

Partnership working between young carers project and social services: The need for young carers work to establish itself as a profession

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Abstract: This article draws on in-depth qualitative interviews with ten practitioners who specialise in working with young carers, to examine how members of the emerging profession of 'young carers' worker' view their partnerships with social services. It focuses particularly on one case study area (Town Z), where partnerships between social services and the voluntary sector around young carers were relatively highly developed. It explores the practitioners' comments about the impact of their organisations' partnerships with social services on their work. This is done in the context of their conceptualisations of care and family relationships. In particular, the themes of identifying young carers and working with the family as a whole are discussed, and young carers' workers views are compared to the conceptualisations that come across in literature from both disability studies and social work perspectives. It is concluded that young carers' workers conceptualisations of care and disability do differ markedly from the perspectives that appear to dominate both social work theory and practice, and that this impacting on how the former view their partnerships with the latter.

Key words: *partnership working; young carers; professions; child protection*

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Introduction

This article is based on a study of young adult carers that was carried out between September 2008 and March 2010. The study aimed to find out the level of mutuality, dependency and co-dependency in young adult carers relationships with older generations, and the impact of this on their support needs in the transition to adulthood. Research took place in four local authority areas each containing one young carers' project. All of the local authorities were located in one region of the North of England.

In the 1980s and 1990s, formal qualifications came to be seen by policy makers as the route to any type of employment and the social problems of both truancy and children missing school because of home responsibilities began to grow in prominence (Fox, 1995). 'Young carers' came to be defined as a social problem following a research report by Aldridge and Becker (1993), who went on to form the Loughborough Young Carers Research Group (Alcock, 2004). Young carers are legally defined as being aged under 18 (Thomas et al, 2003) and young adult carers are defined in the UK's only large scale report on young adult carers by Becker and Becker (2008) as being aged 18-25.

All carers are supposed to have their needs taken into account by social workers carrying out assessments under The NHS and Community Care Act of 1990, but at the time there was little evidence of actual support being made available to carers (Unell 1996; p.9). However, six years later, The Carers (Recognition and Services) Act of 1995 gave carers the right to assessment of their own needs in their own right. The same act also defined a young carer in law as a person under 19 who takes all or some of the responsibility for looking after someone else who is ill or disabled (Thomas et al, 2003).

Young Carers under 18 are entitled to a statutory assessment both under the category of Children in Need under the Children Act 1989 and as carers under the Carers (Recognition and Services) Act of 1995. However the National Strategy for Carers in 1999 stated that the voluntary sector rather than the statutory sector had proven best able to take the lead in supporting carers, and particularly those young carers who the statutory sector had so far failed to reach:

The Government believes that local support services for carers are best run and managed by the voluntary sector, and particularly when carers themselves are involved in the management arrangements ... [Young Carers Projects] are usually provided by the voluntary sector but are sometimes funded by the statutory sector. Many young carers using these projects have no other support from statutory services. (DoH 1999, p.65, p.77)

Therefore, the voluntary sector is expected to provide support in partnership with the statutory sector to reduce levels of caring role that are harmful to the young

person (DoH, 1999), and local authorities must meet their statutory responsibilities within the context of these partnerships.

The most visible sign of support for carers has been led by the voluntary sector in the form of Carers Centres. These centres often have teams or projects, funded by the relevant LA, dedicated to helping children and young people affected by having disabled relatives. In some areas, other charities have been given the contract to run similar projects. These teams provide the means for them to take part in extra-curricula activities, access support including counselling and specialist careers advice and share experiences with other 'young carers'. The term is used in inverted comma here, because many Young Carers Projects, as a preventative measure, accept young people in environments where care is taking place, who do not currently provide any care but are deemed likely to in the near future (see below). Young Carers' Projects through-out the region had also taken on the tasks of liaising with schools, colleges, careers services and other relevant organisations to raise awareness of young carers' needs on both and group and an individual basis.

