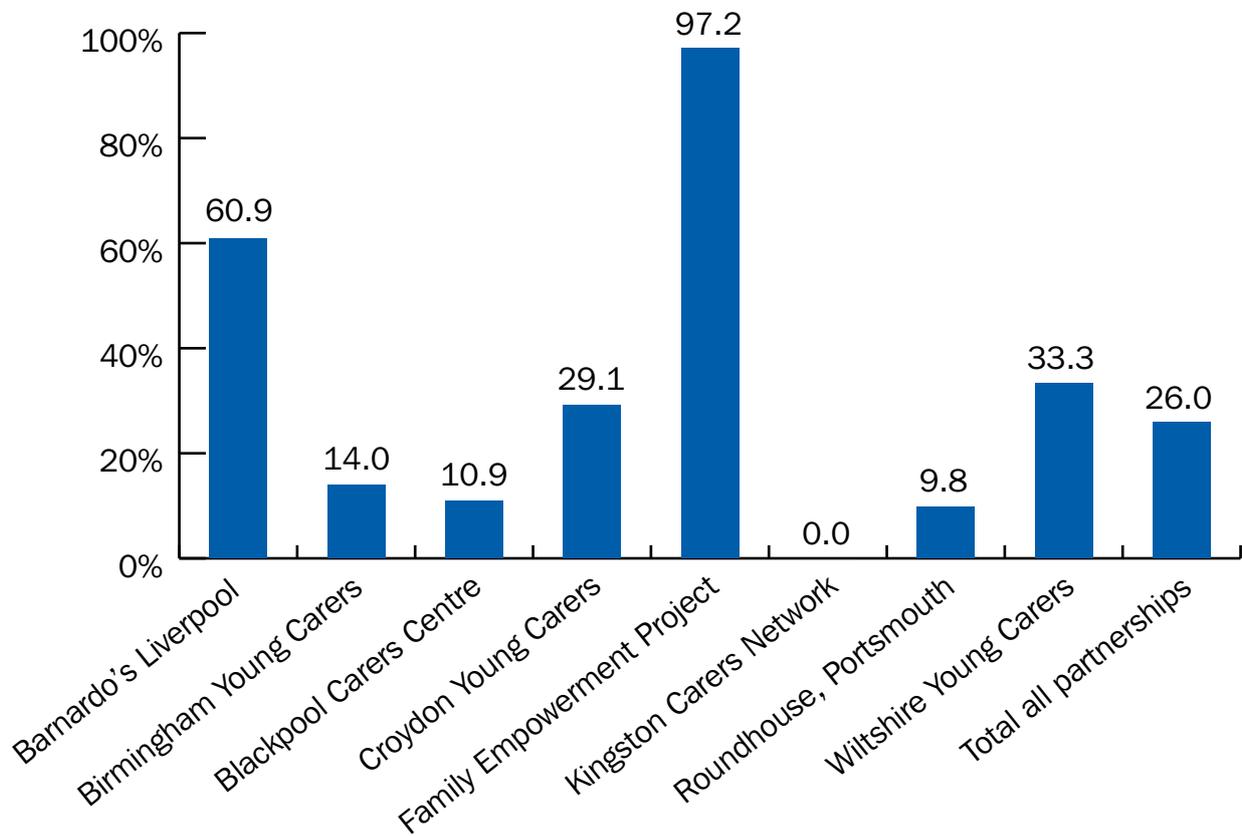
The proportion of family members who were not in receipt of support from either partner organisation prior to their involvement with the partnership sites is given in Figure D.9. Proportions vary considerably between partnership sites, the highest proportion being at Roundhouse, Portsmouth and the lowest at Kingston Carers Network. This suggests that a large proportion of the family members supported by Roundhouse, Portsmouth were new to the service, whereas those supported by Kingston Carers Network were mainly already known to the service.

**Figure D.9: % Family members who were not in receipt of support previously**



Again, the proportion of family members who were referred to the service by the statutory partner varies greatly between partnership sites. The full breakdown is offered in Figure D.10.

