Supporting children and young people that care for family members

Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive to enjoy positive childhoods

2014 – 2016
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Young carers can be found in all communities and often find themselves excluded from personal and social opportunities, including their education. This can inhibit their development, ambitions and potential to achieve.

Children and young people who are carers have the same rights and access to the same opportunities as all children and young people. They should be able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children.

Young carers tell us that they value their caring roles and are proud of the contribution they are able to make in their families. All too often, however, children and young people become carers because someone in their family has significant unmet care needs arising from ill health, disability, mental health needs or substance misuse. In some cases young carers have assumed a level of responsibility that no child should be expected to take on. This can have consequential knock-on effects on schooling and other key areas of their lives. Caring should not have an adverse effect on children’s well-being and outcomes.

This strategy has also been informed by a range of good practice examples in Cornwall and other local authorities. We have also used a wealth of guidance and good practice provided by national charities, in particular the Children’s Society. It is also underpinned by Cornwall’s Early Help and Raising Aspiration and Achievement Strategies.

The Cornwall Young Carers’ Strategy is challenging and sets out how we will bring about improvements in the way services work together to identify young carers and improve their outcomes. We will do this by building upon our range of existing targeted and early help services.

The priorities for change have been informed by listening to young carers and their parents, learning from Cornwall’s 2010 – 2013 Strategy, and have been agreed by a range of agencies and professionals that work with children and families, across the statutory and voluntary sector. The strategy sets out what actions need to be taken to achieve our priorities and identifies the resources needed to make change happen.

We are confident that this Strategy will continue to build on future joint working and ensures that every child and young person with caring responsibilities has the future they deserve. We will continue to increase our knowledge and understanding of young carers so we can better support their needs.

Cornwall will be developing its first Joint Carers’ Strategy for adults and children during 2014/15. This Strategy will look to address how carer’s needs in Cornwall should be best met in relation to the objectives set in the national strategy over the next five years.

Whilst the Joint Carers’ Strategy will provide an overarching approach to carers, like the national strategy, it recognises that there are a range of distinct issues relating specifically to young carers. This is why young carers will feature strongly in the Joint Carers’ Strategy, but will be more comprehensively addressed in this strategy.

Trevor Doughty
Corporate Director
Education, Health and Social Care

Councillor Andrew Wallis
Portfolio Holder for Young People
Y hylir kavos gwithoryon yowynk yn pub kemeneth hag yth omgevons yn fenowgh ekskludys rag chonsyow personel ha socyal, synsys ynna aga adhyuskans. Hemma a yll spralla aga displayans, ughelhwansow ha potencyal dhe seweni.

Fleghes ha yonkers hag yw gwithoryon a’s teves an keth gwiryow, ha hedhas dhe’n keth chonsyow, ha pub flogh ha yonker. Y tal bos i dhe allos dyski, seweni, displaya kowethegethow, haag omlowenhe yn flogholethew posedhek ha yaghus, poran ha fleghes erel.

Gwithoryon yowynk a lever dhyn bos aga rannow avel gwithoryon a vri dhedha, ha gothys yns a-dro dhe’n krev a wrons y’ga theylu. Re venowgh, byttegyns, fleghes ha yonkers a ha bos gwithoryon drefen bos dhe nebonan y’ga theylu edhommow gwhita nag yns kowlwrys, avel sewyans a yeghes drog, evredheker, edhommow yeghes Brysel po drog usyans a substansow. Yn nebes kasys gwithoryon yowynk re dhegeremers nivel a omgemeryans na dal flogh mann bos gwytrys dh’y dhegeremers. Hemma a yll leda yn sewyans dhe effeythwyw rag skolyans ha rannow posek erel a’ga bewnans. Gwitha ny dal effeythi yn trog yeghes ha sewyansow fleghes.

An strateji ma re beu ledys ynwedyd gans niver a ensamplow a braktis da yn Kernow hag awtoritas leel erel. Ni re dhevnydhyas ynwedyd meur a braktis da ha gidyans proviys gans aluseneth kenedhlek, yn arbennek an Children’s Society. Skodhys yw ynwedyd gans stratejiow Kernow Gweres A-Varr ha Drehvevel Gwytyansow ha Kowlwriansow.

Challenj yw Strateji Gwithoryon Yowynk Kernow hag a styf fatel wren ni askorra gwellheansow yn fordh mayth ober gonisyow war-barth rag aswon gwithoryon yowynk ha gwellhe aga sewyansow. Ni a wra hemma dre drehvevel war agan kevres a-lemmyn a wonisyow medrys ha gweres a varr.

An ragwiryow rag chanj re beu ledys dre woslowes orth gwithoryon yowynk ha’ga herens, ow tysi dhyworth Strateji Kernow 2010 – 2013, hag i re beu akordys gans kevres a vaynoriethow ha galwesigow a ober gans fleghes ha teyluyow, a-dreus an rannow laghel ha bodhek. An strateji a dhiskwa py gwriansow a dal bos gwyns rag hedhes agan ragwiryow hag a aswon an asnodhow yw res rag surhe chanj dhe hwarvos.

Kfyansek on may hwra an Strateji ma pesya drehevel war gesober devedhek ha surhe y’n jevydh pub flogh ha yonker, ha dhodha omgemeryans gwhita, an termyn a dheu yw deservys gansa. Ni a wra pesya ynkressya agan godhvos ha konvedhes a withoryon yowynk may hylyln skoodhya gwell aga edhommow.

Kernow a wra displaya hy hynsa Strateji Junys rag Gwithoryon a-barth tevisogyon ha fleghes dres 2014/15. An Strateji ma a wra assaya determya an gwella fordh dhe gowlwl edhommow gwithoryon yn Kernow kehevelys orth an amkanow settyys y’n strateji kenedhlek dres an pymp bledhen a dheu.

Kyn hwra an Strateji Junys rag Gwithoryon provia dyghtyans olldalghus a withoryon, kepar ha’n strateji kenedhlek, ev aswon bos niver a vaters diblans ow tochya yn arbennek gwithoryon yowynk. Rag henna gwithoryon yowynk a’s tevydh presens krev yn Strateji Junys rag Gwithoryon, mes a vydh dyghtys moy olldalghus y’n strateji ma.

Raglavar
The Government published its ten year strategy and vision for carers ‘Carers at the heart of 21st century families and communities’¹ in June 2008. This strategy sets out the agenda for support to carers over the next years, ranging across the span of Government responsibilities. It addresses health and social care, employment matters and, for the first time, young carers’ issues.

