



An Evaluation of Sheffield Young Carers Project

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Executive Summary

In 2016, Sheffield Young Carers Project commissioned Ecorys to undertake an evaluation and cost-benefit analysis of its work. Sheffield Young Carers is a registered charity that has supported and raised awareness of young carers locally and nationally since 1997.

The benefits of the project were calculated by reviewing case notes for a randomly selected sample of 55 young carers supported during 2015/16. These provided evidence that **the project had a positive impact on:**

- **Young carers' mental health** (including in some cases reducing thoughts about attempting suicide or self-harm)
- **Relationships with family and friends**
- **Attendance, behaviour and progress at school, college or work.**

Consultations with six ex-service users provided further evidence of positive outcomes, and that they have the potential to be sustained. Evidence suggests that **Sheffield Young Carers was the primary driver of change in many cases.**

Positive outcomes in the sample were tallied, applied across the whole population of the 128 young carers supported (as the sample was taken randomly) and monetised. Benefits were adjusted down by 25% to account for attribution (other interventions influencing outcomes) and deadweight (what would have happened anyway). This estimates **total benefits of the project to be £350,239, or £2,736 per young carer.** The benefits are estimated to last for one year.

Total costs of the project in 2015/16 were £246,678, or £1,927 per young carer, which includes direct and indirect costs of supporting beneficiaries. Direct costs totalled £155,474 and indirect costs £91,204, including £62,204 of overheads, which relate to a wider group of young carers than the beneficiaries in this analysis, so overestimate indirect costs. Removing overheads gives total costs of £184,474 (£1,441 per young carer) as an alternative assessment of the costs of the project.

Dividing the benefits by the costs gives the return on investment, or benefit-cost ratio, which is estimated to be between £1.42 and £1.90, dependent on overheads. This means that, **for every £1 invested into the schemes, between £1.42 and £1.90 of benefits is estimated to be generated.** This is a positive finding and on a par with studies into similar programmes for young carers. **The project is estimated to generate over £100,000 of added value** (difference between costs and benefits) even accounting for the most conservative estimate of overheads.

The **positive return on investment should provide strong evidence for future funding applications**, and suggests that **money saved to the taxpayer as a result of the support to young carers can potentially be substantial.** Sheffield Young Carers appears to be 'filling a gap' where public services struggle to reach and is alleviating the burden on overstretched public services.

1.0 Introduction

1.1 Introduction

In 2016, Sheffield Young Carers Project ('Sheffield Young Carers') commissioned Ecorys to undertake an evaluation of their work.

Sheffield Young Carers is a registered charity, established in 1997 to provide practical and emotional support to young carers and their families in Sheffield. They also raise awareness and represent young carers locally and nationally. Services include:

- One-to-one support for young carers and their families
- Weekly support groups for young carers in term-time
- Holiday activities and short respite breaks
- Action Group to influence and develop services for young carers within Sheffield Young Carers and across the city
- Support for families with mental ill health and/or substance misuse issues
- Training and awareness work with other services and professionals (including education and health providers) to identify and support young carers
- Work with other services to support young adult carers, including student carers
- Strategic, fundraising and public relations work.

1.2 Evaluation Overview

1.2.1 Ecorys

Ecorys is a research-based consultancy. Since 1982, we have helped numerous clients in the public, private and third sector to understand and meet their challenges. We help our clients to make and implement informed decisions, leading to a positive impact on society through the work that we do. Our services focus on six key areas:

- Policy and research
- Programme management
- Communications
- International development
- Foreign direct investment
- Digital, design and information technology.

1.2.2 Study methodology

The evaluation involved the following tasks:

- **A review of relevant documents and data**, including Sheffield Young Carers' monitoring tools, processes and data, case studies, previous monitoring and evaluation reports, and the wider research literature on young carers and the costs and benefits associated with this role
- **A cost-benefit analysis**, to measure and value the outcomes (benefits) of the project in relation to the resources (costs) of providing it
- **Interviews with ex-service users**, to provide qualitative evidence of longer-term impact.

Young carers access support from the project for varying periods of time, typically for up to one year. In order to reflect this and provide a suitable window for analysis, the cost-benefit analysis has focused on young carers benefiting from the project in the financial year preceding this research – **April 2015 to March 2016** – as well as the costs associated with delivery of the project for the same period. A total of 128 young carers were supported in this time period.¹ The analysis is focused on the support these young carers received in that time period rather than the support they received overall.

