

Summary Report November 2007

Young Carers in North Lanarkshire

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Contents

1	Introduction	2
1.1	Background	2
1.2	Objectives	2
2	Method	3
2.1	Overview	3
2.2	Steering group meetings and background reading	3
2.3	Focus group with Young Carers Forum	3
2.4	Interviews with young carers	3
2.5	Interviews with parents of young carers	4
2.6	Workshops with staff	4
2.7	Analysis and reporting	5
3	Key findings	6
3.1	Young carers' views	6
3.2	Parents' views	12
3.3	Staff workshop outputs	18
4	Concluding comments	28
	Appendices	29

1 Introduction

1.1 Background

Young carers can play a key role in the care provided for parents, siblings or other family members. They often adopt a significant level of responsibility and this can have an impact on their own lives in many different ways. For example, this can impact negatively on their school attendance, progress and homework in addition to affecting their own health.

In May 2007 the Scottish Executive Health Department, Directorate of Primary Care and Community Care, sought assistance from North Lanarkshire Council's Social Work Department in piloting a self-assessment tool for services which support young carers. To date there has been no consistent way for service providers to evaluate the services provided to young carers. The tool was designed to help services assess the outcomes being achieved for young carers by looking in detail and critically at service delivery, planning and practice. There will be joint inspections of all children's services from 2008, so the self-evaluation tool was designed to help prepare service providers in advance of inspection.

North Lanarkshire Council and partners were asked to pilot the self-evaluation tool and give feedback to the Scottish Government by the end of November 2007, in order that the tool can be refined and published across Scotland early in 2008. A steering group has been formed with representation from Education, NCH Young Carers Project, NHS and Social Work. Each of the partners was tasked with completing the self-evaluation tool from their own perspective and commenting upon the pros and cons of the tool design. A small group is now collating those responses in order to give co-ordinated feedback to the Scottish Government by the end of November 2007.

Whilst the self-evaluation tool was perceived by the group to be a useful starting point, it was considered that additional work with young carers, their parents and front line staff would also add value to the process. FMR Research Ltd was therefore commissioned in September 2007 to undertake some research with these target groups and this report outlines the findings of that research.

1.2 Objectives

The aim of the research with young carers, parents and front line staff was therefore to gain their feedback on support services for young carers, in terms of access and quality and to identify gaps in support.

2 Method

2.1 Overview

The research process consisted of six main elements and each of these are explored in turn below. These were as follows:

- steering group meetings and background reading;
- focus group with Young Carers Forum;
- interviews with young carers;
- interviews with parents of young carers;
- workshops with staff; and
- analysis and reporting.

2.2 Steering group meetings and background reading

FMR attended steering group meetings following commissioning. This allowed FMR to gain greater familiarity with the self-evaluation tool and the response services had to this, which also helped in understanding the types of support services provided to young carers in North Lanarkshire, and the issues faced by service providers. Additional background reading was undertaken prior to the staff workshops, to gain an understanding of the policy context in which the services operated. Documents included the following:

- For Scotland's Children (Scottish Executive, 2001);
- Getting it Right for Every Child (Scottish Executive, 2005);
- Health for All Children (HALL 4);
- North Lanarkshire Strategy for Carers 2005 – 2008;
- North Lanarkshire Young Carers Project and Annual Review 2006/7 and Business Plan 2007/8;
- NCH and HGIOS outcomes framework;
- NCH leaflets;
- NCH video; and
- North Lanarkshire Carers Together Newsletter.

2.3 Focus group with Young Carers Forum

A focus group was held at the first meeting of the Young Carers Forum at 5pm on 26 September 2007 in the NCH Young Carers Project. Six young people participated, three males and three females. Ages ranged from 14 to 18. The discussion lasted for around an hour or so, as the forum had other business to discuss and had something to eat.

A topic guide was used as a basic structure to the discussion and two NCH workers were present for the beginning of the discussion but left when it was time to discuss the project directly. The topic guide is appended for information but discussion broadly focussed on what services young carers were aware of and accessed, how they rated services and what other support would be useful for young carers in North Lanarkshire.

2.4 Interviews with young carers

NCH provided contacts for five young carers. These were all young carers who had had some initial contact with NCH Young Carers Project, but only one or two meetings. Four face to face depth interviews were achieved. Young carers were aged 9 to 14. A fifth interview was set up and the interviewer attended at the arranged

time, but the young person wasn't available on the day. Subsequent telephone attempts to interview were also unsuccessful.

Each young person was interviewed according to the appended topic guide and each interview lasted in the region of half an hour. A £10 voucher was given to each young person as a thank you for their participation. Information sheets and consent forms were provided in advance to young people so they knew what the research was about, that they would only have to talk about things they were comfortable with and that the information they provided was confidential. Interviews took place in October 2007.

2.5 Interviews with parents of young carers

A total of eight interviews with parents of young carers have been completed. Three of these were conducted face to face after the interviews with young carers were completed in their own home. The remaining five were conducted over the phone, with NCH providing contact details. Interviews lasted 20 – 30 minutes. Again, a semi-structured topic guide was used to frame the discussion and this is appended for information.

2.6 Workshops with staff

Two workshops were convened with staff in the North and South areas of North Lanarkshire on 1 November 2007. One workshop was held in the morning and the other in the afternoon, at NCH premises. Each workshop was scheduled for three hours but unfortunately due to late arrivals and early leavers, each only really ran for just over two hours. This had an impact on the degree of detail to which staff could discuss making support for young carers better in practice and monitoring.

The aim of the workshops were to ask staff to look at what really needs to happen in the area to improve outcomes for young carers and how this can be achieved. The format for each workshop was as follows:

- Welcome and introductions;
- Outline of process;
- Feedback from young carers and parents;
- What are we currently doing well?;
- What do we need to do better, to improve outcomes for young carers?; and
- How do we make it work in practice and know it is making a difference?

Each workshop worked in two small groups to consider the key questions. Participants were as follows.

Morning session:

Sharon Coates, Senior Social Worker, Cumbernauld
Fiona Gray, Public Health Nurse
Mary Jane Hunter, Behavioural Support, Cumbernauld High School
Mhairi McNair, Care Manager for Children with Disabilities, Social Work, Cumbernauld
Anne Marie Newman, Lanarkshire Links
Alison Ralston, NCH
David Young, Partnership Officer (Airdrie)

Afternoon session:

Martin Drysdale, NCH
Janice Griffiths, Social Work
Andrea Hyslop, Partnership Officer, St Aiden's, Wishaw
Francis Marcella, Social Work
Linda McGarvey, Depute Head, Willowbank School
Angela McGinty, Cardinal Newman's High School
Colin Weir, Outreach Worker, NL Carers Together

There was good representation by NCH, Education and Social Work. Unfortunately, only one NHS representative was able to attend one session, so the health perspective wasn't covered in the afternoon session at all.