In 2010, ‘Recognised, Valued and Supported: Next Steps for the Carers Strategy’² ‘refreshed’ the original National Strategy for Carers and advised that supporting carers is in all of our interest. While the vision from the 2008 National Strategy for Carers remains, the Coalition Government identified four priority areas:

1. Supporting early self-identification and involvement of local care planning and individual care planning.
2. Enabling carers to fulfil their educational and employment potential.
3. Personalised support for carers and those receiving care.
4. Supporting carers to remain healthy.

The National Strategy for Carers is underpinned by a range of national policy and guidance identifying young carers as a group of young people needing support and highlighting the important role of adult social care in ensuring that parents and families are supported and young people are not required to take on inappropriate caring roles.

Putting People First: A Shared Vision and Commitment to the Transformation of Adult Social Care³ highlights a need for a personalised Adult Social Care System, which will have: ‘Agreed and shared outcomes which should ensure people, irrespective of illness or disability, are supported to … sustain a family unit which avoids children being required to take on inappropriate caring roles.’

Local authorities have a role in minimising caring roles for young people through provision of adequate support for adults. Prioritising Need in the Context of Putting People First (2010)⁴ states that: “Councils should identify any children or young people acting in a caring role and consider the impact on them. Community care packages should not rely on the input of an inappropriate level of care from a child or young person.” In addition to the provision of adult care assessment and support, Councils should be prepared to address their duty under the Children Act 1989 to safeguard and promote the welfare of children in their area. The Children Act 1989 specifies the need to take the views and interests of children into account. It is essential that Councils take account of the cumulative effects of responsibilities of family members within the household and where

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6 Cornwall’s Multi Agency Strategy For Young Carers 2014 – 2016
necessary, adult and children’s services should work together to protect children from having to undertake unreasonable levels of care. This is supported in Working Together to Safeguard Children.

As well as highlighting the crucial role of adult social care, guidance also underlines the importance of children’s and adults service working together.

Current good practice points to the importance of assessing the needs of young carers in relation to the needs of the whole family. This is highlighted in The Framework for the Assessment of Children in Need and their Families (2000) which states that: “An assessment of family circumstances is essential”.

On 8th October 2013 Secretary of State for Education, Michael Gove MP, announced a move to significantly strengthen young carers’ rights by an amendment to the now Children and Families Act clarifying the law relating to young carers’ assessments including:

- Ensuring the right to an assessment of needs for support being extended to all young carers under the age of 18 regardless of whom they are, what type of care they provide or how often they provide it.
- Placing a clearer duty on local authorities to undertake an assessment of a young carers’ needs for support on request or on the appearance of need.
- Making links between children’s and adults’ legislation to enable local authorities to align the assessment of young carers with an assessment of an adult they care for.

In a joint statement by Ministers Edward Timpson (Department of Education) and Norman Lamb (Department of Health) it identified key principles that will underpin the implementation of the reforms, these include:

1. “The starting point should be to assess the needs of the adult or child who needs care and support and then see what remaining needs for support a young carer in the family has.

2. The presence of a young carer in the family should always constitute an appearance of need and should trigger either an assessment or the offer of an assessment to the person needing care.

3. A whole family approach is key when assessing an adult needing care where there are children in the family providing care to the adult or undertaking wider caring responsibilities. The adult’s assessment and eligibility for support should take into account their parenting responsibilities and the functioning of the family.

4. Assessments should ascertain why a child is caring and what needs to change in order to prevent them from undertaking excessive or inappropriate caring responsibilities which could impact adversely on their welfare, education, or social development. The views of both adults and children within the family should be sought separately where appropriate.

5. Consideration must be given to whether a young carer is a “child in need” under the Children Act 1989, and whether their welfare or development may suffer if support is not provided to them and/or their family.”

The new responsibilities created by the Children and Families Act and the Care Act are placed on a local authority as a whole. Both Acts and the accompanying guidance will require whole council/whole system approach and will significantly increase the Council’s obligations to support young carers.

“An assessment of family circumstances is essential”.

1 ‘Carers at the heart of 21st century families and communities’
2 ‘Recognised, Valued and Supported: Next Steps for the Carers Strategy’
3 ‘A Shared Vision and Commitment to the Transformation of Adult Social Care’
4 ‘Prioritising Need in the Context of Putting People First (2010)’
5 ‘Working Together to Safeguard Children’
Our vision for young carers

The key outcome of this strategy is to ensure that young carers are recognised and valued, receive support for their caring role, and are safeguarded against taking on responsibilities which prevent them from achieving their full potential.

Our vision is that children and young people will be supported in situations where they take on caring roles to enjoy positive childhoods where they are able to learn, achieve, develop friendships and enjoy positive, healthy childhoods just like other children so they can aspire to achieve their full potential.

Professionals and services need to be working in partnership with children and families and will need to apply the following principles:

- Young carers will be supported to make a positive contribution to their family and society. Positive caring in the family will be acknowledged and celebrated.
- Being healthy, having fun and enjoying life should be promoted as being just as important as achieving academically and economically.
- Young carers will be identified early on in life and at the beginning of caring responsibilities.
- Young carers will be considered in the context of their whole family, not in isolation.
- Listening to young carers and their families and recognising that they are the “experts” on their situation.
- Providing adequate support to those that are cared for is critical to preventing detrimental caring.
- Support will be given to parents and carers to ensure they can fulfil their parenting role.
- Young carers and their families will be empowered to access support and services.
- Services will be flexible and personalised to suit individual family circumstances and changes over time.
- Professionals are given the capacity to work beyond service boundaries to deliver creative solutions to individual family’s needs.
Cornwall’s definition of a young carer

Cornwall has agreed the definition of a young carer as set out by the Association of Directors of Adult Social Care Services (ADASS), The Association of Directors of Children’s Services (ADCS) and The Children’s Society (2012), working together to support young carers and their families⁷:

“The term young carer should be taken to include children and young people under 18 who provide regular or ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances … a young carer becomes vulnerable when the level of care-giving and responsibility to the person in need of care becomes excessive or inappropriate for that child, risking impacting on his or her emotional or physical well-being or educational achievement and life chances”.

Profile of young carers

Young carers are largely hidden and it is, therefore, difficult to know how many children and young people with caring responsibilities there are – both nationally and within Cornwall.

The Census 2011 showed that there were a total of 1,217 young people aged 0 to 15 providing unpaid care in Cornwall and a further 2,682 aged 16 to 24. Cornwall’s young carer’s service had 500 registered young carers at 1 May 2014.