**Figure D.10: % Family members referred by statutory partner**



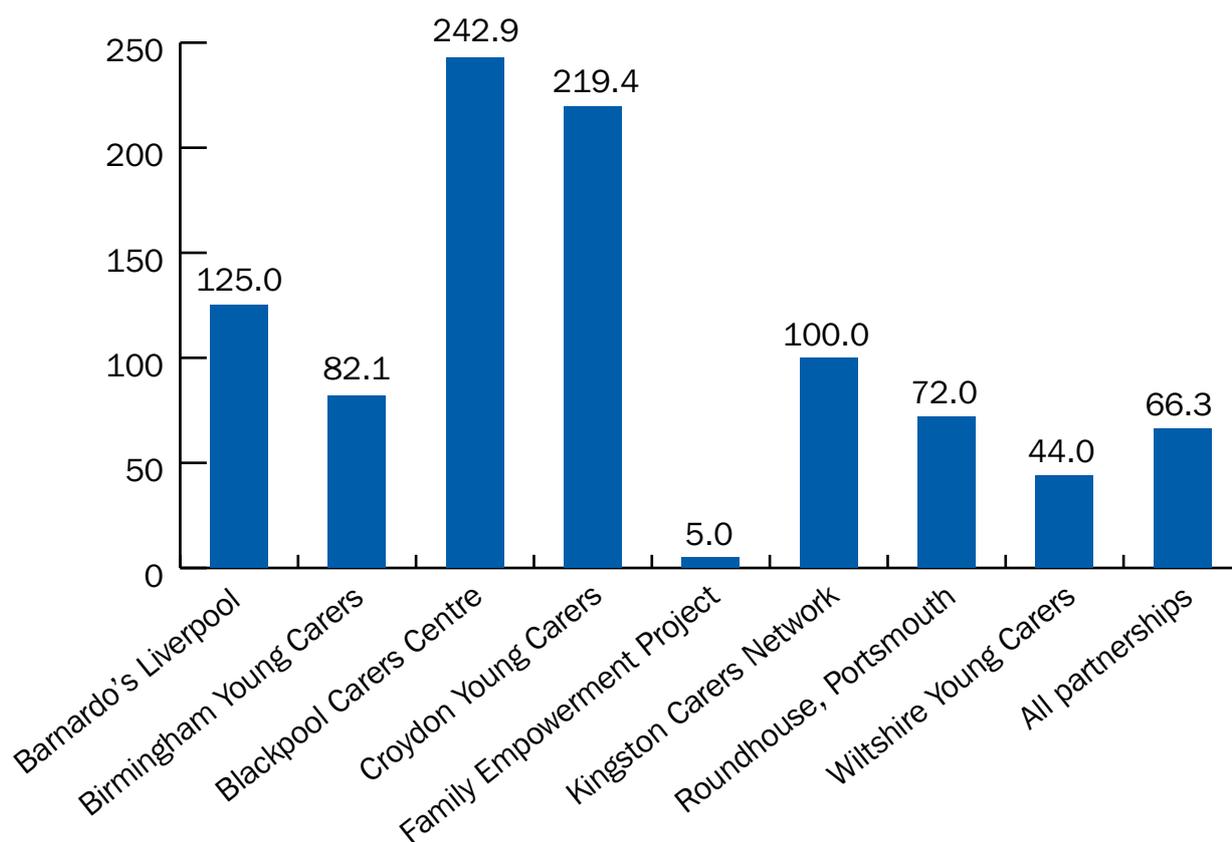
## Estimated numbers vs actual numbers

Figure D.11 compares the estimated numbers of young carers vs the number of young carers who received direct support from the partnership sites. The greatest difference in estimated vs achieved numbers is from the Family Empowerment Project, Gloucestershire, which achieved considerably lower numbers than originally estimated. The justification for the differences between estimated and achieved numbers is given in Figure D.13 below. The difference between estimated and achieved is given as a proportion in Figure D.12.

**Figure D.11: Young carer estimated vs young carer actual**

Partnership site	Young carer estimated	Young carer achieved	Difference
Barnardo's Liverpool	20	25	5
Birmingham Young Carers	28	23	-5
Blackpool Carers Centre	35	85	50
Croydon Young Carers	36	79	43
Family Empowerment Project, Gloucestershire	220	11	-209
Kingston Carers Network	30	30	0
Roundhouse, Portsmouth	50	36	-14
Wiltshire Young Carers Strategic Partnership	50	22	-28
<b>All partnerships</b>	<b>469</b>	<b>311</b>	<b>-158</b>

**Figure D.12: % Actual number of young carers supported as a percentage of estimated numbers**



**Figure D.13: Partnership site explanation of difference between estimated and actual numbers**

Partnership site	Estimated number	Actual number	Explanation for difference in estimated and actual
<b>Barnardo's Liverpool</b>	20	25	Numbers have been exceeded but no explanation of this has been given in the monitoring form.
<b>Birmingham Young Carers</b>	28	23	Most of the families supported have been extremely complex which has meant that the CAF has needed to stay open for longer than expected – some for longer than a year. This has meant that the capacity of the fCAF Coordinator has resulted in fewer CAFs being opened. Some families have needed intensive family support which at first the fCAF Coordinator was undertaking. There have also been resource gaps where no other agency has had the remit or role to undertake some of the activities which were needed as identified in the fCAF. A lot of work has also taken place that has not resulted in an fCAF being initiated for numerous reasons. Work has been done with 37 families in total but only 20 of these have resulted in an fCAF.

(continued)

Partnership site	Estimated number	Actual number	Explanation for difference in estimated and actual
Blackpool Carers Centre	35	85	Numbers have been exceeded but no explanation of this has been given in the monitoring form.
Croydon Young Carers	36	268	Exceeded due to the separating of the family and strategic work roles and also with some cases being light touch with others needing more intense complex family support.
Family Empowerment Project, Gloucestershire	220	11	<p>A number of challenges arose which needed addressing prior to addressing referral rates/direct intervention. These took a substantial amount of time and included:</p> <ul style="list-style-type: none"> <li>● Resolving difficulties in working across agencies and systems.</li> <li>● Identifying service users with parenting responsibilities (on the database and in practice).</li> <li>● Difficulties in arranging joint visits/intervention due to saturation of work force and limited availability of Family Empowerment Project Gloucestershire Worker who only worked two days a week.</li> <li>● Families declining service for a range of reasons, for example cultural, approaches of diverse staff.</li> </ul>
Kingston Carers Network	30	30	This partnership site supported the number of young carers it originally estimated it would support.
Roundhouse, Portsmouth	50	36	As Roundhouse, Portsmouth developed, the project recognised that there was a need to work more intensively with the whole family than initially thought, which meant they worked with a smaller number of families than was first predicted.
Wiltshire Young Carers Strategic Partnership	50	22	No explanation given.





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