In response to the Loughborough group's research, disability rights campaigners argue that the problems associated with young care-giving should be tackled by targeting resources towards support services for disabled parents with children, rather than separate projects for the children of disabled parents (Olsen & Clarke, 2003). But even from a children's rights perspective, the Loughborough Groups' stance and subsequent policy developments have been criticised as being too quick to attribute young carers problems to the caring role itself, rather than the myriad of problems associated with being brought up in a household affected by disability (see Newman, 2002).

Methodology

Fieldwork consisted primarily of in-depth biographical interviews with young adult carers and professionals working with young adult carers. A larger number of interviews with professionals took place in one particular local authority area (town Z), where a formal partnership agreement had been established between the young carers project, social services and Connexions. Of the 13 young adult carers, five were recruited through the young carers' projects and the rest through other types of organisation. Carers were interviewed individually for the study and they were asked to nominate the place that would be most convenient for them for the interview to take place. All nominated to be interviewed either close to their place of work/study or at home, apart from three who were interviewed at an ultra local youth project in their own small village. The sample included only those caring for people with a primary diagnosis of physical disability, acute illness or learning disability. The age categories of the carer respondents were as follows: 16-18 = 4, 19-21 = 4, 22-24 = 3, 25-30 = 2.

The interview schedule was based a combination of the realist biographical approaches of Henderson et al (2007) and Bertaux (1981). Most of the questions asked for factual recall followed by prompts for attitudes and opinions, as recommended by Wengraf (2001). However three questions that asked about planning for the future were also included, as these had been used in a previous study by the same researcher.

Ten practitioners were also interviewed individually or in pairs to find out about the service context in terms of young carers projects, education, careers advice and social services support. Most worked in the young carers projects (one or two workers from each of the four projects in the four local authority areas were interviewed) and all of these had the 'young carers' in their job titles. However in the case study area (Town Z) interviews were also carried out with a disability service manager from a social work background who had had a key role in setting up young carers' services in the town and a young carers' social worker. The term 'young carers' worker' will be used specifically to describe workers from the young carers projects.

The case study area

The most significant partnership for young carers in the case study area (Town Z) was between social services and the Young Carers' Project attached to the local Carers Centre. A Young Carers' Social Worker post had been established for the purpose of ensuring that families with young carers get any intense help that is needed, alongside the longer term support and opportunities that the young carers' project provided. The original idea for a carers centre came from talking to disabled people themselves with the involvement of a manager from a social work background, who now worked for a disability organisation in the voluntary sector, and it was the carers themselves from within the Carers Association who pushed for social services to recruit a young carers' social worker:

It was just flagging things up in the training arena for workers, and working to do the research with colleagues in health, social care and local identified carers, who were identified through people with disabilities locally, originally. So it was actually working with them to find out what was necessary ... it was '96 before there was anything [to bring young carers together]. And that certainly pre-dated by a good few years the dedicated post that came in at the local authority, because it was the original Carer's Association that pushed for that post (Interview with manager).

The history of case study area was therefore that services came to be more developed than in other areas through a quite unique sequence of events, lead by 'social entrepreneurs' (see Alcock and Scott 2002), such as the volunteers involved in the setting up and running the Carer's Association.

Research on partnership working between statutory and voluntary sector and how it might apply to the case of young carers

As Alcock and Scott argue, the mixed economy of welfare which existed before the Second World War never went away in Britain despite post-war universalism. However, there was a change in the relationships between sectors post-war, as voluntary sector organisations such as tenants associations were principally set up to challenge public sector decisions (Alcock & Scott, 2002). It is arguable that since social workers also took on the role in the post war period of helping people whose circumstances did not fit with the mainstream provisions of the welfare state (Jordan & Jordan, 2000), their role paralleled that of the post-war association type charities.

