



Sheffield Young Carers – Family Project Evaluation

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**SHEFFIELD
YOUNG
CARERS**

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1. Introduction



1.0 Introduction

1.1 Background

Sheffield Young Carers Project ('Sheffield Young Carers') is a registered charity established in 1997 to provide practical and emotional support to children and young people aged 8-25 who live in Sheffield and provide care for one or more family members who have disabilities, long-term physical illnesses, mental health difficulties and/or a problem with drugs or alcohol. They may be providing physical, personal, financial and/or emotional care. The charity also raises awareness and represents young carers locally and nationally.

In 2016, Sheffield Young Carers secured a second three-year grant from the Big Lottery's Reaching Communities Programme, for its **Family Project**, to provide flexible, high-quality support for young carers and their families. The Family Project has three key aims, which are to:

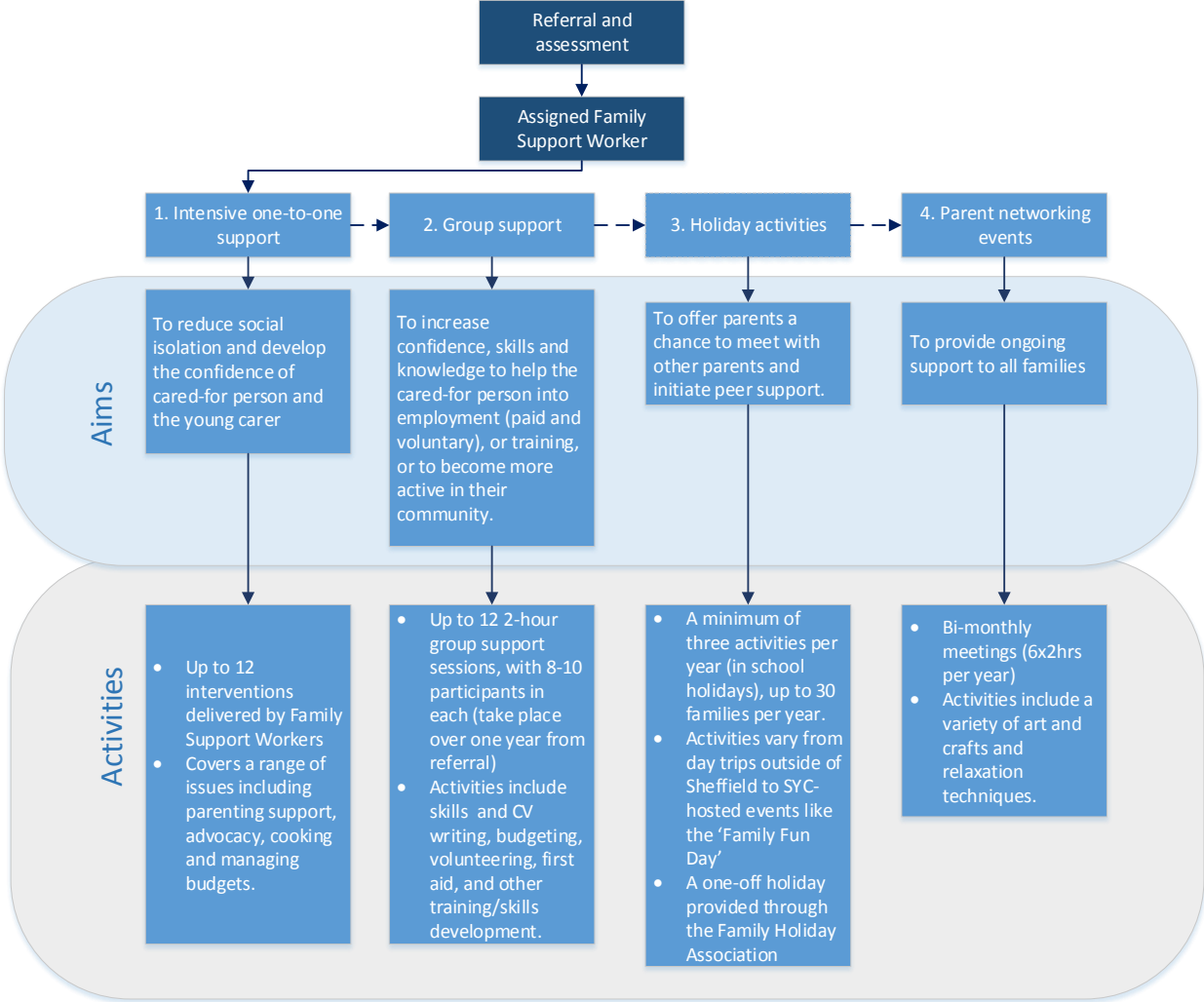
- **Reduce the level of inappropriate caring** taken on by the young carer
- Improve the young carer's and cared-for person's **mental and emotional health**
- Increase access to **educational and social opportunities** for both the young carer and the cared-for person.

Chart 1 overleaf summarises the Family Project, and its four activities: **one-to-one support, group work, holiday/trip activities** and **parent networking events**. All families receive one-to-one support, but not all attend all of the other activities. Sheffield Young Carers reported that, for example, some cared-for people do not have the confidence to attend the parent networking events, but may feel more confident doing a holiday activity with their family.

This second phase of the Family Project is much expanded on the first, in terms of:

- Sheffield Young Carers originally planned to work with 120 families (40 per year), compared with 72 (24 per year) before
- Families can access support from the Family Project through the group work programme, parent networking events and holiday activities over a course of a year: a considerable increase on the 12-week intervention previously available
- Sheffield Young Carers employed a second Family Support Worker.

Chart 1: Overview of the Sheffield Young Carers Family Project, 2016-19



1.2 Methodology

Sheffield Young Carers commissioned Ecorys to undertake an independent evaluation of the Family Project. The evaluation aimed to explore the impact of the project’s support on families and young carers, and to examine if and how the Family Project adds value to other services locally.

The evaluation involved the following tasks:

- **Case studies with seven families** to understand how support from Sheffield Young Carers has benefitted them. This involved face-to-face interviews with young people and their families and telephone interviews with the Family Support Worker who supported them. We conducted the face-to-face interviews alongside observing two Sheffield Young Carers events; the first was at a parent networking event, and the second was at a self-evaluation event. As young carers were not present at the parent networking event, and were busy with activities at the self-evaluation event, we were only able to interview one young person. To address this gap, we developed some questions for Family Support Workers to ask to four of the young carers whose families were interviewed. While these provide some insights into young people’s experiences of the service, it should be noted that

young carers gave this feedback directly to the person who provided it to them. Where this evidence is used, this is indicated throughout the report.

- **Interviews with six stakeholders** external to Sheffield Young Carers to explore how delivery partners and organisations that refer cases to the Family Project (including health and statutory services) work with the project, to identify what they believe families have achieved through the project, and to understand their views on the value that the project adds in the context of other services in the area.
- **Analysis of management information (MI) data** to understand how many families were involved in the project, their characteristics and their 'distance travelled' over the course of the project.
- **Analysis of relevant documents** including background information on the project, tools to measure families' outcomes, previous research (including an evaluation of the Family Project's first phase) and contextual information, to get a full understanding of the project and the context it operates in.
- **Consultations with five Sheffield Young Carers staff**, including consultations with both Family Support Workers, about the evaluation and their views on the Family Project more generally.

Through the project, families typically receive support for a year. The evaluation focuses on the first two years of the project, running from **May 2016 to June 2018**.

1.3 Report Overview

The remainder of this report is structured as follows:

- **Chapter 2** discusses the characteristics and needs of families
- **Chapter 3** explores families' experiences of the support offered
- **Chapter 4** describes the outcomes and impacts that families have experienced as a result of the Family Project
- **Chapter 5** provides a conclusion and recommendations.

2. Families supported by the Family Project



2.0 Families Supported by the Family Project

This section provides an overview of the families that are being supported through the Family Project, their characteristics and the referrals made into the project.

2.1 Characteristics of the families

In 2016/17, a clear majority (80%) of family members (young carers and cared-for people) supported through the project were female, falling slightly to 76% at the end of 2017/18, according to programme monitoring information (Table 1). This suggests that more could be done to target and engage men and boys in the support offered by the project.