1.2.3 Cost-benefit analysis

Cost-benefit analysis aims to identify the impact or benefits of an intervention and compare these to the resources or 'costs' involved. In this case, benefits have been estimated by the change in outcomes experienced by participants. They have then been adjusted² and valued in monetary terms, based on an estimate of likely cost savings to other service providers, or if this is not possible, by providing a proxy measure of a similar saving that can be valued.

The cost-benefit analysis results in a benefit-cost ratio (or return on investment) which presents the impact (benefit) as a monetary value against every £1 invested (cost). A return on investment of £1:£1 represents break-even; above that represents net benefit and below that represents net cost.

1.3 Report Overview

The remainder of this report is structured as follows:

- **Section 2** estimates the benefits of the project
- **Section 3** outlines the costs of the project
- **Section 4** compares benefits to costs and presents a benefit-cost ratio or return on investment
- **Section 5** provides a conclusion and recommendations.

¹ This does not include 68 participants supported in 2015/16 in the school-based VOYCE project, which was delivered over four years via a specific and separate Big Lottery Fund grant.

² For considerations such as attribution (to what extent the outcomes could be said to occur as a result of the scheme, as opposed to other interventions), deadweight (what would have happened anyway) and the length of time for which these changes persist.

2.0 Benefits of the Project

2.1 Introduction

This section presents an estimate of the impact or 'benefits' of the project for direct beneficiaries in 2015/16. It begins with a discussion of the outcomes experienced by young carers in receipt of support more generally before looking at evidence of the benefits which are specific to this project (based upon findings of case studies prepared by Sheffield Young Carers and consultations with ex-service users undertaken as part of this project). It goes on to estimate and value the benefits of support and ends with making some adjustments to these estimates to account for uncertainty.

2.2 Outcomes for Young Carers Supported by the Project

2.2.1 A short overview of the wider literature on young carers

Much of the literature and discourse on valuing outcomes for young carers centres around the **value of the caring role**, with young carers providing services that would otherwise be provided by public authorities. This analysis therefore implies that any reduction in the caring role perversely results in a cost to the taxpayer. It does however affirm that an investment in services to support young carers in their caring role is financially beneficial to the taxpayer.³ Sheffield Young Carers themselves have found that a reduction in the caring role is often not possible, not least because caring was seen to be a rewarding role by most young carers, bringing a range of positive emotional and psychological benefits.⁴ This finding seemed to be backed up in case notes which were reviewed as part of the cost-benefit analysis.

A number of studies have demonstrated the **negative effects of caring on young carers' health, social, education and employment outcomes**.⁵ Effects cited have included anxiety, stress, tiredness, strain within family relationships, restrictions in social activities and relationships, and under-engagement in education (attendance, behaviour and attainment issues). Reducing or removing these effects therefore has the potential to improve outcomes for young carers, and reduce the potential cost to the taxpayer resulting from the need to counter the effects arising from these negative outcomes.

2.2.2 Case studies and case notes

Sheffield Young Carers provided 11 case studies of young carers that they supported in 2015/16. These provide evidence that the project had a **positive impact on young carers' mental health, relationships (with family and friends) and attendance, behaviour and attainment at school**, as well as in some cases the mental health of the person being cared for, in the case studies in question. Similar areas of impact were also found in the case notes for a sample of 55 young carers that form part of the cost-benefit analysis (see Section 2.3).

³ ADASS, 2015. *Economic Case for Local Investment in Carer Support*. Department of Health/ADASS/Carers Trust/Carers UK.

⁴ For example, Aldridge, 2008; Becker, 2007, cited in Clay, D., Connors, C., Day, N., Gkiza, M., Aldridge, J.; 2016. *The lives of young carers in England: Research brief*. Department for Education. Available here: gov.uk/government/uploads/system/uploads/attachment_data/file/498116/DFE-RB499_The_lives_of_young_carers_in_England_brief.pdf

⁵ Ibid.

