

Agenda Item No: 7(k)

DERBYSHIRE COUNTY COUNCIL

CABINET

28 July 2015

**Report of the Strategic Director for
Children & Younger Adults**

**Proposed Further Consultation on Meeting the Needs of Young
Carers in Derbyshire (Children and Young People)**

1. Purpose of Report

1. To inform Cabinet of the findings of the 'Stage 1' Young Carer Consultation on what services young carers and their families would find beneficial.
2. To note that the Stage 1 consultation has informed the proposals which form the basis of the second stage consultation proposed in the report.
3. To note that the information gathered in the first stage process supports the requirement in the Children and Families Act to take reasonable steps to identify the extent to which there are young carers within their area who have needs for support.

2. Information and Analysis

On 1 January 2015, Cabinet commissioned a Stage 1 consultation; this being a consultation to inform future service provision to young carers in the context of new legislative requirements introduced in the Children and Families Act 2014, Care Act 2014 and a challenging public sector financial environment. The consultation closed on 4 May 2015.

In 1996, Derbyshire County Council commissioned Action for Children to deliver young carer services. It has successfully tendered for and delivered the contract over initially part of and subsequently the entire county from 1996. The annual cost to

Derbyshire County Council is £115,000. The Clinical Commissioning Groups contribute an additional £35,000 per annum, but in the last two financial years have contributed an additional £10,000 resulting in an annual contract value of £160,000 per annum. Action for Children through locally raised cash or “in kind” donations contributes on average an additional £13,000 per annum to the service area.

The terms of the contract allow for an extension up to 31 March 2017. For 2015/16 the young carers’ contract will provide a service to 160 young carers per annum. It consists of assessment, one to one and group support, family days, and inter-agency liaison on behalf of young carers. In addition, Multi-Agency Teams, Children and Families Social Care teams, CAYA’s commissioned domestic abuse services and Adult Social Care contribute to the landscape of young carer provision.

Headline Findings from the Stage 1 Young Carer Consultation

36 young carers and 19 parents of young carers responded to the on line consultation questionnaire. In addition four telephone interviews with parents of young carers were conducted, two home visits were made to interview parents with complex needs alongside their young carers, and two different target population focus groups were conducted comprising five young carers and separately a group of multidisciplinary/agency professional stakeholders.

Caution is expressed as the consultation sample size is small. However, those who did respond are overwhelmingly in the age group national research found to contain the highest volumes of young carers, and also the age group undertaking the greatest volumes of care. Only 3% of the sample was aged 16 or over reflecting that prior to 1 April 2015 the application of the title young carer ceased at age 16.

Who do Young Carers Care for?

Many young carers care for more than one person, and work across more than one care task area. Young carer questionnaire respondents said the greatest care needs addressed by them were for adults in a parenting capacity (67%) who had a physical disability (75%), followed by adults with a mental health need (39%), or a learning difficulty (30%). Some

of these adults will have needs across more than one domain. 43% said they cared for siblings primarily because the adult was unable to provide sufficient care and 11% cared for more than one sibling. No young carer respondent acknowledged an adult with substance misuse or an adult with English as a second language. A very small percentage reported caring connected to sensory impairment and domestic abuse. Parents' responses were broadly similar, although a slightly higher number acknowledged a mental health or learning need, one respondent acknowledged age associated frailty and a second a substance misuse habit.

What Tasks and Roles do Young Carers Undertake?

71% said they did practical household chores such as cooking, housework or shopping. 68% provided emotional support described as 'being there' for someone who has physical, mental health or learning need or is very sad. Over 38% of respondents were providing personal care such as dressing, washing, toileting. 38% of respondents supported health care tasks such as accompanying others to medical appointments, collecting prescriptions or ensuring medicines are consumed. Physical care tasks such as lifting, helping on stairs or physiotherapy were undertaken by 33% of respondents. 8% supported with communication. The parent questionnaire responses were again broadly similar.