However, in the Thatcher era, the whole concept of the welfare state was questioned as being generally burdensome to tax payers, who could better spend their own money providing for their own welfare while spending and investing in the economy (Page, 2001, p.23). On the other hand, the Thatcherite welfare state aimed to be more generous to disabled people by moving away from the one size fits all approach that had often entailed life long institutionalisation for the more significantly disabled. Social workers were mandated to work as care package managers for all disabled people whose needs could not be met within the family or through privately purchased provision; the aim being that services could be tailored to meet a whole variety of individual needs without recourse to institutionalisation (Clarke & Glendinning, 2002, p.35).

From 1997, New Labour took Britain back to the post-war view that state support can have a positive role in permanently solving social problems, but with the caveat that welfare clients, alongside other citizens, take some of the responsibility on their own shoulders, by working in partnership with the state (Alcock & Scott, 2002). One means by which New Labour sought to improve citizens' partnerships with the state was through formalising relationships between local authorities and local voluntary and community organisations. However research suggests that although this policy has led to a wide *range* of relationships between local authorities and voluntary and community organisations, there is little sense of overview, as each local authority department has its own relationships. In other words such relationships are more plentiful, but there is no sense that local authorities as a whole have a strategy to improve the welfare and wellbeing of local residents in partnership with the third sector. Such a failure is hardly surprising given that few voluntary organisations agree with the government on what their relationships to government should be, and that voluntary organisations also differ with each other on this issue.

For individual third sector workers, stakeholding is a real issue. Such workers feel themselves to be simultaneously acting out positions that are in contradiction to one another. For example voluntary organisation workers actually say that they feel 'gagged' from expressing service users' views in certain meetings, as the

partnership becomes their constituent rather and replaces service users being their only constituents (Alcock & Scott, 2002). Craig and Taylor (2002) also observe that the strict rules and timelines that are adhered to by the public sector can be experienced by voluntary organisation workers as oppressive, when imposed on the voluntary and community sector via partnership arrangements.

Research also suggests that where one organisation in a partnership is bigger and more powerful than another one, it becomes even more important for arrangements to be aimed towards equality of status within the partnership. For example, by sharing lead responsibilities, and having mechanisms that allow each partner to have an equitable role in mechanisms for learning lessons, the partnership can take on its own identity. This identity prevents the partners' joint undertakings from being overshadowed by the dominance of the larger organisation (Hudson & Hardy, 2002).

As will be seen below all of these factors could be seen to be impacting on the partnership between social services and the young carers' project in the case study area. But where the inequality between partners could be felt most clearly was in the inability of stakeholders to share perceptions of who young carers are and what it means to have a caring role within a family. The remainder of this paper contrasts the intellectual and legal position of social work with the far less established but equally constrained position of young carers' work.

Social work ideas about carers' resilience and power

Young Carers Workers do not yet have a professional body and there is no literature on young carers work, apart from practical tools and largely descriptive findings from the Loughborough group (Becker, 2005; Olsen & Clarke, 2003). In contrast, Social Work is fully established profession and a recognised academic subject area. Within the subject area of Social Work there are well laid out debates about the best way to help carers.

Within the Social Work literature there are essentially two camps as regards supporting carers. The first perspective is the one which views carers as a perfectly proper resource for social care provision, in order to help society meet its moral goals of enabling a decent day to day life in the community for sick and disabled people. Under this perspective, sick and disabled people are the sole victims of a personal tragedy caused by either biology or a physical incident. This medical model of disability views professionals as having the role of enabling carers to continue in the role for as long as they can, through respite, resilience training and counselling which increase their coping capacity.