Sheffield Young Carers supported young carers to overcome family relationship problems, low self-esteem, anxiety and stress through talking (either one-to-one with a support worker or with peers in a group), relaxation techniques and emotional wellbeing support. Support helped to reduce symptoms ranging from tiredness (young carers reported not sleeping due to worry or the need to check on or look after their parent or siblings) to self-harm and, where relevant, maintain engagement with education and employment. These findings were reflected in case notes of 17 young carers, which also found that two young carers in the sample had reduced their thoughts about attempting suicide and/or reduced self-harm. In one case:

“X has a history of self-harming but this has reduced significantly following our intervention and support from CAMHS.” (Case study)

Sheffield Young Carers provided **activities** for young carers who, prior to Sheffield Young Carers involvement, were reported as being isolated and restricted in their social opportunities, usually because they were worried about leaving the person being cared for on their own or without adequate support. As such, young carers often struggled to make friends, being unable to see friends outside of school or attend activities outside of school hours. The project helped provide activities and reassurance for young carers to overcome these barriers. The project also provided young carers with **information**, including first aid, safety at home and healthy eating courses (some young carers reported eating poorly or having no appetite prior to Sheffield Young Carers involvement).

High levels of trust between the project and young carers and their families was also reported. Where possible, **Sheffield Young Carers – as an independent, non-statutory body – liaised with support networks such as social workers, schools and colleges** to better identify, understand the needs and support their young carers. For example, effects on education and employment could be also due to practical caring tasks taking precedence. This understanding **helped young carers’ attainment, homework, behaviour, punctuality and attendance at school**. In one example case:

“[X was] not going to school and...the family being fined [whereas now X is] excited about moving up to his new school in September.” (Case study)

21% of young carers supported in 2015/16 received support from the Family Project, where staff work with the whole family to improve their outcomes – not just those of the young carer – including setting parenting boundaries, supporting parents’ return to work and improvements to family members’ mental health.

2.2.3 Ex-service users

Six ex-service users were contacted to take part in a short telephone call, to provide qualitative evidence of how support from the project has benefited them, including in the longer-term. The group ranged from one young carer supported 15-20 years ago, to one supported until as recently as two years ago. Two were presently in work: one of them worked in childcare for children with special educational needs and disabilities, having gained a Level 3 qualification in childcare following Sheffield Young Carers support between the ages of 8 and 16. The other in work worked as a hotel reception manager following gaining a degree in business and hospitality management while being supported by Sheffield Young Carers. Two of the ex-service users consulted were at university (studying biomedical science and photography respectively), one other was at school (with ambitions to do a master’s degree and be a doctor) and another who has become a full-time carer after a long period of employment working with children.

The consultations with ex-service users provided further evidence of positive outcomes for young carers provided with support, and that these outcomes have the potential to be sustained.

Four of the six felt that Sheffield Young Carers had helped them cope better at school, referring to attendance problems that improved following Sheffield Young Carers support – and one-to-one support in particular. One ex-service user commented:

“[Sheffield Young Carers] helped me stay in school. I didn’t want to be there. I used to wag a lot.”
(Ex-service user)

The support helped them to better engage in education and develop confidence and communication skills, playing a part in young carers’ progression on to college, university and/or employment. More generally it provided reassurance and “*stability*”, and was said to have reduced or removed entirely the need for further support from any other agency. As two ex-service user said:

“I wouldn’t be at university if I hadn’t developed the communication skills I developed at Sheffield Young Carers.” (Ex-service user)

One former user went further:

“Wonderful, amazing, fantastic support. Without Sheffield Young Carers I don’t know where I’d be – I’d be a menace to society. Sheffield Young Carers showed me different ways of living life, something to aim for...they helped me in all areas of my life...helped me to secure work, accommodation and education. I had a close bond.” (Ex-service user)

One ex-user’s behaviour and attainment (grades) improved following Sheffield Young Carers contacting their school directly and providing respite support.