A needs assessment was undertaken during November 2013 a second copy of the full needs assessment is at Appendix 2 and a profile of young carers is at Appendix 3.
Some of the young carers consulted during this strategy told us they value the contribution that they are able to make within their families; however, some resented their responsibilities too. It is also important to note that the young carers we met did not necessarily dwell on the negative impacts of caring. They told us:

- They want professionals to meet them where they are.
- To feel that their abilities as carers are acknowledged and valued through use of positive language.
- They want to ensure that they do not feel patronised or ignored in the decision making process.

For professionals, it is important that recognition of any positive impacts of caring does not lead to inaction or encourage the continuation of detrimental caring. A young carer’s ability to cope and achieve must not mask their need for support.

“A young carer’s ability to cope and achieve must not mask their need for support.”

However, the heart of a young carer’s life is their family, not a professional or a service. The direct, and extended, family’s role is enhancing a young carer’s life chances is paramount as is the support by an external body or service. Families must be given support to use the strength within, on all occasions, to promote outcomes for young carers. This means good assessment is paramount.

The Children’s Society have, since 2005, been developing a national survey that allows adults to better understand the influences on children’s lives that affect their well-being. In 2009 it published the Good Childhood Inquiry, a report into childhood in the 21st Century and since then has been helping communities to respond to the needs and concerns of children and young people. In order to do this the
national well-being survey has been adapted so it can be applied to a local situation. The local survey can produce results that say how children and young people in a community compare to the national average.

The Children’s Society undertook an on-line survey with young carers in Cornwall to assess children’s well-being on a range of circumstances, from family relationships to school experience. The results of the survey highlighted key areas and differences with the national picture and these formed the basis of face to face consultations with children and young people.

Between June 2013 and July 2013 the well-being survey was completed by 92 children and young people between the ages of 8 and 17 in Cornwall through the young carers project on paper and on-line. The intention was to gain a picture of how young carers in Cornwall feel about their lives and their well-being.

The overall picture of subjective well-being for young carers in Cornwall is positive. There are some areas that the children and young people are less happy with than the national picture. There is great value placed on the relationships that the children and young people are part of, whether this is in the family, with friends, teachers or project workers. We can see that from a young age children are experiencing difficulties within their friendships where they need help from adults to resolve and cope with these difficulties. Relationships within families can be difficult when young carers are caring for siblings, one young carer said, and “My brother doesn’t like me because I make him eat his breakfast”. Relationships within families are complex and with friends this can sometimes be difficult, and taking into account the geographical nature of Cornwall, we need to address in this strategy how young carers can develop and maintain relationships by themselves.

The Children's Society Report is at Appendix 1.
Needs assessment

Young carers are largely hidden and it is, therefore, difficult to know how many children and young people with caring responsibilities there are – both nationally and within Cornwall.

The Census 2011 showed that there were a total of 1,217 young people aged 0 to 15 providing unpaid care in Cornwall and a further 2,682 aged 16 to 24. Cornwall’s young carers’ service had 500 registered young carers at 1 May 2014.

A needs assessment was undertaken during November 2013, a copy of the full needs assessment is at Appendix 2:

A needs assessment was conducted to establish how well services currently meet the needs of young carers and highlight where provision could be improved. The information gathered through the needs assessment has provided the basis for the strategic priorities outlined from page 14, in order to achieve the vision and desired outcomes for young carers. The results of the full needs assessment are at Appendix 3. The following is a summary of the key activities:

“The Census 2011 showed that there were a total of 1,217 young people aged 0 to 15 providing unpaid care in Cornwall and a further 2,682 aged 16 to 24.”
Consultations:
Following a review of existing local and national consultation, we conducted a range of consultation exercises with key stakeholders. This included consulting with:

- Young carers engaged with Cornwall’s young carers’ service
- Young carers’ forums
- Cornwall Association Secondary Head Executive
- Cornwall Association Primary Head Executive
- Extended Children Schools and Families Leadership Team, followed up by consulting with Cornwall Council’s Directorate senior management teams including Learning and Achievement, Children’s Early Help, Psychology and Social Services.
- Cornwall’s Children’s Trust Board
- Cornwall’s Voluntary and Community Sector Commissioning Board
- A variety of partnership professionals including Health Promotion, Public Health, Community Health Services, Drug and Alcohol Team

Consultation also included:

- Young carers leading an event consulting with a cross sector of professionals
- A survey of young carers engaged with Cornwall’s young carers’ service by The Children’s Society
- Conducting young carer focus groups following the young carers on-line and paper survey
- Face to face discussions with young carers

Service Analysis:
A range of activities were undertaken to identify what provision was currently available for young carers and their families to access, including take up of these service. Findings included:

- More 1:1 support in schools
- Young carers drop-in once a month in schools
- Schools having more understanding regarding caring role from teachers and other professionals
- Some young people did not want their peers to know they were young carers. It was felt that there is sometimes bullying issues in schools. We discussed what bullying was and what it looked like (young carers’ perception) and what young carers should do to keep themselves safe including making an adult aware of the situation. There was also a discussion about stigma around parent’s ill health especially mental ill health or if a parent was in a wheel chair, this seemed to cause bullying from others in some situations.
- The 16+ group looked at what services they would like when they turn 18, this was uncertain as young people felt support was still needed, there was a question around making support available.
- The 16+ group agreed they would benefit from different advice maybe around education and careers.

“Some young people did not want their peers to know they were young carers. It was felt that there is sometimes bullying issues in schools.”
Strategic priorities

The following strategic priorities have been generated from key messages raised through consultations and needs assessment:

1. Prevent and protect children and young carers from falling into detrimental caring by improving the identification of young carers and the assessment of their own and their family’s needs.

2. Provide support to children and young carers to ensure they enjoy life and achieve their potential.

3. Utilise the strength of families, with support services, to reduce the number of children and young people that have to take on substantial caring roles.

4. Raise awareness and understanding of the challenges and issues facing young carers among professionals and partner organisations.

5. Raise awareness of the role of young carers and the practical and emotional support available to them among young people and families.

“For each of the five priorities a detailed action plan will be developed.”

The safeguarding needs of young carers are equally important and the priority areas for action take this into account by ensuring that all needs are identified and supported. Services working with young carers are required to be alert to safeguarding issues and to work within the South West Safeguarding and Child Protection Procedures. Safeguarding issues will be monitored through the Kernow Young Carers Service.

For each of the priorities, we have set out what young carers have said and what this strategy will do to meet each of the priorities. For each of the five priorities a detailed action plan will be developed.
Priority one:

Prevent and protect young people from falling into detrimental caring by improving:

a) The identification of young carers; and
b) The assessment of their own and their family’s needs.