The 'strengths' model of social work practice is supposedly influenced by the disability movement (see Oko, 2011) but in practice is particularly likely to back carers who want to continue in their roles (Gray, 2010). Under the strengths model,

practitioners are expected to be aware that the impact of structural inequality, in the form of what can appear to be individual deficits, can only be assessed properly after a detailed subjective narrative has been drawn out from the client (Van Breda, 2001). But it should be noted that the strengths perspective has not actually come from the disability movement, and in fact stands in contradiction to the movement's assertion that society's disablist structures need to be challenged, even if this means challenging people's core ideals about what men and women should be (see for example Keith & Morris 2006, p.108)

The second camp includes both feminist and disability rights perspectives, and in case of Jenny Morris' work encompasses both (Morris, 1993; Keith & Morris, 1996). Both of these perspectives say that although informal carers are a *viable* resource, it is not right or proper that family members should be increasingly taking that role, as families can be oppressive. Under the feminist view, female carers are often only in their role because they are victims of patriarchal structures, so that any strengths model style resilience training becomes another way to put the onus on able bodied individuals to fix their own problems and those of their family (Gray, 2010). Such critics state that carers are not taking on their role because they want to, or feel that the role is rightly theirs, but because both they and the cared for person are trapped, by society's failure to provide basic assistance for independent living:

[Informal care giving] ruins relationships between people and results in thwarted life opportunities on both sides of the caring equation (Brisenden, 1989, cited in Morris 1993, p.27).

Writing as both as feminist and an advocate of the social model of disability, Jenny Morris has argued that an analysis of the role of carers in general should highlight the unnecessary economic dependency on the family of *both* carers and people with disabilities (Morris, 1993), while an analysis of 'young carers' specifically should focus on the aspects of housing provision, schooling, social services and community attitudes that prevent disabled women from acting as 'normal' wives and mothers, and therefore create the need for young people to act as carers:

One child interviewed by Aldridge and Becker talked of how she had to stay off school in order to help her mother up and down stairs to the toilet. Her mother reported how she had applied to the council to be re-housed in a bungalow so that she wouldn't have to keep her daughter off school ... women who have grown up with [disabilities] often find that they don't have the opportunity to develop caring skills ... [one father whose wife was now in a wheelchair] 'said he had lost his wife, he hadn't got a wife who could stand beside him in the pub' (Morris, 1996, p.108).

Another pair of social model of disability writers have backed up Morris' view with research suggesting that disabled parents want nothing more than to be enabled by

society to provide a 'normal' environment for their children, including opportunities to live in a decent home, earn a decent wage and participate in family leisure activities (Olsen & Clarke, 2003). Moreover, and specifically from a Social Work perspective, writers have criticised the strengths model for ignoring the very structures of oppression, that create the need for social workers to judge and categorise situations. Van Breda (2001) suggests that social workers can take client's narratives and aspirations seriously, and encourage clients to recognise successes along the way, while recognising the possible need to firmly override a client's wishes, in order to protect a person from themselves. Similarly social workers should be aware of unequal power relationships *within* people's families and social networks. They should avoid practising in a way which encourages people to see their strengths in a caring role as a reason to take on yet more unpaid and under-valued work in their homes and communities (Gray, 2011).

Defining young carers

As mentioned above, the medical vs social model debate has been directly applied to social work practice, but the work has not yet been done to explore these dilemmas in relation to young carers' work. Nevertheless, the young carers' workers had a firm view of young carers as a tangible, long-term category requiring specific long-term intervention. They were able to directly contrast their approach with the social work view in which young carers are only identified when they are already 'at risk' and require a short term intervention which may not be specific to young carers.

The Young Carers Projects aimed to work with their young people in a holistic way and this often meant providing support that would *appear* to be suitable for all disadvantaged youth. However in reality, the holistic youth work style approach had a specific purpose for young carers, which was to stop them sacrificing their own development and opportunities in order to help their families:

Where they want to do [the caring responsibilities] or they decide to do them ... then we would work with that young person to reduce the negative impact of the caring role, and we say to them: 'you might need opportunities to explore the social life that you don't have currently so we try to set those kind of things up'. (Project manager, Town P).