Table 1: Gender of family members supported by the Family Project

	2016/17	2017/18	Total
Male	20%	24%	22%
Female	80%	76%	78%

Total number of families = 180 (this includes the gender of the young carer and the cared-for person in each family)
Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

As displayed in Table 2, the majority of families (77%) supported throughout the course of the project have been from a White British background, and 21% of families are from a black or minority ethnic background. These figures roughly reflect the ethnic diversity of the city of Sheffield, with 2011 Census data indicating that 19% of its population is from black or minority ethnic groups.¹

Table 2: Ethnicity of family members supported by the Family Project

	2016/17	2017/18	Total
White			
English / Scottish / Welsh / Northern Irish / UK	75%	79%	77%
Irish	0%	0%	0%
Gypsy or Irish Traveller	0%	0%	0%
Any other white background	4%	0%	2%
Mixed / Multiple ethnic groups			
Mixed ethnic background	8%	3%	5%
Asian / Asian UK			
Indian	0%	0%	0%
Pakistani	5%	15%	10%
Bangladeshi	3%	0%	1%
Chinese	0%	0%	0%
Any other Asian background	1%	0%	1%
Black / African / Caribbean / Black UK			
African	0%	1%	1%
Caribbean	1%	0%	1%
Any other Black / African / Caribbean	4%	0%	2%
Other ethnic group			
Arab	0%	2%	1%

Total number of families = 180 (this includes the ethnicity of the young carer and the cared-for person in each family)
Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

¹ Sheffield City Council. 2018. Sheffield's Population. Available from: <https://www.sheffield.gov.uk/home/your-city-council/population-in-sheffield.html>

Monitoring information suggests that cared-for people in 53 of the 90 families (59%) supported by the Family Project to date have a disability. The majority of these people (31 people, or 34% of all families supported to date) have multiple disabilities, where there is prevalence of both mental and physical disabilities.

In addition, interviews with families, Sheffield Young Carers staff and external stakeholders revealed the extent of physical and mental health needs affecting the families supported, plus a wide range of other needs. The interviews highlighted the complexity of the supported families' lives, where support is often needed in relation to:

- **Physical and mental health needs**, often severe and/or affecting multiple family members
- **Finances** (such as benefits and money management)
- **Housing** (including overcrowding, adjustments for accessibility and new furniture or white goods)
- **Social isolation**
- **School or employment**
- **Parenting**
- **Alcohol or substance misuse**
- **Relationships** inside and outside of the family, including domestic violence and abuse.

Sheffield Young Carers staff commented on how, over the past few years, they have observed an increase in the number of cases where families have significant and complex problems, including where this high level of complexity requires statutory support from Sheffield City Council's Children's Services as a Child in Need or under a Child Protection Plan. Sheffield Young Carers staff felt this increase in families' complexity and levels of need was due to a wider, systemic problem across the city of Sheffield (which is being replicated across the country) where a combination of funding cutbacks and increased demand for services has led to a spillover of families from statutory services into voluntary sector support, indicating that the capacity of statutory services is stretched and cannot alone support families that require support.

While the Family Project has supported families with complex cases in the past, the interviews with Sheffield Young Carers staff highlighted that there has been a shift away from early help and preventative practice, to a greater focus on supporting families who are in crisis. This has meant supporting wider family members (for example, working extensively with the alcoholic brother of a young carer and son of a cared-for person who were originally referred), and can mean preventative work is hampered while dealing with crises takes priority. As one member of staff commented:

"We're getting referrals at crisis point, rather than being able to do preventative work." – Sheffield Young Carers staff

2.2 Referrals

Table 3 summarises that, for both years of the Family Project, the number of referrals into it have far exceeded the target number of families the Family Project has aimed to support, with a total of 167 referrals having been made into the service so far. Although 46 of these were not taken up (due to being inappropriate referrals or families not wanting to participate), 31 families have been put on a waiting list over the course of the project, suggesting that there is high demand for the service. In 2017/18, the Family Project worked with 50 families: 10 more than their original target of 40 families, to reduce the waiting list and support families in need. Representing a 25% increase in capacity, this was a significant achievement.

Table 3: Overall referral data into the Family Project

	2016/17	2017/18	Total
Number of referrals into Family Project	96	71	167
<i>Number (%) of inappropriate referrals or referrals not taken up</i>	28 (29%)	18 (25%)	46 (28%)
Number (%) of families receiving intervention (target = 40 per year)	40 (42%)	50 (70%)	90 (54%)
Number (%) of families on waiting list	28 (29%)	3 (4%)	31 (19%)

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

As highlighted in Table 4, in 2016/17, 15 referrals (over a third) were internal referrals made by Sheffield Young Carers' staff. Interviews with Sheffield Young Carers staff highlighted that these referrals were young carers and their families that they already supported and felt would benefit from further support. The rest of the referrals were from schools, the Multi-Agency Support Team (MAST)² or Sheffield Children's Services. Other referrals were made from other local voluntary sector organisations, self-referral or from other family members or friends.

The data indicates that there was a shift in terms of the source of referrals into the Family Project between 2016/17 and 2017/18.³ In particular, the number of referrals from MAST or Sheffield Children's Services doubled to 14. This likely reflects the earlier finding that there has been an increase in cases with high complexity coming through to the Family Project, and increased demand on services like MAST, with a resulting spill-over of families to the Family Project. While it is welcomed that the Family Project can help alleviate burdens on services like MAST, doing so may take the Family Project away from its core aims, at no fault of Sheffield Young Carers. For example, Family Support Workers have had to deal with complex issues such as families' debt and entitlements to benefits (Personal Independence Payments and the appeals process was one example mentioned), which takes a long time to deal with and takes time away from dealing with the issues associated with the aims of the Family Project (reducing inappropriate caring, improving mental and emotional health, educational and social opportunities) and caring more generally.

Table 4: Source of Family Project referrals for families receiving intervention

Source	2016/17	2017/18	Total
Sheffield Young Carers	15	8	23
MAST/Children's Services	7	14	21
School	9	7	16
Other	9	6	15
Unknown	0	15	15
Total	40	50	90

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

² <https://www.sheffield.gov.uk/mast>

³ However, some referral data was missing from 2018/19, so a full comparison of the two years cannot be made.

3. The Family Project Model of Support



3.0 The Family Project Model of Support

This section discusses the support that the Family Project has provided to families, by focusing on each stage of the Family Project model of support to families, including discussing families’ experiences with staff and the tools for measuring families’ outcomes. It details the take-up of the support, and explores what has worked well and less well.

3.1 One-to-one support

3.1.1 Overview

The one-to-one support provided through the Family Project typically was the first intervention that a family would receive. Although each family was entitled to 12 one-to-one sessions with their assigned Family Support Worker, this was used flexibly and the Family Support Worker could tailor the number of sessions depending on a family’s level of need.

Table 5 below summarises the number of one-to-one sessions that families have received. Data was available for 74 families. Of these, just under a third had 10-12 sessions (with seven families having 12 sessions). Just over a fifth of families had six or fewer sessions, indicating that some families did not require very intensive support. However, one member of staff from Sheffield Young Carers commented that, given the geographical scope of the project, sometimes it is more time-effective if Family Support Workers reduce the number of sessions and instead make the sessions longer. For certain families, the Family Support Workers also provided a considerable amount of support by phone and by text. Therefore, the number of one-to-one sessions a family has had may not be an accurate measure of the intensity of support. Table 5 also shows that a sizeable minority of families had more than 12 one-to-one visits (12 families in total), suggesting that some families had significantly complex needs that required a greater intensity of support than was originally envisaged at the onset of the Family Project.

Table 5: Number of one-to-one sessions

Number of one-to-one visits	Number of families
0	0
1 to 3	2
4 to 6	15
7 to 9	21
10 to 12*	24
13 to 15	6
16 +	6
Total	74

Source: Big Lottery Funded Family Project Monitoring Spreadsheet. *7 families had 12 one-to-one sessions

Table 6 shows the average length of time of a one-to-one intervention, based on the monitoring data available for closed cases. Most families received one-to-one interventions for between 11 and 25 weeks. The average intervention length was 19 weeks.

Table 6: Length of intervention (closed cases only)

Length of intervention	Number of families
6 to 10 weeks	2
11 to 15 weeks	7
16 to 20 weeks	15
21 to 25 weeks	10
26 to 30 weeks	4
30+ weeks	1
Total	39

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

Table 6 indicates that families typically had a one-to-one session once a week or fortnight. However, the research showed that there was no standard approach to the one-to-one support, with Family Support Workers often taking a very tailored and holistic approach depending on the needs of the families. Research with families and Family Support Workers highlighted the varied ways in which the one-to-one sessions have been used, which are described in more detail below.