Time Commitment

At 57% the biggest proportion of questionnaire respondents said they committed between 5 and 15 hours per week, and a further 6% said they committed up to 30 hours per week. 15% reported doing 30 hours of care or more per week, whilst 6% told us they committed more than 50 hours per week to caring. Only 17% of respondents said they committed less than 5 hours a week to their caring role. Parents' responses were again very broadly similar.

Derbyshire Stage 1 Consultation Findings Compared to National Research Findings

Three primary pieces of research are brought together in the influential Children's Society report '*Hidden from View - the experiences of young carers in England*'. It reports from the Longitudinal Survey of Young People in England (LYPSE), the 2013 National Census, and robust longitudinal academic

research conducted over years by the acknowledged national young carers' expert, Dr Saul Becker. The longevity and range of research has allowed cross-referencing of data and also the ability to identify national trends that one presumes are replicated in Derbyshire.

36% of our questionnaire respondents were aged 10 to 14 and 11% were aged 15. The respondent age group is close to the national census young carer age profile report of 41% and 13% respectively. The 2011 census identified 33% of young carers are aged 16 or 17. Derbyshire's consultation to date has not elicited views from this age group, most probably because until 1 April 2015 Derbyshire did not recognise this age group as young carers or commission services for it. The questionnaire elicited a disproportionate number of responses from 5 to 9 year olds though the actual number was small, at just 13 in total.

Most research over the years has found that parents make up the greatest percentage of those who receive care and support from young carers at around 66%. 31% care for sibling/s and a further 3% for grandparent/s. 10% of young carers care for two or more people at the same time. Derbyshire's questionnaire sample found that 67% cared for a parent, 43% cared for at least one sibling, and 9% cared for grandparent/s. However, the Longitudinal Study of Young People in England (LSYPE) found that 51% of young carers support siblings, that 12% support a grandparent, and that only 28% support a parent. The percentage discrepancy may be attributable to young people who provide care but are under the radar of services and are more likely to be caring for siblings. The Derbyshire Stage 1 consultation respondents appear to straddle the middle ground between the two profiles.

Where the Derbyshire consultation returns differ from national LYPSE data is in the volume of care provided.

Young Carer Time Commitment based on LYPSE study time divisions	Estimated Number of Derbyshire Young Carers Aged 5 to 18 years. Sourced from the National Carers Association use of the 2013 National Census Return	Percentage of total	Stage 1 consultation questionnaire sample
up to 5 hours per week	1019	62%	18%
5 to 15 hours per week	493	30%	57%
15 to 30 hours per week	82	5%	6%
30 hours plus per week	49	3%	21%

Total	1,643	100%	100%
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Stage 1 consultation respondents deliver care at the higher volume end. This variance reflects that 60% of young carer respondents were in receipt of an Action for Children service, 23% a CAYA MAT or social work service, and that 26% live in a household supported by a paid carer. Some respondents lived in a household in receipt of more than one service. The profile of services received indicates that the young carer questionnaire respondents live in households with needs capable of attracting targeted and specialist services.

Action for Children 2014/15 contract performance data tells us that 60% of its service users live in the most deprived deciles 1 to 3 (Derbyshire county profile for children and families is 31%), 91% live in a household attracting Disability Living Allowance (county children and families profile 7.4%), 77% live in a household claiming Employment Seekers Allowance (county children and families profile 4.6%), and that 57% live in a single parent household (county children and families profile 22%).

Therefore despite only receiving 36 questionnaire returns from young carers, it is argued that the young carer respondents have extensive caring experience in that 49% had been caring for between 3 and 5 years, and further 20% had been caring for as long as they could remember. The sample also has experiential knowledge of current services, and caring at high volumes in challenging economic and structural circumstances.

What Did Young Carer Questionnaire Respondents Ask of Future Service Provision?

A feeling of time pressure is strongly indicated in young carer responses. 54% asked for more time or space to be made available to do homework. 43% wanted someone in school to help them plan how to manage their caring role alongside school expectations, 32% wanted understanding from their siblings' school that life can be challenging and support is required, while 25% wanted to get to school on time and regularly. 94% of parents said understanding of difficult circumstances and support from school/s was required.