In Town P there was a specific policy that trips and groups had to have a specific purpose related to the impact of the caring role rather than becoming 'a young carers' youth club'. Other projects were more in favour of having a project which *presents* to the young people as being 'just about coming out and coming and meeting other new people'. But the purpose was still to deal with issues that are specifically young carers' issues. For example, the young carers' workers in Town Y had found that young carers for people with mental health problems are highly likely to develop

mental health problems themselves. Yet, they had also found that a long time left unsupported in a caring role leaves the young person is too immersed in caring to see to their own needs. Hence services need to get involved with the young person before they become immersed at that level, even if that gives the *appearance* of unfocused work:

We work closely with the CAMHS [Child and Adolescent Mental Health Services] team with some of our young people if that's what we feel we need to do, but at the same time we might work with somebody else who might have a sibling with a disability and they might need some extra attention around certain things ... We just collectively work with the young people (Young carers' workers, Town Y – joint interview).

Unfortunately, from the perspective of young carers workers, this *appearance* that the projects were doing youth development work rather than specific young carers work was leading to them being viewed as a resource by social services. They expressed concern about the extent to which young carers' services in their area were being pulled into abandoning any genuine focus on young carers as opposed to Children in Need more generally:

As time went on it became – because of the kind of services: we do things, and come summer holidays we take the kids away – there isn't a lot a services that are available like that, so social services or parents would try and *bend the rules*. ... a younger sibling may have ADHD ... but I personally don't feel that just because you have a brother with ADHD means that you're a young carer. ... So I felt that we to a certain extent were diluting what was a 'young carer', and allowing people who perhaps were young carers to perhaps be - not pushed to one side, but their problems weren't as present. ... If I had 4 young people on the At Risk register that would mean ... putting [my] work into something that really is further and further away from young carers (Young carers worker).

The above quote from the case study area was given in the context of general misgivings that the growing association of the young carers' project with social services was eroding clients' trust, so that 'you end up in this awful position where they won't share information because they can't without everybody knowing'. However projects in other local areas had also had difficulties in getting professionals to understand that young carers need a service for their own specific needs; needs which are in a sense in conflict with those of non-carer siblings:

Professionals will ask us, 'why aren't you working with this younger one', but they're more likely, at least the ones I work with, to have complex needs. They might be accessing CAMS themselves, or maybe services, not a good school attender, and then that can be put down to 'they're not attending school because they've got caring responsibilities', but

in fact it's probably not that. ... Very often the younger sibling can be kind of [another] caring role for the [older] sibling in that situation, so that's I suppose really, [where] all the goal posts have changed. (Joint interview with young carers' workers, Town P).

There was therefore a conflict in two geographical areas over the breadth of social services inclusion criteria. However an even more serious problem came about in *all* the local authority areas when the social services sought to *exclude* people from the definition of 'young carer':

The majority of professionals refuse to acknowledge that there are young carers as young as 6, and I know there are, I've met them and I've seen them, but actually in [town] the assessment criteria is 'if the child is under 8 years old, automatically a child protection' [*Even if they're just*] loading the washing machine. ... considering that I helped them develop that system, I wasn't happy about that at all (Kate, young carers worker, case study area).

As Kate explains, the exclusion from the 'young carer' category of six year olds who genuinely carry out secondary, and occasionally even primary, caring tasks goes against the core strategy of the YCP, which is to prevent the young person becoming increasingly immersed and isolated in the caring role as they get older. Such exclusions from other organisations' definitions were even more of a problem for Pam and Anthony, who were even willing to work with four year olds who had no current caring role, if there was good reason to believe that they were at risk of taking on the 'lion's share' from a young carer older sibling at some point in the future. Meanwhile Susan (service manager, Town A) felt that the tendency of non-young specialist professionals to exclude people from the young carer category altogether if their caring role was considered wholly unacceptable also extended to carers who had disabilities themselves:

Professionals need to understand that a person in their 20s, or a 5 year old or a person who is disabled themselves can still be a carer. The sooner you can change their life course the better - the younger the person, the more solid the dreams and ambitions - and family support is the best way to do this (Field notes from interview with service manager, Town A).