The Young Carers’ Needs assessment shows us that the number of young carers in Cornwall known to us is significantly lower than the volumes of young carers identified by the Census.

We will meet this priority by:

- Developing joint Young Carer’s Assessment tools for use by Children’s Services and Adult Social Care based on co-design work.
- Link children’s and adults’ legislation to align the assessment of young carers with an assessment of an adult they care for.
- Review recording of young carers on key Council systems such as Mosaic, Education Management System (EMS), etc.
- Increase the identification of young carers in families where there is parental substance misuse, parental mental illness and domestic abuse within the household.
- The development of services to address the new Care Act 2014 requirements to support young carers’ transition to adulthood.
- Updating the joint young carer protocols between Adult and Children’s Social Care including Mental Health Services.
- Each young carer should receive regular assessment of their needs and those of the family. Information about assessments should be easily available so that young carers know what to ask for; who to ask and what they should receive.
- Develop defined assessment pathways for young carers.
- Identifying what training and development are needed for professionals.

“My little brother – always annoys me, is nasty and calls me a meanie. I don’t boss him around – it’s just I have to tell him to go and have breakfast…”

“I will make sure mum has everything she needs before I carry on with my homework”
Priority two:

Provide support to children and young people with caring roles to ensure they enjoy life and achieve their potential.

“Some kids can be mean to you and bully you up”

“Not all teachers know the situation; I only tell the teachers that I want to know”

“I do some day to day jobs to look after my brother such as giving him help with his homework, helping with his medication and waking him up in the mornings but for me it’s more about the emotional impact”

The Young Carers’ Needs assessment shows us there is a significant gap in the education outcomes of young carers in Cornwall compared with that of their peers.

We will meet this priority by:

- Supporting young carers to have positive relationships with their family, friends and peers.
- Supporting young carers and their families to reduce poverty with the household.
- To support young carers’ attendance at school, reduce exclusions and improve educational outcomes.
- Develop with schools a support pack for schools to enable them to better support young carers at school.
- Support schools to establish a clear framework of support for young carers; embedded into the school’s policies and communicated to parents.
- Work with schools to appoint a named young carer lead.
- Support schools in their key role of identifying children with additional support needs and early intervention support of young carers.
- Support schools to ensure school policies such as those for enrolment, attendance, bullying, behaviour and keeping safe afford recognition to young carers.
- Support young carers at key transition points.
- Tailored support available through universal and targeted services, such as in schools, targeted youth support, play services, and more specialist services such as mental health services.
- To look to accredit caring for your carers.
- Review and improve referral pathway between Kernow Young Carers Project and adults Carers Service to support transition of young carers into adults’ services.
- Through the delivery of various funding programmes including HeadStart, Together for Families, European Social Fund (ESF) and others, to support the resilience of young carers.
- Focus identification and support for young carers in known and indicative geographical areas.
Priority three:

Utilise the strength of families to reduce the number of young people that have to take on substantial caring roles.

“My family are the most important people.”

“I can be myself around my friends and family because they are people that care about you”

“I like what I do and who I am, and I don’t want to change and I wish people would understand and stop feeling sorry for us”

The Young Carers’ Needs assessment shows us of the young carers aged 0-15 years, 83% are providing between 1 to 19 hours of unpaid care a week; 10% provide between 20 to 49 hours per week; and, 7% in excess of 50 hours per week.

We will meet this priority by:

- Ensuring the right to an assessment of needs for support for all young carers under the age of 18 regardless of whom they are, what type of care they provide or how often they provide it.
- Consider how young carers’ issues and whole family perspectives are reflected in work around health and social care integration ensuring synergy between health and social care assessments of the needs of young carers and their families.
- Support GPs and other health professionals to establish a system to identify and assess the healthcare needs of children and young people in families where parents or family members are experiencing ill health or disability.
- Encourage services to think creatively in designing support that offers families choice, and which is personalised to their unique needs. The strength within the extended family will be used to develop packages of support.
- Young carers to have the emotional and practical support they need to thrive and realise their potential.
- Increase take up of Family Group Conferencing and use a “Family by Family” approach for further support.
- Promote family activities so that young carers and their families can enjoy being a family away from caring responsibilities.
- Enable improved means of data sharing to better facilitate joint working across services.
Priority four:

Raise awareness and understanding of the challenges and issues facing young carers among professionals and partner organisations.

“People judge people a lot on everything”

“I sit with mum when she is upset”

“I remind my mum to take her heart medication because sometimes she forgets”

The survey of young carers in Cornwall shows us that young carers undertake practical tasks such as cooking, household chores, shopping and gardening; they also provide emotional support; and, make sure the person they care for is safe and comfortable.

We will meet this priority by:

- Supporting those working with young carers to be aware of any statutory requirements and guidance to carry out assessments and provide services and signpost as necessary.
- Professionals and frontline services who are in most regular contact with young people, have the knowledge, training and resources they need to identify problems early and encourage young carers to come forward for the help they may need.
- Support those who may work with young carers and their families to have the knowledge and training to identify, support and signpost young carers to appropriate services.
- Support those working with or who will work with young carers to ensure Caldicott principles on confidentiality and information sharing are understood and followed.
- Use the Cornwall Young Carers Needs Assessment to support the development of the strategy for 2014 and beyond and investigate further the gaps highlighted in our evidence.
Priority five:

Raise awareness of the role of young carers and the practical and emotional support available to them.

“My support worker makes me laugh when I’m so bored and looks after us”

“I have to sometimes go clothes shopping with my mum as she can get really nervous around other people and being out. I enjoy doing this with my mum as it can sometimes feel like a normal girly day out but I know she finds going out difficult”

A report by the Mental Health Foundation estimates there are between 50,000 – 200,000 young people in the UK caring for a parent with mental health problems. It suggests that inappropriate levels of care put young carers’ own physical and mental health at risk.

We will meet this priority by:

- Making available for young carers information, in a variety of formats that will support them in their caring role, for example, medical conditions.
- Develop child/young person friendly materials, in a variety of formats that explain young carers’ rights and where to get help.
- Improving the identification of and sign posting of carers on a “whole system basis”.
- Review carers’ advice services to ensure that advice adequately addresses and takes account of caring responsibilities.
- There is a need to provide clear information about the financial support that exists for young carers going to college and university. This information should be provided at an early stage so that the young people are able to plan their futures.
- Services and support for young carers are clearly visible and seen to be effective.
- There is a need to examine the accessibility and usefulness of online support materials for young carers and update and improve these as appropriate in order to make them relevant to young carers in Cornwall.
- Children, young people and families are empowered to seek support and advice through clear and effective information and signposting services.
- Information material should be understandable and made available in appropriate languages.
Implementation

Cornwall’s Children’s Trust will be responsible for overseeing the implementation of this strategy. Cornwall’s Children’s Trust Board is the key to ensuring children and young people are safe and have good opportunities to achieve and improve themselves and we will close the gap between those who are doing well and those who are doing less well.