Only 29% of young carers felt that good careers advice at 16 and 18 was important. This low figure may reflect the lower age of some respondents, but is also indicative of low aspirations and school disengagement in the national young carer

population group. Nationally young carers achieve nine grades below peers at GCSE level, have a one in three chance of becoming NEET compared to a national figure of 1 in 4 (2013 data), and are more likely to enter into low skilled work such as sales, customer services or personal services such as care roles. 9% of young carer questionnaire respondents said they had a disability. National research informs there is a 1.5 times greater prevalence of disability amongst the young carer population than the national generic children and younger adult population as a whole. 67% of parent respondents said the young carers help would be required for 'some years', and 20% said young carer support would be required up to their turning 18 years of age. Only one parent acknowledged their young carer would transition into becoming an adult carer. Only 24% or 4 out of 19 parents said that they wanted someone to explain to their young carers their adult career choices at age 16 or 18 so 'they don't miss out on any chances to improve their future'. Low aspirations in the consultation sample population reflect actual young carer national life outcomes

Young carers asked for an increase in 'joy'. 68% requested fun days with their family, 62% hoped for time to play, socialise or hang out with friends, and 42% wanted to take up a regular club or hobby. 33% and 43% dependent on the phrasing of two different questions asked for a sitting service so they could have carers break or go out of the house. Only 26% of parents answered positively to a sitting service, but over 94% wanted both more fun days and for young carers to meet with each other. The discrepancy in the sitting service may reflect parents rating their ability to self-manage for a period more highly than their young carers do, or reflect an unwillingness to accept a sitter given only 26% of respondents asked for a sitting service to enable the young carer to have a break or go out.

Not feeling safe was apparent in many young carer responses. The more obvious ones were 45% wanted someone to help them make a safety plan incorporating who to contact and what to do "if it all goes wrong". The parents' percentage response to this was 67% perhaps indicating they themselves feel unsafe or worry for their child/ren should they become unavailable through illness. 64% wanted someone to talk for the family so they got the help they needed, 40% wanted someone to answer questions and provide useful information, 33% wanted the purpose of prescribed medicines explaining, and 33% wanted help to show them how to care more effectively.

Help with processing feelings featured strongly in responses. 59% of young carers wanted help to understand their feelings, with 34% stating they felt 'sad'. 78% of parents acknowledged feelings work was required. 42% of young carers asked for someone to help them explain their feelings to their family and 31% wanted an adult outside the family to support them. 79% wanted to regularly meet other young carers at organised group events.

The percentage wanting help with caring tasks was lower, though still requested by some young carers. 20% or 6 young carers wanted someone to replace some of the care provided and 23% wanted equipment to make caring easier. 28% wanted the person cared for to be persuaded to accept help to make the life of the cared better, and 12% asked for the same but to make the young carers own life better.

4 parents did not answer 'What would help your young carer in their caring role?' Of the 15 who answered, 27% or 4 parents wanted help for their young carer with care tasks, yet only 2 of the 19 adult respondents said they are in receipt of home care services, 1 purchases extra care and 2 out of a total of 4 parents said they had sought but been refused adult care home support. However 14 report a disability affecting movement, and over 50% of all parents report receiving young carer help across both personal care and practical household tasks. In response to the question 'Who else helps your young carer?' 74% or 14 parents responded another parent and 10% or 2 families get help from a grandparent. These responses give rise to concern, given the volume of young carers open to Action for Children who live in a single parent deprived post code household, in receipt of DLA.

What Are Young Carers' Preferred Routes Into Service?

Young carers were asked where they would make enquiries about help for themselves. Unsurprisingly young carers found people they are already in contact with the easiest to approach. Aside from relatives (55%) significant others were a teacher (30%) and people who already come to the house to help (24%). Cold-calling into DCC children and families outlets or telephoning call centres were all below 7%, but web searching was at 15%.

