

Scrutiny for Policies, Children and Families Committee  
7 April 2017

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## **Young Carers Task and Finish Group**

Lead Member: Cllr Leigh Redman, Task and Finish Group Chairman

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Division and Local Member: All

### **1. Summary**

- 1.1. The purpose of this report is to outline for members of the Scrutiny for Policies, Children and Families Committee, the findings of the Young Carers Task and Finish Group and the Committee is invited to consider and comment on the report's recommendations.
- 1.2. The Task and Finish Group was made up of Councillors Leigh Redman and Alan Dimmick and co-opted Committee member Eileen Tipper, and the group was supported by Neil Milne and Gemma Pickford-Waugh. The Task and Finish Group are very grateful to those who have helped in their review including Young Carers themselves as well as professionals who support them.
- 1.3. The work of the Young Carers Project contributes to Somerset Children and Young People's Plan priority 1. Supporting children, families and communities to become more resilient and 7. Embedding a 'think family' approach across the workforce.

### **2. Issues for consideration**

- 2.1. We identified that the number of Young Carers the Council is aware of is only a fraction of the total; however the amount of money the known Young Carers save the Council and other services is huge. The support offered by Young Carer in Somerset helps the Council to keep care costs down and in return the Council can support and enhance the Young Carers service by building on the work already started.

The Council should work with all stakeholders (including but not exclusively - GP's, Schools, Colleges) to try and find a way to improve identification and subsequent support of Young Carers as early as possible and ensure details are passed to relevant Officers for initial contact and evaluation with a timetable for follow up if appropriate. Currently too often a lack of awareness and understanding is leading to poor or no support packages for young carers (and those they care for) and this impacts negatively on their educational outcomes.

- 2.2. **Recommendations**

Members are asked to consider the Task and Finish Group's report and support its recommendations to the Cabinet Member for Children and Families/Cabinet Member for Adult Social Care.

#### **Support from Schools**

- Each Somerset School shall have a named person to act as Young Carer Champion;
- School data collection forms should seek to identify young carers, with

support offered if appropriate and when identified passed to appropriate Council officers;

- 'Whole School' approach to young carers: information/raise awareness, assemblies, mufti days, school drop-in, extra help with homework and course work etc.
- We welcomed the pilot project (involving 4 Schools) beginning after Easter half term to highlight young carers and we suggest our successor Committee request an update report in 6 months;
- Overall Somerset's Schools and colleges should have processes in place to identify Young Carers and ensure they have access to adequate support to enable them to have the same opportunities and choices as those without caring responsibilities;
- A drive to raise the profile of young carers and the issues they face – particularly with schools and colleges and their peers, would greatly help to remove any stigma that Young Carers may feel as a result of their caring responsibilities, and enable them to discuss their needs and any problems they face without fear.

#### **Support from Adult services**

- Each Adult assessment should be used to better identify Young Carers and that the young carer is not being adversely affected by the care they provide;
- No care package shall rely on children to meet the needs of an adult;
- That Adult services, including mental health services talk to the Young Carers service and include the needs of young carers in their plans;
- That support from Adult services is timely (examples of long waiting times after referrals for support to be put in place).

#### **Support from Health**

- Work with Somerset LMC to encourage and support GPs to 'think family' when working with adults with caring needs, and recognising the role of Young Carers so appropriate referrals can be made in a timely manner;
- Public Health to take the lead to ensure clear training programmes in place for health and social care professionals (GPs, nurses, care assistants, personal assistants, social workers, nursing/care home staff) – but also in schools, for teachers and students.

#### **Support from the Council**

- A pilot linking children and adults services has made a great impact, and we recommend that this should be maintained and supported and developed by the Council to span the ages from 0 to 25, so bridging the gap between childhood and adulthood. We feel this continuation is particularly important so that the achievements and positive outcomes gained in such a short period of time are not lost;
- This would help to develop better links between children and adult services for young carers (data and officer);
- Funding for Young Carers to access social support be maintained;
- Work to identify and support more Young Carers in the future;
- Young Carers be helped to transition to College/University, without worrying about leaving the person they care for;
- A Councillor to be a Young Carer Champion.

