



# An Evaluation of the Improving Health Outcomes Programme

An impact report on the ways that 31 Carers Trust Network Partners have supported the health of carers through funding from People's Health Trust and the support of Carers Trust





# An Evaluation of the Improving Health Outcomes Programme

An impact report on the ways that  
31 Carers Trust Network Partners have  
supported the health of carers through  
funding from People's Health Trust  
and the support of Carers Trust



---

# Acknowledgements

---

Published by Carers Trust  
32–36 Loman Street  
London SE1 0EH  
Tel: 0844 800 4361  
Fax: 0844 800 4362  
Email: [info@carers.org](mailto:info@carers.org)

[www.carers.org](http://www.carers.org)  
[www.youngcarersmatter.org](http://www.youngcarersmatter.org)  
[www.youngcarers.net](http://www.youngcarers.net)  
<http://professionals.carers.org>  
[www.carershub.org](http://www.carershub.org)



[www.facebook.com/carerstrust](http://www.facebook.com/carerstrust)



[www.twitter.com/CarersTrust](http://www.twitter.com/CarersTrust)



[www.youtube.com/user/CarersTrust](http://www.youtube.com/user/CarersTrust)

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: 32–36 Loman Street, London SE1 0EH.

© Carers Trust 2014

All library photos posed by models.

---

# Contents

---

<b>Executive summary</b>	<b>2</b>
<b>Grant funding to affect change</b>	<b>6</b>
<b>Local challenges: local responses</b>	<b>9</b>
Older carers	10
Young adult carers	16
<b>Impact on carers</b>	<b>22</b>
Older carers	22
Young adult carers	30
Programme wide	39
<b>The effect on Network Partners</b>	<b>40</b>
Strategic	40
Demand	42
Assets	44
Prevention	45
Carer-led	46
<b>Conclusions and learning</b>	<b>48</b>
Recommendations	50
<b>Appendix 1: Methodology</b>	<b>52</b>
<b>Appendix 2: Network Partners funded by the programme</b>	<b>54</b>

---

# Executive summary

---

In 2011, The Princess Royal Trust for Carers and Crossroads Care<sup>1</sup> were selected to coordinate the delivery of health related projects managed by carers centres, Crossroad Care schemes and young carers services across England, Scotland and Wales. As part of its Healthy Places, Healthy People funding programme, carers centres and schemes in locations pre-determined by People's Health Trust were invited to submit project proposals detailing how they would spend funding to develop effective services to improve health outcomes for either older carers (those aged 60 plus) or young adult carers (aged 16–24) from socio-economically disadvantaged communities. The overarching aim of the programme was to improve the physical health and emotional wellbeing of carers across England, Scotland and Wales.

For older carer projects, Network Partners' aims were divided into two categories, with Network Partners opting for either category:

- Increase the opportunities for older carers to access activities aimed at improving health outcomes, or
- Increase the ability of older carers to access breaks from their caring role and improve the emotional, physical and/or financial health of older carers.

For all young adult carers projects, the specific aims were as follows:

- Improve the life chances of young adult carers.
- Increase access to and/or develop support structures to enable young adult carers to move from appropriate children's services to adult services.
- Increase the support available for young adult carers to make informed choices about their own physical and mental health.

31 Network Partners were awarded funding in 30 geographical areas. 23 Network Partners planned to work on developing services for older carers, and eight Network Partners aimed to work with young adult carers. The grant available for each area was £40,000 for 12 months during 2012–13. The evaluation of the programme concentrated on the project design and the impacts created for the beneficiaries supported by the projects. It also looked at the wider impact of the grant funding on the Network Partners, in particular exploring how grant funding can be used to address five wider issues that Network Partners are facing – strategic, demand, asset, preventative and carer-led challenges.

---

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.

The projects identified key areas of need relating to the health and wellbeing of the carers they supported, taking into account the local context, which raised different priorities. Both older carer and young adult carer projects identified needs for access to health and social care, social integration and training and support. Older carer projects also identified a strong need for respite care, and young adult carer projects identified needs for prevention and policy work. Several projects targeted specific demographics such as black, Asian and minority ethnic (BAME) groups, and some young adult carer projects targeted young people not in education, employment or training (NEET) and those affected by family issues and substance misuse.

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 Network Partners – a unique network of 116 independent carers centres, 59 Crossroads Care schemes and 105 young carers services. Together we are united by a shared vision for carers – to make sure that information, advice and practical support are available to all carers across the UK.

People's Health Trust is an independent charity addressing health inequalities by investing in local organisations with great ideas to create fairer places to grow, live, work and age. People's Health Trust is funded through 51 society lotteries, each designed to raise money to address health inequalities in a separate part of England, Scotland and Wales. The society lotteries operate through The Health Lottery. [www.peopleshealthtrust.org.uk](http://www.peopleshealthtrust.org.uk).

## Key findings

- The older carer projects adhered to three activity models: holistic support packages, a one-off respite service and specific programmes of support (such as a counselling course). There was less variety in the models used by the young adult carer projects – with young adult carers transitioning into adulthood, a greater need was identified for personalised, holistic, intensive support.
- Both older carer and young adult carer projects used a combination of five intervention approaches: 1) activities and breaks; 2) information, advice and guidance; 3) counselling, therapy and direct health care; 4) training, capacity and peer support; and 5) emergency planning to bring about a wide range of benefits for carers' physical and emotional wellbeing.
- The average number of carers supported by young adult projects is 90 compared to 235 for older carers. This was due to the emphasis on more intensive, key worker support within the young adult carer project models.

- Network Partners that were most successful in meeting their objectives worked effectively in partnership with other local organisations to maximise the impact of interventions. Partnership work helped some projects to reach targeted beneficiaries, share resources and expertise for delivery of initiatives, and to ensure the approach was coordinated with the wider landscape of provision.

- The impacts reported by the older carer projects fell into four categories:

- 1) tangible mental and physical health outcomes
- 2) confidence of the carer
- 3) relationships between the carer and others
- 4) access to support.

Together these outcomes contributed to overall improvements in the health and wellbeing of older carers.

- The impacts reported by the young adult carer projects fell into six categories:

- 1) tangible mental and physical health outcomes
- 2) access to support
- 3) confidence of the carer
- 4) social participation
- 5) access to education, employment, and training
- 6) family outcomes.

These six outcomes together led to overall improvements for the health and mental wellbeing of young adult carers.

- Seven of the projects identified training among health professionals and communities as a key need owing to the stigma associated with caring and the lack of awareness of carers' needs.
- The areas of generic need identified by the projects encompass those specifically related to the caring role such as poor mental health and social isolation, as well as wider issues affecting young people such as limited opportunities to access education, employment and training, which are further exacerbated by the caring role.
- The experience of young adult carer projects suggests that in order to support young adult carers into education, employment and training, it is important to both work with the young adult carer to establish what is right for them and to work in partnership with providers to make links between the young adult carers and opportunities.

The overarching lesson from this study has been the value of using funding to have wider impacts on organisations by addressing five key challenges in designing and delivering support to carers.

**Strategic challenges:** To create strategic impact, some Network Partners ensured that the new service fitted with their existing provision, and complemented wider provision in the area. Some used the funding to do strategic work such as policy and awareness work to facilitate wider change in the local area.

**Demand challenges:** These are the challenges Network Partners face in genuinely meeting the needs of the carers they support. Those that were most successful in meeting carers' needs worked flexibly, had ongoing consultation with carers and worked with partners to reach specific groups.

**Asset challenges:** Projects met resource challenges by maximising assets through volunteers, partners and the assets of carers themselves.

**Prevention challenges:** Grant funding can provide an opportunity to build in prevention work, creating sustainable outcomes. While some projects did this by deliberately designing interventions with a preventative focus (such as whole family support for young adult carers), some projects indirectly created preventative outcomes, such as those which had a focus on empowering carers.

**Carer-led challenges:** These are the challenges in ensuring that Network Partners are led, to some degree, by the carers they are supporting. Many of the young adult carer projects involved a strong carer-led element – this proved a valuable way to develop the confidence of carers, ensure they were at the centre of the projects, to build in peer support and to use the skills of carers.

## Recommendations for Network Partners

- Targeting health is an inherent part of what Network Partners do, but being explicit about it within project design can help focus attention on the areas that carers are often resistant to – their own mental health and stress.
- Grant funding should fit within a plan for the development of the Network Partner as a whole. It is through this that the greatest impact for carers can be achieved.
- The views of carers are essential in ensuring that the project is relevant to their needs, and where possible, specific engagement should be used about new service development rather than a more generic survey.
- The Network Partner should ensure that the new resource is sustainable and that all or key parts of it can continue beyond the end of the grant funding.
- Learning from this study has demonstrated how partnership working can help projects to maximise resources and reach, and ensure that projects fit with local service provision. Network Partners therefore, should consider how best to use partnerships when designing and delivering interventions.

## Report structure

This report is divided into five main chapters. The first chapter sets the context for the study. The second explores the needs identified by the projects and the activity models and interventions designed by the Network Partners. The third looks at the impacts created by the projects for the beneficiaries, exploring the reach of the projects and the outcomes which supported the overall improvement of physical health and emotional wellbeing of carers. The fourth looks at the effect of the grant funding on the wider organisation, exploring this in terms of meeting challenges related to strategy, demand, assets, prevention and being carer-led. The final section sets out the conclusions that can be drawn from the study and recommendations for Carers Trust Network Partners, Carers Trust and funders.