2.7 Analysis and reporting

Each interview with young carers and parents and the focus group with the youth forum were written up and analysed in order to give feedback to the staff workshops. The outputs from the small group discussions at each of the staff workshops have also been compiled. This summary report outlines the findings from each stage of the primary research.

3 Key findings

3.1 Young carers' views

As outlined in the method section, the views of ten young carers were captured as part of the research process – six older young carers in the Youth Forum by focus group; and four individual interviews with young carers. This section outlines the views of the young carers in an integrated way, i.e. looking at both focus group and depth interview participants' views together. This is to avoid the report feeling repetitive as many of the same issues were discussed, although to different degrees as some had greater familiarity with the NCH project than others.

3.1.1 Referral to the NCH Young Carers Project

All young carers we spoke to had been referred to the NCH Young Carers Project, but their degree of contact with the project varied from just one visit to four years' contact in a variety of different ways. The majority of referrals had come via Social Work, which is consistent with the data held by the project on referral sources. Others had been referred by a family member who had heard of the project, some hearing via Social Work and one was referred by a home liaison officer at school.

3.1.2 Definition of a young carer

The majority of young carers did not realise that they were a 'young carer' or that other young people also had a caring role in their lives, until they came into contact with the NCH project or its leaflet about the project. The leaflet was cited specifically and rated very highly by a couple of young carers.

"It's always been like this."

"I didn't realise I was a carer: x has just always been like that and you have to help him."

"I didn't really know what a young carer was until my mum brought home the leaflet."

Young carers were caring for parents and siblings (some of the young carers we spoke to were caring for more than one person in the family). The type of caring role performed varied substantially from doing household chores to feeding, washing and giving medicine, etc., to the person they cared for. The time involved in caring also varied for different young people and fluctuated according to the needs of the person they cared for. Most had always had a caring role, from as soon as they were able to understand that extra care was required, e.g. from around 4 or 5 years old.

When asked what a young carer was, the forum gave the following definition:

"A young person (adolescent, early teenager, 13 – 16 year old) that cares (nurtures, does things that aren't expected for someone of their age, like housework) for somebody living with them – parents, brothers or sisters."

Other interviewees gave the following definitions:

"I would say a young carer is a person that helps somebody in your family that's disabled or somebody that is away from you in another place and you go over to them and help them and all that. You help

them with loads of things like take them to the bathroom and all that, get them cleaned up and do medication for them, stuff like that.”

“You’re a young person and you care for somebody.”

“Somebody that takes care and looks after people in their family that have got disabilities and that.”

“Somebody that has to help people in their life in their house, help them and care for them.”

3.1.3 Awareness of support services for young carers

Awareness of support services for young carers was extremely low. All young carers who were interviewed were aware of the NCH Young Carers Project, obviously, as they were recruited from the project. Other than this, a couple of young carers mentioned support at school, from Social Work and from family and friends but very little support could be identified otherwise.

3.1.4 Assessment of young carers’ needs

None of the young carers involved in the research considered their needs to have been assessed at any point by any of the services providing care to the person they care for. Young carers did not feel that their needs had been taken into account by any of the services who provide care for the person they care for.

Young carers reported that they are often actively excluded from the room when support services are in their home, either by their parent or the service provider, and the focus is very much on the person they care for.

“No one asks about me.”

“A person comes out but they’re not interested in us at all. She sits and talks to mum for half an hour then goes off. If I was sitting there, even my mum would say go and make yourself scarce as she holds back if we’re there. I only go to see the doctor if something is wrong with us.”

Young carers in the forum started off talking of feeling “invisible” but then revised this:

“It’s worse than invisible, we’re ignored. A total disregard to even being there. They don’t even acknowledge you’re there and what you’re doing.”

3.1.5 Rating of support services for young carers

Young carers at the youth forum were asked to rate the different services who do/should provide support to them, by using an ‘H’ diagram (a useful tool used in Participatory Appraisal). This involves drawing a capital H on a sheet of paper with a 0 – 10 scale on the cross-bar of the H for participants to write their scores on. They had post-it notes to make suggestions about the good things, the bad things and things they feel need to change, in response to the overarching question ‘What are support services like for young carers?’.

The good things about support services for young carers were suggested to be the following:

- friends (5 mentions);
- NCH (4 mentions);
- family (3 mentions);
- school (2 mentions, with 1 specific mention of guidance teacher);

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- going out;
 - talking about issues; and
 - meeting people in the same situation as you.

The last three points also related to the NCH project, and it was interesting that this is how young carers interpreted the open question about support services for young carers – NCH was the only support service they identified and so answered on this basis.

The bad things about support services for young carers were suggested to be:

- school doesn't support (4 mentions);
- Social Work (2 mentions);
- homework (2 mentions);
- understanding (i.e. lack of it) from others;
- hospital communication with home/main carers (a specific example was given where the person they cared for was sent home from hospital but no-one at home was notified);
- illnesses (this related to the fact that if the person they cared for wasn't ill, they wouldn't have to do what they do); and
- commitments.

The key things which were suggested that need to change were:

- people to understand at school;
- more support at school; and
- NCH to meet more often.

When asked to rate each of the support services provided out of 10, where 0 was low and 10 was high, the scores attributed to each service were as follows:

NCH	10, 10 and 9
School	2, 10
Social Work	2, 4
Health	0

Not every young carer had experience of these different services, so not every young carer gave each a score. When probed on the scores for NCH, all were in agreement that scores were around the 9/10 mark. Perceptions of the support provided by school varied substantially – one young carer had good support from a guidance teacher so rated this as a 10 but another had a poor experience so rated it as a 2.

Social Work was rated low, but higher than they might be otherwise as they had referred the young carer to the NCH project: *“the only good thing from them”*. Health were seen to focus exclusively on the person being cared for, hence the rating of 0 out of 10.

3.1.6 The NCH experience

NCH Young Carers Project staff were seen to understand young carers' issues very well and several members of staff were mentioned by name and praised highly: *“they get it, on the whole”*. The project was seen to be very important for young carers, as it is a place they can come to, relax, be understood, talk if they want to and have the chance to be *“normal”*. It was seen to be something that they prioritise attending and don't miss it unless they have to.