3.1.2 Advocacy

For some families – in particular those with higher levels of need and complexity – a key aspect of the one-to-one intervention was having a Family Support Worker who can advocate for them when they engage with other services, including statutory services. Several of the families that were interviewed commented on how they had struggled communicating with statutory services in the past. For example, one family shared how they received a negative response from a statutory service when enquiring about housing adaptations. The negative response knocked the family’s confidence and they decided not to pursue the decision, so they continued to live without the much-needed housing adaptations. In this case, a key part of the one-to-one support was having the Family Support Worker advocate on the family’s behalf and explain why the family needed the adaptations, which in the end were provided. A staff member of Sheffield Young Carers said that examples such as this were common, where families lost their confidence to challenge decisions made by other agencies:

“For many families, having a negative experience [with a service] means that they won’t try again or challenge it... It makes a difference when you’re with a professional – it changes the whole dynamics of the conversation.” – Sheffield Young Carers staff

The Family Support Workers have not only spent time communicating families’ needs to other services, but have also helped to translate key messages from statutory services to families in a way that is less intimidating or formal. Consultees felt that Sheffield Young Carers being a voluntary sector (and ultimately optional) service, not a statutory one, helped them to do this. This helped to improve the understanding between statutory services and families, so cases can progress. As one external stakeholder highlighted:

“[The Family Support Worker] could echo those messages to family in an informal way. [Family Support Worker] could repeat stuff, [so that] the family can digest it better” – External stakeholder

For another family, just having the opportunity to access dedicated, one-to-one support was important, as they had struggled to access support in the past. This family’s experience with other services had been negative, and they found it difficult to communicate their needs to services and be heard by them. The Family Support Worker’s advocacy role was valued because it enabled them to progress on issues that had otherwise stalled:

"The project has given us support. We've always had to fight for support [in the past]." – Cared-for person

3.1.3 Emotional and practical support

As part of the advocacy role, and the one-to-one support in general, Family Support Workers also provided emotional support to families. Often, this happened in an informal way, where Family Support Workers acted as a "*sounding board*" for families, who wanted to vent their frustrations or talk about things that they cannot discuss with other family members. Through these discussions, Family Support Workers often identified other needs; things that were exacerbated by the caring need, and required more practical support. These conversations led to Family Support Workers sourcing new furniture or white goods, sorting out benefit entitlements, improving accessibility within the home, and even helping to decorate a family's home.

In some cases, the Family Support Workers drew on their extensive knowledge of other services and organisations to access further support for families. For example, if families required more intensive emotional support (for example, due to significant mental health needs), then families could be referred to a local counselling provider (Ship Shape). Other examples of support that Family Support Workers have 'unlocked' for families include:

- **White goods**, other appliances and household items from Buttle Trust
- **Family holidays via the Family Holiday Association (FHA)**
- A trip to **Drayton Manor Theme Park** from a Cash For Kids grant
- A **VIP cinema trip** at Cineworld
- A bush craft day for families at the **Woodland Discovery Centre, Sheffield**
- A **family residential at Northern College**
- Support from **food banks**
- Support available for **specific conditions**.

3.1.4 Perceptions of Sheffield Young Carers staff and Family Support Workers

The evidence indicates overwhelmingly that families' experiences with all Sheffield Young Carers staff members they came into contact with was positive, which has contributed to their overall positive experience with the Family Project.

In particular, it became clear through the interviews with families and external stakeholders, that the one-to-one support has been valuable for families largely because of the quality of the current Family Support Workers. Aside from being able to access grants and other support, families reported feeling pleased with the advice and support provided to them directly from the Family Support Workers. As one family member said:

"They never give you the wrong advice" – Cared-for person.

A common observation, amongst external stakeholders and families, was that the staff at Sheffield Young Carers were approachable and easy to work and communicate with. This related to any members of staff that have a family-facing role. In particular, families appreciated how responsive staff were. For example:

"They're always very helpful, if we leave a message they always get back to you straight away." – Cared-for person

"[The Family Support Worker] is very friendly, approachable... nothing is ever too much trouble" – External stakeholder

The evidence suggests that the Family Support Workers' personalities, and the way that they interact with families and services, is important for ensuring a high quality and trusting relationship. In particular, being kind, actively listening, being non-judgemental and proactive were noted as key qualities that the Family Support Workers had, which helped to facilitate good working relationships. This view was shared by external stakeholders and families alike; for example:

"I'd be lost without [the Family Support Worker]. So supportive. Gets things done. Always there as a shoulder to cry on" – Cared-for person

"I cannot praise [Family Support Worker] highly enough. She is fabulous, kind, genuine. A credit to the service." – External stakeholder

The evidence indicates that the quality of the service provided has likely improved as the number of Family Support Workers has increased from one person to two people. As the Family Support Workers have different professional backgrounds, they have expertise in different areas, and collectively can solve a wider range of problems than one worker alone. Sheffield Young Carers staff felt that this has allowed the Family Project to have more focus on the cared-for person than it did before, and has also led to an increasing number of outcomes than before including greater support with benefits, home adaptations to support physical health needs, in addition to the social support from the other three strands of the Family Project. This has also meant that, by maintaining a good awareness of one another's case load and occasionally attending the initial meeting with the family, the Family Support Workers could "*jump in and out of each others' cases*" if different expertise was required or to cover holiday periods. In addition, complementary expertise can be helpful when a Family Support Worker becomes 'stuck' on a case and requires additional insight on how to progress.

"[Compared with only] one Family Support Worker, now there's added experience with two of us and [a] fuller picture." – Sheffield Young Carers staff

Another key benefit of the one-to-one support is that the Family Support Workers are able to persevere with families until they engage with Family Project support. This is partly down to the skill and character of the current Family Support Workers, who are – as one member of staff described – "*tenacious*" and "*...like a dog with a bone*". However, it is also partly down to the quantity of sessions. Having up to 12 one-to-one sessions has been beneficial because it gives Family Support Workers enough time to build up a relationship with families. As one member of Sheffield Young Carers staff commented, given the complexity of issues affecting most families, "*significant time and resource*" is needed to build up enough trust in order to establish a meaningful relationship with a family. Having the time to do this was valued by external stakeholders, including those from statutory services, who are unable to provide that same level of engagement and support due to a lack of capacity. In that sense, the Family Project adds value to the local support offer for families from all services. For example, two external stakeholders commented that:

"I don't think I'd have made the same progress with the family without Sheffield Young Carers [and] the social worker would probably have been more drawn in without the Family Project being there." – External stakeholder

"The Family Support Workers take the time to do things that [social workers] don't have the time to do." – External stakeholder

A key aspect of the approach to one-to-one support by Family Support Workers was to empower families and help them to take back control of their lives. Family Support Workers felt it was important that they helped families deal with major issues such as eviction, benefits entitlement and debt, which they felt would otherwise have caused major crises amongst families. Empowering families to deal with their own problems and access other support (from, for example, Citizens Advice Bureau) means that outcomes are more likely to be sustained post-intervention, and families have the capacity to deal with crises should they arise in future. As one member of staff remarked:

“Even if families can’t help themselves, they know who or what they can turn to, and have the confidence to do so. It is about giving families the power and skills to use their inner voice.” – Sheffield Young Carers staff

3.1.5 Length of intervention

However, while for some families 12 sessions are enough to address their issues, for others they are not enough and it can be difficult to ‘exit’ families from the project. A common theme across the interviews was a desire for more one-to-one sessions, as exhibited by one young carer:

“[I would have liked] more than 12 sessions; I would have liked to have had it for about six months or even one year.” – Young carer⁴

While, as highlighted above, external stakeholders saw the benefits of 12-sessions of one-to-one support in terms of it giving the Family Support Workers some capacity to work with families, they also felt that a longer intervention could be more effective, particularly for the more complex cases. One external stakeholder summed up others’ views by saying:

“[The support] has been quite time-limited; the support worker has been as flexible as possible but it would be helpful if the support was longer-term.” – External stakeholder

This type of view further emphasises how the landscape of provision is shifting in Sheffield, towards a greater reliance on voluntary sector organisations working with families with complex needs. However, it also highlights how this reliance is putting pressure on services like the Family Project, which have traditionally focused on preventative work, to work with families who are at crisis point. While, as highlighted, there is some degree of flexibility with the number of sessions that Family Support Workers can offer, with funding for only two Family Support Workers, capacity is inevitably limited. Both Family Support Workers stated that they have to set families’ expectations early on about the extent of support they can expect from the service, prepare them well in advance for the ‘exit’ point, and look to other agencies to continue support.