---

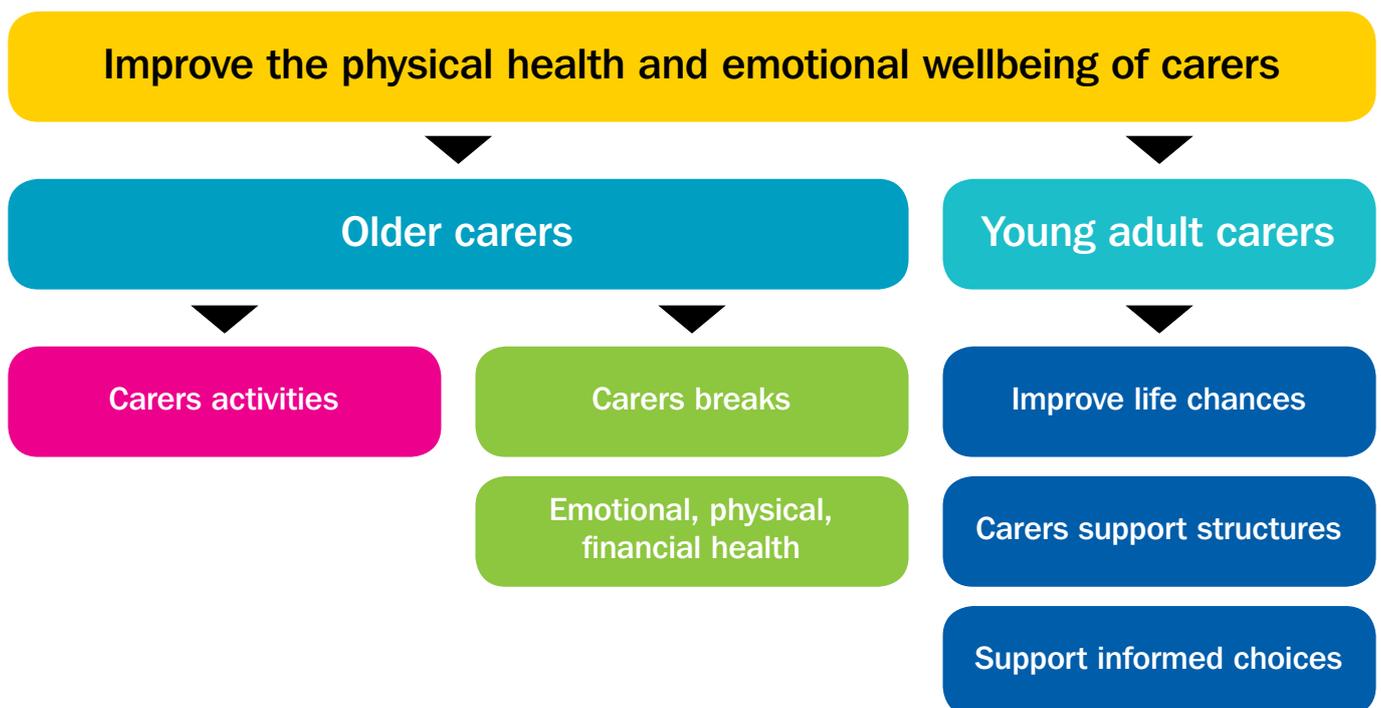
# Grant funding to affect change

---

In 2011, The Princess Royal Trust for Carers and Crossroads Care were selected to coordinate the delivery of health related projects managed by carers centres, Crossroad Care schemes and young carers services within its network. As part of its Healthy Places, Healthy People funding programme, carers centres and schemes in locations pre-determined by People's Health Trust were invited to submit project proposals detailing how they would spend funding to develop effective services to improve health outcomes for either older carers (those aged 60 plus) or young adult carers (aged 16–24) from socio-economically disadvantaged communities across England, Scotland and Wales. 31 Network Partners were awarded funding in 30 geographical areas. 23 Network Partners planned to work on developing services for older carers, and eight Network Partners aimed to work with young adult carers. The grant available for each area was £40,000 for 12 months during 2012–13. A full list of the Network Partners awarded funding is provided in Appendix 2.

Each Network Partner provided clear information on how its project would meet the overall programme aim – to improve the physical health and emotional wellbeing of carers across England, Scotland and Wales.

There were separate specific aims for projects targeting older carers and young adult carers, with projects working with older carers choosing between two sets of aims.



This study set out to explore:

- How the funding was used by each Network Partner.
- The impact of the projects on the carers it supported.
- The impact of the projects on the wider working of the Network Partners.

These questions allude to a wider question at the heart of a fund that is providing relatively small grants: at a time of scarce resources for many service delivery organisations, how can small amounts of money lever in the most value for the people they support, and complement and enhance the rest of the services being offered by the organisation?

## Methods

The research methods used are outlined here and a full methodological statement is appended.

- A full desk top review of policy, current research and Carers Trust documentation was undertaken to create a relevant, up-to-date and meaningful evaluation framework.
- A logic model was defined to explore the over-arching questions, focusing on how Network Partners used the resource in the context of their current work and the needs identified, the change this led to for the carers and the Network Partner, and the ways that the Network Partner adapted its service accordingly. This model is depicted on the following page.
- Research visits to nine of the 31 projects were undertaken in order to obtain detailed insight into these projects, informing learning for a Casebook.<sup>2</sup> Two researchers spent a day in each area.
- In the original methodology it was proposed that data would be collected from all carers using tools to capture the impact of the intervention on their health and wellbeing, and this would be examined to provide a detailed analysis for each participant. Insufficient data was collected and therefore, it was not possible to complete this element of the evaluation.
- Analysis of 30 application forms and progress reports was undertaken, exploring the needs identified by the projects, the interventions they proposed to meet these needs and the outcomes reported by the projects.

---

2 Carers Trust (2014), *Improving the Health of Carers* (Carers Trust).

### Current work

- Define current delivery within the service
- Define the wider delivery structure that exists locally to support this
- Understand the impact of current delivery

### Need

- Define the local area and local need
- Define what is missing in terms of unmet needs
- Define what is missing in terms of hidden carers
- Define what is missing outside of the remit of the service

### Extra resource

- Understand new approaches to meet this need
- Categorise new approaches
- Test rationale for new approaches
- Understand interaction of funded changes to local delivery

### Change

- Track change in delivery and support
- Understand views of carers on impact of new approaches
- Understand how service change fits in with current delivery

### Adapting

- Encourage and track adaptations to wider approach based on what is learnt
- Consider and define ways to embed approaches in the wider delivery structure
- Define project change

---

# Local challenges: local responses

---

The location of the 31 Network Partners is presented in Appendix 2.

The 31 Network Partners developed projects which demonstrated a wide variety of approaches to meeting the needs of older carers and young adult carers. The variety of approaches related to the varying local contexts where the Network Partners were based, which raised different needs and priorities. It also reflected the work the Network Partners were already doing, with many using their experience to guide the approaches they chose.

The projects used the funding to address five challenges that Network Partners face to put themselves in the best position to support the carers they work with, within their local context.

**Strategic challenges:** As the local landscape of providers is shifting with funding and other changes, it is an ongoing challenge for services to ensure that there is a local strategic fit of issues that work for carers. Strategic approaches varied across localities and related to the existing provision of the Network Partner.

**Demand challenges:** Demand varied by area, presenting unique challenges for the services. Some services wanted to use the funding to respond to the needs of a particular demographic in their local community, or to respond to a particular service need given the differences in service provision across localities.

**Asset challenges:** There was greater similarity across the projects in terms of how they used assets such as people, buildings, and the resources of partners. These were however, also influenced by the local context and existing service provision, with services capitalising on local opportunities.

**Prevention challenges:** Some projects explored innovative methods to deliver preventative working. Again, aspects of the projects that were preventative were related to the local context, for example, one project chose to implement an emergency care scheme due to a deficit in the local area.

**Carer-led challenges:** Some projects tried to think creatively about how to push carer leadership as far as possible, enabling carers to control their services. There was no discernable difference in how areas did this according to location.

# Older carers

This section of the report looks at the first three stages of the logic model from the perspective of older carer projects, specifically looking at the needs identified and the activities that were developed in the projects. The data presented here is collated from the initial application forms submitted by the projects.

## Needs

The health and wellbeing needs of older carers identified by the projects before they began can be divided into generic needs directly resulting from the caring role and needs specific to the local area and/or the demographic of the carer.

### Generic needs

The main generic needs identified by the projects were:

- Respite from caring.
- Access to health and social care.
- Social integration and interaction.
- Training and support.

**Respite from caring:** 72% (17) of the projects identified a need for respite from caring to enable older carers to access health and social care services, social activities and training and support. Provision of respite care was also considered a valuable tool for promoting health and wellbeing in itself, as it enables the carer to take a break from the pressures of caring.

**Access to health and social care:** 100% of the projects identified poor mental health as an impact of the caring role, 32% (seven projects) noted the health needs associated with ageing, and 91% (20 projects) reported that carers cannot access health and social care services due to the constraints of the caring role and putting the needs of the cared for before their own. Direct access to health services such as GPs or counselling sessions were identified as key areas of need to address these issues.

**Social integration and interaction:** 60% of the projects (14) identified a need for services which promote social integration for older carers, reflecting the high levels of social isolation experienced by carers and the associated negative impact on their wellbeing and mental health. In particular, a need was identified for access to social and recreational activities and for peer support.

**Training and support:** 82% of the projects (19) identified a need for training and support services covering a range of topics such as health management and financial support. Seven of the projects also identified training among health professionals and communities as a key need owing to the stigma associated with caring and the lack of awareness of carers' needs.

## Specific and local needs

73% of the projects (17) identified one or more specific needs of older carers according to their demographic and/or the local context.

- Ten projects identified carers living in socially deprived areas as being in most need of support.
- Six projects identified rural isolation as a specific barrier for older carers in their area and an additional barrier to social integration and access to services.
- Five projects identified the limited support services available in their local area as being a key barrier to older carers.
- Five projects identified a need to work primarily with older carers of a specified age group, for example, carers over 70.
- Four projects identified specific needs of BAME groups such as the need for bilingual support and culturally appropriate services.
- Three projects identified males as a key target group due to their more acute social isolation and a perception that they had more practical needs due to unfamiliarity with activities traditionally associated with female roles such as housework.
- Three projects identified high intensity carers (caring for over 50 hours per week) of being in particular need of support.

Overall, the projects identified a wide range of needs resulting directly from the caring role and additional local and specific needs which exacerbated the challenges faced by some groups of older carers.

## Activity

Information in this section is collated from the initial application forms submitted by the projects and their six month monitoring forms.

### Activity models

The activities designed to address the needs fell into three models:

- **A holistic support package:** These used a wide range of interventions to address a range of needs. They either provided a tailored service, assessing an individual's needs and designing a support package accordingly or a more general range of interventions that carers could access.
- **A one-off respite service:** These offered a specified allocation of respite care hours per carer, for a specified number of carers which could be used as and when required.
- **A specific programme of support:** These offered specific programmes of support such as counselling and training programmes over several weeks or months. Some projects offered multiple programmes of support, and so also provided a holistic offer.

## Intervention approaches

Across all three models, projects used a combination of five intervention approaches to improve the health outcomes of older carers:

1. Activities and breaks.
2. Information, advice and guidance.
3. Counselling, therapy and direct health care.
4. Training, capacity and peer support.
5. Emergency planning.

For most of the projects, the service design correlated with the generic needs identified. For example, where respite care was identified as a key need, the service either set up a specific respite service or incorporated this into a holistic support package. In some cases however, the service activity only partially reflected the needs identified.

Table 1 shows the percentage of the types of interventions used for each of the activity models. The activities offered as part of a holistic support package were weighted towards training, capacity and peer support with 42% of the stated outputs of the projects falling within this category. All of the one-off services offered activities and breaks alongside some information, advice and guidance, and/or training and support. The specific programmes of support delivered a range of intervention approaches, reflecting the variety of programmes offered which included counselling, training and regular respite programmes.