The ex-service users also talked about Sheffield Young Carers’ influence on their mental health, in particular enabling them to be less stressed and encouraging them to talk about their feelings, either at Sheffield Young Carers in a one-to-one or group setting, or at home with their family. Two former users said:

“I learnt about myself and how to interact with other people...[Sheffield Young Carers] helped me cope with things better. I didn’t go out before – they made a big difference – I can join in conversations now, rather than feel that I’ve missed out on my childhood.” (Ex-service user)

“They [Sheffield Young Carers] stepped me up to a stable mentality in my life, I am OK now – I don’t really need any support. I am at a point where I can do it, not where I can’t.” (Ex-service user)

Also mentioned was Sheffield Young Carers taking them ‘out of their comfort zone’ – both literally (taking them out of their home, giving a break to both young carer and person being cared for) and metaphorically (young carers communicating with others). As one said:

“I felt I was not the only one.” (Ex-service user)

Some young carers were also supported by family members. One also cited Sheffield Young Carers having played a role in having the confidence to move out (into their own home), and one cited their support in them securing accommodation. Two cited Sheffield Young Carers’ work more generally in raising awareness of young carers’ issues through activities they themselves were involved in, including putting together magazine articles, speaking to the council and taking a trip to Parliament to speak to an MP.

2.3 Estimating the Benefits

2.3.1 Selecting the sample

The benefits of the project were calculated by reviewing case notes recorded on Sheffield Young Carers’ online database (VC Connect) and in paper files, for a randomly selected, stratified sample of 55 young carers supported during 2015/16.⁶ As shown in Table 2.1, the sample was stratified to ensure that the proportion of young carers supported by the more expensive Family Project was similar to that in the population.

Table 2.1 Sample and population sizes

	Sample	Population
Total	55	128
Young carers supported by Sheffield Young Carers’ Family Project	12	27
Young carers not supported by Sheffield Young Carers’ Family Project	43	101
% supported by Sheffield Young Carers’ Family Project	21.8%	21.1%

We can be as confident as possible that the sample represents the characteristics of the population because the sample was selected randomly. However, the sample may overestimate the benefits (and therefore benefit-cost ratio), because any dis-benefits (deteriorations in young carers’ or families’ outcomes) have not been taken into consideration not least because dis-benefits are likely to be under-reported in the case notes. Similarly, those disengaging with the intervention are likely to be under-represented as only those with complete case notes were selected within the random sample. On the other hand, because case notes reporting does not mandate the reporting of health, social, education and employment outcomes explicitly, it is possible that there is some under-reporting of outcomes that did occur.

2.3.2 Outcomes for the sample and population

Table 2.2 shows the improvement in outcomes recorded in the case notes for the sample. Providing **social opportunities** was a key focus of the support, and was referenced in comments or as a goal in the vast majority of young carers’ “Me and My Life” ‘spider diagrams’, which are used for ongoing evaluation activities by Sheffield Young Carers. Similarly, **respite from their caring role** was also a key element of the support, so improved relationships with their family could be taken as a proxy for respite from their caring role. As such, these outcomes could reasonably be assumed to apply to all young carers experiencing support from the project.

Table 2.2 also shows these proportions of outcomes for the sample applied to the population. To do this, all outcomes in the sample were multiplied by 2.33 (128 ÷ 55). Again we can be as confident as possible that the sample represents the characteristics of the population because the sample was selected randomly. The new proportions are given in the table to the nearest whole number (which would represent one person).

⁶ A sample of 55 gives a +/- 10% margin of error with a confidence level of 95% for a population of 128. In other words, the reader can be 95% certain that the figures reported in this report are within 10% either side of the figure reported.

Table 2.2 Outcomes data

Improvement	Numbers in sample reporting improvement	Numbers in population estimated to be showing improvement
SOCIAL OUTCOMES		
Relationships with family	55	128
Relationships with friends	55	128
HEALTH OUTCOMES		
Mental health	17	40
Attempting suicide / self-harm	2	5
Healthy eating	3	7
First aid or safety in the home training	3	7
EDUCATION AND EMPLOYMENT OUTCOMES		
School attendance issues	3	7
Fixed term exclusion for behaviour	4	9
Permanent exclusion	2	5
Remain at school or college	5	12
Full-time job	1	2
Finances / benefits	1	2
TOTAL YOUNG CARERS	55	128

2.4 Valuing the Benefits

The next step is to monetise these changes by assigning a proxy value for each outcome based on the potential costs avoided due to the reduction in the need for further services or support.⁷ Values have been selected from a variety of sources including the Personal Social Services Research Unit's (PSSRU) Unit Costs of Health and Social Care (which covers unit costs for more than 100 health and social care services each year), New Economy's Unit Cost Database, and wider literature. Values have been selected to ensure **conservative estimates** in line with cost-benefit analysis best practice. The values selected are outlined in Table 2.3.