3.1.6 Experiences of using the tools that measure families’ outcomes

The Family Project used a range of tools to measure families’ outcomes, at different stages of support. For the one-to-one support, young carers are given a ‘My Life, My Journey’ outcomes tool which captures their views on eight statements each on a scale of one to 10, as well as written data around the support they have accessed and what has changed for them. Cared-for people also have a similar tool to complete called ‘Me and My Life’. Each tool is designed to be completed at the beginning and end of the one-to-one support to capture ‘distance travelled’. Evaluation forms were also provided for young carers and/or cared-for people at the end of the other activities they take part in (group support, holidays/activities and parent networking events).

⁴ Feedback from a young carer directly to Family Support Worker.

The evidence presented indicates that the tools have been useful for Family Support Workers to help demonstrate the progress that families had made over the course of the intervention. The tools measure things that can be difficult for families to see a material change in, such as mental health, confidence, and self-efficacy, so having a tool that can show the 'distanced travelled' by families was helpful for reminding families about how far they have come. As one family member mentioned:

"[The Me and My Life tool is] good because it shows you where you've been and where you're going." – Cared-for person

The tool also helped people to articulate what they were feeling, which was useful for times when they did not know how to express themselves. For example, a young carer commented on how they liked completing the tool with their family around, so that their family could see if there were problems, without her having to say it to them explicitly:

"It is useful because it helps people to see what I'm thinking... I find it difficult to speak out sometimes." – Young carer

However, consultees reported that a problem with using subjective measures is that the scores that people give can depend entirely on how they are feeling at that point in time. This is especially problematic for the families supported through the Family Project, as they may just be having a 'bad day' on the day that they complete the outcomes form. Family Support Workers can add case notes when they input the data, to explain why a score might not accurately portray how a person is feeling about their support and what they have achieved. However, case notes are difficult to reflect in analysis. Regardless of case notes, the quantitative data may not provide an accurate reflection of what is happening:

"When we are doing the closing monitoring, any one time and depending on day of the week we could get different answers. We could go every day and get a different outcome" – Sheffield Young Carers staff

To a large extent, this issue is a fundamental flaw with subjective measures. It could be addressed to some extent by recording qualitative data, or data at more regular intervals (for example, monthly) which could then be triangulated with the score to produce an overall assessment, but this may be burdensome for the both the family and the Family Support Workers to administer. Another option is to increase the level of data collected on more tangible outcomes, as they are easier to measure where a family has experienced change, and less prone to bias. As highlighted in a previous evaluation of the wider Sheffield Young Carers service, it could be helpful to capture data on outcomes such as work, health, healthy eating or managing money.

3.2 Group support

As highlighted in the introductory chapter, the group support element was added to the Family Project in 2016. Group support to date has covered a range of topics, including:

- **Storytelling and shadow puppet** workshops in partnership with Sheffield Mind (delivered over four sessions including rehearsal), leading to a performance at Sheffield Young Carers' 2016 Annual General Meeting, involving creative writing, art therapy and group performance skills.
- A **Five Ways to Wellbeing** mental wellbeing course in partnership with Sheffield Lifelong Learning and Skills, held over six sessions, during which topics were covered such as exercise, food and mood, mindfulness, self-development and positive and negative relationships

- **Healthy For Life**, in partnership with Workers' Educational Association (WEA), delivered over seven sessions to help parents exploring relationships and parenting skills
- A three-day/two-night **residential trip** to Northern College, where families participated in a **Families Working Together** course
- **Family Story Book**: a day-long taster day at Northern College before the residential, where families created stories on an iPad
- Two **money management** workshops run by Virgin Money Giving, one in each year of the project
- A **volunteering** workshop run by Volunteer Centre Sheffield and held on the Ethel Trust Community Barge
- Two **self-evaluation** events (one at the end of each year) to capture the voice of young carers and families, reflect on the year and feedback on past activity to inform future delivery.

In addition, Sheffield Young Carers support family members to access courses delivered by partner agencies when appropriate.

Sheffield Young Carers aimed to make the group support as inclusive as possible; for example, they held the group activities in easily accessible spaces in the city centre and, though they encouraged families to make their own way to activities for their own independence and resilience, they also provided transport and refreshments to help families to attend events.

Sheffield Young Carers staff highlighted that the group support provided a welcoming, comfortable environment for families. Although most of the group support offered to the cared-for person only, certain activities (like the residential at Northern College) provided families with the opportunity to spend time together as a family. In addition, at all group activities, families were encouraged to work alongside and network with other families in similar situations. One member of staff felt that this aspect of the project was unique in relation to the wider context of support in the city, because it added value to the main intervention in providing a 'social' aspect:

"We didn't want to feel like 'just another service' with only one-to-one support" – Sheffield Young Carers staff

The Family Support Workers have been present at all the group support activities, and were around to speak to families on a one-to-one basis if necessary. Sheffield Young Carers staff felt that this was beneficial because it could be used as an opportunity to 'check in' with families, especially if the main intervention had ended, and provided an opportunity to de-escalate any potential crises that may have emerged in the absence of the one-to-one support.

The cared-for people within the families that were interviewed were generally very positive about the group support that was on offer. In particular, they valued the social aspect of the support and that they could speak to each other and share experiences. The families also appreciated the group support because it allowed them to access a greater variety of support and enabled them to take part in new activities.

3.3 Family holidays/activities

As part of the Family Project, families were invited to attend day trips to places in and around Sheffield with other families. The day trips have included visits to the cinema, Drayton Manor Theme Park, a Woodland Discovery Centre, National Trust Clumber Park and a family fun day. Monitoring data is not available for all of the family activities, but 47 family members attended the Drayton Manor trip (from a target of 30), 22 went on the cinema trip and 18 went to the Woodland Discovery Centre, indicating that these activities were well-attended. The activities offered families the opportunity, according to Sheffield Young Carers staff, "to

just be happy and be a family". They can do something a bit different to their normal activities in a 'safe space', where they are supported by delivery partner staff and Family Support Workers, who were on hand to support the varying needs of families if they needed it. As one external stakeholder described:

"It was hard work catering to people's needs but [the Family Support Workers] were brilliant at providing additional support." – External stakeholder

Sheffield Young Carers staff commented that the day trips took quite a lot of work in terms of organisation and preparations. In particular, sorting out transport, ensuring accessibility and supporting families on the day required significant time inputs from staff, as well as securing additional funding and negotiating to make the trips affordable. In addition, of the families that were interviewed for the evaluation, only a few had been able to attend the family activities, so it was difficult to gauge the overall success of the activities so far. However, the feedback from young carers was positive, with one young carer stating that they liked the trips and the holiday the most out of everything on offer through the four strands of the Family Project. Another young carer stated that she particularly enjoyed the Drayton Manor trip because it was a lot of fun.

Alongside the day trips, families were also offered one family holiday per family as part of their involvement in the Family Project. The Family Holiday Association (FHA), which is a national organisation, provides short breaks for families on low incomes or for families who have been referred by professionals, and covers the costs of the stay. Interviews with external stakeholders highlighted that families do have to organise the trips themselves, but Sheffield Young Carers gave them guidance on how to do it. Their rationale is that families are empowered to organise the trips, and can gain the necessary skills in which to do this, but they do not have to worry about the financial implications, as funding is provided.

The Family Support Workers secured family holidays for 54 families. Qualitative research indicated that families appreciated the opportunity to go on holiday, not least because they have not been able to for a long time. Often, confidence is a barrier to families going on holiday because they think it will be difficult to make adjustments for their caring needs. The cost can also be a barrier, especially as many of the families supported through the Family Project are on low incomes or have precarious financial situations.

3.4 Parent networking events

Another aspect of the Family Project that was introduced more formally in 2016, following a pilot in 2015, was parent networking events. Five events were held in 2016/17 and five events were held in 2017/18. External partners delivered at some events: for example, to deliver online safety awareness training to parents.