A Young Carer’s Strategy Action Group will be set up and be responsible for the delivery of the strategy. This group will meet quarterly to monitor the implementation of the action plan.

A full action plan will be devised by the Young Carers’ Steering Group and will be available separate from this strategy.

“The Children’s Trust will be responsible for overseeing the implementation of this strategy.”
The Carers’ Grant in Cornwall is with Adult Social Care. The Council’s lead is Head of Service for Children’s Early Help, Psychology and Social Care Services.

The current service is commissioned by Education, Health and Social Care Directorate. The current provider is Action for Children up to 31st March 2016.

The current work on the Young Carers’ Strategy has highlighted opportunities for different services across the Council and Health to align/pool resources and increase joint working, for example, with Adults.

The Strategy will also be a useful lever in attracting new sources of funding and identifying new funding streams. For example, Family Learning Service has committed to support family learning opportunities for young carers and their families. Further, there is an opportunity for funding for young carers to support them into training and employment with the Not in Education, Employment or Training Plus Group (NEET) in partnership with the Learning Partnership, supporting young carers who are at risk of being not in education, employment or training (NEET).

“The Strategy will also be a useful lever in attracting new sources of funding and identifying new funding streams.”

References


Appendices

Appendix 1:

Young Carers in Cornwall: Good Childhood Report

Measuring the well-being of young carers in Cornwall
Introduction

The Children’s Society since 2005 has been developing a national survey that allows adults to better understand the influences on children’s lives that affect their well-being.

Well-being is more than being happy. Feeling happy is something that can change from day to day, our moods can change even within the day and so many things influence how we feel at any one time. But, how we cope with our moods, how we manage the highs and lows in our lives and how we feel about our relationships and our future is influenced by our sense of well-being.

Since its beginning in 1881 The Children’s Society has been supporting children to have a better life and help society better understand the needs of children and young people. In 2009 it published the Good Childhood Inquiry a ground breaking report into childhood in the 21st Century and since then has been helping communities to respond to the needs and concerns of children and young people. In order to help communities understand those needs and concerns the national well-being survey has been adapted so it can be applied to a local situation. The local survey can produce results that say how children and young people in a community compare to the national average and give some ideas about how things can be improved in a local area. Of course it is not just concerns and needs that are identified but also things to celebrate and to identify where children in a local area are doing well.

The well-being survey

The online survey used to assess children’s well-being covers a wide range of circumstances, from family relationships to school experience. The survey has been developed with the University of York and with their support and validation the survey has been used to gather the experiences of more than 42,000 children across England. The survey is anonymous, children were not asked to give their name or any other detail other than their age and gender. This provides an opportunity to compare the results of this local survey with a national picture and to consider the responses in Cornwall in a broader context. The results of the survey highlighted key areas and differences with the national picture and these formed the basis of face to face consultations with children and young people. Those consultations were carried out with 14 children and young people who were part of the Kernow Young Carers project.

Between June 2013 and July 2013 the well-being survey was completed by 92 children and young people between the ages of 8 and 17 in Cornwall through the young carers project on paper and online. The intention was to gain a picture of how children and young people feel about their lives and their well-being. The Children’s Society worked in partnership with Cornwall County Council and Kernow Young Carers Project.

The aim was to include as many children as possible and to use the results to support the revision of Cornwall’s Young Carers Strategy so that it can reflect the needs of young carers. The survey results and consultations reflect how children and young people feel about their lives, it is their subjective view of the world they live in and we have not sought to shape their views.
Key Findings

The good news is that compared to the national average, children and young people taking part in this survey have slightly higher life satisfaction (overall well-being) scores. This score represents children and young peoples overall judgements on how happy they are with their lives (eg responding to statements ‘my life is going well’), so young carers here view their lives positively.

This sample of children and young people represents 8 to 17 year olds. The Children’s Society’s Good Childhood Report 2013 shows that we have consistently found that well-being declines with age for eight to 15 year olds and that this age-related downward trend reverses at age 16/17 for life satisfaction and some of the Good Childhood Index domains. We are unable to see whether there is any change for the young carers in Cornwall throughout the different age ranges as the sample is too small to allow for age comparisons. However this should be considered when looking at the differences in results between Cornwall and the national picture.

The Good Childhood Index

In the survey children and young people were asked a series of questions about how they feel about different aspects of their lives including thoughts about the future. This forms part of a process of determining how children and young people feel about significant aspects of their lives. These aspects have been developed over the last 8 years to reflect the main areas of life that matter most to children and young people and provide us with an insight into their overall subjective well-being. We describe these responses as the Good Childhood Index and the national data we have collected allows us to compare how children living here in Cornwall feel about these significant aspects of their lives in comparison to the national average.
The young carers taking part in this survey appear to be slightly happier than the national average with some aspects of life - their prospects for the future and possessions – and less happy with their relationships with family and friends. They are also slightly happier with school than the national picture.

It is interesting that the children and young people in Cornwall are slightly happier with their thoughts of what will happen later in their life (future) than the national picture as this is similar to what was found in the results of the survey at the Young Carers Festival 20121. Further consultation at this year’s festival found that the young carers are looking forward to good jobs, helping other people and they have realistic expectations of how to get there. Young people who are part of the national Young Carers in Focus2 work reflected on the festival results too, and acknowledged that they would still have a caring role when they were older, but they would have a job and more time/money for themselves. It would be interesting to find out more about what this means for young carers in Cornwall so that they can be supported as they move into adulthood. Unfortunately there was not enough time to explore the topic of future during the consultation.

### School

The survey asked about the children and young people’s experience at school. The following results are a combined primary and secondary view. We spoke to both primary and secondary age children and young people in the consultations to help us understand what they reflect.

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The scores for children and young people in Cornwall were similar to the national average for most aspects of school, but indicate that they are less happy with their relationships with other young people. There’s no national data for comparison with facilities however the score shows that young carers here are fairly happy with the facilities at school.