### **3. Background**

- 3.1.** The Task and Finish Group was agreed at the Committee's meeting on 27 January 2017 following a meeting between the Director of Children's Services

and the Chairman of the Children and Families Scrutiny Committee. The focus of the task and finish group, as outlined in a scoping report, would be to review current arrangements for young carers in Somerset and provide a number of recommendations as to improvements that could be made to identify and support our young carers.

**3.2.** We found that in Somerset you are considered to be a carer if you give up your time without pay, to look after a family member, a friend, or a neighbour, who is ill, frail or has a disability. You can be a parent carer, a young carer, or care for an older person or other adult with care needs. The term 'Young Carer' refers to children and young people under 18 who provide regular and on-going care and emotional support to a family member who is physically or mentally ill, has a disability or misuses substances or other form of dependency. The term does not apply to everyday and occasional help around the home. Responsibilities can include; housework, healthcare (including administering medication), personal care, cooking and shopping, and caring for siblings.

**3.3. Data**

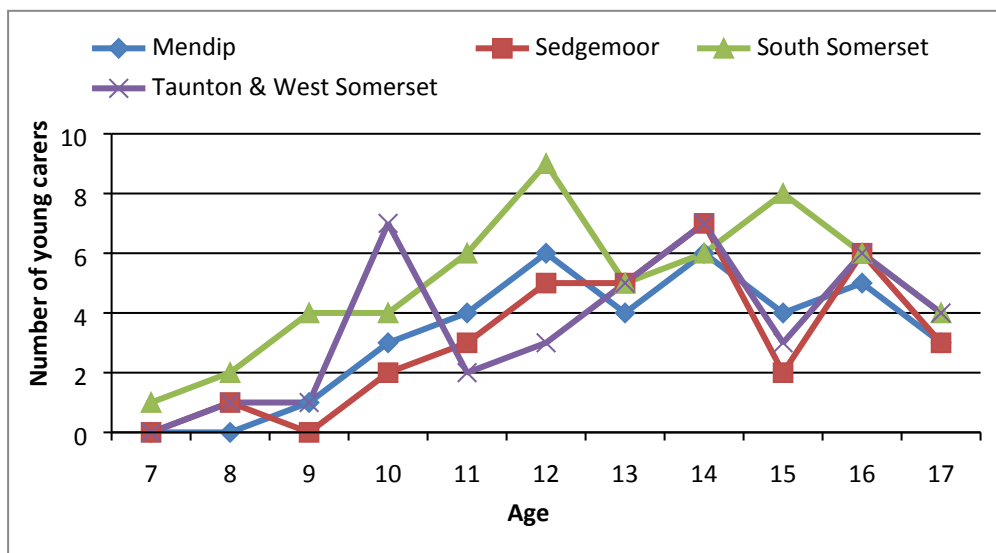
We discovered that estimating the number of people who provide unpaid care to friends, family members or others is notoriously difficult. The 2011 Census is currently the most reliable means of quantifying carers. It recorded that 3,306 people aged under 25 in Somerset identified themselves as unpaid carers (representing 2.3% of the under 25 age group, and 6% of people who identified themselves as carers).

The 2011 Census data indicated that there had been a 19% rise in unpaid carers aged 5 to 17 since 2001. Across the South West, the increase had been much higher, at 36%. Therefore if Somerset were typical of other areas across the South West, it would suggest there were around 1,750 young unpaid carers in the County.

In Somerset the anticipated value of unpaid care provided by all ages was £535m in 2001, £1,016m in 2011, and £1,101m in 2015 (Valuing Carers 2015). Based on carers under the age of 25 being 6% of the caring population in the 2011 census and adjusting for the differences in the number of unpaid hours provided by young carers compared to carers, we can very loosely extrapolate that between £14m and £29m of unpaid care may have been provided in Somerset by Young Carers & Young Adult Carers in 2015.

We noted that the Young Carers Project is currently open to 164 young carers, the majority being over 12years as the table below shows.