Table 7 highlights the number of sessions attended by parents in 2016/17 and 2017/18. In 2016/17, parents from half of the families receiving support attended at least one parent networking event, with most of these attending one event during the year. However, four parents attended four events each, highlighting there was consistent engagement with the events from some parents. Similarly, in 2017/18, parents from just over half of the families went to at least one parent networking event. As with the year before, the majority just attended one session, although over a third of the parents who went to the events attended more than once.

Table 7: Number of sessions attended by parents

Number of sessions attended	Number of parents attending in 2016/17	Number of parents attending in 2017/18	Total
0	20	24	44
1	13	17	30
2	1	4	5
3	2	4	6
4	4	1	5
Total	40	50	90

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

Interviews with Sheffield Young Carers staff and families highlighted that there were various reasons for why around half of parents did not attend the groups, and some only went once. For example, there were logistical issues for some families, and some reluctance amongst parents to attend the events because they bring people out of their comfort zone, especially for those who experience social anxiety. It could also be that the name 'parent networking events' may put off other carers such as grandparents, though the evaluation found no direct evidence of this.

Sheffield Young Carers staff emphasised that it was important to invite all parents to all events, so that they felt reassured they could attend if they were comfortable (and the option was never forced on them). Parents were encouraged to make their own way to the events, to facilitate the transition away from relying on the Family Project, although transportation could be provided for the first few sessions if needed.

Of the families interviewed that had attended an event, parents typically enjoyed the sessions because it was just for adults, and it gave them the opportunity to take a break from their family. It improved some parents' confidence, offered peer support, and provided an insight into how other parents cope with similar problems or deal with similar issues. One parent, continuing these themes, said:

"I have come here to get away from my troubles. I take a lot from this – it has kept me going, changed my outlook. I leave with a smile on my face. I make this an important day in my calendar." – Cared-for person

One parent commented how he thought it was "good to speak to other people" and have the opportunity to hear from others that have similar experiences. They were instances of parents making friends and taking phone numbers of other parents to contact outside of the events.

As part of their monitoring processes, Sheffield Young Carers offered parents the opportunity to provide feedback on the events; however, the feedback received was limited. Parents commented on how they would like the parent networking events to be held in different places, and that they would like them to be longer. However, people also commented on how they like that they were able to meet other people and help them with their problems.

Overall, however, evidence on families' experiences of the events was limited, because the evaluation activities were carried out in 2017/18, so we only interviewed a small number of parents (of whom some were not able to attend the events). However, Sheffield Young Carers staff commented that, because parents are invited after their core involvement with the Family Project has ended, families can still feel supported in a light-touch way. This could help to maintain outcomes from the Family Project in the long-

term, and potentially prevent crises from escalating. It also means that Family Support Workers can 'exit' families from the Family Project but reassure families that light-touch support is still available.

4. Outcomes of the Family Project



4.0 Outcomes of the Family Project

This chapter explores the outcomes from the project for families. Firstly, outcomes in relation to the three main aims of the programme are considered: reducing inappropriate caring, improving mental and emotional health, educational and social opportunities. Then there is discussion of other outcomes from the evidence, namely better housing/living environment, improved household finances, improved relationships within families, and other ‘hard’ outcomes.

It is important to note that, generally speaking, outcomes were observed by consultees throughout the course of families’ support, with the one-to-one support helping families to achieve most outcomes, which are then further improved or enhanced by their participation in the other aspects of support (group support, holidays/activities, parent networking events). Under the broader outcome areas, this chapter maps out how and when families experience outcomes, in order to demonstrate how the different stages of support add value to the overall journey.

4.1 Reduce the levels of inappropriate caring taken on by the young carer

A main aim of the Family Project was to reduce the level of inappropriate caring taken on by young carers; Sheffield Young Carers measured this outcome through ongoing monitoring and evaluation. As shown in Table 8, data is available on 72 families: 29 in 2016/17, and 43 in 2017/18. Collected as part of the ‘My Life, My Journey’ outcomes tool, the data indicates that in 2016/17, a clear majority (26 of the 29 young carers whose family’s case was closed) experienced, on average, a 10% reduction in providing care. 25 of these young carers reported a reduction in negative emotions, such as stress, worry and depression. In 2017/18, 36 out of 43 young carers experienced a reduction in providing care, and the same number also reported a reduction in negative emotions.

Table 8: Number of young carers that experience a reduction in inappropriate caring responsibilities, leading to a reduction in negative emotions.

	2016/17		2017/18	
	Count of young carers	Total number of families closed (with monitoring data available)	Count of young carers	Total number of families closed (with monitoring data available)
Indicator 1: The number of young carers are providing care is reduced (10% on average)	26	29	36	43
Indicator 2: The number of young carers reporting a reduction in negative emotions including stress, worry and depression	25	29	36	43

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

Qualitative evidence highlights how the Family Project has helped to reduce young carers’ caring role. Through the family case studies, there was evidence that two aspects of the caring role could be reduced through the project: the emotional and the physical caring role. The emotional caring role that some young carers took on was reduced by the Family Support Worker facilitating the cared-for person to access specialist support (such as counselling), or by cared-for people accessing emotional support through the

group support or parent networking events instead. For example, in one family, the young carer struggled to cope with being the ‘sounding board’ for the cared-for person, and it caused conflict and disagreement. By establishing a set time of the day where the young carer and cared-for person would talk, the Family Support Worker helped reduce the young carer’s emotional caring role. In another family, a young carer observed how the parent networking event enabled their parent to speak to someone else about their problems:

*“It has helped my mum to feel happier, have someone to talk to and come out of the house more.”
– Young carer⁵*

There was also an example of the Family Project helping to reduce the physical caring role of a young carer. In this example, the Family Support Worker helped the family to secure some accessibility equipment, to help the parent move around the house more easily. This meant that the young carer did not have to physically support their parent to move around anymore:

“[It] helped me do less caring for my mum.” – Young carer⁶

4.2 Improve the young carer’s and cared-for person’s mental and emotional health

At all stages of the support, there was evidence of improved mental health and emotional wellbeing. Support for mental health tended to be from one-to-one support, where more intense intervention was required. Family Support Workers were able to help people struggling with mental health problems. For example, one cared-for person described how a Family Support Worker persisted with their child, whose social anxiety meant they could not leave the house, and accompanied them outside to different activities. While the young carer still continued to experience social anxiety, the support gave them more confidence, helped them to attend school (which they struggled to before) and they are now *“really looking forward”* to going to college in September.

“The Family Project has helped me to feel better about myself and feel less angry. They are trying to find funding to help me get some counselling to talk about how I feel.” – Young carer⁷

In other cases, the mental health needs of some family members required more intensive intervention. Family Support Workers helped some people **access specialist support for mental health problems**, such as depression and anxiety, either through encouraging them to go to their GP, or by referring them to the local counselling service, Ship Shape.

For example, in one family, the Family Support Worker identified that a parent (who was not the cared-for person) was struggling with their mental health as a result of trying to cope with the family’s situation. Initially, the parent was reluctant to access support, but the Family Support Worker spent time encouraging them. After going to their GP, the parent was diagnosed with depression, was given medication and has ongoing counselling to manage it. This has not only improved the parent’s wellbeing, but it has also helped to lift the mood of the whole family.

⁵ From feedback that Family Support Workers collected for the evaluation.

⁶ From feedback that Family Support Workers collected for the evaluation.

⁷ From feedback that Family Support Workers collected for the evaluation.

As highlighted in the introduction of this report, one of the main aims of the Family Project was that both young carers and cared-for people have improved emotional health and wellbeing as a result of accessing emotional support. Table 9 provides an overview of the outcome measure for young carers for both 2016/17 and 2017/18. The outcome is measured through two indicators: firstly, the number of young carers accessing emotional support, and secondly, the number of young carers reporting improved emotional health and wellbeing. In 2016/17, 29 families had been closed at the point of data being reported. However, 39 young carers had accessed support (this includes young carers whose cases were still open). As 40 young carers' families were supported in 2016/17, this indicates that **the vast majority of families accessed emotional support**. The evidence from the research indicates that emotional support has been provided during the Family Project through a number of different channels, such as from the Family Support Worker, through partnership work with other organisations and referrals into other services, or through peer support.