⁷ All values relate to cost savings, except for Relationships with friends which is based on individuals' Willingness To Pay (WTP) to live in cities where people spend more time with their friends. WTP is a common and recognised economic approach to valuation.

Table 2.3 Proxy values

Improvement	Unit cost	Value	Source
SOCIAL OUTCOMES			
Relationships with family	12 Relate sessions at £8 per 15 minutes	£96	DfE Family Savings Calculator ⁸
Relationships with friends	Monetary value of spending time with friends	£975	Colombo and Stanca, 2013 ⁹
HEALTH OUTCOMES			
Mental health	Average cost of service provision for people with a mental health disorders	£2,197	New Economy Manchester ¹⁰
Attempting suicide / self-harm	Loss of a QALY for a person with a severe mental health issue + Cost of admission and stay in mental health care home	£12,240	PSSRU ¹¹
Healthy eating	Dietitian consultation	£50	NHS reference costs
First aid or safety in the home training	Reduced hospital admissions	£2,384	New Economy Manchester
EDUCATION AND EMPLOYMENT OUTCOMES			
School attendance issues	Truancy (missing at least five weeks of school per year)	£1,418	New Economy Manchester
Fixed term exclusion for behaviour	One fixed term exclusion	£500	Marlborough Family Education Service ¹²
Permanent exclusion	Permanent exclusion from school	£8,247	New Economy Manchester
Remain at school or college	NEET Avoidance (one year's fiscal cost only)	£5,760	Estimating the life-time cost of NEET ¹³
Full-time job	Increase in income + reduction in benefit claim + tax receipts	£20,979	ONS (Annual Survey of Hours and Earnings), DWP, HMRC ¹⁴
Finances / benefits	12 Citizens Advice Bureau sessions at £8 per 15 minutes	£96	DfE Family Savings Calculator

Table 2.4 shows that, by multiplying the outcomes with the values, and adding them up, the total, unadjusted cost savings resulting from Sheffield Young Carers support is £200,658 for the sample of 55

⁸ <http://archive.c4eo.org.uk/costeffectiveness/edgeofcare/costcalculator.aspx>

⁹ Colombo, E.; Stanca, L.; 2013. Measuring the Monetary Value of Social Relations: A Hedonic Approach. Milan: University of Milan. Available at SSRN: <http://dx.doi.org/10.2139/ssrn.2339923>

¹⁰ neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis

¹¹ Ref. Oxford Economics, 2015. *The economic and social impact of the British Gas Energy Trust*.

¹² Marlborough Family Education Service, 2010. *TaMHS Cost Avoidance*. Available here: londonhp.nhs.uk/wp-content/uploads/2011/03/Mainstreaming-Westminster-cost-avoidance.pdf

¹³ Coles, B.; Godfrey, C.; Keung, A.; Parrott, S.; Bradshaw, J.; 2010, *Estimating the life-time cost of NEET: 16-18 year olds not in Education, Employment or Training*. York: University of York.

¹⁴ Ref. Oxford Economics, 2015.

young carers and £466,985 for the population of 128 young carers supported in 2015/16. This suggests that the public sector costs avoided (or **money saved to the taxpayer**) as a result of the support can **potentially be substantial**. Most value came from the project's work to develop young carers' relationships with friends (£124,800 across an estimated 128 beneficiaries), improving young carers' mental health (£86,921 across almost 40 beneficiaries), and helping young carers to remain at school or college (£67,025 across almost 12 beneficiaries).

Table 2.4 Analysis of the benefits of Sheffield Young Carers in 2015/16

Improvement	Numbers in sample where improvement was reported	Numbers in population estimated to be showing improvement	Value	Total saving (sample, unadjusted)	Total saving (population, unadjusted)
SOCIAL OUTCOMES					
Relationships with family	55	128.00	£96	£5,280	£12,288
Relationships with friends	55	128.00	£975	£53,625	£124,800
HEALTH OUTCOMES					
Mental health	17	39.56	£2,197	£37,349	£86,921
Attempting suicide / self-harm	2	4.65	£12,240	£24,480	£56,972
Healthy eating	3	6.98	£50	£150	£349
First aid or safety in the home training	3	6.98	£2,384	£7,152	£16,645
EDUCATION AND EMPLOYMENT OUTCOMES					
School attendance issues	3	6.98	£1,418	£4,253	£9,897
Fixed term exclusion for behaviour	4	9.31	£500	£2,000	£4,655
Permanent exclusion	2	4.65	£8,247	£16,494	£38,386
Remain at school or college	5	11.64	£5,760	£28,800	£67,025
Full-time job	1	2.33	£20,979	£20,979	£48,824
Finances / benefits	1	2.33	£96	£96	£223
TOTALS	55	128		£200,658	£466,985