“It was great, you see all these people in the same situation as you and you're like – WOW, as you think you're the only one.”

"It's helped me out. If I was really bad I used to always shout at the weans. I feel I'm not the only young carer out there; there are people that are the same. I feel that it's helped me no' be as angry, 'cos I understand now."

The project was perceived to have a range of good points for young carers, as follows:

- knowing you're not the only one;
- having pals that don't stay near you (good because you can see them at the project);
- good way to meet new people/make new friends;
- outings and respite – day trips and long weekends;
- getting out of the house, having a change of scene;
- staff are brilliant, approachable – *"you'll not meet better people than the staff here"*;
- help with all sorts of things, e.g. job applications, taking to interviews, getting holiday spending money, etc.;
- *"it's like home"* [referring to the comfortable surroundings and welcoming atmosphere];
- *"hundreds of pictures to see how bad your fashion was a couple of years ago"*;
- *"always having someone to talk to, which you wouldn't have otherwise"*;
- help with transport; and
- variety in things to do – *"keeping it fresh"*.

Young carers felt there were probably other benefits if they had more time to sit and think about it, but these were the main benefits of the project for them.

The group work and individual work with the project were both rated highly. The individual work was seen to be offered when they needed it rather than having to ask for help, which was appreciated, but they felt that if they had asked they would have received it anyway, without any problems. The trips away were seen to be great fun, further evidenced by the pictures adorning the project's walls, and good ways for young carers to take their minds off their problems and see or do different things.

Young carers do not tend to just drop into the project but felt that they would be welcome to do so if they wanted to. Some live too far away to easily drop in but feel that they could phone if they needed to – *"they're very approachable and they give you a mobile number so you can text in"*. Some reported that they were rarely in the project itself – usually coming in for something to eat and then going out somewhere.

A couple of young carers were aware that their parents had been invited to take part in a parents' group at NCH but they weren't aware of what happened with this.

The only negative thing about the NCH project which was flagged up by young carers was capacity of the project to help young carers. Some reported having attended more frequently in the past, but this having to be reduced in frequency as there were staffing issues. The young carers felt there may be funding issues which meant that the project couldn't do as much for as many young carers as it would like to do. The 'recipe' the project follows therefore appears to be to the young carers' taste – they would just like more of the same.

3.1.7 School experiences

Some young carers had told school staff that they had a caring role and responsibilities but this was not the case for all young carers. Some of those who had not told anyone at school stated that this was because they would not know who to tell at school. Not all, for example, were aware of Home School Partnership Officers or that this was the sort of thing they could/should raise with guidance teachers. There was little awareness that staff were designated to specifically deal with this sort of issue. Others would not feel comfortable telling school staff.

One young carer reported very positive support from a guidance teacher and others cited specific teachers/a home liaison officer who knew of their caring role and took this into account in terms of whether they could complete homework or not, and this was appreciated.

However, another young carer whose guidance teacher was aware that she is a carer did not get on well with this teacher and felt the teacher's attitude was unhelpful:

"If you tell her anything, it's like she's looking down at you. If you say everything's alright she looks at you to say, no, it's no', but it is."

A couple of the older young carers were aware that NCH staff had given presentations in S1 to raise awareness of young carers issues and PSE classes were cited as being opportunities to get lots of information on different topics. The idea of NCH or others giving presentations on young carers was perceived positively as young carers felt that people at school would not have known or given any thought to young carers before that. However, this was seen to be a start in raising the profile of young carers, rather than all that needed to be done:

"I don't think they took it on board, but you wouldn't take it on board or turn round and think the person sitting next to me could be a carer and that person wouldn't say I'm a carer just because of a presentation."

When asked if young carers felt there was stigma associated with being a carer, this was not seen to be the case, but that there may be a stigma for the person being cared for.

"It's not a stigma to be a carer, but there can be a stigma for the person you're caring for – you don't want everyone running about saying your mum's this... you want to protect them."

Young carers were clear that they told close friends about their caring role, but were not open about it with everyone at school, either pupils or teachers. Talking to close friends and those they had met through the project was seen to be really helpful.

"My pals know, it helps to talk to them. They all know that I come to NCH but just close pals know why I come to it. I just say it's because I used to stay with my gran, rather than really why. Not wanting to say to people."

"Some of my friends do understand, some don't."

NCH project staff also reported being introduced as young carers' aunt if they bumped into any friends when out and about, as this was easier than them explaining who she really was.

Young carers talked of difficulty in submitting all of their homework on time, particularly older pupils who have a heavier workload, and not wishing to tell the teacher why they had not completed it all.

"If a teacher says, why didn't you do this, you don't want to explain in front of 30 other people. You're not going to tell a teacher you see three times a week your life story."

Older pupils talked of having a substantial amount of homework, for several subjects (5 subjects was quoted), which is often given out one day, to be submitted the following day. Revision for exams is an additional burden for them. If *"things are happening at home"* it can be impossible for young carers to do some or any of the homework they have been given.

Absence from school was also a key issue for young carers. This was an issue for them in terms of both how they catch up on work they missed while they were off and the absence monitoring systems which are in place at schools. Young carers reported that teachers did not go over any work which they missed when they return to school – *“they tell you to copy someone else’s notes, but that’s not the same”*. No additional learning support was highlighted by young carers as being provided to them, even when probed on this. There was a general recognition that once school found out why they were absent *“it was easier”* but that was more about understanding why they were absent and no work was sent home for them to do and no teachers visited to check if they were okay.

Absence monitoring was seen to be very proactive and inflexible. All young carers reported that they require a written note to explain any absence, even if their parent/grandparent has called to let the school know that they are off. This can be extremely problematic for young carers if the only person who can write the note is the person that they care for and they are unable to do it, either through ill health or because they are in hospital. Others reported that they managed to get a note to explain their absence but it didn’t go into detail as the family did not wish the school to know why the young person was off.

“I used to never be at school, ever, but it’s okay now. They’re even blaming me for doggin’ it when I’m not [marked absent when in school so a letter was sent to the parent, who got upset and grounded the young carer].”

3.1.8 Areas for improvement

Raising awareness of what services are available for young carers was seen to be critical and an area which needs to be improved. Young carers felt that other young carers should find out about NCH sooner than they had, so that they could benefit for longer. Clarity around who can provide support and what kind of support could be provided was seen to be key. For example, increasing awareness of Partnership Officers, etc., at school would assist with this. School was perceived to be a good way to get information to young carers, e.g. with presentations, but it was recognised that young carers might be absent from school so may miss the message. It can’t therefore be a one-off or purely verbal message.

