

Family and People Services Policy & Scrutiny Committee

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Title:	Support for Young Carers in Westminster
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Cabinet Member Portfolio:	Family Services and Public Health
Wards Involved:	All
Policy Context:	Thriving Communities

1. Executive Summary

1.1. This report provides an overview of the support for young carers that is provided in Westminster. In the report we will: provide a definition of a young carer; outline our legal responsibilities to young carers; explore the methods of identification for this cohort; explain our assessment process and show what support we are offering to young carers in Westminster.

2. The definition of a young carer

2.1. A young carer is defined as 'a person under 18 who provides care for another person of any age, who may be physically or mentally ill, elderly, frail, disabled or who misuses alcohol or other substances', (Children and Families Act 2014 Section 96). A young carer becomes vulnerable when their caring role impacts upon their emotional or physical well-being and their prospects in education and life. Some are not only losing their childhoods, they are also missing out on vital school and training. This will have a negative impact on the rest of their lives.

2.2. The Children's Society (2013) analysis of young carers, who took part in a Longitudinal Study, found that they are:

- one and a half times more likely to have a special educational need or long-standing illness or disability.
- one in 12 are caring for more than 15 hours a week.
- more likely to miss school and tend to have significantly lower educational attainment at GCSE level.
- more than one and a half times as likely to be from black, Asian or minority ethnic communities and are twice as likely to not speak English as their first language.
- more likely than the national average to be not in education employment or training after leaving school.

2.3. The Children's Commissioner has put a spotlight on Young Carers and has published - *Young Carers, The Support provided to Young Carers in England* (December 2016). The data gathered for this report has highlighted considerable variability in the execution of statutory duties. As a part of this report, young carers identified four areas of support as being particularly important for them. These are:

- To be able to be a child;
- To be listened to and to have their views taken into account;
- To have someone they can talk to;
- For professionals to be aware and understand them.

3. Legal responsibilities

3.1. The regulatory environment has changed in recent years. Changes to the Care Act in 2014 and to the Children and Families Act in 2014 (and again in 2015) have extended and specified further the requirement for Local Authorities to assess young carers' needs for support.

3.2. The 2014 amendment to the Children and Families Act imposed a duty on Local Authorities to assess whether young carers in their area have needs for support and, if so, to assess what those needs are. Previously, a young carer had to request such an assessment; this amendment requires Local Authorities to carry out an assessment of a young carer's needs for support on request or on the appearance of need.

3.3. The Young Carers (Needs Assessments) Regulations 2015 (2015 amendment to the Children and Families Act) provide further detail about how Local Authorities must carry out the aforementioned duty.

3.4. The changes to the Care Act in 2014, although relating mostly to Adult Carers, also require Local Authorities to look at family circumstances when assessing an adult's need for care. New rules were introduced for working with young carers in order to plan an effective and timely move to adult care and support.

4. Prevalence and identification

4.1. The identification of young carers is fraught with challenges and this complicates the estimation of the number across the country. The 2011 Census asked respondents questions about caring responsibilities. 'Young unpaid carers' were defined as those aged 5 – 17 years old providing some level of unpaid care. Using this definition, there were 166,363 young people in this category, an increase of nearly 20% (from 139,188) in 2001. These census figures are based on self-identification by young carers and their families, many of whom may not recognise their caring responsibilities. In 2010 the BBC suggested a figure of 700,000 based on a survey of 4,029 children in 10 UK secondary schools. The actual figure nationally remains unknown.

4.2. The 2011 Census recorded 1588 young carers aged under 24 years in Westminster. This is a 19% increase in young carers since the 2001 census. It is difficult to get a true reflection of the exact numbers of Young Carers (aged under 18) because of the age range used in the Census (up to 24).

4.3. In Westminster, as in other Local Authority areas, we are dependent on schools, Police, GPs and other agencies to identify young carers. Our experience is that often a referral will be received for a related issue, like school attendance, and an assessment will highlight that the young person is a young carer. However, it is important to note that our Short Breaks team support 550 families and, by default, non-disabled siblings are likely to take on some level of caring. The issues these siblings face are varied. They include: not spending time with their parent alone; having to learn to fend for themselves earlier than would be expected and being a second pair of hands supporting parents with their siblings' practical care.

5. Assessment

5.1. In Westminster, all young people referred as young carers, (or where referred through another route and subsequently identified as a carer) are assessed to determine the level of one-to one support needed and to inform a Family Plan. Staff use additional specialist questionnaires that are designed to fully assess the extent of caring responsibilities. There is an agreement that practitioners can contact Adult Social Care or the Disabled Children's Team to enquire as to whether they are working with a parent or sibling and to request a whole family approach to assessments.

6. Support

6.1. Family services link young carers into a range of activities that our services work closely with through the Family Hub model. These are:

6.1.1. The local charity *Dream Arts* runs *Carer's Express*, a group programme with a therapeutic arts approach for young people aged 11-19 who give emotional

and/or practical support to a loved one. *Carer's Express* takes place primarily over the school holidays. It involves creative workshops at galleries, museums and other cultural hubs, plus trips to see plays and musicals, and meals out together, with discussion on what it means to be a 'young carer'. The group recently planned and presented an interactive presentation to professionals about their experiences and needs.

6.1.2. *Family Lives* offers a young people's support service for young carers aged 10-15, with one to one sessions with the young person and separate support for their families. There are also group sessions and activities and trips in school holidays.

6.1.3. This year, Bessborough Family Hub has worked with the arts charity *Create* to provide a series of three-day workshops for young carers facilitated by professional artists. The young people have produced short films, sculptures, animations and photographs linked to their experiences of growing up in Westminster. This project, which *Create* runs in a number of local authority areas, has recently won a national award.

6.1.4. The Short Breaks service run groups and fun sessions for siblings of disabled children as a part of their offer.

7. Data

7.1. To ensure that we accurately reflect the number of young carers, we have recently created a new field on our children's services database so that we can collect data on numbers. This will take time to embed, especially as many young carers are identified through other services and being a young carer is not the presenting issue.

8. Next steps

8.1. We have identified an existing staff member to act as a champion for young carers across the department. The aim of this champion role is to increase awareness of young carers amongst schools and GPs and to improve our reporting methods to make the collection of data easier.

If you have any queries about this Report or wish to inspect any of the Background Papers, please contact Jayne Vertkin:

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Appendix 1 – case study

M is a 13-year-old child.

Reason for referral: The initial reason for the referral was M's school attendance.

Assessment stage: An Early Help Family Practitioner met with mother and Child M and convened a Team around the Family (TAF) meeting. At this initial TAF the mother was very open about her physical health issues and how Child M supports her when she is unwell, which has, in turn, impacted on school attendance. Mum also flagged that she found it difficult communicating with the school.

The Early Help Family Practitioner used the Maca Panoc assessment tool with Child M. This is a specialist assessment tool aimed at identifying young carers. During this process Child M also expressed that she wanted more contact with her father.

Planning: The plan aimed to achieve the following:

- For mum to understand the long-term impact for Child M if she continued to miss school.
- To work with adult social care to review mum's care package.
- To support Child M to access support activities outside the home.
- To explore increased contact with the father.

Outcomes:

- Child M has started accessing *Carer's Express* run by *Dream Arts* and 1:1 support offered by *Family Lives*. *Family Lives* work with both mother and Child M around parenting issues. They give Child M a space to share her concerns or any difficulties at school.
- Child M's school attendance has improved.
- Mum's care package hasn't changed but mother is still considering what she would like this to look like.
- Contact with father has increased. This was achieved through support from the family therapist.