2.5 Adjusting the Benefits

The figures presented so far are estimates of gross outcomes and subject to the following adjustments, in order to reach an estimate of net effects:

- **Deadweight:** what would have happened anyway
- **Attribution:** to what extent the outcomes could be said to occur as a result of the project, as opposed to other interventions.

An adjustment should be made for **attribution** and **deadweight**, given that it is likely that young carers would have been subject to other influences and involvement from other agencies, not least schools (although qualitatively it was reported that school support could be insufficient in many cases). Finding a suitable figure to inform this adjustment is difficult, due to a lack of analyses of this type in this context. However, an evaluation of the Young Carers Pathfinders Programme run by the Department for Education, suggested an **adjustment of 25%** based on its 'base' (median) scenario of a 'conversion rate' of 75%.¹⁵ This is similar to an adjustment figure of 26.3% used by New Economy.¹⁶

In this case, it would seem reasonable to apply a relatively small adjustment to account for attribution and deadweight. Evidence from the case studies, case notes and consultations with ex-service users suggests that Sheffield Young Carers was the primary driver of change, as they were often not getting the support they needed sufficiently from other sources (such as schools or social workers), so change could not be attributed to other sources with any certainty (attribution). Similarly, although some young carers were also supported by family members, they generally reported that their issues had persisted for some time prior to Sheffield Young Carers' involvement, so it would be unreasonable to assume that the positive changes made would have happened anyway (deadweight).

It is also important to consider the **persistence, or duration, of outcomes**. In order to maintain a conservative approach we have assumed that outcomes persist for one year, although evidence from interviews suggests that some of these are likely to be sustained. For example employment, which would otherwise provide hundreds of thousands of pounds' of economic benefit, should a beneficiary sustain that employment over their lifetime – though this cannot be known with any degree of certainty. Similarly, some outcomes may not last one year. It is assumed therefore that these two possibilities (that outcomes last for more than, or less than, one year) are equally likely, so no adjustment is necessary for drop-off. This may be a conservative estimate.

Adjusting the benefits by 25% to allow for attribution and deadweight considerations, and assuming that benefits persist for one year, gives total benefits of **£150,493** for the sample and **£350,239** for the population of 128 young carers supported by Sheffield Young Carers in 2015/16.

¹⁵ Kendall, S., Palmer, H., Ronicle, J., Rodger, J., Mahon, J., Starks, L., Hall L., Whitley, J.; 2011. *Turning around the lives of families with multiple problems: an evaluation of the Family and Young Carer Pathfinders Programme*. Department for Education. Available here: gov.uk/government/publications/evaluation-of-the-family-and-young-carer-pathfinders-programme

¹⁶ neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis

3.0 Costs of the Project

3.1 Costs of the Project

This section presents the costs of operating the project for direct beneficiaries in 2015/16, as provided by Sheffield Young Carers. These include:

- **Direct costs:** the costs incurred in delivering the project
- **Indirect costs:** incurred by stakeholders not directly involved in delivery but who play a role in supporting delivery (for example, through referrals or volunteering time or resources).

Direct costs of supporting the 128 beneficiaries in 2015/16 were **£155,474**, or an average of £1,215 per young carer supported. Funding was provided mainly through voluntary sector sources (BBC Children in Need, the Henry Smith Foundation, Big Lottery Fund), as well as Sheffield City Council. 27 of the 128 young carers (21%) accessed the Sheffield Young Carers Family Project as part of their support, which is more expensive per young carer, as the whole family is supported and more time is spent with the person being cared for.

Indirect costs totalled **£91,204**. This includes:

- £29,000 of strategic, training and awareness work – for example the schools network
- £62,204 of overheads, which contribute to supporting the project and some referrals into it, which relate to a wider group of young carers than the 128 which form the subject of our analysis.