**Table 1: Percentages of types of interventions used for each activity model**

	Activities and breaks	Information, advice and guidance	Counselling, therapy and direct health care	Training, capacity and peer support	Emergency planning
Holistic package	19%	19%	12%	42%	8%
One-off respite offer	30%	30%	0%	30%	10%
Specific programme(s)	26%	21%	21%	29%	3%

## Addressing key challenges in service design

The projects used the funding to address one or all of the five key challenges to service delivery. Some examples of the ways the service design addressed these challenges are presented in Table 2:

**Table 2: Examples of ways that Network Partners addressed key challenges, by activity model**

	Demand	Assets	Prevention	Carer-led	Strategic
Holistic package	Derbyshire identified a need for a holistic package to meet the demand from carers, consisting primarily of a flexible training offer and financial support.	Northumberland tapped into resources of local leisure and entertainment facilities, organising a range of free or subsidised opportunities for older carers.	A part of North Somerset's provision was working with GPs to identify carers before they reach crisis point.	Newcastle ran a range of focus groups to feed into design of its holistic offer.	Derbyshire built upon existing resources and infrastructure to deliver a holistic service to carers.
One-off respite offer	Mid-Yorkshire identified the need for breaks as being essential for the health and wellbeing of older carers.	South East Wales asked for a financial contribution from carers towards breaks.	South East Wales offered respite breaks to manage the accumulative stress of caring.	Helensburgh and Lomond consulted with 60 carers to define the proposal, and the project was guided by a carer-led board.	Coventry developed its breaks offer, offering activities for carers during breaks and reaching out to hidden carers.
Specific programme(s)	North and South Ayrshire developed its programme based on demand for the service identified through piloting a counselling programme.	Redbridge used its existing pool of bilingual volunteers to support carers to access the programme.	North and South Ayrshire offered a counselling service to prevent mental health deterioration.	Wandsworth developed a carers ambassador scheme to promote its emergency scheme programme.	Wandsworth considered the wider provision in the borough, responding to needs and gaps.

## Staffing

Table 3 shows the average number of hours of management/coordination, direct delivery and administration staff time per week for each of the service models. The number of hours dedicated to management/coordination was highest for the one-off respite services, reflecting their focus on the coordination of breaks. The number of hours dedicated to direct delivery and administration was highest for the holistic support package model, suggesting that a large delivery and administration resource is needed to offer multiple interventions. The total staffing capacity is highest for the projects offering a one-off respite offer, reflecting the intensity of providing both direct respite support and organising breaks.

Three projects used volunteers as an extra resource. For example, one project recruited a volunteer to run a male only peer support group and another project recruited a team of volunteer carer ambassadors to provide community outreach. Findings from the interviews with the projects demonstrate that many staff members work additional ‘in-kind’ hours, which is not reflected in the Table.

**Table 3: Average allocation of staff time for each activity model**

	Management	Direct delivery	Administration	Total hours
Holistic package	2.5	21	2	25.5
One-off respite offer	12	17	0.3	29.3
Specific programme(s)	9.25	12.7	0.7	22.7

## Number of beneficiaries

Projects delivering a holistic package supported an average of 250 carers, the one-off respite services supported an average of 144 carers and the specific programme support services supported an average of 122 carers.

There was wide variance in the numbers supported by the holistic package model, reflecting the wider range of activities offered. For example, projects that provided information packs to carers as one of their range of interventions could reach an extended number of beneficiaries with little extra resource. Activities such as facilitating carer health checks however, may be targeted at a relatively small number of beneficiaries due to the time and resources needed to arrange these. There was little variation in the number of carers supported by the one-off services, suggesting that the capacity of this model of support can be more easily defined. The number of carers supported by programme support depended on the intensity of the support on offer. For example, an extended, in-depth, one-to-one counselling programme would support fewer beneficiaries than a short training programme which could accommodate groups.

## Target groups

12 of the projects sought to target specific demographics or local needs such as male carers or carers living in rural isolation. All those that targeted a specific group were either providing holistic support packages or specific programme models, suggesting that these models are more catered to the needs of local communities than one-off services which are designed to be available for any carer. The amount of activity designed to meet the needs of these specific groups varied across the 12 projects.

**Male carers:** Activities to target male carers included targeted referral processes and running male only peer support groups and drop-ins.

**Rural carers:** Activities to meet the needs of this group included provision of transport services and targeting referral processes in rural areas such as through using community media sources to advertise the scheme. One project delivered health and wellbeing activities in rural locations to make them as accessible as possible.

**BAME groups:** Measures to meet the needs of BAME groups included a bilingual volunteer scheme, recruiting/utilising volunteers and staff from BAME groups, support groups specifically for BAME groups and targeted outreach.

**Socio-economically deprived groups:** Measures to meet the needs of deprived groups included community outreach to improve referrals from these groups, provision of transport to make services accessible and funding support.

## User involvement

15 of the projects ran a consultation, such as a focus group or survey, to specifically inform project design. Those that did not consult specifically for the project used a general questionnaire or feedback from previous projects and events. Some projects consulted regularly with carers via focus groups and advisory panels in order to ensure continued input from carers as the projects progressed. Although the projects consulted with groups, only one involved carers in the service delivery itself, recruiting a volunteer carer ambassador to promote the scheme to other carers.

## Challenges

As the projects progressed, various challenges emerged, particularly in relation to referral processes, partnership working, time and resources, meeting carers' needs, and changes in the local context.

**Referrals:** Eight of the projects noted that there was reluctance from carers to take up the offer either due to practical barriers of attending activities or because they resisted the idea of accepting support. Some of the projects noted that this was overcome by building trust with the carer through one-to-one work to help them understand why looking after their own health needs was also important for the both the carer and person in receipt of care. While some projects found that referrals were slow, one project had more referrals than anticipated. This may have been due to strong links with other agencies. In general, referrals increased as the projects became better known and embedded. Those projects that targeted a particular group faced challenges in reaching them, suggesting a further need to consult with these groups and consider their specific needs.

**Partnership working:** Some projects reported challenges in building partnerships to deliver activities due to different ways of working, staffing inconsistencies and a competitive environment for commissions. Nonetheless, the majority of projects reported linking with partners to either deliver activities or to improve referral pathways.

**Time and resources:** Challenges relating to time and resources were largely associated with the holistic packages, reflecting the administrative resource needed to organise multiple interventions. These projects reported limitations in staffing capacity and felt that more administration time was required than was allocated.

**Meeting carer needs:** Various challenges arose in meeting carers' needs including carers' sense of guilt, practical barriers associated with leaving the person they care for, the complexities of carers' mental health needs and financial barriers to accessing services. As mentioned above, workers found that working with carers to gain their trust and to help them overcome feelings of guilt about taking a break was an essential part of meeting their needs. The value of offering breaks which the carer and person in receipt of care can attend together and of offering flexible services which can fit around caring responsibilities was also noted.

**Local changes:** The landscape in which the projects were operating changed in some areas, with some services closing, others opening and with changes to the threshold for local authority support. In some cases this put additional pressure on the projects and/or led to a need to redevelop partnerships.

## Young adult carers

This section of the report looks at the first three stages of the logic model from the perspective of the eight young adult carer projects, specifically looking at the needs identified and the activity that was developed in the project. The data presented here is again collated from the initial application forms submitted by the projects.

### Needs

As with the older carers, the health and wellbeing needs of young adult carers identified by the projects can be divided into generic needs applicable to any young adult carer and needs specific to the local area and/or the demographic of the carer.

#### Generic needs

The areas of generic need identified by the projects encompass those specifically related to the caring role such as poor mental health and social isolation, as well as wider issues affecting young people such as limited opportunities to access education, employment and training, which are further exacerbated by the caring role. The main areas of generic need fell into four categories:

- Training and support.
- Social integration and interaction.
- Direct health care.
- Policy work.

**Training and support:** All eight projects identified a need for training and support services covering issues such as financial support, access to information, support with the caring role, support with issues such as family breakdown, healthy living and skills training. 100% cited access to education, training, employment and volunteering as an area of need, reflecting the high number of young adult carers who are NEET. Half of the projects identified a need specifically for transition support for young adult carers moving from children's services to adult services. Six of the eight projects identified a need for one-to-one support.

**Social integration and interaction:** All eight projects identified a need for services which promote social integration and interaction of young adult carers. Six projects suggested a need for peer support services and felt that breaks from the caring role and access to social, recreational and sporting activities were essential for young adult carers' wellbeing.

**Direct health care:** Half the projects identified access to direct health care such as GPs or counselling services as a key area of need for young adult carers.

**Influencing policy and practice:** Seven of the projects identified a need to influence local policy and practice affecting young adult carers. In particular, projects felt it was important to train professionals such as social workers and health professionals to be able to identify young adult carers and to understand their needs. Half the projects discussed working with decision makers such as councillors and commissioners to influence local policy and service provision, often with a strong focus on user-involvement. This focus on influencing policy and practice may reflect the lack of transition services available for young adult carers.

**Prevention:** A priority for the young adult carer projects was preventing the deterioration of health and wellbeing. Personal development support to improve mental health and mitigate the risk of future health issues was therefore a prominent theme.

## Local/specific needs

Six of the projects identified one or more specific needs of young adult carers according to their demographic and/or the local context.

- Five projects identified carers living in socially deprived areas as being in most need of support.
- Four projects identified high numbers of young adult carers who were NEET, in their local area and specific support needs for this group.
- Three projects identified specific needs of BAME groups such as the need for culturally appropriate services and BAME representation in stakeholder forums.
- Three projects identified relationship issues such as a family breakdown, domestic violence and teenage pregnancy as being particularly high in the local area and presenting specific challenges to young adult carers.
- Two projects identified the limited support services available in their local area as being a key challenge for young adult carers, particularly the lack of transition services.

- One project identified substance misuse as an issue disproportionately affecting young adult carers in the area.
- One project identified young adult carers with learning difficulties as in particular need of support.

The split between local and generic needs is very similar to older carers in terms of the focus of projects, but there is much more uniformity in the style of offer for young adults (see next section), and a more tailored service is inherent in that offer.

## Activity

All eight projects designed a holistic offer for young adult carers, offering a range of services and programmes. All the projects delivered one-to-one support whereby a support worker would work with the young adult carer to identify their needs and support them over time, referring them to other services appropriately. This key worker approach differed from those used by the older carer projects which offered significantly less one-to-one support. While some projects providing a holistic offer for older carers offered some one-to-one support, such as an initial assessment of their needs, this tended to be less intensive and constant.

For each project the offer comprised of a combination of the following five intervention approaches:

1. Activities and breaks.
2. Information, advice and guidance.
3. Counselling, therapy and direct health care.
4. Training, capacity and peer support.
5. Influencing policy and practice.