55% of parents said they would seek help from a charity providing a young carers service. Interestingly 50% or 9 parents said they would approach their GP, but only 6% or 2 young carer

respondents said they approach their family doctor. In 2013/14 Action for Children received 1 referral from a GP practice, and 1 from adult mental health. There were however 19 referrals across health personnel in total including school nursing. Aside from their GP, parents also felt most comfortable approaching individuals already known to them such as a professional already providing support at home (50%) or a teacher. Only 1 parent said s/he would seek help from Call Derbyshire, but three parents said they would personally visit a local children and families outlet to seek help.

Who Do Young Carers Tell Us They Will Accept Help From

Parents and young carers were asked which service provider young carers would be willing to accept help from. 13 parents (72%) answered DCC CAYA services, and 12 (67%) parents answered a charity or similar delivering young carer services. Some parents answered yes to both providers. Seven parents or 39% felt their young carer would accept help from a school staff member. Amongst young carers 23 (72%) answered a charity or similar providing a young carers service, and 18 or 57% answered DCC CAYA services. Once again some answered 'yes' to both options.

It appears that DCC CAYA services are an acceptable provider to many young carers, but formal self-referral pathways into CAYA present a self-referral customer barrier. However, it is noteworthy that in 2014/15 only 14 self-referrals were made to Action for Children by young carers or their families. The remaining 117 young carer referrals were made by multidisciplinary colleagues.

Personal Interviews

The personal interviews demonstrated the complexities of supporting young carers in families whose composite needs cross housing, occupational health, benefits agencies, adult care, personal support and education. Both interviews elicited that the young carers and the adult found systems challenging to understand, negotiate and elicit services from either at all or in a timely manner that met their own self-identified needs. The households visited were physically and financially challenged, and one household was under particular stress as it was disconnected from all community support, the young carer had disabilities of his own, and some low but persistent bullying by the local community was reported.

Telephone Consultations with Parents

The key benefits and concerns around current Derbyshire services are:

1. the very process of assessment allows a young person to 'open up' in a structured manner;
2. liaising with school on behalf of parents/young carers (although some schools are more receptive than others to advocacy and guidance);
3. welfare benefits checks;
4. signposting and referrals into relevant partner services;
5. peer support groups with other young carers;
6. holiday activities were valued, but concern was expressed that the progression move from monthly group work to school holiday groups effectively cut support from 12 group sessions per annum to six;
7. concern was expressed that support by Action for Children was time limited per se,
8. two family incomers to Derbyshire advised that in their previous authorities schools operated young carers support groups, and personal budgets to support young carers had been available.

Stakeholder Focus Groups

A. The Young Carer Focus Group

All the young carers reported accessing school trips via free school meals eligibility. The majority said any school mentoring provided focused solely on educational performance to the total exclusion of support around a challenging home life. Most wanted support around overcoming barriers to enable them to access a social life.

All focus group members reported unhappiness that support from Action for Children was time limited given that none foresaw their young carer responsibilities ceasing in the near future. They valued meeting other young carers in an organised group, and personal one to one support delivered through the assessment process.

B. Professional Stakeholder Group

The professional stakeholder group was comprised of representatives from the DCC Adult Care stakeholder engagement team, Adult Care carer commissioning team, CAYA commissioning team, Action for Children young carer service, the education improvement service and adult mental health services. These professionals said there should be a focus on:

1. individual work;
2. group work should focus on topics of concern regularly expressed by young carers such as lifting and handling, feeling safe, specialist speakers on common conditions, the impact of commonly prescribed prescription drugs;
3. relevant provider staff to receive regular and quality updated welfare benefits training.

Areas to consider incorporating into revised School Guidance were:

1. utilisation of pupil premium (Central Government may extend to all young carers, but many already qualify);
2. school planning to support balancing school requirements with home commitments;
3. prioritising access to a positive after school activity;
4. a choice of staff member to provide pastoral support,
5. liaison with schools educating siblings in other schools.