The next section will present the case that the problem for social services lies in the difference in law between a 'child in need' and a 'child protection case'. In essence, the definition of neglect for child protection purposes relies on a dichotomous distinction, where the person with parental responsibility either is or is not providing 'good enough' care to the child (Booth, 2006). However, young carers' workers do not accept that young carers who have been categorised as in need of protection are fundamentally different to other young carers.

Defining care

Young carers' workers saw it as their core business to understand and support the relationship between carer and cared for, as something that could continue alongside the caring role. To be specific, even if the caring role was wholly inappropriate for the young person's development, family members could be brought closer through the experiences of caring, and that closeness could remain even if the caring role was later reduced. They were all critical of the media view of young carers as either heroes doing a great job for their families or multiply deprived victims of total exploitation. One worker termed the tendency towards the latter stereotype as 'The Cinderella Syndrome'.

Even when relationships had broken down and the cared for parent had forced the young person to leave home, Susan felt that things could be understood in terms of strains on the cared for persons parental role that had been exacerbated by the young person's caring role, rather than a deviation from the 'normal' course of parental responsibility:

We did a thing around the parents of teenagers, and they were parents who were looked after by the teenagers, so it makes it even more complicated, doesn't it. So parents of teenagers are already difficult, parents looked after by their teenagers, doubly difficult, and there was a number of them who had not been able to cope and it resulted in asking their teenagers to leave at 16/17. ... we were picking up a whole load of stuff about feelings, about having information much earlier, needing more support both as a family and as a parent. (Field notes from interview with service manager, Town A).

Susan had carried out research (report not publicly available) on parents who had ejected their child from the house when that child reached age 16, and she were clear that better support for the parents to manage the overall family dynamics would have prevented that particular set of negative outcomes. In other words, Susan did not feel that the parents were in any way acting deliberately as a form of manipulation. She did find that many young adult carers were worn down by the feeling that their caring role was 'a life sentence' and that things in their family 'had always been like this', but she did not feel that this was necessarily the fault of the parents. Moreover, she had found that the sudden advent of disability in a family with fixed, traditional roles could be just as damaging as a long term caring role in an unconventional and dysfunctional family.

Kate had experienced cases where mothers or siblings were clearly agitating against the young carer building a life of their own away from caring. But even in the most difficult cases, the dysfunctional parts of a young carers' life could be kept separate from the dealing with the direct impact of the caring role:

We used to get quite a lot of people who were young offenders as well, who were young

carers to a certain extent, but I would feel that perhaps it would be necessary to deal with offending behaviour [as] a separate issue to young carer behaviour. I don't think that I should be talking to the young carer about his offending behaviour, I think that I should be talking to the young carer about his caring for somebody (Kate, young carers' worker, case study area).

Kate felt that all professionals should be able to separate off other considerations and talk to the young carers about their caring role:

You know you can have a forthright conversation: 'how many hours caring have you done this week, how did it make you feel, are you tired, are you getting enough sleep at night (Kate, young carers' worker, town W).

However, in contrast to the young carers' projects, social services were not generally in a position to consider young carer behaviours in isolation to other aspects of the case. They had to make a judgement about whether the family was functioning adequately and in the final analysis judgments had to be made about overruling parental choice in the context of child protection, if parents would not accept help to change the situation, as Janet, the young carers' social worker in the case study area, explains:

I will refer to whoever I think is appropriate. But I have to do it with the family agreeing and the only way I can over-ride that is if it stops being a child in need and they become a child in need of protection ... But if it's not and it's a young carer who's classed as a child in need then if their family say 'no' to services then, I cannot do anything about it, I can't put the services in ... Most [parents] want you there so they're quite happy to take up whatever you offer to them – there's the odd one that's reluctant, and to be honest with you they're the ones that tend to turn into child protection, for that reason, because they're not open to the suggestion of having services (Janet, young carers social worker, town Z).