It was suggested that Social Work should do assessments of young carers too, and see what support they need, at the same time as those they care for are being assessed. Young carers felt strongly that services such as health who come into the home need to think through that children might be impacted upon by caring issues, rather than not considering those who have to deal with the issues every day (as they are currently perceived to do). They need to do more to recognise young carers as people with their own needs, although the language used – ‘young carer’ was not necessarily seen to be helpful as people don’t see themselves in this way.

“Just the recognition that you’re there and helping out would be great. Shouldn’t really have the title young carer, though.”

“Even if they offer you things and don’t force it on you, it’s up to you if you take it or not. Written information would be helpful, so you can think about it before you make up your mind.”

However, some felt that it might be too invasive to intervene via health or Social Work services so suggested that more general awareness raising/advertising might help, e.g. via billboards, bus adverts. It was queried whether NCH have a website (if not, they should) and suggested that they should look to see if there was a way of using things like Bebo or MSN Messenger to get to people.

There was a clear view from young carers that they think agencies do not speak to each other, as they are too busy “*doing their own thing*”. Better communication was seen to be key to providing support to young carers and making sure that no-one misses out on opportunities which might help them.

Young carers suggested that NCH project staff go into as many schools as possible to ensure all pupils are aware of the fact that some people are young carers, and to let young carers know that there is a support service which can help them.

Older young carers suggested that principal teachers should schedule homework for older pupils, to ensure that five subjects do not ask for homework to be submitted overnight.

The only other suggestion made by one young carer was that groups could be bigger and meet up more informally, e.g. just in the park.

3.1.9 Key supports required for young carers

When asked to identify the really important kinds of support required for young carers, young carers were consistent in their responses, which focussed on the NCH Young Carers Project. This reinforces the earlier points that young carers don't know what other support services can be provided and the fact that the project has the correct recipe of support for young carers.

“The Young Carers Project is the only thing I've ever heard of that supports people like us – it cares for the people who care.”

“Time off. You don't get a lot of time off so that's really important.”

3.1.10 Key indicators of success

We asked young carers how we would know if young carers were being supported properly. Their views were that young carers would feel better about themselves, would be more confident and would actually tell people about their problems.

“Young carers need to know they're [the services] there and providing a service and services need to know they're making a difference.”

“I just think, before you could tell that I was getting stressed out 'cos I was angry with everybody. Now, young carers came along and I'm calm about it. I feel that young carers has helped me in that way and lots of other ways, like meeting new people, doing things with them.”

3.1.11 Other comments

Some young carers have the opportunity to pursue extra-curricular activities but this was not the case for all of those interviewed. Those who engaged in extra-curricular activities tended to do things one or two days a week at most and often only if additional care is being provided: “*I only go to Boys Brigade because the carers come in at that time*”. Those who helped to care for a sibling also missed out on activities if their parent was too busy caring for their sibling and could not take them to/from activities.

3.2 Parents' views

3.2.1 Child's caring role

Parents highlighted that their child had generally been performing a caring role for a number of years, i.e. since they were old enough to be aware of the issue and help or

since the person who needed care had become ill. The caring role was perceived to have developed as the young person had got older and could do more. Parents highlighted that their child cared for a parent or sibling, in some cases more than one person and different generations.

“Caring responsibility has increased as x has got older.”

3.2.2 Support services received by person being cared for

Social Work were providing support to many of the families interviewed, in different ways. Three families reported having care workers, e.g. to help get children ready for school, one has Shared Care overnight support once a fortnight, one has received aids and adaptations to their home (stairlift and ramp), one had been provided with a babysitting service in order to attend hospital appointments (not rated highly as it was a different person each time and they were not keen to leave the children with strangers), one had Home Support for a while, and two had received befriending support via Social Work.

One family was not receiving any support from Social Work and were very keen to do so – they did not want respite weekends for their child but would appreciate access to clubs/activities so they could have a bit of a break.

Support was also received from an after-school club and two receive support from Partners in Play (after school and respite weekends).

In terms of health services, one person had carer and nursing support three times a day, seven days a week. Another has a visit from a Community Psychiatric Nurse every two to three weeks and day care provision at hospital. Lanarkshire Association for Mental Health also provide one to one support to one person being cared for.

3.2.3 Support services received by young carer

The NCH Young Carers Project was perceived to be the key support service provided to young carers, according to the parents interviewed. This was seen to be a very valuable support service for young carers by all parents interviewed. Support received was one to one meetings/telephone discussions, group sessions and trips (day trips, e.g. to cinema or ten-pin bowling, and weekends at Center Parcs).

Some support at school was cited by parents, e.g. from guidance teachers, primary teachers and specific subject teachers but others stated that no help was either needed or provided by schools.

One to one counselling support from the Child and Family Clinic in Motherwell was also cited by two parents.

One parent stated that their child had received support from a befriending scheme organised by Shared Care.

Parents were not aware of any other support services being available for young carers in North Lanarkshire.

3.2.4 Rating of support provided to young carer

The NCH Young Carers Project was rated extremely highly by all parents. They could not have been more positive about the benefits it has given their child, for example giving it an 11 out of 10 score.

“It’s her wee space and that’s what I always wanted for her.”

“She loves it, it’s a chill-out time for her.”

"It's 100% good, they're fantastic. It's an escape where they can just be teenagers."

"It's great for her to go away and no' having to bother about anyone else apart from her."

"The project is the best."

"When she comes back from the Young Carers Project, she's always buzzing, mainly because she's been able to meet up with other kids in the same situation. She's also gained a lot of good friends through the project."

Key benefits of the project for young carers were perceived by parents to be as follows:

- They realise they are not the only people who do what they do and this is important as they have felt that they are the only people who have extra responsibilities, as their friends at school do not have the same issues at home.
- They know that they can ask questions if they have any, and are happy to do so as they feel comfortable with staff/other young carers at the project.
- They have become noticeably more confident and at ease with themselves: *"...will speak up now and wouldn't before, even if they had something to say."*
- The project was also seen to give young carers team building skills, as they learn to work well in groups, which was perceived to be a good skill to have.
- They have learned things from listening to what other people's experiences have been, e.g. one girl was surprised that another's mother was autistic as she had thought that people with autism would not get married or have a job and would have to be looked after for the rest of their lives.
- Listening to other people's experiences has also made some young carers more accepting and understanding of their own situation, helping proactively to care within the home rather than having to be asked/told to do things and resenting this.
- The young carers who attend the project have dialogue outwith the project, which gives them another opportunity to talk through their issues with someone who understands.
- They enjoy the trips away and days out as this is an opportunity for them to be *"normal"*.
- The provision of transport so that they can get there and back home safely.