All of the projects had a strong focus on training and support, covering a wide range of issues and approaches including peer support, one-to-one support, financial advice, skills training and accredited courses, health information sessions and sessions on specific issues such as healthy relationships, sexual health, drugs and alcohol. Some of the projects offered a range of courses which the young adult carer would take over several weeks. Together these types of interventions comprised almost half of all interventions delivered by the young adult carer projects. The second largest area was influencing policy and practice, accounting for 28% of project activity. This was related to the lack of transition support for young adult carers and focussed on providing mainstream service provider training, engaging with decision makers and facilitating young adult carer involvement in policy work. The remaining interventions fell into the categories of activities and breaks; information, advice and guidance; and counselling/therapy and direct health care.

## Addressing key challenges in service design

The design of each of the services again reflected elements of the five pressing challenges facing Network Partners. Some examples of the ways the service design addressed these challenges are addressed in Table 4:

**Table 4: Examples of the way Network Partners addressed key challenges**

Demand	Assets	Prevention	Carer-led	Strategic
Bromley identified a need to specifically work with young adult carers who are NEET, designing interventions to support carers to access education, employment or training.	East Anglia used the assets of carers themselves, organising skill share workshops between carers.	Blackpool used a whole family approach to address the root causes of young adult carers' needs and to prevent future deterioration of wellbeing.	In York, young adult carers organised and ran a black tie fundraising dinner in February 2013 to raise awareness and encourage joint working. Carers did speeches about what support they need. Professionals from across the city attended.	Central & North London focussed on developing partnerships in order to raise awareness among external agencies about the needs of young adult carers.

## Staffing

Table 5 shows the average number of hours of management, direct delivery, sessional work and administration staff time per week for the young adult carer projects. The vast majority of the resource for all the projects was dedicated to direct delivery, reflecting the focus on providing one-to-one support which is resource intensive. The total number of hours for the young adult carer projects was significantly higher than the older carer projects, again as a result of the intensive individual support offer. As with the older carer projects, Table 5 does not capture in-kind staff time.

**Table 5: Average allocation of staff time**

Management	Direct delivery	Sessional work	Administration	Total
2.5	29.75	0.7	1.25	34.2

## Number of beneficiaries

The average number of beneficiaries was 68 per project. However, most projects supported approximately 40 beneficiaries with just two projects supporting larger numbers. Those that benefitted larger numbers however, provided more intensive, tailored support to smaller numbers but also provided some activities that could reach larger numbers such as group information sessions. The young adult carer

projects tended to target a smaller number than the older carers projects as they provided a greater level of intensity of support to individuals.

## Target groups

Six of the eight projects sought to target specific demographics or local needs such as BAME groups or carers who were NEET.

**Hidden carers:** Hidden carers refer to those not currently accessing services. Activities to target hidden carers included researching the demographics, size and needs of hidden groups and targeting promotional materials and community outreach at these groups.

**BAME groups:** Activities to target BAME groups included providing culturally appropriate information and involving carers from BAME groups in stakeholder discussions.

**NEETs:** A key area of training and support was access to skills training and accredited courses to help support young adult carers into education, employment or training.

**Family issues and substance misuse:** Projects that identified issues such as family breakdown, domestic violence and substance misuse as significant problems for carers in their area designed training and information sessions specifically on these issues and/or implemented whole family interventions.

**Socio-economically deprived groups:** projects that sought to support socio-economically deprived groups designed services that included activities such as financial training and housing information sessions.

## User involvement

All projects established a young adult carer consultation group to inform the setup of the service and/or to provide regular input as the service developed. In addition to traditional consultation routes, some projects also designed activities to involve young adult carers directly in the work. Three projects supported young adult carers to influence policy and practice such as through representation at meetings with councillors and commissioners and through facilitating partnership building between young adult carers and external services. Three projects also facilitated the delivery of services by young adult carers, acting as a means to provide peer support and build confidence in young adult carers. These included a mentoring programme and peer support groups organised and led by young adult carers.

## Challenges

**High demand:** Three of the projects commented that demand exceeded capacity. This was due to both large numbers of referrals and the complex needs of some of the young adult carers they supported. To manage the demand, some of the projects developed peer support initiatives and used social media as a tool to support a large amount of carers.

**Engagement:** Despite reporting high demand, several projects noted that the young adult carers did not engage in some activities. Reasons given for this were that they were too embarrassed, nervous or ashamed to access support,

restrictions on their time due to their caring responsibilities, and other restrictions such as exams. The projects noted a need for flexible events to overcome this and regular reminders about events via various mediums. In the case of new carers, one project found it was beneficial to organise events specifically for them initially in order to encourage them to then come to groups where the carers already knew each other. One project also noted that carers were reluctant to access one-to-one support, but this could be overcome by the project workers getting to know the young adult carers before offering this type of support.

**Partners:** Some projects experienced challenges engaging partners such as GPs and Job Centre Plus, primarily due to their busy work schedules. One project also noted that it did not engage specific target demographics as planned, due to challenges in making links with the voluntary and community sector organisations that support those groups.

---

# Impact on carers

---

## Older carers

This section is based on final reports submitted by 13 of the older carer projects (ten projects had not completed at the point of writing this report) and reflects their perspective of the impacts of the projects on older carers. It is important to note that these were acquired through open questions in the final report form, thus where a project did not cite certain benefits it does not necessarily mean they did not achieve this outcome.

### Reaching beneficiaries

Of the 13 older carer projects, six met their target numbers with two vastly exceeding it (Northumberland and Wiltshire). The projects that had more participation than anticipated had so by much higher margins compared with those that had less participation. This suggests that overall actual beneficiaries exceeded target numbers, however there was variation across the projects with some reaching slightly fewer numbers than planned and others vastly exceeding targets (Northumberland and Wiltshire).

**Table 6: Number of beneficiaries reached by projects**

Network Partner	Target number	Actual number
Carers Northumberland	120	725
Carers Centre Newcastle	105	81
North Argyll Carers Centre	275	209
Crossroads Care South Central	200	193
Carer Support Wiltshire	100	675
Derbyshire Carers Association	400	331
Crossroads Care Coventry & Warwickshire	150	134
Crossroads Care East Midlands	50	44

*(continued)*

Network Partner	Target number	Actual number
Redbridge Carers Support Service	200	201
Crossroads Care Cheshire East, Manchester and Tameside	60	85
Helensburgh and Lomond Carers	174	84
Unity Enterprise (North and South Ayrshire)	92	108
Wandsworth Carers Centre	115	193

The high number of carers reached by Northumberland accessed support group activities, workshops and referrals to other organisations. The high number of carers reached by Wiltshire was through the Carers Health Clinic across the county – working with GP surgeries to prescribe breaks and to involve carers in activities. 636 break prescriptions were prescribed. While these projects offered less ongoing and intensive support to carers compared with those that worked with fewer carers, there are elements of good practice which may suggest how they were able to enable opportunities for so many carers:

- They built and utilised strong partnerships with other organisations – running joint activities and successfully using their partners for referrals. For example, Carers Northumberland used its membership of Northumberland Opportunities for Older People (a network of organisations working with elderly people in the county), to introduce new referral cards to all these organisations.
- Both offered a wide variety of activities and workshops.
- Consultation with older carers about what activities they would like to see in their area seems to be an important factor for successfully reaching carers.

Those that reached fewer carers than planned reported challenges due to the carers not being able to leave the person they care for and/or ran long day trips or very large events which may only accommodate smaller numbers and may have been less accessible for carers compared with a series of small workshops.

### Specific groups

Of the 13 final report forms returned, four outlined how they reached specific groups such as male carers, BAME carers and carers from deprived backgrounds. Only two projects indicated the number of carers who had benefited from these interventions so it is not possible to discern conclusions as to the relative success of initiatives.

**Table 7: Activities undertaken to reach specific groups**

Target group	Network Partner	Intervention	Outcome
Male carers	Carers Northumberland	Mens events, including cookery workshops for male carers.	Engaged male carers.
Rural carers	North Argyll Carers Centre	Delivered a wide range of workshops, training sessions, financial health and awareness events in rural areas.	Registered 12 previously hidden older carers with the organisation.
BAME carers	Redbridge Carers Support Service	Recruitment of bilingual volunteers to support carers of various cultural backgrounds to fully engage with the project.	Reached BAME communities.
BAME carers	Wandsworth Carers Centre	An Asian Development Officer was employed to promote the scheme further. An Asian Womens Ambassador was also enlisted to recruit further carers from Asian communities.	43 Asian carers registered with emergency scheme out of 303 active carers emergency support scheme plans.
Deprived communities	Carers Centre Newcastle	Targeted advertising of activities to deprived groups through mail outs.	Raised awareness of the project in deprived communities.

## Impact on beneficiaries

The impacts reported by the projects fall into four categories:

1. Tangible mental and physical health outcomes.
2. Confidence of the carer.
3. Relationships between the carer and others.
4. Access to support.

Together these outcomes contributed to overall improvements in the health and wellbeing of older carers.

### Tangible mental and physical health outcomes

Eight projects reported reduction of stress as a key outcome for the carers they supported, with five capturing this through monitoring tools.

**Table 8: Interventions leading to reduced stress**

Specific intervention	Network Partner	Outcome
Ten hours of free support work from a worker	Crossroads Care South Central	40% of beneficiaries reported reduced stress.
Emergency planning	Wandsworth Carers Centre	27% of beneficiaries reported reduced stress.
Therapy sessions	Helensburgh and Lomond Carers	85% of beneficiaries reported reduced stress and other benefits.
Mindfulness based stress reduction and wellbeing workshops	North Argyll Carers Centre	98% of beneficiaries felt better equipped to deal with stress.
Holistic therapy sessions	Redbridge Carers Support Service	100% of beneficiaries reported reduced stress.

Stress relief was related to the provision of direct support which allowed carers to take breaks in three cases (Coventry, South Central and Cheshire), the provision of therapy or relaxation sessions in three cases (Helensburgh and Lomond, North Argyll and Redbridge) and provision of trips/activities in the other two cases, respectively. Those offering therapy/relaxation achieved particularly high levels of stress reduction.

Four projects captured improvements in the general wellbeing of carers:

**Table 9: Interventions leading to improved mental wellbeing**

Intervention	Network Partner	Outcome
Art therapy courses	Helensburgh and Lomond Carers	95% of beneficiaries reported improved mental wellbeing.
Craft and interest workshops	North Argyll Carers Centre	95% of beneficiaries reported improved mental wellbeing.
Caring skills workshops	North Argyll Carers Centre	90% of beneficiaries reported improved mental wellbeing.
Wellbeing activities with social elements	Redbridge Carers Support Service	95% of beneficiaries reported improved mental wellbeing.
Therapy sessions and teaching coping techniques	Unity Enterprise (North and South Ayrshire)	98% of beneficiaries reported improved mental wellbeing.