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1 The Children’s Society and YMCA Fairthorne Manor run and organise a national young carers festival each year. In 2012 The Children’s Society Include programme asked that the well-being survey be carried out with the young carers who attended. They then use this to help inform their work with young carers and their families.

2 Young Carers in Focus is part of The Children’s Society Include programme. It is a new innovative 4 year programme to develop an England-wide network of 200 young carer ‘champions’. These champions can help local authorities understand how to meet the needs of young carers and their families in the most beneficial and cost effective way.
Primary age children

The primary age consultation included 5 to eleven year olds. When asked about what they liked about school they reflected on the lessons and opportunities they had e.g. swimming, singing, drawing, acting. School is a place where the children can explore and a place where they can feel safe away from home.

“We learn lots of good stuff”

Where the children reflected on the adults in school there is a mixed reaction. For some children they are very positive about their relationships with teachers and they find them helpful, fun and supportive.

“They’re nice to you and say good things” (girl)

“They’re nice to me and help me have fun” (girl)

For others the story is not so positive.

One girl told us that if she has a “problem with other children and they don’t want to play with me the teacher says don’t listen to them, just play with someone else but that’s not helpful because you have to find a whole other game to play with a different group.”

“I don’t like them ‘cos teachers are scary and tell you to eat food and it’s very mean” (boy)

We know that the quality of relationships in children’s lives can have an impact on their overall well-being, and this does not change in the school environment. Adults in school are vital for helping children settle into school life and negotiate the difficulties they face with each other when they fall out or if they are struggling at home.

When asked about other children at school, including behaviour and what happens at lunch and break times the picture was not so positive. This reflects the survey results which show that the young carers in Cornwall are less happy with peers than the national average.

“Some kids can be mean to you and bully you up” (boy)

“When you make friends with them and then the next morning they break up with you because they think it’s fun – it makes me sad” (girl)

“Tricking you to be friends to take your things, it’s hard to figure out who to be friends with”

Throughout their school life children will be negotiating friendships and the difficulties that inevitably come with them. Nationally, we tend to find that children at primary school age are generally content with their friendships. It is therefore, unusual for us to see the primary age children in Cornwall reporting that they are experiencing difficulties with friends at a young age. Perhaps more exploration into this is needed? A question which could be asked is due to their caring responsibilities are they more sensitive to the ups and downs of friendships?
Secondary age children
We have focussed on the same topics for both primary and secondary consultation so that we can look for a narrative through the different ages.

For adults in school their responses are positive. One young person felt very positive because they are given the help they need with specific academic difficulties. Others told us that it depends on the adult and what issue it is.

“If they know you and you can tell them anything” (girl)

“You go to who you know the best” (girl)

“Not all teachers know the situation; I only tell the teachers that I want to know” (girl)

For the young carers who have support in school, which is extremely important, they are more likely to respond positively. However it is not always the young carer lead person that they will speak to and they’ll only confide in an adult when there is trust between them.

The responses about other children in school were mixed. Some of the young people shared anecdotes about bullies, so their experience in school is not very enjoyable. For other young people it depended who they were with, so they choose their friends carefully, even then the going is not always smooth –

“Friends laugh at what I say – they don’t take it seriously” (boy)

“People judge people a lot on everything” (girl)

“If they’re your friends you should be able to trust them” (girl)

“Going through school people are a bit picky, as you get older you realise time is short at school and you get on better” (girl)

Relationships with other children in school created the biggest reaction in the consultation and this reflects the survey findings. School can be tricky when there are other difficult situations going on in life and very often we see that children and young people want to feel like they belong somewhere, whether this is at home, with friends or in school. Therefore, having good stable friendships can make all the difference. This became all the more apparent when consulting with young people about relationships in general.

Relationships

The Good Childhood Report 2013 showed that the three aspects life that are most related to well-being nationally are relationships, choice and money/possessions. The results in Cornwall showed that the children and young people who completed the survey had lower levels of happiness with ‘family’, ‘friends’ and the ‘peers’ aspect of school compared to the national picture. As the quality of relationships can have a significant impact on overall levels of well-being we decided to speak with children and young people about this topic face to face.
Primary age children
The school part of the consultation explored some of the children’s feelings about their friends and other children in school. When asked about good relationships the children responded:

“My best friend, he plays with me”

“Nanny because she’s always getting me presents and giving me nice hugs”

“Mum, gives me kisses and hugs a lot and she loves me.”

“My family are the most important people.”

When asked about relationships they’d like to change they responded

“My little brother – always annoys me, is nasty and calls me a meanie. I don’t boss him around – it’s just I have to tell him to go and have breakfast…”

“another boy, he’s nasty to me. He’s mean, he kicks me and punches me. I don’t know why. The teacher says I’m lying but I’m not” (age 5)

The children clearly have relationships that are not positive and like all children need support to cope with these. There are tensions within family relationships; one quote appears to relate to the roles taken on by the children for other members of their family. We acknowledge that this topic is sensitive and the children and young people are more likely to respond more openly to people they trust. They may have been careful about the picture they were painting for us. But this goes some way to showing that there are relationships for these children that are causing them to respond less positively about the people around them. The issues with friends and other children are different compared with other areas we have worked, and they are appearing lower than we usually see.

Secondary age children
The responses about relationships from the older group are all positive and focused on the good relationships that they have. However, their comments allude to the difficulties they face from situations at home and to other children who are unkind to them.

“My mum listens to me about my anger problems and so does my project worker”

“My sister listens to me and is always there for me. Even though she lives over the other side of the country”

“I feel like I can be myself around the family”

“I can be myself around my friends and family because people that care about you”

“My support worker makes me laugh when I’m so bored and looks after us”

“My friend looks after me when I’m getting hurt by other things”

“My friend listens to me”
“A certain teacher at school supports me through everything, as do my parents”

Close relationships are very important to young people. During the teenage years, young people are developing emotionally and figuring out the world, so it is important that they have a sense of belonging. Opportunities to develop and maintain relationships are very important, whether within the family or with friends. Our research shows, and is constantly validated by the young people we speak to, that young people appreciate having unstructured time with their friends to nurture their friendship away from the supervision of adults.

Conclusions

The overall picture of subjective well-being for young carers in Cornwall is positive. There are some areas that the children and young people are less happy with than the national picture and this is where we focused our face to face consultations.

There is great value placed on the relationships that the children and young people are part of, whether this is in the family, with friends, teachers or project workers. We can see that from a young age children are experiencing difficulties within their friendships where they need help from adults to resolve and cope with these difficulties. Relationships are a key factor in subjective well-being and where happiness levels in certain aspects dip there is a strong possibility that overall well-being will follow suit.