Clearly the assumption is that service refusal (a) always comes from the parent and (b) tends to be associated with an unwillingness to have anything to do with social services. However Pam and Anthony (young carers workers, town Y) had found that young adult carers could themselves be the barrier to intervention; so much so that in one case they felt that the problem could be resolved if they could only get the their clients' permission to talk to the cared for person directly. Also in Kate's account, service resistance is more understandable, since families only trust professionals with whom they have a personal relationship, and for her that meant knowing the young person at a friendly personal level:

I would sit round a conference table with 10 other professionals and I would be the only one who knew anything about [the young carer classed as in need of protection]. Like what video

games he liked playing or how he felt about his dad being in prison ... everybody's too scared to ask these questions. ... I think that's why people are suspicious, and I would be suspicious as well (Kate, young carers worker, town Z).

Kate is not disputing that the case needed to become a child protection case but she is suggesting that the separating off of child protection cases from other types of work with children leads to a loss of the means to treat the children as a 'real' child with hobbies and affiliations. Ruth, an ex-social worker and key founding player in setting up the young carers project and the young carers social worker post, also felt that social services had been forced to take a risk based view of clients, in the aftermath of the NHS and Community Care Act (NHSCCA):

[Before the NHSCCA] there were individual workers who perhaps had had similar experiences, but used to work in a slightly different way ... [After the NHSCCA] rather than old fashioned social work where you actually looked at people and their needs and actually did look at family and community perhaps, it became much more of a paper chase and conveyor belt ... [we need] to ensure that [social workers] feel free and supported in [getting communities to help each other], because it's tended to change from being a nurturing role to being a policing role, and that's quite sad (Ruth, voluntary sector manager, town Z).

In other words, Ruth felt, like Kate, that the freedom of individual workers to follow their instincts and draw on personal knowledge is key to effective work with carers. From Kate's perspective at least the partnership is unequal, because the young carers' project continues to do the nurturing work, while social services draw on their knowledge for immediate child protection purposes, but fail to learn long term lessons about preventing situations reaching the point of child protection:

We developed a specific partnership working agreement with the Young Carers Social Worker, so Social Services, and the Young Carers Connexions Advisor, so we had an actual three way written down partnership, that we would share information and be able to have a three pronged approach to supporting individuals. ... [But] we're the ones that are ... seeing the kid every week, being with them, putting up with their bad behaviour and shaping their good behaviours. You need somebody who's got that – I'm not down on social workers but ... people who matter aren't listening to what's going on. It's 'child protection, child protection', when if you'd listened 6 months before, you'd not be in that situation (Kate, young carers worker, town Z).

Again Kate is not disputing whether the cases were reaching the point where child protection status was required. But she was suggesting that the partnership with social services should have the function of preventing situations from reaching that point, rather than the young carers' project feeding into social services' management of existing child protection situations. Moreover, even if things have gone wrong and the relationship between client and social services appears to have broken, there is still something to be gained from listening to the client's account of past mistakes.

Conclusion

The above case study shows that the partnerships between young carers' projects and social services can be rendered less effective, if they are unequal in terms of who is determining the structures for listening to each other. The YCWs felt that they were being listened to when they were needed to provide information and services, but not when they were trying to make sure that past lessons were learned. The lack of a structure for listening to each other appears to have been paralleled by the lack of a structure for social workers to listen to clients, in a way that would allow them to distinguish specific client group needs (that is, young carer needs) from other needs related to disability and disadvantage within families.

The need for a critical evaluation on young carers project work is well acknowledged by both the Loughborough Group Researchers and their critics. However the above case study analysis also shows that young carers' workers need research and theory-building from a critical perspective in order to assert themselves and clarify their perspectives with other professionals. These perspectives may differ, but they will lie within certain boundaries and frameworks, and they need to be laid out in the form of a well theorised debate from within the young carers' worker profession. From there, young carers workers should be able to focus on the goal that both parties agree on, namely supporting families with young carers before they get to the stage that they need to be treated as at risk.

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