These improvements were related to provision of therapy/relaxation sessions – activities that were cognitively stimulating and had social elements.

Four projects reported physical health benefits (such as improved mobility and fitness) from their interventions (Helensburgh and Lomond, North Argyll, Redbridge and North and South Ayrshire). These were related to:

- Projects that actively engaged carers in exercise (for example, tea dances).
- Projects that supported carers to take breaks as these were often used to attend to their own health needs, for example, going to GP appointments and receiving health check-ups.

Two projects (Redbridge Carers Support Service and Helensburgh and Lomond Carers) noted that attendance at sessions targeted at mental wellbeing, and the improvements these led to, also transferred into improvements in physical health.

### **Case study:**

#### **Mental health issues, Helensburgh and Lomond Carers**

Carer A (70) and her husband Carer B (75) care for Carer A's sister who has cerebral palsy, learning difficulties and uses a wheelchair. Carer A also has extreme anxiety and depression and does not like to be parted from Carer B which means that he must also support her. Carer B has recently been ill, requiring hospitalisation after a knee operation which has increased Carer A's anxiety.

Action: Initially, Carer A was reluctant to engage in activities available from the Network Partner but eventually, after attending some therapy sessions which helped her to relax, Carer A opened up to other possibilities. Both Carer B and Carer A attended a respite weekend where they were able to socialise with other carers. This was a huge step for Carer A who even engaged in separate activities to Carer B. Carer A and Carer B now also attend regular Tai Chi classes put on by the Network Partner on the recommendation of Carer A's doctor.

“It was great to be able to relax and be attended to. The company was nice and we managed to have a laugh. Normally I suffer from anxiety but there was no sign of this over the weekend. Looking forward to the next time”.

**Carer A's comments on the respite weekend.**

## Confidence of the carer

It was reported that the interventions improved carers' confidence in terms of their caring responsibilities and looking after their own health.

Seven projects noted that carers were better equipped for caring (both emotionally and practically) as a result of interventions such as information and advice sessions, training sessions, provision of information on where to go for support, as well as social activities, therapy/relaxation sessions, breaks and emergency planning. Some outcomes described in the final reports are displayed in Table 10:

**Table 10: Interventions leading to growth in confidence**

Intervention	Network Partner	Outcome
Therapy	Unity Enterprise (North and South Ayrshire)	82% of beneficiaries reported feeling better able to cope with the caring role.
Presentations to older peoples groups	Carers Centre Newcastle	94 older carers indicated increased knowledge of services.
Breaks	Crossroads Care Cheshire East, Manchester and Tameside	Carers indicated feeling better about themselves and their situation due to the respite support.
Training	Crossroads Care Coventry & Warwickshire	Carers reported feeling better able to manage the person they care for.
Ten hours of free one-to-one support	Crossroads Care South Central	82% of beneficiaries reported feeling more confidence in relation to understanding the support that is available to them.
Training sessions	Redbridge Carers Support Service	90% of beneficiaries reported feeling more confident in caring role.
Transport provision	Redbridge Carers Support Service	Carers felt safer and more confident accessing activities in their community due to the provision of transport.

Nine projects found that carers gained confidence in accepting support. This was primarily brought about through:

- One-to-one work with carers to help them overcome guilt and accept support.
- Offering taster sessions and other entry services which lead to further engagement.
- Using local venues and providing transport.
- Emergency schemes which reduce worry.
- Therapy courses which encouraged carers to focus on themselves.

“The main challenge is to encourage older carers to get involved in activities and to accept our support generally. Particularly if they have been isolated for a long time, only have contact with the person they care for or any professional services coming into the home. Carers in this situation can become disillusioned and disconnected from their communities.”

### **Redbridge Carers Support Service**

## **Relationship between the carer and others**

Another significant outcome highlighted by seven of the projects, was the improvement in carers’ relationships, both with the person they care for and with others, often other carers.

Cheshire East, Manchester and Tameside offered breaks specifically for the carer and the person in receipt of care to attend together, supported by a support worker. This enabled them to spend time together in a different context, leading to improvements in relationships. Other projects highlighted that the general easing of stress brought about through interventions led to improvements in relationships. Six projects noted that reduced isolation had been a significant outcome of their interventions. This was associated with:

- Wellbeing activities which involve a social element.
- Provision of social and peer support activities.
- Breaks which enable carers to spend time with family and friends.
- Therapeutic interventions.
- Using local venues and providing transport.

### **Case study:**

#### **Social activity and health outcomes – Carers Northumberland**

Carer C (81) cares for his wife (70) who has had a stroke and has diabetes. Carer C used to be active and social but had become isolated due to his caring responsibilities. His own health was beginning to deteriorate.

Carers Northumberland supported Carer C to access a carer’s assessment which led to him being allocated a support worker – allowing him to take a rest every week. In this time, Carer C was able to engage in activities and support groups organised by Carers Northumberland where he socialised with other carers. Carers Northumberland also organised a carers emergency card for Carer C.

Carer C’s health has improved, his anxiety has been lifted and he is no longer isolated.

## Access to support

The projects enabled carers to access services they needed, through facilitating access and providing free time for carers to access services as they wished, for example to attend a GP appointment. The activities and the outcomes highlighted by the projects are summarised in Table 11.

**Table 11: Interventions leading to access to support**

Intervention	Network Partner	Outcome
Provision of ten hours of respite care and information relating to activities and support options in their particular part of the county.	Crossroads Care South Central	60% of carers utilised the time allocated to either attend a doctor's or hospital appointment or to undertake a personal health check at a Health and Well Being Hub in the county.
Initial assessment process and provision of information package to enable carers to identify the support they need.	Crossroads Care South Central	40% of the carers who received the free package through this initiative have gone on to book a regular support session from an organisation.
Provision of financial advice to all carers.	Crossroads Care South Central	42% of carers reported having made an appointment with a competent financial advisor.
One-to-one practical support from volunteers.	Redbridge Carers Support Service	100% of carers benefitting from volunteer input reported improved levels of practical support and felt more encouraged to access services.
Breaks.	Crossroads Care Coventry & Warwickshire	The flexibility of the service enabled carers to respond to their own personal circumstances and health needs.
Breaks.	Crossroads Care Coventry & Warwickshire	Carers accessed a range of other services and activities including some training, although the majority opted for one-to-one training in their own home.

Provision of respite breaks often led to carers using the time to access services as they wished. Those that offered specific information and one-to-one support usually facilitated tailored access to services for carers, working with the carer to alert them to services and to help them to access them.

# Young adult carers

This section is based on final reports submitted by six of the young adult carer projects (two projects had not completed at the point of writing this report) and reflects their perspective on the impacts of the projects on young adult carers. It is again important to note that these were acquired through open questions in the final report form, thus where a project did not cite certain benefits it does not necessarily mean they did not achieve this outcome. There is very little statistical data included in the reports, however the projects do comment on what they perceive the most significant outcomes to be, and which interventions these are related to.

## Reaching beneficiaries

There are minimal discrepancies in the numbers of beneficiaries reached compared with their target figures, with just one project (York) reaching many more carers than anticipated. While 93 carers received low intensity support such as a newsletter, 53 carers received regular intensive support, suggesting that the number receiving intensive support was more in line with York's target figure, although still higher than anticipated.

**Table 12: Number of beneficiaries reached**

Network Partner	Target	Actual
Blackpool Carers Centre	60	82
Salford Carers Centre	200	203
Bromley Carers Centre	100	86
Crossroads Care East Anglia	30	48
Crossroads Care Central & North London	30	30
York Carers Centre	30	93

## Specific groups

Some projects discussed targeting hidden carers through initiatives such as drop-ins at colleges.

Central & North London, and Salford targeted BAME groups by forging relationships with organisations that already supported these communities, undertaking awareness sessions with voluntary and community sector groups.

In the final reports, the projects commented on measures taken specifically to reach young adult carers who were NEET, and to meet the needs of carers living in complex families with issues such as substance misuse. The projects did not develop particular measures to reach these groups as they were already known to the services, but they developed specific interventions to meet their needs. These are detailed in the next section.

## Impact on beneficiaries

The impacts reported by the projects fall into six categories:

1. Tangible mental and physical health outcomes.
2. Access to support.
3. Confidence of the carer.
4. Social participation.
5. Access to education, employment, and training.
6. Family outcomes.

As with the older carer projects, these six outcomes together created overall improvements for the health and mental wellbeing of young adult carers. These outcomes may help prevent the deterioration of young adult carers' health in future.

### Mental and physical health outcomes

Tangible mental and physical health outcomes were rarely reported by the projects as they mostly focussed on improving the general wellbeing of young adult carers, which may in turn prevent future health crises. However, several interventions were focussed directly on health.

**Table 13: Health interventions**

Intervention	Network Partner
Anger management and sexual health workshops.	Crossroads Care Central & North London
Variety of activities including Zumba, fun run, Duke of Edinburgh.	Blackpool Carers Centre
Stay Well sessions on the following subjects: Relationships, HIV Awareness, Relaxation, First Aid, Five Ways of Wellbeing, Cookery Demonstration, Healthy Eating, Learning Disability Awareness, Drug and Alcohol Awareness, and Decision Making.	Bromley Carers Centre
Training and learning opportunities to improve the health outcomes for young adult carers.	Crossroads Care East Anglia
Access to a three month leisure pass and health awareness sessions.	Salford Carers Centre
Healthy eating course, aqua fit course at a local leisure centre, health and wellbeing one day course, accredited First Aid course.	York Carers Centre

Activities mostly focussed on either fitness or health awareness, however impacts of these were rarely recorded. The projects reported few mental health outcomes but referred frequently to improvements in carers' confidence.

The projects also focussed on raising awareness among health practitioners about issues that might be faced by young adult carers so that they can amend their practice accordingly. This is explored later.

### Access to support

The projects supported young adult carers to access support outside the project. Table 14 presents a summary of the interventions which led to access to support.

**Table 14: Interventions leading to access to support**

Network Partner	Intervention	Outcome
Crossroads Care Central & North London	Working with young adult carers on one-to-one basis to get them support.	Access to breaks, funding and apprenticeships.
Crossroads Care Central & North London	Building links with support/therapy centres.	Referrals to support/therapy centres.
Blackpool Carers Centre	Development of individual action plans for young adult carers.	All young adult carers have an action plan and have been signposted to relevant services.
Bromley Carers Centre	Inviting all known young adult carers to become members of a forum. Carers were presented with national and local opportunities via the forum.	The forum enabled young adult carers to develop their knowledge of appropriate services.
Salford Carers Centre	Development of young adult carer forum.	Increase in the numbers of young adult carers accessing other services such as welfare rights, carer's personal budgets, and assessments as adult carers.  Increase in the numbers accessing services for the person in receipt of care such as assessment of needs.
Salford Carers Centre	Provision of information and courses on diet and other health related issues, and budgeting.	Access to services.