The responses about school itself were positive and the young carers we spoke to reported feeling supported in their school work. This may not be true for other young carers but where there is good support and policies this should be celebrated.

What next?

- It is good that the responses to the survey show that the children and young people here have slightly higher life satisfaction, however for others this will not be the same story. Where this is the case it is worth using the knowledge and expertise of others in the county to help support children who are caring.
- Explore ways to strengthen positive relationships within families and with friends. The children and young people told us about a few of the difficulties they face, and taking into account the geographical nature of Cornwall it would be worth exploring how young carers in this area can develop and maintain relationships by themselves.
- All adults in school have a role to support children and young people. Encouraging staff to be open to pupils and aware of young carers will help more children to be supported.

Jo Petty
The Children’s Society, August 2013
About us

The most disadvantaged children rarely suffer on just one front. We work directly with these children, many of whom have nowhere else to turn, to ensure that they are loved, valued and listened to. With them we fight childhood poverty, harm and neglect.

Our network of programmes includes drop-in services for runaways, as well as children’s centres and support for young carers. We support children who are refugees from violence, and we give those in care a voice. We transform the lives of many more children by pressurising government and local authorities to change policy and practice to protect them, and we challenge the negative attitudes that perpetuate harm and injustice.

In hard times, children are among the hardest hit.

We don’t just help them survive - we support them to flourish.
Summary and Key Messages

Context

- The 2001 Census shows that there has been an increase since 2001 in the number of people in Cornwall undertaking unpaid care every week. There has been an increase in the number of people providing care for 50+ hours per week to 3%.

- The 2011 Census showed that 1,217 young people aged 0 – 15 were providing unpaid care in Cornwall. A further 2,682 young people aged 16 – 24 were providing care.

- Of those young people aged 0 to 15:
  - 83% were providing between 1 to 19 hours of unpaid care a week
  - 10% provided between 20 to 49 hours per week
  - 7% in excess of 50 hours a week.

- At the time of this assessment Kernow Young Carers (KYC) Service was working with 367 young people which is significantly lower than the volumes of Young Carers identified by the Census.

Geography

- There are geographical variations in the location of Young Carers across the county and data sets which provide this intelligence should be further analysed and utilised to inform service provision.

- The 2011 Census and Kernow Young Carers Service data indicate high volumes of Young Carers in the following geographic locations:
  - Penryn; Treverbyn, Luxulyan and Lostwithiel; Falmouth North; Redruth North; St Dennis and Roche; St Austell South.

- The number of young carers in primary schools in the Callington and Saltash school clusters would indicate a growing need in these areas which should be further investigated.

Education and Schools

- There is a significant gap in the education outcomes of Young Carers in Cornwall compared with that of their peers.

- There is increased vulnerability around transition between school phases, post 16 and into adulthood.

- The self assessment undertaken against the Working Together criteria would suggest a continuing need to work with schools to identify a school lead for Young Carers, appropriate CPD for schools and support around the implementation of policies to better meet the needs of Young Carers.

Early Identification and Help

- Parental mental health and substance misuse are 2 of the 3 issues identified in the Munro review as common features of families where harm has occurred. They are also issues for which children and young people might assume a caring role for their parent(s).

- Inappropriate levels of care given by young people to parents with mental health issues puts young carers’ own physical and mental health at risk. The Health Visitor Audit (2012) showed that more than 1 in 5 families with a child under 3 had a mental health issue.

- In the 12 month period ending August 2012, 28% of adults in drug treatment were recorded as living with a child, predominantly in a parental capacity. A further 18% of drug users in treatment are parents not living with their children.

- Data gathered from the Common Assessment Framework (CAF) process would suggest a mismatch between the volumes of young carers identified and CAFs in place for this cohort. It would also suggest a mismatch between the volumes of parents with issues such as mental health and substance misuse and CAFs in place as means of providing early help to Young Carers.

Data Sharing

Enabling improved means of data sharing will better facilitate joint working across services to improve the outcomes for Young Carers in:

- promoting early identification and help; assessment; safeguarding; education and health.
Definition and National Policy:

Working Together to Support Young Carers. \(^1\) (A memorandum of understanding between Adult Social Services and Children’s Services) sets out the following definition of a Young Carer:

‘We are agreed that the term “young carer” should be taken to include children and young people under 18 who provide regular and ongoing care and emotional support to a family member who is physically or mentally ill, disabled or misuses substances.

The term does not apply to the everyday and occasional help around the home that may often be expected of or given by children in families. The key features for us are that the caring responsibilities persist over time and are important in maintaining the health, safety or day to day well-being of the person cared for and/or the wider family.’ \(^2\)

The following needs assessment gathers together the data held on Young Carers in Cornwall to support the development of the strategy for 2014 and beyond and highlights gaps in our evidence which require further attention and investigation.

Carers at the heart of 21st-century families and communities\(^2\) set out the following shared strategic vision and outcomes for carers between central and local government, the NHS, the third sector, families and communities:

Carers at the heart of the 21st-century vision:

Carers will be universally recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals’ needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring, while enabling the person they support to be a full and equal citizen.

Identified priorities from 2011 onwards for Young Carers include:

Ensure protection for young carers are fully embedded: further measures to be considered in the light of research findings over the next two years.

Expert partners in care

Work to establish the legislative or other requirements needed to enable carers to receive appropriate information, especially in cases where mental capacity is an issue.

Information about carers

Review the national indicator set to ensure that carers’ experience of services is measured.

Annual Carers Grant

In the context of community empowerment and the reform of the care and support system, we will consider how the relationship between local authorities and the third sector and carer-led organisations can be developed to make better use of the expertise of these organisations and to provide carers with greater choice and control over the way in which services are provided to them. As part of this we will also examine how best to utilise the Carers Grant to the benefit of carers.

Young Carers Context

Young Minds is a national charity that supports the mental health and wellbeing of young people. It suggests that Young Carers are likely to be subject to the following issues as a result of their additional caring responsibilities\(^3\):

- Great feelings of responsibility
- Physical tiredness, due to lifting or helping their relative or doing lots of housework
- Needing to feed and care for siblings/other family members
- Worries about their parent’s health and future wellbeing
- Having to give medication or helping with personal care
- Having to communicate with services or the authorities on behalf of their parent
- Coping with a parent’s changes in mood, unpredictability or difficulties in parenting
- Not having time for schoolwork or relaxation

In particular this document sets out the following to be achieved by 2018 for young carers:

‘Children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive and to enjoy positive childhoods.’
Feelings of embarrassment or shame at having a relative with problems.