The NCH leaflet (the one with speech bubbles) was also rated very positively by one of the parents interviewed as this was seen to be very appropriate, accurately expressing the feelings that the young person was having:

"That's the first one ever that I've seen ... all the other ones try to be understanding but that one is spot on."

The NCH staff were also highlighted for particular praise by parents. They were perceived to be very approachable for young carers and their parents. Moreover, they provide a lot of fun for the young carers, in addition to useful advice and information.

“You never see one of the leaders with a frown and you think, how can you be like that all the time? You take these kids from these crabbit, naggy households and it’s just great ‘cos it just gives them this happy time. Come and pick you up and everything.”

There were different responses when asked about school support. Two parents stated that this was not required as their child was not having any problems at school, despite stresses from caring at home (they had checked this with the school). Another parent was very positive about the understanding of the (primary) school in terms of absence/being quiet when the person being cared for was particularly unwell.

The young carer who had received befriending support was seen to have benefited from it by their parent. The parent felt the young person was *“suffering and deprived”* because of their caring responsibilities so it was really valuable for them to have someone to go out with. Unfortunately, the befriender’s father became ill so this stopped, but the parent would like this service to be made available to their child again.

3.2.5 Areas for improvement

No real improvements were suggested for the NCH Young Carers Project, as it was rated so positively as it currently operates.

“I think the Young Carers is absolutely brilliant. I don’t think there’s anything that could be improved about it.”

The one thing which was flagged up by parents was that time at the project is sometimes limited, e.g. to blocks of 3 – 6 weeks, because of resources. Parents would like NCH support to be available 52 weeks of the year, with the opportunity for residential weekend breaks and possibly more one to one, face to face meetings. One parent also noted that her child had to wait two years from referral before being able to attend the project, as there was no capacity.

Consistency of service provision would be appreciated, e.g. the befriending service shouldn’t have stopped because one befriender had to stop – someone else should have been made available, Social Work contact shouldn’t stop when the allocated Social Worker leaves the job, etc.

It was suggested that more support could be provided by schools as this is a universal service provided to young people. It was recognised that some teachers are very understanding, that schools can only act if they know what the situation is, and that things are starting to change, albeit slowly. However, it was noted that teachers can just assume that young people are *“delinquents”* if they have challenging behaviour or are experiencing difficulties at school but they should try to find out if there are other issues, like caring responsibilities which might be affecting performance or personalities.

3.2.6 Key supports required for young carers

Parents felt that young carers need, firstly, to be aware that they are young carers and that there is someone they can go to if they want to talk over anything. Talking about things was perceived to be very useful: *“no matter what it is, get them to speak”*. Someone to help when things are hard, either directly or signposting them to other services, was seen to be a key support need.

Respite from the person they care for and an opportunity to have quality time with their family (i.e. without the person being cared for) and friends was also prioritised by parents. Having some opportunity to take time out from their caring role and to *“have a life of their own”* and *“be normal”* was perceived to be vital for young carers.

Opportunities for “treats” like ten pin bowling and going away for the weekend was seen to be important.

Self-development was seen to be very positive, such as increased confidence and team working skills.

One parent suggested that teachers and other agencies need to be taught to be more sensitive to young carers’ needs and to be aware of support services which might be of help to them. School was seen to play such a large and important role in young people’s lives that it was key that schools recognise young carers and provide the support they need to fulfil their potential. Greater awareness of the number of young carers and the challenges they face would help improve understanding in this regard.

It was suggested that leaflets on the Young Carers Project should be available at all special needs schools as many children with special needs have siblings who care for them. Wider availability of information, for example at doctor’s surgeries, was also suggested, supplemented by staff promoting the service if they felt it may be appropriate to a family (as a static leaflet was not seen to be sufficient, in case people did not recognise themselves/others as young carers) was also thought to be helpful in raising the profile of carers and their needs.

Young carers found it very difficult to identify other forms of support which would have been useful to them as they had no idea what kind of support could be provided. Parents also found this question challenging because of this reason. One parent suggested that a booklet which describes the services and support available to young carers and their families would be very helpful.

3.2.7 Key indicators of success

Parents have noticed appreciable differences in their children following involvement with the NCH Young Carers Project and they saw these as being key indicators of success for young carers. Parents cited young carers being more relaxed, sleeping better, health problems clearing up (e.g. stress-related conditions) and being able to deal with things better.

“She seems more bright and happy when she comes back from Young Carers. You can see the difference in her – it’s like a weight has been lifted off her and she’s more at ease with things.”

“It’s clear in her face – she looks and acts differently when she comes back home.”

“Given all that we’ve been through, it’s amazing that my daughter’s such a happy and bubbly child and doing well at school and a lot of this is thanks to the Young Carers Project. If it hadn’t been for them, this family wouldn’t be where it is today.”

Parents spoke of the very different emotions felt by their children which were impacted upon by the condition of the person they cared for, e.g. when they were out of hospital they were happy and when they were in hospital they were not. Being quiet and withdrawn was perceived to be a warning sign for one parent but being bright and chatty was the flip side of this.

3.2.8 Other comments

When asked if they had any other comments or suggestions about support services and improving outcomes for young carers, parents were fairly consistent in their responses. They were very keen that the NCH Young Carers Project keeps going and, if anything, extends to help more young people in need of support.

"Keep it going, keep it going, it's a good thing this!"

"Young Carers do a fantastic job and they should get more funding."

"The Government should give the Young Carers more money. It's an important service they provide and they should be able to do more of it."

Two parents also spoke of how difficult it can be for young carers to deal with how their friends/playmates relate to whatever condition the person they care for has. It was acknowledged that children could be very cruel and one parent was aware that their child had been in fights because of what other children had said.

3.3 Staff workshop outputs

3.3.1 Introduction

Each of the workshops commenced with introductions and an outline of what the workshop aimed to achieve. Each participant introduced themselves, where they were from and gave a bit of information to the group in terms of the degree of contact they have with young carers. This varied from no direct contact with young carers, to regular contact with young carers, with various points in between.

A very quick overview of the toolkit was given and copies of the responses from each service available at that point were made available for those who were interested. The toolkit is very detailed and the workshops were not designed to go over this in detail, as this had already been done by each service.