*(continued)*

Network Partner	Intervention	Outcome
York Carers Centre	Provision of information about common assessment framework (CAF) or carer's assessments of needs (CAN) to individual carers. Young adult carers asked if they'd like to be referred for either of these.	All carers who were referred for CAF or CAN have received support from City of York Council. For some this has included financial support and for others it has been practical support, for example adaptations in the home.

In summary, access to external support services was facilitated by:

- One-to-one work with the carer to identify their particular needs and help them access services.
- The development of forums where young adult carers could inform the project of their needs and receive advice.
- Provision of general information via courses and publicity materials/ social media.
- Building of links with organisations to improve referral routes.

### **Confidence of the carer**

Five of the six projects cited improvements in carers' confidence as an outcome of their interventions. Confidence refers to:

- Confidence in skills such as budgeting and finance, team skills and communication.
- Confidence arising from improved knowledge of issues and services.
- General improvements in self-confidence.

This outcome was associated with the following interventions:

- One-to-one support and action plans.
- Provision of skills and information sessions.
- Undertaking accredited courses.
- Carer-led initiatives (which involve decision making).

## Case study:

### Fulfilling the potential of young adult carers – Salford Carers Centre

Carer D (18) has been caring since the age of eight for both her parents who have mental health and drug and alcohol misuse issues. She also supports and protects three younger sisters, one of whom, aged ten, has severe learning disabilities. At times Carer D is responsible for running the whole household, domestically and emotionally. Carer D's parent's relationship is extremely explosive and from an early age she has had to control the behaviour of adults, negotiate her way around social workers and the police and hold her family together.

Carer D became a member of the Young Carers Forum where workers focussed on supporting Carer D to reach her full potential. This included helping Carer D with university applications, getting support for her younger sister to take the pressure off Carer D and supporting Carer D's mother to overcome her problems and get back into work. Carer D's confidence has blossomed – she now gives presentations for the Forum at national conferences and runs Forum meetings in collaboration with children's services. The impact on Carer D's confidence and independence has been huge – with Carer D's help, her mother now works full time for a care agency and her father is seeking help for alcohol misuse.

With her new confidence, Carer D's life has been transformed – she went through college with flying colours and is applying for university.

## Reduced social isolation

Reduced social isolation was not a prominent theme when the projects discussed their specific interventions, however it did arise as a theme in the case studies provided by four of the projects.

Reduced social isolation was associated with opportunities to meet other carers on trips, activities and events.

“The opportunity for young adult carers to meet other carers in informal environments has enabled them to support each other and to make friends, in turn minimising some of the social isolation associated with the caring role. As a result, many of the young adult carers see each other socially outside of our service provision.”

### York Carers Centre

“I'm not a very confident person and find it difficult making friends. This has helped me overcome that and I have made some really amazing friends.”

Young adult carer, following a residential weekend

## Case study:

### Escaping isolation – Blackpool Carers Centre

Carer E cares for his father who has serious health problems following a heart attack 11 years ago which affect his mobility and means he is often in extreme pain. Carer E carries out all the household tasks as well as administering medication. Carer E also has physical health problems which limit his mobility. Carer E had been home schooled for many years leaving him very isolated but was just about to start attending a sixth form college.

Carer E wanted to get involved with the events at the Network Partner in order to make some new friends and have a break from his caring role for a while. Through the Network Partner he has accessed a variety of trips and activities and his confidence has grown. He is now an active member in his local community and takes part in a Duke of Edinburgh scheme as well as volunteering at a youth club and helping to organise the Christmas fair.

“The main accomplishment was seeing a quiet young adult carer who had few friends, transform into a more confident young adult carer.”

**Support worker**

## Access to education, employment and training

Three projects, Blackpool, Bromley and York, had a strong focus on supporting young adult carers to access education, employment and training.

Of the total number of young adult carers Blackpool supported during the project, 74% accessed education, training, volunteering or employment. This was enabled through one-to-one support, building links with local education and training providers, facilitating visits to universities and referring carers accordingly, and involving carers in volunteering opportunities at Blackpool Carers Centre.

Bromley supported 14 young adult carers to access work, training and volunteering opportunities. Again, this was facilitated through a variety of means including one-to-one support, information sessions and developing links with Job Centre Plus.

York supported eight young adult carers to access employment, education or training who were initially NEET at the start of the project, again by providing intensive, tailored support.

The experiences of these projects suggests that in order to support young adult carers into education, employment and training, it is important to both work with the young adult carer to establish what is right for them and to work in partnership with providers to make links between the young adult carers and opportunities.

## Case study:

### Moving into work – Bromley Carers Centre

Carer F is a 22-year-old male who cares for his mother. Carer F has been caring for his mother full time since leaving school at the age of 16. Carer F's younger brother is also being supported by the young adult carer project. Carer F's mother has mental and physical ill health and she is unable to leave the flat. Carer E is therefore responsible for all of the housework and also undertakes personal care for his mother.

Carer F's mother felt her sons needed support, particularly with their job searches. The project worked with Carer F over six months, offering him emotional support, help with obtaining a provisional driving license and a new birth certificate, support with job searches and applying for apprenticeships.

Together, Carer F and the support worker created a CV and Carer F secured employment. Alternative caring arrangements were made for his mother and Carer F now has the opportunity to work. This has helped with his confidence and self-esteem and helped motivate him to achieve his goals.

## Family outcomes

Four of the projects used an element of family support in addition to support specifically for the young adult carer. This involved supporting family members to engage in services and to access housing and benefits and working in partnership with family services to facilitate additional support. Improved situations for families may have led to improved mental wellbeing for young adult carers within these families.

**Table 15: Family interventions leading to outcomes**

Intervention	Network Partner	Outcome
Linked families to specific support such as substance misuse agencies or counselling services.	Central North London	Engaged families in services.
13 young adult carers attended domestic abuse awareness training.	Blackpool Carers Centre	All of the 13 young adult carers who attended the domestic abuse awareness training reported that they had learnt something new. They had increased awareness of issues that may impact on their personal wellbeing and now feel more confident in dealing with family and life challenges.

*(continued)*

Intervention	Network Partner	Outcome
In some cases, the project coordinator worked with the whole family on issues like benefits and accessing funding.	York Carers Centre	Reduced stress within families.
Worked in partnership with family support worker to ensure support for family as well as young adult carer.	Salford Carers Centre	Various outcomes for family members including improvements in their mental wellbeing and access to housing and benefits.

“The Young Adult Carers service is a blessing. It gave us both time away from each other and greatly improved our relationship with each other. Excellent service for not only the young adult carers but the family members also.”

Family member, York

## Impact on external landscape

Four of the projects undertook activities designed to influence the working of external agencies to be more carer sensitive and/or to influence local policy to be more focussed on the needs of young adult carers. York in particular had a strong focus on this work.

**Table 16: Interventions leading to changes in wider policy/practice arena**

Intervention	Network Partner	Outcome
Monthly sessions of professional induction training.	Bromley Carers Centre	50 professionals trained over the lifetime of the project. 98% reported an increased understanding of young adult carers and their rights.
13 awareness sessions/events run for adult social care providers; ten sessions run for voluntary and community groups involved in providing social care.	Salford Carers Centre	Increase in referrals from adult social care providers.

(continued)

Intervention	Network Partner	Outcome
Membership of Joint Health Wellbeing Strategy Working Group; meetings with Director of Public Health; development of Young Carers Strategy.	Salford Carers Centre	Young Carers Strategy places responsibility on all agencies to provide support to carers including young adult carers.  Carers' issues written into city wide strategies.
Carers Representative Group was set up at the start of the project, allowing young adult carers to attend regular meetings with the Project Co-ordinator and put forward a representative to participate in meetings with service providers.	York Carers Centre	Service providers report an increased understanding from professionals of the personal problems that young adult carers face.
Carer awareness online training completed by 54 professionals.  Trained and shared information with partners in education, social, health care and public service settings that work with young people so that they can understand and be responsive to young adult carers.	York Carers Centre	Three schools and York College have adopted the school/college carers card, with more taking up the scheme in the next few months.
Training has been given to reception staff from 11 GP surgeries with 17 attendees.	York Carers Centre	Staff indicated that they are more aware of carers' issues, better able to identify carers and more confident about signposting carers to the appropriate services.
Talks/information sessions have been held at several schools, York College, York University, York St John University, York Training Centre and Adult Education.	York Carers Centre	100% of participants reported an increase in awareness about young adult carers.

In summary, Network Partners delivered awareness and training sessions to relevant organisations including voluntary and community sector organisations, and education, social and health care providers. Young adult carers sometimes imputed into this work, through consultation or direct involvement.

These activities led to:

- Development of referral routes.
- Better understanding and awareness.
- Implementation of policies.

“As a tutor I will be more aware and understanding of the caring role of some students. I now know and understand where to refer them to and how to begin listening and supporting them.”

**Feedback from professional who completed York’s e-learning tool**

Salford undertook work in strategic forums in order to influence local policy and practice, leading to the development of a young carer strategy which placed responsibility on all agencies to provide support to carers including young adult carers.

## Programme wide

Due to challenges in collecting data in a consistent way across the projects, it has not been possible to use a clear method of quantifying the impact on different carers through the different projects. Instead, the evaluation has had to use a combination of qualitative visits to sites and monitoring reports.

---

# The effect on Network Partners

---

This section of the report is concerned with the wider effect of the grant funding on the Network Partners that hosted the projects. This study has tracked the way that the funded programme added to the wider delivery by the Network Partners. This section explores the extent to which initiatives worked towards new approaches of working and the factors that were important for doing so successfully.

It is divided into five categories, based on challenges identified as being particularly pressing for Network Partners: Strategic challenges, Demand challenges, Asset challenges, Prevention challenges, and Carer-led challenges.

## Strategic

The projects had various impacts on the strategic direction of the Network Partners. Many of the projects piloted a new service which led to consideration of how to embed the service and learning in the Network Partner's other areas of work. Some projects built upon an existing service in order to develop it through the added resource. Some projects also used the funding to develop partnership working, policy and awareness raising work and internal systems to bring about strategic impact.