Age	7	8	9	10	11	12	13	14	15	16	17
N#	1	4	6	16	15	23	19	26	17	23	14



We found that 59.39% of the young carers open to the Young Carers Project are female and 40.61% were male, a split that is slightly higher for females than the population as a whole (51% female / 49% male). Of that cohort a total of 4.7% were from an ethnic minority, compared to 6% of the Somerset population.

We wanted to know how Young Carers were identified and we noted that from January 2017, the Young Carers Project have had 40 referrals;

- 9 were referred by Parent & Family Support Advisers (PFSAs),
- 8 by children's social care,
- 6 by adult social care,
- 5 by schools,
- 3 by child & adolescent mental health service,
- 3 by parents,
- 2 by children with disabilities team,
- 2 by the ambulance service,
- 2 by getset.

129 young carers were in school years 3-11, of those 58 (45%) were attending school less than 90% of the time and we also found that **no young carer has the benefit of a 100% attendance at school**. 6 of the school age young carers had no attendance data recorded because they were home schooled.

We were also mindful of Troubled Families and the information showed that 133 households with young carers were identified as households with worklessness or financial exclusion (81.6%).

The Somerset Children & Young People's Health and Wellbeing Survey in 2016 asked young people, in school years 8 and 10, for their views regarding healthy eating, safety, emotional wellbeing and leisure time. The overall data was then analysed to compare it with those who identified themselves as a Young Carer. This represented 180 responses from Young Carers being considered against the 3428 responses from their peers.

There were many significant differences, some key ones being:

- More likely to report a medium or low score to describe their self-esteem, when things go wrong they are more likely to get upset and feel bad for ages.

- More likely to say they have been bullied at or near school in the last 12 months, they may feel afraid of going to school because of this.
- More likely to be exposed to smoking at home or in the car, and are more likely to have smoked themselves.
- More likely to have free school meals, not have had anything to eat or drink for breakfast on the day of the survey, and also want to lose weight and think they are being bullied because of their weight.

#### 4. Consultations undertaken and Fact finding

- 4.1. Prior to its initial scoping meeting, the Task and Finish Group had been provided with a number of documents and sources of information from which to brief themselves in greater detail on the topic. These included details of the relevant sections of the Children and Families Act 2014 that set out that Local authorities must assess whether young carers in their area have support needs and, if so, what those needs are, and also the Care Act 2014 which directed that LA's must take a whole family approach to assessing and supporting adults so that young carer's needs are identified when undertaking an adult or adult carer's needs assessment.

At the scoping meeting it was agreed in an attempt to obtain as full a picture as possible in reviewing current arrangements for Young Carers in Somerset to speak with a range of service users and providers. The group agreed it would be beneficial to be able to speak with young carers, a young adult who had been/ was a carer (transition stage), and officers that provided services, and also parent carers.

The task and finish group also agreed it would be beneficial to ask all of the different people involved in this area the same broadly similar set of questions and to enquire as to what they as service users or providers regarded as working well and what they might like to see change.

#### 4.2. Meeting with Young Carers

On 16 February 2017, following the scoping meeting, the Task and Finish Group met with 8 children of the Young Carers Forum at the New Prospects building in Bridgwater. We spoke with the young carers to understand how they had first heard about the Young Carers Project, and also their experiences of how other different service areas such as Schools, G.P's and Adult Social Care reflected their role as a Young Carer.

What we found as a common theme from the Young Carers was despite a plethora of policies and guidance documents both nationally and locally, in practical terms there appeared to be **little and no consistency of approach**. It was clear that the **process of identifying Young Carers was not simple and user friendly**. Once identified their also appeared to be a variety of approaches from Schools and also G.P's in how help/support was offered **if at all**. Also the Young Carers relayed that there did not appear to be much linkage between different services (Health, Adult social care, and Mental health services).