Data on Indicator 2 was collected at the end of support, and indicates that **the majority of young carers whose cases were closed reported improved emotional health and wellbeing**.

Table 9: Number of young carers who have improved emotional health and wellbeing as a result of emotional support

	2016/17		2017/18	
	Count of young carers	Total number of families closed	Count of young carers	Total number of families closed
Indicator 1: The number of young carers accessing emotional support	39	29	43	43
Indicator 2: The number of young carers reporting improved emotional health and wellbeing	24	29	31	43

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

The outcomes reported for young carers are similar to those of cared-for people, suggesting that the Family Project has been effective at providing whole-family emotional support. As Table 10 indicates, all but one cared-for person in 2016/17 accessed emotional support, and in 25 of the 29 closed cases, cared-for people reported having improved emotional health and wellbeing. In 2017/18, all cared-for people accessed emotional support, and the majority (39 cases) reported improved emotional health and wellbeing.

Table 10: Number of cared-for people who have improved emotional health and wellbeing as a result of accessing emotional support

	2016/17		2017/18	
	Count of cared-for people	Total number of families closed	Count of cared-for people	Total number of families closed (with monitoring data available)
Indicator 1: The number of cared-for people accessing emotional support	39	29	45	45
Indicator 2: The number of CFP reporting improved emotional health and wellbeing as a result of accessing emotional support	25	29	39	45

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

The project has supported improved wellbeing through helping to **reduce families' stress**. This occurred as a consequence of a number of other outcomes from the one-to-one support, such as having improved housing, getting finances sorted, and having better engagement with statutory services. Sometimes, just being able to speak to a Family Support Worker about issues or concerns was helpful for families, as demonstrated by one young carer:

"It's just good to have someone to talk to. It helps to relieve my stress." – Young carer

The three activities other than one-to-one support also helped to reduce stress and worry, because they took people out of the context of their everyday lives. For example, people started to feel less worried about their situation after meeting other families and talking about their experiences through the parent networking events. As one cared-for person commented:

"It's been very helpful, everyone was feeling very stressed. It was good to be able to talk to each other. I'm feeling good now, knowing that others are experiencing the same things." – Cared-for person

There is also evidence to suggest that families were **building emotional resilience**. While this is a longer-term outcome and difficult to measure in the timeframe of the evaluation, the peer networks being built up through the parent networking events were helping families to support each other. A member of Sheffield Young Carers staff highlighted how parents started a Facebook group and WhatsApp chat, where they can continue to talk to each other outside of the events.

Improving mental health issues was seen to give families 'headspace' and mental capacity to deal with other issues (such as family behaviour and supporting children to engage with school) and focus on more positive aspects on being a family.

4.3 Increase access to educational opportunities for both the young carer and the cared-for person

For each stage of the Family Project support, there was evidence that families' **confidence had improved**, in a range of different ways. Increased self-efficacy, in terms of people's belief in their abilities, was a common theme across the family case studies, as the Family Project appeared to help change or confirm people's **belief in their ability to cope** with different situations. In some cases, this related to people's ability to cope with managing things in the home. For example, one cared-for person commented on how their Family Support Worker provided them with parenting advice, which helped them become **more self-assured** in how they set boundaries with the young carer:

"They give you skills and advice that help you turn your life around." – Cared-for person

The evidence indicates that family holidays can help change families' perceptions of their ability to cope in different situations. By empowering families to play a key role in organising trips, and then having them go on holiday without any other support present, the family holidays can change families' perceptions on their strengths as a family and how well they can cope. For example:

"The confidence that it brings, that they can do things themselves, away from their normal support structures is enormous." – External stakeholder

Although the one-to-one support facilitated families to develop key skills to manage their personal situation, the group support, holiday/activities and parent networking events provided the opportunity for families to improve their skills in a number of different areas, such as money management, living healthy lives and

being active. Evidence from monitoring data indicates that acquiring or developing these skills further helped improve cared-for people’s self-efficacy. As highlighted in Table 11, in 2016/17, 33 out of the 40 cared-for people, and 35 out of the 50 cared-for people in 2017/18 participated in educational and social activities. In 2016/17, everyone (15 people) who completed a monitoring form reported having increased confidence and skills as a result of participating in social activities. While this is a positive finding, data was only captured for half of the cared-for people who attended, and it is not possible to tell from the data which types of social activities were most likely to lead to positive outcomes. The monitoring data from 2017/18 is more complete, with 29 out of the 35 cared-for people completing monitoring forms. The results for 2017/18 are slightly different than 2016/17; while the majority of cared-for people reported improved confidence and skills. However, as with 2016/17, it is not possible to ascertain which activities led to which outcomes.

Table 11: Number of cared-for people who have increased confidence and skills as a result of participating in educational and social activities

	2016/17	2017/18
Indicator 1: Total number of cared-for people participating in educational and social activities - group session and parent network event and day trips (duplicates removed)	33	35
The number of cared-for people participating in educational and social activities - Group sessions only	3	4
The number of cared-for people participating in educational and social activities - Parent networking events only	12	13
The number of cared-for people participating in educational and social activities - Group sessions and Parent networking events	9	12
The number of cared-for people participating in educational and social activities - Day trips only	9	6
Indicator 2: The number of cared-for people reporting increased confidence as a result of participation in educational and social activities	15*	25**
Indicator 3: The number of cared-for people reporting new/improved skills as a result of participating in educational and social activities	15*	21**

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

* Monitoring data collected from 15 cared-for people in 2016/17

** Monitoring data collected from 29 cared-for people in 2017/18

Although learning new skills was important for improving confidence, sometimes, families did not require any advice on how to do something, but just needed to become a bit more confident in their abilities to do it. In these cases, encouragement and proactivity from a Family Support Worker was enough to help people feel more confident:

“You do it with them because it can kind of motivate them. Most of my families I feel need someone to say, ‘We need to do something’, and then they’ll actually get on and do it’.” – Sheffield Young Carers staff

The Family Project also had an impact on families’ **confidence to ask for help**. As highlighted in Section 4.4, prior to the project, many families were quite isolated and they felt as though they were alone in their experiences. Through being supported by the Family Support Worker, and speaking to others in a similar

situation, some families appeared to be more assured about their right to access help, including from statutory services. This has the potential to prevent crises from escalating and prevent further subsequent problems which may cost more public money to deal with compared with had they been prevented. As one parent said, that following support from the Family Project:

“Now I’m not scared of getting support”. – Cared for person

4.4 Increase access to social opportunities for both the young carer and the cared-for person

The evidence indicates that the four stages of support have helped to lead to **reduced social isolation** amongst families, although different aspects of the support may have had more or less impact for different family members, depending on their needs. One-to-one support was often the first intervention by the Family Project that a family experienced, and during the first session or first few sessions Family Support Workers would generally uncover whether or not a family member is socially isolated. Having a long period to work with families on a one-to-one basis was useful for supporting family members with high levels of social anxiety to make steps to leave the house. For example, one member of Sheffield Young Carers staff described a case where they identified that the cared-for person needed counselling for their social anxiety. They were referred to local counselling service Ship Shape, and through this support, started to feel more confident to leave the house. The Family Support Worker also helped them during this time by accompanying them to different local services and activities, where they started to build up relationships with other people, and now they are comfortable to attend parent networking events and engage with other services independently.

The one-to-one support facilitated young carers to feel less isolated because, by putting measures in place to change or reduce the nature of their caring role, Family Support Workers helped to **free up time that they can spend with friends**. For example, one young carer described how the Family Support Worker helped them to feel less guilty about going out:

“I am also happier to go out and spend time with friends; [the Family Support Worker] helped me understand that Dad will be in pain sometimes and how I can be helpful without worrying too much.”
– Young carer⁸

Some families’ social isolation was as a result of not having the opportunity to meet other people. Importantly, through the other three activities, families have been able to meet other families that also have a young carer. Meeting with people who have similar experiences has been key for improving isolation for both young carers and family members, because it **reduces the extent to which people feel that they are alone**, or that they are the only family with a young carer.