Outstanding areas of work were identified as:

1. a transitions protocol for young carers into Adult Social Care (in progress);
2. enhanced young carers careers and further education guidance (in progress);
3. a protocol for working across CAYA/Adult Social Care (in progress),
4. a young carers champion in each geographical area in both CAYA and Adult Social Care (in progress).

Proposed Stage 2 Consultation

Cabinet is invited to approve a Stage 2 Consultation with service users and professional stakeholders, to be conducted between 24 August and 19 October 2015. The consultation will present for confirmation the service components identified as requested or required in the Stage 1 consultation, and particularly seek the

views of 17 and 18 year old carers. In summary the proposed services are:

1. group work that provides young carers with peer support;
2. one to one support focusing particularly on the exploration of and expression of feelings;
3. liaison with schools to promote increased support for students experiencing the combination of home and school demands as complex;
4. facilitating access to community social activities;
5. the direct provision of some 'fun' opportunities;
6. sourcing relevant information on such topics as health and safety, with parental consent sourcing knowledge on medical conditions and treatment regimes;
7. maximising family access to welfare benefits;
8. the Needs Assessment tells us that young carers require enhanced careers advice, and identifying and effectively transitioning into young adult carer support services at 17 years old. Stage 1 indicated that young carers and their families do not however see either as a priority, though this may be partly attributable to the very limited response from young carers aged 16 or over;
9. that young carers are all referred into Starting Point and triaged into the relevant tier of the Early Help Assessment process,
10. that the Early Help Assessment and review processes determine from which service support is sourced from, and the duration of that support.

The Stage 2 consultation will be conducted through:

1. individual interviews with those young carers and families who expressed a willingness at Stage 1 to engage in further consultation;
2. a second service user focus group,

3. engagement with multi-agency and multi-disciplinary colleagues at the scheduled Derbyshire Young Carer Summit that was being held on 27 July 2015.

As explained in the legal considerations the Local Authority has a duty to conduct individual assessments of young carers. Whilst the services which are agreed, following consultation, would form the basis of support to be offered to young carers following their individual assessments there is a continuing duty on the authority to consider any other support which may be required.

3. Financial Considerations

The young carers' contract has already been extended from 1 April 2015 to 31 March 2016 at a cost to DCC of £115,000, which will continue to be met from CAYA's revenue budget. Clinical Commissioning Groups will contribute a further £45,000.

A report will be presented to Cabinet in due course about the service delivery arrangements after the end of the current contract period.

4. Legal and Human Rights Considerations

Under the Children Act 1989, as amended by the Children and Families Act 2014, a local authority must take reasonable steps to identify the extent to which there are young carers within their area who have needs for support and assess whether an individual young carer requires support. In carrying out an assessment the local authority must involve the young carer, the young carer's parents and any other person identified by the young person. The local authority must then consider what support is appropriate.

The Council has a duty to conduct appropriate consultation with people and agencies that may be affected by changes in policy and procedure. The consultation process should be tailored to consider the needs of the persons being consulted to enable them to participate fully and equally in this process.

5. Equality Consideration

An Equality Impact Assessment will be undertaken in order that the Council may have regard to its human rights obligations when making a final decision in the light of the consultation process. In addition to young carers it will be necessary to

consider the impact of any changes on the adults and siblings cared for by the Derbyshire young carer population.

6. Other Considerations

In preparing this report the relevance of the following factors has been considered: prevention of crime and disorder, HR, environmental, health, property and transport considerations.

7. Background Papers

Proposed Stage 1 Consultation on Meeting the Needs of Young Carers in Derbyshire (Children and Young People) dated 20 January 2015.

8. Key Decision

No

9. Is it required that the Call-In period be waived?

No.

10. Strategic Director's Recommendations

That Cabinet approval is given to:

- 10.1 Conduct a Stage 2 Young Carer Consultation between 24 August and 19 October 2015
- 10.2 Receive an Equality Impact Assessment
- 10.3 Receive a further report on the findings of the Stage 2 consultation
- 10.4 Receive a further report recommending how services should be provided to young carers and their families from 1 April 2016.

Ian Johnson, Strategic Director for Children & Younger Adults