### Piloting a new service

- The funding gave Network Partners an opportunity to review support and to pilot something new. A few Network Partners sought ways to continue the pilots after the end of this funding stream. Methods to do this include accessing other funding and working with partners to continue delivery.
- Many older carer projects also reported learning from the projects to inform their future work. Learning included better awareness of the mental health needs of older carers and awareness of the need for a flexible service to meet the needs of older carers.
- The young adult carer projects filled a gap between young carer and adult services, leading to better understanding in both these services of the needs of this particular age group.

### Building upon an existing service

- The most innovative services were those that used the funding to reflect on and develop the service, rather than those that used the funding to simply increase capacity of an existing offer. For example, North and South Ayrshire developed a

volunteer led counselling pilot project into a full service. The Network Partner is now considering expanding the service to other groups.

- Some older carer projects used the funding as an opportunity to refine services. This involved initiatives such as providing transport, identifying and targeting hidden carers, and expanding provision where Network Partners were aware that there was a high level of demand.
- Young adult carer services often built the new service into the existing young and young adult carer services. For example, in Blackpool, the young carers champion and some of the young carers teams also worked on the young adult project, pooling resources and embedding the project in the wider Network Partner.

## Partnerships

- Both older and young adult carer projects worked in partnership with organisations from statutory and voluntary sectors. They forged links which benefitted the wider organisation and which were sustainable beyond the terms of this funding stream.
- Projects described working with a partner organisation to deliver events, with the sharing of resources making it more likely that they would be able to continue to do so once the funding period is over. During the life time of the funded projects some spin off activities were set up.
- Some partnership work led to sustainable initiatives being set up as a result. For example, in York, following work in schools, a regular drop-in was set up by schools.
- Strong links with partners was also essential for developing referral pathways into and out of the project, also benefitting access to the other services offered by the Network Partner.
- Partnership working enabled services to deliver a more coordinated approach.
- Partnership work also involved challenges. These included the reluctance of organisations to work together given competition for funding streams, and the ability to continue to work with partners whose service provision was prone to changes.

## Policy work and awareness raising

- Three older carer projects (Newcastle, North Argyll, and Suffolk) and most of the young adult carer projects put some of the funding towards efforts to influence local policy affecting older and young adult carers, and awareness raising work with relevant professionals to promote sensitive practice to working with carers. While it is hard to determine the impact this work has had on carers (as it is not monitored), it suggests that where grant funding is applied in this way it can create institutional change with the potential for a wide impact on carers.

- In some young adult carer projects the carers themselves participated in forums, networks and consultations in order to influence local policy. In one case (York) this led to the setting up of a forum specifically for 16–24 year olds, and professionals working with that age group.

## Develop resources and internal systems

- Another way of creating change beyond the funded period was to invest some of it in the development of **resources and internal systems**. For example, Newcastle developed an internal Health and Older Carers information system to improve and increase signposts/referrals from Carers Centre Newcastle to other relevant organisations.

### Key learning

- Grant funding can provide an opportunity for organisations to pilot something new and to develop learning from a new initiative. This is particularly effective when projects consider how to continue beyond the funded period.
- To strategically build on existing provision it is important to use the opportunity to develop, refine and test services, rather than to allocate funding to core provision.
- Partnership working can have lasting benefits on the wider organisation, such as improved referral pathways and the development of initiatives which are sustainable after the funded period.
- Work to influence local policy and practice and to develop internal systems can be an effective way to use limited grant funding to effect wider, long-term change.

## Demand

The projects responded to the demand for services in several ways which influenced the wider working of the Network Partner. They used the opportunity to bring more carers into the wider service and to target specific groups traditionally marginalised from their services. They also galvanised learning on how best to meet the needs of carers which will feed into their future service design.

## Reaching more carers

- Many of the projects that submitted final reports commented that the projects enabled them to reach previously unknown carers and to engage them in the wider service.

## Reaching specific groups

- Some projects used the funding to reach specific groups that were identified as having particular needs or being marginalised, providing an opportunity to engage these carers in the wider service.
- Tailored work for specific groups raised questions of sustainability as projects may struggle to retain provision without the funding. It is therefore helpful if the projects build tailored provision into existing infrastructure.
- Young adult carer projects targeted specific groups by forging relationships with organisations that already supported those groups (Central & North London, and Salford). This created understanding that should be sustainable beyond the lifespan of the projects.

## Flexibility

- Many of the older carer projects that submitted final reports emphasised the importance of offering a flexible service which accounts not only for caring responsibilities but also the age of the carers. Examples of flexibility included accommodating for lack of IT skills, delivering more support in the carers' homes and ensuring services fit with caring responsibilities.
- Young adult carer projects reported similar learning, finding that this age group needed tailored support that allowed them to dip in and out and that met a wide range of lifestyles.

## New services

- There were a few cases where learning from the projects led to Network Partners developing new services. For example, Northumberland identified a need for support groups for bereaved carers and planned to set up a group accordingly. Central & North London made links with a service for lesbian, gay, bisexual and transgender people in order to deliver a project in future.

## Key learning

- Grant funding can be an opportunity to pull more carers into the wider service.
- In order to involve specific groups it is helpful if the work is built into the Network Partner's existing infrastructure and if the projects make links with voluntary and community sector organisations.
- A flexible offer which considers each carer's unique circumstances is essential for meeting demand.
- A key theme was that ongoing consultation with carers is needed to understand needs, and refine and develop new services.

# Assets

The projects used volunteers, the assets of carers themselves, and partner resources to add resource to their projects and to contribute to the wider organisational direction.

## Volunteers

- This gave the projects additional capacity. Volunteer roles included one-to-one practical support, office support and outreach with GP surgeries. Projects noted that it is important to factor in volunteer coordination resources. Network Partners were particularly successful where they built upon an existing team of volunteers and an established training and induction programme as it meant the administrative element was already in place.
- In some cases, carers themselves became volunteers, often continuing to volunteer after the funded period.

## Assets of carers

- A few projects also used the financial assets of carer, charging a small amount for some activities. Some projects noted that while they did not charge during the funded period they felt they would be able to charge after the period in order to keep the service going. Some services felt that, having experienced the value of the service, carers would be prepared to pay a small amount in future.
- Many of the young adult carer projects involved a carer-led element. In these cases the projects were using the assets of carers to inform the design and delivery of the service. This led to some sustainable initiatives growing out of the projects (see Carer-led section later).

## Partner resources

- As mentioned above in the Strategic section, services also shared assets with partner organisations, such as venues and networks. Some projects, for example Redbridge and Northumberland, also tapped into local leisure and entertainment facilities, organising free or subsidised rates and opportunities for older carers. Some of the projects emphasised that this sharing of resources will continue to be important in future to enable the continued delivery of the service.

## Key learning

- Volunteer support is a good way to use the assets of individuals to expand the offer, however it is important that the infrastructure is in place to effectively manage the volunteers.
- The assets of carers (both financial and skills) can be used to help the projects to become more sustainable, provided carers are able to contribute.
- Strong relationships with partners are beneficial for sharing resources which can help supplement the costs of delivering activities.

# Prevention

Some projects specifically had a preventative focus whereas others were not explicitly preventative but led to preventative outcomes. This work often influenced the wider work of Network Partners, although challenges remained.

## Embedding a preventative focus

- As explored above, some of the Network Partners designed a project which had a strong preventative element, such as Wandsworth's emergency scheme which sought to prevent crisis situations arising for carers, and North Somerset which made links with GPs to identify carers early. In some cases this led to Network Partners embedding a more preventative focus into their work with older carers. In North Somerset for example, the relationships built with GPs as a result of the project will continue to be beneficial for future preventative work with carers.
- Two young adult carer projects (Blackpool, and Central & North London) noted the value of doing work with the whole family in order to get to the root causes of the caring need. This was often related to existing whole family provision, for example Salford linked its project to the work of a family support worker to ensure the services worked together.

## Preventative outcomes

- Projects that didn't have a strong preventative focus often still delivered preventative outcomes for carers. By accessing support, carers became more confident, more able to accept help, more aware of where to go and had a better awareness of their own health needs (see Impact section). Programmes that had a focus on empowering carers therefore, led to more preventative outcomes.

## Challenges

- It was apparent from the reports that there are various challenges in doing preventative work with carers as many are already in crisis. For example, those accessing North and South Ayrshire's counselling service had more complex mental health needs than anticipated and some young adult carer projects noted that they were prioritising supporting those in crises due to high demand.
- A final challenge for short-term projects is that the true outcomes will not be realised until after the project has been delivered, making it harder to demonstrate value to one-off funders. It is clear that there needs to be a clear vision for such projects.

## Key learning

- Network Partners should consider their existing provision, exploring how the preventative programmes can feed into grant funded projects.
- Initiatives which build carers' confidence are likely to lead to more sustainable gains, rather than initiatives which provide support but do not build independence in the carer.
- There are challenges in doing preventative work when there are high levels of need. Network Partners need to think strategically about how to do preventative work while managing those carers in crisis.

## Carer-led

The young adult carer projects in particular, tended to have a strong focus on involving carers in the design and delivery of the services. This was done through consultations, steering groups, supporting carers to influence local policy and through carers being involved in the delivery of services. This not only led to outcomes for the carers but contributed to the wider running of the Network Partners and the sustainability of initiatives beyond the funded period.

## Development of initiatives

- In three areas (Salford, East Anglia and York) young adult carer forums grew out of the projects. For example, in York, a Carers Representative Group was set up at the start of the project, allowing young adult carers to attend regular meetings with the project co-ordinator and put forward a representative to participate in meetings with service providers. This participation ensured gaps in provision were identified, helping professionals to understand carers' roles and to develop appropriate multi-agency responses. A more sustainable carer-led forum grew out of this initiative.

## Peer support

- Three young adult carer projects (Salford, Blackpool and York) noted that carer-led initiatives led to the development of sustainable peer support groups. Carers began to see each other socially outside service provision and in one case the project supported young adult carers to set up their own self-sustaining support group. Those projects which used social media to develop links between young adult carers also found that this provided a platform for continued support after the project.
- Informal peer support networks between carers also grew out of at least three of the older carers projects. In some cases, this peer support was more formalised.

- Wandsworth recruited carers ambassadors to promote its scheme to other carers, providing an opportunity for carers to be directly involved in the running of the service. While this was a successful initiative, the project commented that recruitment of ambassadors was challenging due to carers' responsibilities and time constraints, emphasising the challenges in developing carer-led initiatives.

## Consultation

- A key area of learning that emerged from interventions was the importance of consulting carers regarding their needs and support they would find most beneficial.

### Key learning

- Involving young adult carers and genuinely empowering them can lead to initiatives which are sustainable after the project.
- Sustainable peer support is most likely to develop out of projects when a strong element of the activity is focussed on developing support networks between carers.
- Involvement of carers must be contextualised by their caring responsibilities, which may limit their ability to be involved.
- Consulting with carers is not only essential for the development of the project but learning from consultations can also feed into the development of the wider service.