An overview of the findings from the primary research with young carers and parents was then given by Powerpoint presentation and some time was allocated for discussion and questions.

3.3.2 What is working well and what needs to be improved?

Each workshop then broke into two smaller groups to discuss and respond to the questions 'What are we currently doing well?' and 'What do we need to do better, to improve outcomes for young carers?'. Each group had a mix of people, splitting those from the same department (as there were multiple representatives in each workshop from Education and Social Work) and also those who were more familiar with caring issues. The points raised by each group are noted below. Please note that one group focussed on the second question so did not write up their views on the first question, although this came through in discussion, echoing the other points made by participants.

What are we currently doing well?

Morning session group 1:

- NCH project has been expanded
- Young carers on the agenda
- Awareness of the responsibilities of young carers
- Recognising young carers as individuals – speaking to them in their terms
- Aware that young carers are not age specific
- Realising further need for partnership working
- Additional Support for Learning Bill

Afternoon session group 1:

- The (NCH) project is doing well and has positive feedback from children and parents
- There is a will to meet the needs of young carers
- GIRFEC expands responsibility across agencies
- There are pockets of good practice in all agencies

Afternoon session group 2:

- Identifying that they are young carers (Social Work)
- Supporting young people in schools:
 - after school clubs
 - lunch clubs
 - supported study
 - peer support
- Other carer organisations
- NCH Young Carers project
- Young carers discover skills/hobbies through taking part in the NCH groups

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- Youth facilities/services (when applicable and available)
 - Meeting new friends, empathy

What do we need to do better, to improve outcomes for young carers?

Morning session group 1:

- Awareness raising:
 - across the agencies
 - targeted approach
 - young people themselves – hidden
- Education link officers/ outreach workers
- Services need to recognise young carers
- Bigger picture
 - partnership working
 - resources – local
 - transport
 - poorly resourced communities (rural)
- Identify effective resources
- Individual capacity building
 - young person – confidence/ self-esteem
- Think about:
 - voluntary sector
 - resources
 - signposting
 - facilitation

Morning session group 2:

- Knowing about available resources
- Identification but cannot meet the needs due to a lack of resources
- Raising expectations which we cannot meet
- Young carers who have their own disabilities are not recognised
- Need to be more proactive in providing service
- Young carers are far down the list for the Additional Support for Learning Bill

Afternoon session group 1:

- Access to special needs schools
- More resources to build on NCH project
- Awareness day, e.g. Young Carers Day in Carers Week
- Raise awareness of what makes a young carer
- Raise awareness of impact caring has on young people
- Liaison between all agencies involved

Afternoon session group 2:

- Criteria for becoming a young carer i.e. not including mental health and young people whose siblings have disabilities etc
- Phase out plan (NCH referring on to school to pick up support needs when support at NCH has to stop)
- NCH service too small, more resources and funding issues
- Direct line/helplines during the day that young people can access
- Lack of leaflets within certain social work offices

3.3.3 Comments

A number of other comments were made by participants, both in response to the presentation and issues raised through the small group discussions. These are noted below, in no order of priority but to ensure the sentiments expressed are not lost.

1. Whilst participants did not wish to criticise the feedback given by young carers or their parents, it was suggested that people often do not realise when they have been assessed, as assessors do not always use this language with

clients. Needs may have been assessed and referrals made, e.g. to NCH, but this may not formally appear in the care plan and it needs to do so.

2. There is a need for greater partnership working and communications between agencies, but there is also a need for improved communications within agencies to increase the knowledge base, make better connections in joining services up for clients and extend good practice.
3. There are often politics at play within schools, which vary by establishment, and this can be difficult to take into account.
4. There can be an issue around people's expectations of what agencies like Social Work can and cannot do – this needs to be taken into account when communicating with people and delivering/not delivering services. For example, Social Work are often expected to do a lot, to make everything better, on all sorts of issues, e.g. health, and this is not always possible.
5. Assessment processes are currently very adult focussed and need to be more child/young person focussed.
6. NCH needs to publicise the very good work it does more, within North Lanarkshire and elsewhere, so others can benefit/learn from them.
7. Young carers are often only identified in schools if they are in crisis.
8. Some geographic areas of North Lanarkshire have to address difficult boundary issues, for example in Cumbernauld, residents can access health services from Forth Valley, Lanarkshire or Greater Glasgow but all have different policies and practices, which can be very confusing.
9. There is a role for Community Planning to help develop/join up support service for young carers.
10. Are service under-resourced or ineffective?
11. Changes in legislation/the policy context such as GIRFEC and the Additional Support for Learning Bill were welcomed as these mean that all agencies have to take responsibility to get it right.
12. The single shared assessment should also help.
13. It was recognised that there is good practice out there already, the issue is that it is not consistent, e.g. some Social Workers are good referrers to NCH but not all are, so there is an issue of "*postcode lottery*".
14. It was suggested that Education and Social Work, in particular, need to work more closely together.
15. Education may think that extra-curricular activities are open to all but this may not actually be the case for young carers, for example if activities are after school and they need to go home straight from school. There is a need to rethink everything from a young carer's perspective to 'young carer proof' services.
16. All people working with young people need to understand young carer issues, to be able to identify them, understand them and refer them for support appropriately.

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17. There is a gap in information getting to special needs schools but they have the same potential to be young carers (or reach siblings who are young carers).
 18. There should be presentations to all teaching staff at in-service days to help raise awareness of the issues as the school can be the front line in identifying those in need.
 19. Supported study for young carers should be considered.
 20. The definition of a young carer needs to be expanded, as some view this very narrowly.
 21. NCH should learn from the experiences of Partnership Officers in Education, when introducing the new posts. The Partnership Officers had no guidance so there are now 26 different ways of doing things (as there are 26 secondary schools) – some flexibility to local circumstances is good but consistency is also good.
 22. Peer support is good, as young people will often share things with other young people, which they would not share with teachers, e.g. school buddy project for S1/2 and S5/6.
 23. The NCH answering machine doesn't identify the project, so people are reluctant to leave any confidential information. When people have left messages, their calls have not been returned.
 24. Young carers were considered to often "*slip through the net*" as they are not high priority – drug use and other needs often come first when resources are limited.
 25. It is hard for young carers if they have support from the project then have to stop to give someone else a 'turn' – the needs are often still there and tend to become worse as they get older.
 26. Whilst information sharing has started between Social Work and Health, the systems aren't specific enough, e.g. there has been a Child Protection in the last ten years – how serious was it and is it still current? IT systems need to improve drastically in terms of what is recorded and what is shared between agencies.
 27. Special Behaviour Reports to the Reporter do not flag up young carer status and this would be helpful.