“It’s good to speak to other people. It makes you feel that there are other people like you.” – Cared-for person

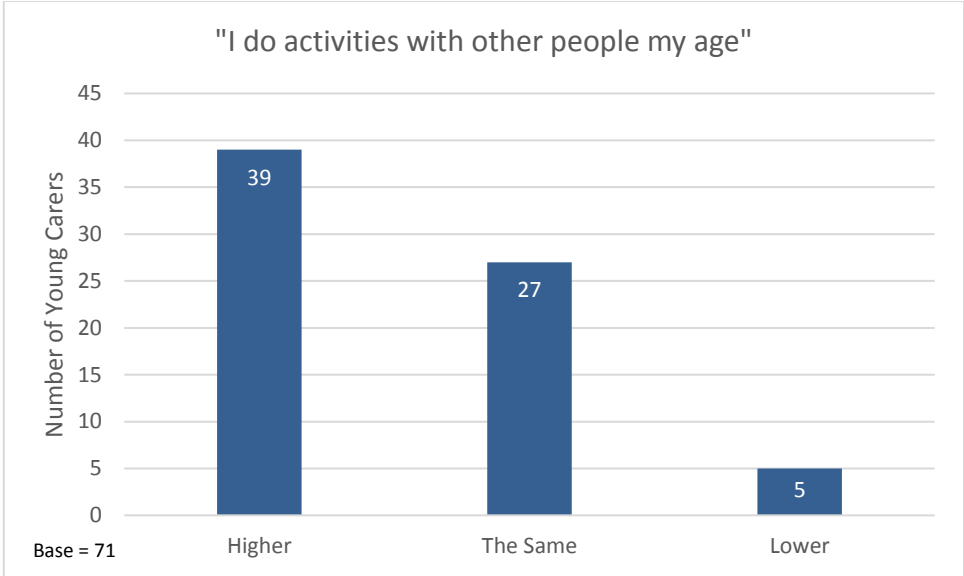
“He is not alone. He doesn’t think he is the only one now” – Cared-for person, talking about young carer

In addition to one-to-one support, the three other activities also allowed people the opportunity to **expand their networks**, and for some, **develop new friendships**. Monitoring data indicates that the Family Project has supported young carers to spend time with other people. Chart 2 shows that the majority of young

⁸ From feedback that Family Support Workers collected for the evaluation.

carers reported a higher score (on a scale of 1 (low) to 10 (high)) in relation to the statement “I do activities with other people my age” from pre to post intervention. Analysis indicates that the average positive change in score was 2.7. Along with the aforementioned point that changes in the caring role might help to free up young carers’ time so they can spend more time with friends, the Family Project also helps young carers meet other young people through some of the group activities.

Chart 2: Difference in young carers’ scores on whether they do activities with other people their age



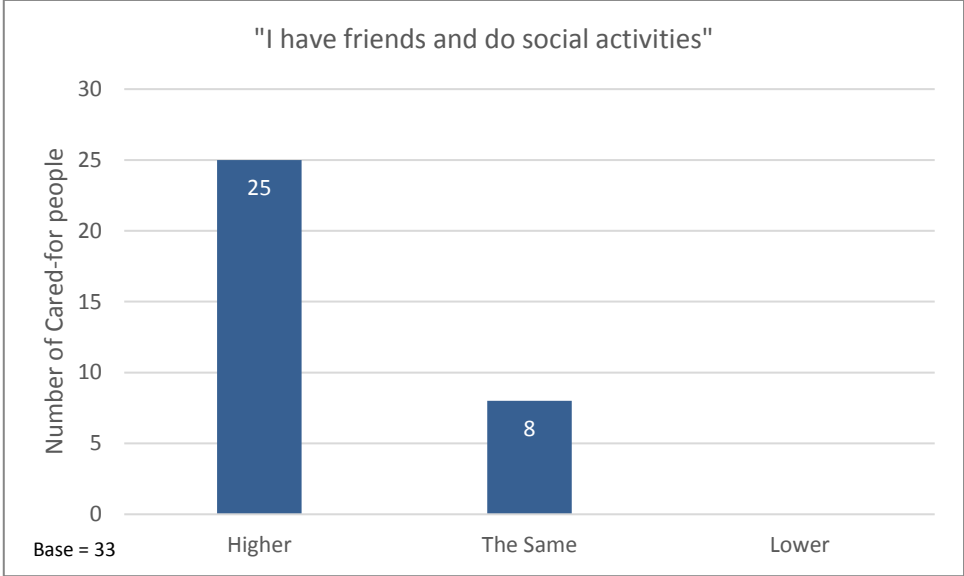
Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

Cared-for people have the opportunity to further expand their networks and develop friendships through the parent networking events. For those that attended, the events provide a safe space where people feel at ease to talk to each other.

“I don’t feel scared, I feel so relaxed here, I feel like [Family Support Worker] has been a part of my life, feel at ease. It’s not just doing activities, it’s becoming friends.” – Cared-for person.

The parent networking events are not solely facilitated by the Family Support Workers, so people have to make the effort to talk to each other. Parents were able to talk about their problems with each other and share advice, helping them to **build up a supportive network**. A member of Sheffield Young Carers staff commented that the events help to instil a sense of camaraderie amongst parents, which reduces their feelings of loneliness and isolation. Chart 3 shows whether the cared-for person’s score on the outcomes tool changed from pre- to post- intervention, in relation to the statement “I have friends and do social activities”.

Chart 3: Difference in cared-for persons scores on whether they have friends and do social activities



Source: Big Lottery Funded Family Project Monitoring Spreadsheet (data for 2017-18 project only)

This statement was only added in 2017/18, so there is limited data available. However, as highlighted in the chart, the majority of cared-for people reported a higher score after the support, indicating they are at least socialising with people and potentially developing new friendships. These findings suggest that the Family Project has been particularly effective for helping cared-for people to make links with others.

4.5 Other outcomes

4.5.1 Better housing/living environment

Qualitative evidence indicated that the Family Project has helped some families to **improve their housing or living environment**. This was largely as a result of the one-to-one support. For example, in one case, the Family Support Worker was able to advocate on a family’s behalf with the local council to help them secure more appropriate housing, and then they helped the family to access grants so that they could acquire soft furnishings and appliances.

“[The Family Support Worker] sourced furniture, beds from charity for free.” – Cared-for person

Other families that were interviewed described how the Family Support Worker had **secured them some white goods, new furniture and had even helped them redecorate their home**. Research with Sheffield Young Carers staff highlighted how the Family Support Workers have built up a good knowledge and understanding of charitable organisations (both national and local) that offer grants for things like furniture and white goods (see Section 3.1 of this report). They have then been able to leverage this knowledge to access funding for the families supported through the Family Project.

4.5.2 Improved household finances

A key outcome to emerge from the one-to-one and Group Support has been **improved household finances**. As part of their support, Family Support Workers help families to address their financial problems, either by teaching them how to budget, or by referring them to specialist organisations that can help them deal with debt or maximise their benefit entitlement or income. Monitoring data summarised in Table 12 indicates that in 2016/17, five families were supported to maximise their income through sorting out benefits

entitlements. For one of these families, the amount unlocked was for three years (rather than for that year, as with the other cases), but the Family Project unlocked a total of £63,164 in 2016/17. In 2017/18, nine families were supported with their benefits or income maximisation, and accessed £158,700. So far, the project has support 14 families to maximise their income by £221,864.

Table 12: Total amount that families’ income has been maximised by

	2016/17	2017/18	2018/19
Number of families	5	9	14
Total amount income maximised by (£)	£63,164*	£158,700	£221,864*

Source: Big Lottery Funded Family Project Monitoring Spreadsheet.

* For one family, the amount ‘unlocked’ was for three years

There is some evidence of families being **better able to budget** as a result of the support. For example, one cared-for person described how the Family Support Worker had given them tips on how to budget, and they now had saved enough money to pay for a cleaner.

Unfortunately, there is limited evidence on the effectiveness of the ‘Money Management’ group support session on improving families’ longer-term financial situation. None of the families that were interviewed mentioned it, and the Family Project does not have the funding or the capacity to gather longer-term monitoring data that can demonstrate impact of this support.