---

# Conclusions and learning

---

This final section of this report brings together the key conclusions and learning from this study. The report should be read in conjunction with the separate casebook, *Improving the Health of Carers*, that looks in detail at nine Network Partners to understand their individual work and learning points. Conclusions relate to older carer and young adult carer services in turn, followed by overarching conclusions for Network Partners.

## Conclusions

### Older carers

In terms of future projects looking to improve the physical health and emotional wellbeing of older carers, the four key lessons were:

- Despite almost all carers saying that supporting the person they cared for was the most important issue for them, activities, training or therapeutic support which was specifically for carers had the largest impact on stress and wellbeing.
- To support confidence-based soft outcomes, it was important to recognise the interplay between the individual and their role as a carer in boosting that confidence. Therefore, it was important to allow for a combination of training or support for carers, alongside time and opportunities to reflect on their wider personal confidence.
- In many instances, although not all, social elements that were added on to other activities or trips appear far more successful at reducing isolation or loneliness than projects that are specifically set up to deal with that issue.
- Projects found a great deal of success in supporting the health of carers through enabling their access to external support. It is essential to not push this as the only offer, as many take time to be ready to take on support.

### Potential lessons for Network Partners

In looking at the wider structure of a project, Network Partners could also consider the following lessons from this study:

- This study identified three activity models and five intervention approaches, each with their own value. They cannot all be done in a single project and each will be more or less relevant to different areas and need. There is plenty of good practice within this report and the casebook that should be used for inspiration.

- More practically, different approaches require different levels of staffing and can support different carer intensity levels. If a project, for example, wants to consider a holistic offer for carers involving one-to-one support and a variety of training and information sessions, a significant direct delivery and administration resource will be required.
- Partnership working has a variety of functions which can support the successful delivery of a project, helping to reach targeted beneficiaries, sharing resources and expertise for delivery of initiatives, and ensuring an approach is coordinated with the wider landscape of provision.

## Young adult carers

In terms of future projects looking to improve the physical health and emotional wellbeing of young adult carers, the three key lessons were:

1. A wide range of outcomes combine to improve the health and wellbeing of young adult carers including access to support, increased carer confidence, access to social participation, access to education, employment and training, and family outcomes. This support contributed to relieving stress and supporting the wellbeing of young people.
2. To support confidence and reduce young adult carers' isolation, it is important to offer a mix of peer and one-to-one support. The balance of support in the project structure is an important part of achieving health outcomes.
3. The final point with regard to health is that enabling young adult carers to consider their mental and physical health and the impact of caring on it, is more successful than forcing classes or training onto them when they have busy, stressful lives. This may take longer, but is more relevant to them.

## Potential lessons for Network Partners

In looking at the wider structure of a project, Network Partners could also consider the following lessons from this study:

- These projects are far more uniform in structure and design than the projects which support older carers, and it is clear that in different circumstance this model still applies and fits the lives of young adults.
- They tend to support smaller numbers of carers and are often focussed on groups. The average number of carers supported by these projects is 90 compared to 235 for older carers.
- The role of the project worker is essential, and that role has to be a flexible one. The balance between one-to-one support for individual carers and a facilitating role for the encouragement of peer support is beneficial in reaching more carers and increasing efficiency of resource. As alluded to above, it also supports the achievement of outcomes for young adults, who like the balance of support and freedom.

- As with the older carer projects, partnership working can offer an effective way to reach beneficiaries and to deliver initiatives.
- Finally, it is clear that there is an activist element to some of the projects where young carers campaign, fundraise or work with other services to advocate for their position. This purpose appears particularly attractive to a number of young people and galvanises them around the services.

## Network Partners

The overarching lesson from this study has been the value of using the funding to deal with the key challenges that all Network Partners are focussing on to different degrees. Therefore, any funding, however small, should be built into the wider plan for that specific Network Partner and should complement broader organisational thinking. Those Network Partners which built the project plan into the wider offer, therefore, achieved the greatest impact with that funding.

## Recommendations

Based on the above conclusions, the following are recommendations for the key audiences of this study:

### Network Partners

1. Targeting health is an inherent part of what Network Partners do, but being explicit about it within project design can help focus attention on the areas that carers are often resistant to – their own mental health and stress.
2. Grant funding should fit within a plan for the development of the Network Partner as a whole. It is through this that the greatest impact for carers can be achieved.
3. The views of carers are essential in ensuring that the project is relevant to their needs, and where possible, specific engagement should be used about new service development rather than just a more generic survey.
4. It is important to think about the life of the project beyond the funded period, exploring ways that elements of the project can become sustainable and embedded in the wider organisation.
5. Learning from this study has demonstrated how partnership working can help projects to maximise resources and reach, and ensure that projects fit with local service provision. Network Partners therefore, should consider how best to use partnerships when designing and delivering interventions.

## Carers Trust

1. Carers Trust should fund those projects where consideration has been given to the project's strategic role, such as how it complements the wider service and how the service may become sustainable. This will encourage longer-term thinking within the sector.
2. Carers Trust needs to investigate further the challenges faced by Network Partners in using particular data collection tools and develop more user friendly data collection mechanisms in order to enable the collection of robust quantitative data.
3. Carers Trust should explore, in the second year of funding for projects, how the impacts have been sustained and what the marginal returns are for a second year of these small grant funds.

## Funders

1. Those projects that attempted more innovative ideas and used the resource to tackle long-term issues appear to have achieved the most value from the fund. That being said, it is clear that many projects have core funding challenges, and funders could be explicit in dealing with this tension: it is a big challenge for projects.
2. The £40,000 budget encourages Network Partners to take on specific project workers and to under-cost for management and administration budgets, which can cause delivery challenges. Funders could experiment with different budgets to understand how this affects project set up and outcomes.

---

# Appendix 1:

## Methodology

---

### Background research and project framework

A full desk top review of policy, current research and Carers Trust documentation was undertaken to create a relevant, up-to-date and meaningful evaluation framework. A framework of issues to be explored was devised based on this work. The approach of the framework was to use a contribution analysis – exploring the existing provision of the service, the way the grant funding was used and impact this had not only on beneficiaries, but also the way it contributed to the wider work of the Network Partner. This approach would ensure that the evaluation captured some of the wider, sustainable benefits of time limited grant funded projects. Research tools and analysis were therefore designed to explore these questions.

### Project visits

Research visits to nine of the 31 projects were undertaken in order to obtain detailed insight into these projects, informing learning for a case book. Two researchers spent a day in each area.

The projects were sampled to ensure a proportionate spread of older carer projects and young adult carer projects, and to cover a wide geographical spread across the UK. Sampling also took account of the different approaches of Network Partners, ensuring a wide variety of projects were visited.

Each of the nine visits included the following – in-depth interviews with 2–5 local staff, interviews with up to five carers engaged in each area and interviews with the person they care for where possible.

Interviews were transcribed and analysed through a qualitative framework to understand both the local effects in each of the sites, but also programme similarities. This also allowed for a clear understanding of case studies and also key typologies of approach across the programme.

### Analysis of psychometric data

In the original methodology it was proposed that data would be collected from all carers using tools to capture the impact of the intervention on their health and wellbeing, and this would be analysed to provide a detailed analysis across all individuals. Insufficient data was collected and therefore it was not possible to complete this element of the evaluation.

## Analysis of application forms and progress reports

Analysis of 30 application forms was undertaken, exploring the needs identified by the projects and the interventions they were proposing to meet these needs. A thematic analysis was applied to the application forms to identify consistencies and differences in approach across the projects.

Analysis of six month progress reports submitted by the projects was also undertaken to identify changes in approach and the emergence of good practice and challenges across the projects. Only 13 older carer projects and six young adult carer projects returned their final reports in time for the evaluation deadline. Impact analysis was thus confined to learning from this sample. A thematic analysis was again applied to the final reports to ascertain the subjective impact of the projects. Where projects reported quantitative data collected to measure outcomes of their interventions these statistics were reproduced in the report.

## Appendix 2:

### Network Partners funded by the programme

Area	Network Partner	Cohort
South of England	Crossroads Care North Somerset	Older carers
	Crossroads Care South Central (West Sussex)	Older carers
	Carers First (Tonbridge and Medway)	Older carers
London	Redbridge Carers Support Service	Older carers
	Wandsworth Carers Centre	Older carers
	Hillingdon Carers	Older carers
	Crossroads Care Central & North London	Young adult carers
	Bromley Carers Centre	Young adult carers
East of England	Suffolk Family Carers	Older carers
	Carer Support Wiltshire	Older carers
	Crossroads Care East Anglia	Young adult carers
Wales	Crossroads Care Mid and West Wales	Older carers
	Carers Outreach in North Wales	Older carers
	Crossroads Care South East Wales	Older carers

(continued)

Area	Network Partner	Cohort
<b>Central England</b>	Crossroads Care Bucks and Milton Keynes	Older carers
	Crossroads Care Coventry & Warwickshire	Older carers
	Crossroads Care East Midlands	Older carers
	Derbyshire Carers Association	Older carers
	Salford Carers Centre	Young adult carers
<b>North of England</b>	Crossroads Care Rotherham	Older carers
	Crossroads Care Cheshire East, Manchester and Tameside	Older carers
	Crossroads Care in Mid Yorkshire	Older carers
	Carers Centre Newcastle	Older carers
	Carers Northumberland	Older carers
	Salford Carers Centre	Young adult carers
	Blackpool Carers Centre	Young adult carers
	York Carers Centre	Young adult carers
<b>Scotland</b>	Unity Enterprise (North and South Ayrshire)	Older carers
	North Argyll Carers Centre	Older carers
	Helensburgh and Lomond Carers	Older carers
	Renfrewshire Carers Centre	Young adult carers



## Carers Trust

32–36 Loman Street

London SE1 0EH

Tel: 0844 800 4361

Fax: 0844 800 4362

Email: [info@carers.org](mailto:info@carers.org)

[www.carers.org](http://www.carers.org)

[www.youngcarersmatter.org](http://www.youngcarersmatter.org)

[www.youngcarers.net](http://www.youngcarers.net)

<http://professionals.carers.org>

[www.carershut.org](http://www.carershut.org)



[www.facebook.com/carerstrust](http://www.facebook.com/carerstrust)



[www.twitter.com/CarersTrust](http://www.twitter.com/CarersTrust)



[www.youtube.com/user/CarersTrust](http://www.youtube.com/user/CarersTrust)

© Carers Trust 2014

All library photos posed by models.

Carers Trust is a registered charity in England and Wales (1145181) and in Scotland (SC042870). Registered as a company limited by guarantee in England and Wales No. 7697170. Registered office: 32–36 Loman Street, London SE1 0EH.