One other issue was evident from each of the workshops. There was a real willingness for different services to work together and learn from each other in order to improve outcomes for young carers in North Lanarkshire. The workshops were a good networking opportunity and people exchanged contact details in order to work together in future if the need arose. Others asked that contact details for attendees be circulated so that they could do this in future.

3.3.4 Action Plan

The final task in the workshops was for each group to work with an action plan framework to identify what actions need to be taken to make things work in practice and make a positive difference to young carers in North Lanarkshire. Again, each workshop worked in two small groups to discuss this and each groups' outputs follow.

There were consistent themes to the actions identified by groups as follows:

- raising awareness of young carers, including special needs schools and via media;
- being better at identifying, recording and assessing the needs of young carers;
- improved joint working, within and between agencies, to meet needs;
- improving communications and information, including shared IT systems;
- compiling a directory/network of resources for young carers;
- recognising young carers needs in all services provided and tailoring to fit their needs;
- effectively resourcing support to young carers; and
- building capacity.

Given the reduction in time available, workshop participants did not manage to complete the full action plan framework, so focussed on the actions required, who is involved/takes the lead and what they felt would make or break this happening in practice. The indicators were completed by one of the four groups. The shortening of timeframes may also have impacted on the degree of detail noted by participants but the more specific comments above help to flesh this out. The GIRFEC agenda was clearly expressed, as it was seen to be everyone's responsibility to improve outcomes for young carers.

The action plans for each of the four groups follow (the first three pages show one group's output per page, the fourth and fifth pages cover the fourth group's output).

Action required	Who is involved?	Who takes the lead?	How do we know we've made a difference? e.g. indicators/measures	What will make or break this?
Directory of resources available	Everyone	NCH with the support of the Local Authority and NHS Lanarkshire	Young carer and families have a better quality of life and recognised.	Needs to be kept up to date! - format - nicely publicised
Raising awareness of young carers	Everyone	NCH with the support of NHS Lanarkshire, Education and Social Work	Young carers' views heard and listened to.	- Advertising - staff training in awareness - able to meet their needs - appropriate evidence
Partnership working	All agencies	1 coalface worker from each agency	Young carers' views heard and listened to.	Management backing - worker needs to have experience in the area
Additional Support for Learning Bill → pushing young carers up the agenda	Primarily education and relevant others	Education	Young carers' views heard and listened to.	- National focus/agenda - Local agendas Pushing towards government intervention/ acknowledgement
Embedding young carers services across the authority	All agencies including volunteer agencies	NCH and funding bodies	Young carers' views heard and listened to.	- Awareness/ training with each agencies - Regular reviewing to ensure quality of service

Action required	Who is involved?	Who takes the lead?	How do we know we've made a difference? e.g. indicators/measures	What will make or break this?
Awareness raising	YCP Partners – statutory and non-statutory Vol orgs			Young people identify themselves/ others as carers Professionals/families identify young carers Local support, i.e. school Saturation of services
Education/ outreach workers	All agencies YCP			Capacity Link with agencies – effectiveness
Better recognition, recording of young carers	All agencies			Consent – informed Information sharing Effective partnership working IT support systems (effective) Recording processes Information gathering
Bigger Picture - Community Planning	All agencies, young carers, families and councillors			Variable priorities and political agendas Where does the responsibility lie? IT support systems (effective)
Effective resourcing	All agencies and voluntary organisations			Comprehensive knowledge – signposting of available resources. Funding / sustainability issues Requires central responsibility Effective IT support

Action required	Who is involved?	Who takes the lead?	How do we know we've made a difference? e.g. indicators/measures	What will make or break this?
Raise awareness of young carers, i.e. they are a carer	All schools, Social Work, NHS, carers organisations, Scottish & National Govt	NCH Young Carers		No clear goals/ guidelines Politics Profils receive training during/after qualification
Raise awareness of young carers services	Everybody (as above)	NCH Young Carers		No clear goals/ guidelines Politics Profils receive training during/after qualification
Working better together, agencies working together, improving communication	Everybody (as above)	NLC Voluntary org NLCVS Volunteer Centre		No common shared email or IT system Briefings of workers roles & resps are shared, i.e. area team meeting, training, e newsletter. A shared forum
A common shared IT system	Everybody (as above)	NLC Voluntary org – NL CVS – IT person Volunteer centre		Money!!!! Data protection
Individual capacity building	All agencies – YCP, voluntary organisations, families and communities.			Tiered approach Resources Signposting Facilitation Through-put
Assisted technology	Social Work, health, techies.			Wide knowledge of resources and access to equipment.

Action required	Who is involved?	Who takes the lead?	How do we know we've made a difference? e.g. indicators/measures	What will make or break this?
Community resource network	NCH and all involved agencies	NCH		Lack of resources
Including special needs schools in awareness raising	NCH and special needs schools	NCH and special needs schools		Lack of co-ordinated approach
Poster campaign & ongoing media coverage	NCH	NCH		Financial cost
Young people supported towards employment as young carers	All agencies	Social Work (carers assessment)		Lack of commitment
More resources	All agencies	Government		Financial will Lack of recognition
Greater liaison	All agencies	All agencies		People being overworked Child protection Improved training
Raising awareness	All agencies	NCH		Commitment and funding Failure to prioritise
Carers Assessment for young people **High priority**	Social Work Department	Social Work		Lack of will Lack of awareness Financial commitment

Action required	Who is involved?	Who takes the lead?	How do we know we've made a difference? e.g. indicators/measures	What will make or break this?
Highlight within the hearing system (SBR)	Social Work, Education, educational psychologists			Lack of awareness from agencies and hearing members

4 Concluding comments

The aim of the research with young carers, parents and front line staff was to gain their feedback on support services for young carers, in terms of access and quality and to identify gaps in support. It is clear that there are pockets of good practice in North Lanarkshire which provide solid foundations to build upon in order to further improve positive outcomes for young carers. For example, the NCH Young Carers Project was rated extremely highly by young carers and their parents. The NCH 'recipe' appears to be one that works for young people and they are keen to see it continue to develop, in order to provide services for other young carers.