Including all overheads means that the indirect costs of the project will be overestimated,¹⁷ and benefit-cost ratio lower, than if it was possible to apportion indirect costs for the 128 young carers included in our analysis. However, there may be some further indirect costs unaccounted for such as low cost/free room or venue hire (e.g. museum hosting a fun day); gifts for young carers; small amount (if any) of volunteer time which have not been specifically recorded. Such costs are likely to be small relative to the indirect costs that can be valued, meaning that overall indirect costs are still likely to be overestimated.

Total costs, including direct and indirect costs, therefore came to **£246,678**. Removing the £62,204 of overheads, and total costs are **£184,474**. This provides a less conservative estimate given that costs are likely to be overestimated.

¹⁷ Though costs to young carers themselves (for example, travel) that are not reimbursed by the project are not included in the indirect costs, due to lack of a suitable estimate. This would normally cause an underestimate of indirect costs – but these are likely to be small in comparison to overheads, so the net effect is for indirect costs to be overestimated.

4.0 Benefit-Cost Ratio (Return on Investment)

4.1 Introduction

This section collates the estimates of the benefits and costs associated with the project to provide a benefit-cost ratio to quantify the impact of the project in 2015/16, based on conservative approaches where possible in line with best practice for this type of analysis.

4.2 Benefit-Cost Ratio (Return on Investment)

In summary:

- **Total benefits** in 2015/16 are estimated to be **£350,239**, or £2,736 per young carer
- **Total costs** in 2015/16 are estimated to be **£246,678**, or **£184,474** removing £62,204 of overheads to provide a less conservative estimate given that costs are likely to be overestimated. Costs per young carer work out as £1,927 or £1,441 respectively.

Therefore:

- The **added value** (difference between costs and benefits) in 2015/16 is estimated to be between **£103,561** and **£165,765** dependent on overheads. Per young carer, this works out as £809 and £1,295 respectively.
- The **return on investment**, or benefit-cost ratio, is estimated to be between **£1.42** and **£1.90**, dependent on overheads. This means that, for every £1 invested into Sheffield Young Carers, between £1.42 and £1.90 of benefits is estimated to be generated.

As discussed, the benefits of the project are estimated to last for one year. If, in reality, some of the benefits persist for longer or shorter than is estimated (for example, employment), the amount of economic and social benefit may differ. Evidence from interviews suggests that some of the benefits are likely to be sustained.

5.0 Conclusion and Recommendations

5.1 Conclusion

The study has found that Sheffield Young Carers had a **positive impact on the health, social, education and employment outcomes** of young carers that it supported in 2015/16. The cost-benefit analysis has estimated a **return on investment of between £1.42 and £1.90 for every £1 invested into the project**. This is a positive finding, not least because it is considered that the analysis has been conservative with its assumptions. The return on investment is on a par with studies into similar programmes for young carers providing an outcomes-focused analysis (as opposed to valuing the caring role that young carers provide).¹⁸ The positive return on investment should provide **strong evidence for future funding applications**.

The findings could be seen even more positively, given that there is no mandate of health, social, education and employment outcomes reporting explicitly. It is therefore possible that outcomes that did happen were not reported, and that the 'true' return on investment could be much higher. Most value came from the project's work to develop young carers' relationships with friends, improving young carers' mental health, and helping young carers to remain at school or college. Evidence from the case studies, case notes and consultations with ex-service users suggests that Sheffield Young Carers was the primary driver of change in many cases.

It is encouraging that to some extent it could be said that Sheffield Young Carers is 'filling a gap' that public services struggle to reach – for example helping young carers deal with mental health problems, and alleviating the burden on overstretched public services. This is another positive finding and further justification for future funding.

5.2 Looking Ahead – Recommendations and Next Steps

Sheffield Young Carers already have processes in place to evaluate their activities based upon validated tools. For example, a "Me and My Life" 'spider diagram', based on the Outcomes Star, Carers Star,¹⁹ the Manual of Caring²⁰ and the Warwick-Edinburgh Mental Wellbeing Scale²¹ is used with all young carers (and for the person being cared for in the Family Project). Case notes are recorded on an online database (VC Connect) and monitoring information is compiled in Microsoft Excel.