Our conclusions were that Young Carers need to be identified and supported, so that they can achieve the same life opportunities as their peers. It has to be noted that with the existing team great strides are being made in Somerset within a context of increasingly limited resources, to address the needs of Young

Carers and provide them with support and activities, but more needs to be done. Schools and colleges should have processes in place to identify Young Carers and ensure they have access to adequate support to enable them to have the same opportunities and choices as those without caring responsibilities. Young Carers need to be able to influence and help shape the support and services available to them. There is a need to raise the profile of young carers and the issues they face – particularly with schools and colleges and their peers, and work to remove any stigma that Young Carers may feel as a result of their caring responsibilities, and enable them to discuss their needs and any problems they face without fear.

#### **4.3. Meeting with Young Carer Professionals**

On 2 March 2017, the Task and Finish Group met with Dave Willis & Wendy Jenner Young Carer professionals; Nigel Gregory & Rachel Wren – Young Carers Transition Workers; and Fiona Moir from Public Health.

The Young Carers Project is working with 200 young people at any one time, last year there were 113 referrals to the service. A Task and Finish Group is being set up in May to develop ways to increase identification. The service assesses the Young Carers needs in terms of their caring role and identifies how it can be reduced. Provision is supplied by a mixture of 1:1 support, groups and counselling. This work is overseen by the Young Carers Forum which gives young people a chance to have a voice in how the services meet their needs. The largest offer from the Young Carers Project is respite in the form of 8 groups that run fortnightly (4 juniors and 4 seniors). 144 sessions were delivered last year with an attendance rate of 80% (higher than neighbouring authorities). Other activities are run during the holiday, some leisure and some to help with their caring role (e.g. first aid). Trips and Activities are funded by the Friends of Somerset Young Carers charity.

The biggest threat to the service is if adult social care and adult mental health are only focussed on short pieces of casework that don't focus on reducing young carers' care role then the Young Carers will become more invisible; increasing vulnerability and their outcomes will only get worse. Young Carers aren't included enough, or even identified, when being assessed by adult social care or mental health services.

The Young Carers Transitions Workers pilot has had an impact on identification of Young Carers through utilising college admissions data, and this now ensures learning support is put in place for Young Carers. The Young Carers Project intervention workers now have links with the colleges which is working well. Assessments are completed depending on which is most relevant between a young carers assessment and adult social care assessment. There are concerns however that the new adult social care assessments invite inappropriate caring from children and young people by embedding them into a caring role for life due to the focus on using existing support networks first.

After discussing the issues faced by the professional we reflected that that some positive steps and progress had been made by the Council in addressing the issues young people face through the transition to adulthood, when they reach age of 18 and find that their support arrangements change. The Task and Finish Group was particularly impressed with the fact that a pilot linking children and adults services has made a great impact, and we recommend that this should be maintained and supported and developed by the Council to span the ages from 0

to 25, so bridging the gap between childhood and adulthood. We felt it particularly important that the achievements and positive outcomes gained in such a short period of time not be lost.

#### **4.4. Meeting with Public Health**

Following the differences identified in the Somerset Children & Young People's Health and Wellbeing Survey the issues for Young Carers in schools are being revisited by Public Health, particularly for those groups where there is a crossover between vulnerabilities e.g. Young Carers being more likely to access Free School Meals and more prone to adults smoking at home.

We discussed this and a range of issues and our overall conclusion was the great advantage that can be obtained by working better together, inasmuch as the Council can achieve more by working with other agencies. We believe the key to improving support for carers is through greater partnership working. There appears to be some good work going on across Somerset to support carers; but more will be needed to underpin prevention and wellbeing agendas.

We are of course very mindful (in our role as a time limited Task and Finish Group) about the financial, demographic and legislative pressures on all organisations that can make providing additional support or services difficult. However we believe that a big difference could be made if organisations worked together more – by providing joined-up services that pool resources, skills and expertise and share ideas and best practice, to reduce duplication and costs; by adopting a 'whole-family approach' in relation to health and social care customers, to recognise the support provided by carers, ensuring that both the cared-for and the carer are signposted to the support available and by the Council being pro-active in addressing barriers to data sharing between the NHS and other local Councils and agencies.