4.5.3 Improved relationships within families

There was no monitoring data to indicate whether, overall, relationships within the families have improved, but the research with families suggested that since being on the Family Project, they had experienced a **better family dynamic**. There was no clear single reason for why relationships had improved; the evidence indicates that a combination of many of the aforementioned outcomes – reduced caring role, reduced social isolation, better mental health and wellbeing, improved housing situation and finances – led to tensions between family members being reduced. For example, in one family, the cared-for person thought that the Family Support Worker had helped her realise how much the young carer supported her:

“The project is all about appreciating the child, and shows off how much they do for you.” – Cared-for person

Although it is difficult to trace the pathways that led to improved relationships, the evidence did indicate that **the family holidays and activities were valuable for improving relationships within families**. In particular, the holidays helped families to relax, have fun, and help them appreciate each other. For example:

“The family holidays just let families have fun; they can build up their relationships.” – External stakeholder

“They step out of [their] comfort zone, they reconnect with each other in the family.” – External stakeholder

“It reminds people of what they could potentially have, and what they have as a family.” – Sheffield Young Carers staff

Due to their role in helping families to better connect, the family holidays have been a success. For example, there have been some cases apparently reported where families have enjoyed the holidays so much they have rebooked and paid for the holidays themselves.

4.5.4 'Hard' outcomes

This chapter so far has highlighted the key themes to emerge for many families, from both the primary research with consultees and the secondary data analysis. However, the primary research also highlighted examples of where families or young carers have experienced more tangible outcomes: that is, outcomes that can be objectively measured, sometimes called **'hard' outcomes**. As highlighted in the previous chapter, the Family Project could be strengthened further by having more robust monitoring data on the 'hard' outcomes that have been achieved, which can then be combined with the wealth of evidence on the softer, less tangible outcomes to provide a more detailed picture of the impact of the project. For example, there was one case where the support provided by the one-to-one project apparently led to the family no longer being on a Child Protection Plan: by doing so, the resulting savings to public services could be very significant. In this case, an external stakeholder described how the Family Support Worker had been pivotal in reducing anxiety within the household, which had in turn reduced the risk to the child.

"Without the support, the family would still be on a Child Protection Plan because the support has focused on both [parent] and child." – External stakeholder

In another case, the Family Support Worker advocated on behalf of a young carer to their school, which prevented them from being expelled. The young carer then went on to secure a good set of GCSEs and is now in college. Again, the corresponding gain to public services in terms of more efficient use of resources could be substantial from this one case alone.

These two examples highlight how the Family Project has contributed to objective, measurable outcomes and change. Going forward, the Family Project could adapt their forms and/or set up a monitoring system that tracks progress on 'hard outcomes', to ensure that outcomes such as these are captured quantitatively.

Achieving employment outcomes amongst parents and young carers of employment age was difficult to achieve given the complex needs of the parents, the extent to which was not envisaged at the start of the grant, and few young carers were of employment age (now effectively age 18+). However, Sheffield Young Carers did report family members progressing to do **community learning courses** (e.g. STEPs courses) or **volunteering** following their involvement in the Family Project. This is a positive finding given the nature of the client group and also the possibilities for these activities to have additional benefits, for example on mental health.

5. Conclusions and Recommendations



5.0 Conclusions and Recommendations

5.1 Conclusions and reflections

Over the last two years, the Family Project has supported 90 families: more than its original target of 80 (40 per year) in its first two years, and is clearly on course to exceed its target of supporting 120 families over three years. The research further indicated that there is a **high demand for the Family Project** within Sheffield, evidenced by over 30 families being ‘waitlisted’ for the project, and external stakeholders describing the wider landscape of support in Sheffield as becoming increasingly stretched and burdened as a result of cuts to services. On that basis, the Family Project is clearly satisfying a need to support families across Sheffield and adding value to the wider local support offer to families. It also provides some degree of value for money for its funders in that the service is in demand and able to support more families than originally envisaged.

The evaluation has shown that the **families that accessed the project tended to have multiple and complex needs**, where they have required support in relation to things such as finances, housing, social isolation, mental health and relationships, alongside physical and emotional support. Sheffield Young Carers staff have reported a rise in the number of cases they are dealing with that are open to statutory intervention via Child in Need status or a Child Protection Plan, meaning the Family Project has had to adapt to work with more families at crisis point, rather than solely focus on preventative work.

Families and stakeholders consulted indicated a positive experience of the Family Project. The evaluation identified that **families appreciated the one-to-one intervention from Family Support Workers**, due to the high quality of support provided and their dedicated and proactive nature. For some families, whose needs were particularly complex, twelve sessions were not enough. While Family Support Workers could have some flexibility with the number and length of sessions they held, they still had to do some work around setting families’ expectations to ensure an appropriate ‘exit’ from the support.

Additionally, **the evaluation found benefits from the social activities** (group support, family activities and holidays and parent networking events) that are held for families over the course of the year, and beyond in the case of parent networking events. These enabled families to keep in touch with Family Support Workers, who can provide ad-hoc support or advice if necessary, offering reassurance and halting potential crises before they start. In general, families interviewed enjoyed the ‘social’ elements of the project; for young carers they offered the opportunity to do fun and exciting activities. For cared-for people, these activities facilitated them to speak to other families with a young carer, increasing their informal support networks and reducing isolation. However, monitoring data indicated that around half of parents did not attend parenting networking events.

Research with external stakeholders highlights that overall, there is nothing else in Sheffield that offers dedicated support for both parents/cared-for people and children, whilst also offering them the opportunity to socialise and develop networks. As one external stakeholder said:

“There is nothing else that replaces it, there’s nothing else that offer services for parent and child, nor is there anything else that offers a residential trip for families.” – External stakeholder.

The evidence suggests that the outcomes from the support are varied for different family members, and that they manifest at different stages of the Family Project. The one-to-one support is an important and often necessary part of the Family Project, because it enables Family Support Workers to work with families

to address key problems that are putting families in, or at risk of, crisis. Given the complexity of the cases in the Family Project, one-to-one support was often necessary so that families could access practical support (such as support to maximise family income, deal with housing issues, source furniture/white goods, parenting advice) and emotional support (including counselling and therapy, or informal discussions with a Family Support Worker or other families). Key outcomes from this support included reduced social anxiety, improved confidence and self-belief, reduced tensions within the household, improved mental health, better housing/living environment, and better financial situation. The **one-to-one support was therefore key in addressing the major problems that were causing families significant concern** or were preventing them from progressing with their goals.

The evaluation found that **the social activities facilitated the outcomes from the one-to-one support being sustained or developed into other outcomes**. For example, where the one-to-one support aided a person with their social anxiety, the social activities helped them to make links with other families and develop friendships and support networks. In another example, where the one-to-one support helped to reduce tensions in the household (that were exacerbated by the caring role), the family holidays helped to bring families together to appreciate what they have and spend quality time together as a family. Overall, the social activities led to:

- **Reduced isolation**, through helping families meet each other, form friendships and develop peer networks
- **Improved wellbeing**, through being able to discuss problems with others, peer support and increased resilience
- **Greater confidence and skills**, through learning new skills through group support and increased self-efficacy
- **Improved family relationships**, through being able to spend quality time together.

The evaluation also found anecdotal **evidence of tangible, 'hard' outcomes** being achieved, such as a case being stepped down from a Child Protection Plan, or a school exclusion apparently being prevented. However, there was no data to indicate how widespread these types of hard outcomes were across the overall project.

Overall, the evaluation suggests that **the Family Project has had a positive impact on families, leading to a wide range of short- and medium-term outcomes through a combination of intensive one-to-one support and social activities**. Without the Family Project, Sheffield would lose a valuable support mechanism for families that require support. On that basis, further funding to employ additional Family Support Workers, which would increase the capacity of the Family Project to deal with more cases, would add value to the local offer to families requiring support across Sheffield.

5.2 Recommendations

Given the findings in this report, it is suggested that Sheffield Young Carers consider the following points for future development of the service:

- **Seek funding for a greater number of one-to-one sessions** for families with particularly complex needs
- **Continue the social activities** (group support, family holidays/activities and parent networking events) while **addressing delivery issues** (to reduce additional burdens on staff time from preparation) and **barriers to attendance** to ensure that outcomes from one-to-one support can be sustained and developed
- Consider support that specifically targets **men and boys**

- Incorporate the measurement of **tangible, 'hard' outcomes** in the monitoring and evaluation of the Family Project.

In addition, council services and council-supported services (for example, adult and children's services, adult and children and adolescent mental health services, schools and education support services, alcohol and substance misuse services) could consider **seconding and/or co-locating a Family Project worker** into their service, specifically to support families with young carers. As demonstrated in this report, Sheffield Young Carers' links and nature of support could benefit these families, and echo other services' messages.

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