Some young carers also reported having good, supportive relationships with school staff, but this was not every young carer's experience. Sometimes the young carer did not wish the school to know they were a carer, but a greater degree of understanding of what young people might have to deal with at home would be welcomed by those who may find it difficult to raise issues directly. Awareness of the roles, responsibilities and subsequent stresses of being a young carer needs to be high amongst all staff and understanding of this, with appropriate support responses, must play a greater and embedded part in the culture of what services do and how they do it.

There is an apparent willingness amongst partner agencies to improve the situation of young carers and to work together in doing so, supporting the principles of Getting It Right for Every Child, which is a positive position to be in.

That said, there is a lot of work to be done as young carers expressed very powerful feelings of exclusion by those providing services to them and those they care for. Apart from NCH, they were also largely unaware of what kind of support could be provided to young carers. This needs to be recognised by services and the valuable role performed by young carers acknowledged more explicitly to them.

Action is required in terms of raising awareness of young carers, both with young carers themselves and with staff, in order to better identify them, assess and meet their needs. Language is very important in this – if young people don't see themselves as carers, as they have always done what they do at home, then they may not necessarily pick up on information directed at 'young carers'. Greater consistency of service provision, improved communications, integrated information systems and dissemination of good practice within and between agencies all then have a role to play in meeting the needs of young carers more effectively.

Appendices

- Appendix 1 Topic guide for Youth Forum focus group
- Appendix 2 Topic guide for interviews with young carers
- Appendix 3 Topic guide for interviews with parents of young carers

Appendix 1 Topic guide for Youth Forum focus group

2836: NCH Young Carers TOPIC GUIDE

Background and introductions – name, age, how long been a carer, who for, etc.

1. Who referred you to/how did you find out about the Young Carers Project?
2. Did you know you were a 'young carer' before you were referred to the project? What do you think a young carer is – how would you describe a young carer?
3. H diagram: What are support services like for young carers?
4. Did you have anyone in school you could speak to?
5. Did you feel that the school understood that you had responsibilities at home?
6. Was there any additional support offered to you at school?
7. Did you feel you could talk to your friends about being a young carer?
8. Did you find it difficult to get time to study/do homework because of your caring role?
9. Did you take time off from school because of your caring role?
10. Have any other services come into your home? Probe: health services, social work. Do you feel they consider/ed your views and needs – have your needs been assessed separately? How have they/haven't they, e.g. physical and mental health, life skills?
11. Have any other services helped out (who haven't come into your home)? e.g. Princess Royal Carers Trust
12. Did anyone offer you support? What kind of support? Was it helpful?
13. Did you find it easy to link into community supports – youth groups, after school clubs etc.?
14. What areas do you feel the project has helped you with?
15. How would you rate the activities at the project? What are the good points and bad points?
16. If you had any individual work, did you feel it was useful/helpful?
17. Have you attended any young carer residential breaks? How did this help you?
18. Did your family get support from the Young Carers Project?
19. Do you feel that staff at the project understand your issues as a young carer?
20. What are the really important kinds of support for young carers?
21. How could support for young carers be improved? Probe what kind of support is required and not being provided at the moment plus who should provide, e.g. health, social work, education or project.
22. How do we know that young carers are being supported properly? What would the 'key indicators' be?

Appendix 2 Topic guide for interviews with young carers



2836: NCH Young Carers TOPIC GUIDE FOR DEPTH INTERVIEWS WITH YOUNG CARERS

Check information sheet received and understood; consent forms signed. Emphasise confidentiality and only having to talk about what the young person is comfortable talking about.

Background and introductions – name, age, how long been a carer, who for, etc.

1. How did you find out about the Young Carers Project?
2. Did you know you were a 'young carer' before you were referred to the project? What do you think a young carer is – how would you describe a young carer? How has it affected your life?
3. Do you know of any other support services for young carers?
4. Do you have anyone in school you can speak to about being a carer and what that means to your life? Probe role and whether they have spoken to them or not and how useful this has been.
5. Do you feel that school understands that you have extra responsibilities at home?
6. Has any additional support been offered to you by the school? What kind of support have you had and what kind of support would you have liked to have had/would have been useful to you?
7. Do you feel you can talk to your friends about being a young carer? Why is that?
8. Do you find it difficult to get time to study/do homework because of your caring role? Does this cause a problem for you at school?
9. Do you take time off from school because of your caring role? What impact does this have on your learning? How could this be helped?
10. Have any other services come into your home? Probe: for example, health services such as doctors, nurses; social work or addictions staff. Do you feel they consider/ed your views and needs? Have your needs been assessed separately, e.g. physical and mental health, life skills?
11. Have any other services helped out (who haven't come into your home), e.g. Princess Royal Carers Trust?
12. Did anyone else offer you support, e.g. family, friends, neighbours? What kind of support? Was it helpful?
13. Did you find it easy to link into community supports – youth groups, after school clubs etc.?
14. What do you hope the project will help you with/what has it helped you with already?
15. What are the really important kinds of support that young carers need? What would make your life easier to care for the person you care for and have a life for yourself?
16. How could support for young carers be improved? Probe what kind of support is required and not being provided at the moment plus who should provide,

e.g. health, social work, education or project. What one thing would make the most difference?

17. How do we know that young carers are being supported properly? What would the 'key indicators' be?
18. Any other comments or suggestions?

Thank and close

Appendix 3 Topic guide for interviews with parents of young carers

2836: NCH Young Carers

TOPIC GUIDE FOR INTERVIEWS WITH PARENTS

Background and introductions, stressing confidentiality of interview and no need to talk about condition.

1. How long has your son/daughter been caring for you?
2. What kind of services have **you** had support from? Probe health, social work, NCH, others?
3. And what support has been provided to **your son/daughter**? Probe health, education, social work, NCH, others; whether there has been any assessment of their needs specifically and how this has been responded to by services.
4. How useful has this support been? How could it have been better?
5. What other kind of support would be/have been helpful to your son/daughter? Who would be best to provide this, do you think? Probe education impact (time off, homework, etc.)
6. How did you find out about the Young Carers Project?
7. What kind of support have you/your son or daughter received from the project? Probe group/one to one/respice breaks. How would you rate this support? What are the good points/bad points? How could it be improved? What made the most difference to you/your son or daughter?
8. Has anyone else offered you support? What kind of support? Was it helpful?
9. What are the really important kinds of support for young carers, the 'must haves'?
10. How could support for young carers be improved? Probe what kind of support is required and not being provided at the moment plus who should provide, e.g. health, social work, education or project.
11. How do we know that young carers are being supported properly? What would the 'key indicators' be?
12. Any other comments or suggestions?