We noted, that Public Health had produced a toolkit (with 10 steps) for schools to use to identify Young Carers, suggestions of what can be done (staff awareness raising e.g. secretaries), and some of the issues that may crop up (e.g. young people needing to call home, not completing homework) and raise awareness amongst teachers. The toolkit itself seemed cumbersome and this might have contributed to a lack of its awareness and/or use by Schools across Somerset.

Overall we felt that the absence of a unified approach was exacerbated as it was recognised that young people don't recognise the amount of help they give for adults with mental health problems and so they remain below the radar. Better links and connections for young carers between different agencies would help to raise the overall profile and ensure more consistent approach.

#### **4.5. Meeting with Somerset Parent Carer Forum**

On 2nd March 2017, the Task and Finish Group met with Ruth Hobbs and Claire David. The Somerset Parent Carer Forum work with families with children who have additional needs, often the sibling also becomes a carer and so they signpost them to the Young Carers Project. Many of the Young Carers however don't identify themselves as a Young Carer; that their caring role fits with their brother/sister role. Provision of more sibling groups may help identify more Young Carers as they are more likely to identify themselves as a sibling of someone with additional needs than a carer of someone with additional needs. There need to be more opportunities for the young people to just be young people, not necessarily to sit around talking about being a young carer.

Having met with the Parent Carer Forum it was clear to us that better training has the potential to help improve awareness and understanding of, and support for, carers. But it is also needed to help carers themselves (e.g. training in manual handling). The task and finish group would like to see clear training programmes in place for health and social care professionals (GPs, nurses, care assistants, personal assistants, social workers, nursing/care home staff) – but also in schools, for teachers and students.

The overall problem was that currently too often a lack of awareness and understanding is leading to poor or no support packages for carers (and those they care for) and this impacts negatively on their educational outcomes. When considered against the support offered by Young Carers in Somerset and how this helped the Council to keep care costs down and we felt the Council should in return do more to support and enhance the Young Carers service by building on the work already started.

#### **4.6. Meeting with Young Adult Carer**

Eillean Tipper met with two Young Adult Carers and their transitions support worker Nigel Gregory on 31<sup>st</sup> March to understand in hindsight what support was valued and how this could be improved, and also to understand the transition experience.

The young adults' experiences reflected the conversations that had taken place with young carers. The support received from schools was limited, they had identified their role of young carer but there was no action following this. It would have been helpful to have had more flexible deadlines and an understanding of the role of a young carer during a crisis resulting in the option to take time out during a crisis if necessary. Support was more visible for one of the young adults in college as identification happened during the application process, and an identified contact was allocated who provided support as and when throughout the course.

Both young adult carers had experienced difficulty navigating the benefits system, both on behalf of their parents and for themselves. There was a lack of knowledge of what benefits were appropriate and how to access them, resulting in not accessing everything they were entitled to and facing for example rent arrears. This also made it difficult to purchase the County Ticket bus pass to enable accessing college. The support worker helped to navigate and this, along with putting in place appropriate care, enabled one of the young adults to attend university knowing that their mum had support.

It was clear that both young adult carers have aspirations of their own and were keen to continue their education (one is at university and one is at college), but this is only possible where appropriate support is put in place for the people they care for. The support worker was key to navigating and negotiating access to this support, they were seen as a 'fixer'.

## **5. Background papers**

- 5.1.** Scoping report to 27 January 2017 committee meeting;  
Notes of initial meeting of the Task & Finish group – 2 February;  
Notes of T&F meeting with Young Carers – 15 February;



Notes of T&F meeting with Young Carers Professionals – 2 March;  
Notes of T&F meeting with Young Adult Carers – 31 March 2017;  
The Somerset Children & Young People's Health & Wellbeing Survey (2016)  
Transition Interim Report (2016);  
Somerset's Commitment to Carers (2016);  
Adult Social Care Young Carers Policy (2016);  
Valuing Carers 2015 – the rising value of carers' support. Research report by  
Carers UK;  
Chilton Trinity Young carers Charter.

**Note:** For sight of individual background papers please contact the report author.