To inform the ongoing development of its services, **Sheffield Young Carers could consider taking a more longitudinal, outcomes-focused approach** in its monitoring and evaluation. It must be stressed however, that this is not to go against work Sheffield Young Carers does that is intangible or harder to measure (such as building young carers' confidence). Moreover, it is to consider the work it is already

¹⁸ For example, projects involved in the Young Carers Pathfinders Programme run by the Department for Education saved on average £1.89 for every £1 spent, as a result of intervening early and so avoiding the costs associated with negative outcomes and further support (Kendall et al.; 2011). More recently, a study found that Carers Trust's Time for Change programme saved £1.77 for every pound invested (nef consulting; 2016. *Cost-benefit Analysis of UK Wide Young Adult Carers Services 2015*. Carers Trust).

¹⁹ outcomesstar.org.uk © Triangle Consulting Social Enterprise Ltd.

²⁰ Joseph, S.; Becker, F.; Becker, S.; 2009. *Manual for Measures of Caring Activities and Outcomes For Children and Young People, 2nd Edition*. London: Carers Trust. Available here: professionals.carers.org/sites/default/files/4089-yc-outcomes-manual-spreads-sb-6261_1.pdf

²¹ www2.warwick.ac.uk/fac/med/research/platform/wemwbs

doing and how best to develop that – or measure it differently – to consistently record outcomes that probably are happening but simply not being recorded. In a time of cuts to public sector services, the funding environment is increasingly competitive, and funders are actively looking for evidence of outcomes.

As an example, workers could make the goals each young carer sets in their spider diagrams specific to health, social, education or employment outcomes wherever possible. For example, the Carers Star includes:

- **Work** – this could be directed to goals about **education (attendance, behaviour, exclusion, attainment), employment and training**
- **How you feel** – this could be directed to goals about **mental health**
- **Health** – this could be directed to goals about **mental health**, or even **drug and alcohol misuse** for older young carers
- **Time for yourself** – this could be directed to goals about **socialising and relationships with friends**
- **The caring role** – this could be directed to goals about **relationships at home**
- **Managing at home** – this could be directed to goals about **healthy eating**
- **Finances** – this could be directed to goals about **managing money** for young adult carers (if applicable).

It may not be desirable or necessary for Sheffield Young Carers to monitor some outcomes directly. Other services may already be monitoring outcomes – and it may be easier or more efficient for Sheffield Young Carers to access this information, rather than monitoring themselves. Aligned to a recommendation in its recent whole service review,²² **Sheffield Young Carers could seek to work more closely with adult and children’s social care, schools, or adult and children’s health services** – although this can present its own challenges, not least ethical issues surrounding consent and information sharing, and parents may be sensitive to Sheffield Young Carers sharing information with social services, potentially damaging trust in the process. The risks and benefits of information sharing need to be considered fully.

Monitoring and evaluation of the change in the (negative) impact of the caring role should be preferred over reduction in the caring role itself, or impact on the person being cared for, which are often not possible to achieve.

By linking outcomes to cost-savings, cost-benefit analysis is an ideal way to ensure that Sheffield Young Carers meets funders’ requirements. **Sheffield Young Carers could make use of the processes and sources referenced in this report.**²³ Ecorys can provide further guidance and training as applicable.

The consultations with ex-service users suggested that positive outcomes for young carers have the potential to be sustained. **Sheffield Young Carers should consider long-term monitoring of ex-service users**, to demonstrate the full impact, resilience and sustainability of its support. Encouragingly, this study consulted with six out of eight ex-service users, which, though small in numbers, represents an excellent response rate and implies that ex-service users may be willing to stay in touch with the project.

Again aligned to a recommendation in its whole service review,²⁴ **Sheffield Young Carers should consider targeting support where it can make most difference.** It should compare the costs and benefits ratios of its different projects (accounting for relevant overheads as much as possible), and of

²² Penman, V.; 2016:35. *Sheffield Young Carers Review of services delivered by Sheffield Young Carers*. Sheffield.

²³ neweconomymanchester.com/our-work/research-evaluation-cost-benefit-analysis/cost-benefit-analysis

²⁴ Penman, 2016:38.

one-to-one work against group work. **Sheffield Young Carers should also consider concepts such as attribution, deadweight and duration of outcomes** as mentioned in this report, to adapt its services to areas of most need in future.