The report Children’s Society report Hidden from View⁴ revealed that:

1. 1 in 12 young carers is caring for more than 15 hours per week. Around 1 in 20 misses school because of caring responsibilities.
2. Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.
3. Young carers are 1.5 times more likely than their peers to have a special educational need or a disability.
4. The average annual income for families with a young carer is £5000 less than families who do not have a young carer.
5. There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.
6. Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine Bs and nine Cs.
7. Young carers are more likely than the national average to be not in education, employment or training (NEET) between the ages of 16 and 19.

The assessment raises some key considerations for our support services for young carers:
1. Are young carers supported to have the same education, job opportunities and leisure time as other children who are not carers?
2. How effectively are we identifying young carers – how are children taking into consideration as part of an adult assessment for support?
3. How will the impact of Welfare Reform on the financial circumstances of families / young carers be mitigated?

National Statistics on Young Carers (Census 2011)

The definition used here for a ‘young carer’ includes children and young people under 18-years-old (aged 5 to 17), who provided unpaid care for family members, friends, neighbours or others because of long-term physical or mental ill-health, disability, or problems relating to old age.

1. In 2011, there were 177,918 young unpaid carers (5 to 17-years-old) in England and Wales. Of these, 54% were girls and 46% were boys.
2. An increase in the number of unpaid carers aged 5 to 17 was observed in all regions between 2001 and 2011. In England and Wales combined, the number of young unpaid carers increased by almost 19% during this period. In the South West the increase was 35.6%.
3. The majority of young carers contributed between 1 and 19 hours of unpaid care per week.
4. The general health of unpaid carers deteriorated incrementally with increasing levels of unpaid care provided, up to the age of 65; the burden of providing 50 hours or more unpaid care per week appears to have the greatest impact on the general health of young carers in the age group 0-24.⁵

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Health and Carers in Cornwall

An overview of the headline figures for Cornwall from the 2011 Census set out the following statistics in relation to poor health, limited day to day activities and carers\(^6\). In summary:

- There has been a fall since 2001 in the proportion of the population who identified their health as bad.
- The percentage of the population who identified their health as limiting their day to day activities a little or a lot has risen to 21.4%.
- 11.9% of people undertook unpaid care every week in Cornwall.
- The percentage of the population in Cornwall who provided unpaid care for 50+ hours per week rose to 3% in 2011, this is an increase of 2,737 people from 2001.

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**Bad Health** (table KS301EW)

There were 33,528 people in Cornwall who identified their health as 'bad' in 2011 equating to 6.3% of the population. In 2001 48,806 or 9.9% identified their health as 'bad' meaning a fall of 3.6% between 2001 and 2011.

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<tr>
<td>Cornwall: 6.3%</td>
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<td>SW: 5.5%</td>
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<td>EN&amp;W: 5.6%</td>
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**Limited day to day activities (All ages)** (table KS301EW)

The percentage of the population in Cornwall who identified their health as limiting their day to day activities a little or a lot has risen to 21.4%, 131,715; this is an increase of 13,114 people or a 1.1% rise from 2001.

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<th>Limited Day to Day Activities 'a lot'</th>
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<td>10.0%</td>
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Carers Known to Cornwall Carers Service

The below map shows the geography of carers known to Cornwall Carers Service (Adult Social Care) based on data from December 2012.
Young Carers in Cornwall

The Census 2011 showed that there were a total of 1,217 young people aged 0 to 15 providing unpaid care in Cornwall and a further 2,682 aged 16 to 24.

Of those young people aged 0 to 15:
- 83% were providing between 1 to 19 hours of unpaid care a week
- 10% provided between 20 to 49 hours per week
- 7% in excess of 50 hours a week

Of those young people aged 16 – 24:
- 74% were providing between 1 to 19 hours of unpaid care a week
- 16% provided between 20 to 49 hours per week
- 10% in excess of 50 hours a week

Research from the Joseph Rowntree Foundation suggests that children and young people who adopt inappropriate caring responsibilities can be affected not only during childhood, but also as they become adults.

The absence of family-focused, positive and supportive interventions by professionals, combined with inadequate income, have negative effects for young people and their parents. Parental illness or disability is usually an indirect influence. The more direct influences are the lack of appropriate, affordable social care services, educational difficulties, poverty, social exclusion and stress.

Kernow Young Carers (KCS) Service

Action for Children provide Kernow Young Carers Service the support service for young carers in Cornwall. Data provided by Action for Children included a total of 367 young people aged between 4 and 17 as at 31st August 2012.

Comparing this with the census data for 0 – 15’s there is a difference of 850 young people. However the table above shows that the majority of young carers fall into the category of providing between 1 and 19 hours. Therefore some of these young people may be providing relatively low levels of care and may not need support services, equally this could indicate a significant unmet need.

Other detail in relation to the cohort of 367 in Kernow Young Carers Service:
- Where gender detail was available: 52% were female; 48% were male
- 71% Free school meals ever
- The modal age was 12, the average age for the cohort was 11. The below chart shows the age range of Young Carers.
- 131 (36%) live in the 30% most deprived neighbourhoods based on the IMD 2010

Questions…?

102 young people are aged between 9 and 11 which is around the transition period for children from primary to secondary school.

What additional measures are put in place to support young people in their transition?

How are we using the data to target work with schools to improve transition for these young people – see section below regarding education?

---

The primary schools below have more than 5 young carers registered with Kernow Young Carers Service – how are we using the data to inform schools about additional support they may be able to put in place? Do the schools know? Are there data sharing issues?

- Carclaze Community Primary School
- Burraton Community Primary School
- St. Petrocs Academy

**Location of Young Carers**
The census enables us to look at the residency of young carers aged 0 to 24 by Middle Super Output Layer. The table below has sorted the areas by highest number of young people aged 0 – 24 proving unpaid care (total).

Column E matches data provided by Kernow Young Carers service on those children and young people they are working with. This data needs to be treated with caution as effectively we are not comparing like with like – however this data may raise questions (see below) to be considered / investigated further.

For instance, high numbers within Kernow Young Carers Service are evident in Penryn (13); Treverbyn, Luxulyan and Lostwithiel (12); Falmouth North (12); Redruth North (10). The latter 3 areas feature amongst those middle super output area with the highest number of 0- 24 unpaid carers.

However if you take areas such as Helston, Callington and Hayle these have relatively high levels of unpaid carers aged 0 – 24 but relatively low numbers of young carers in the Kernow Young Carers Service.

The following areas all show numbers of unpaid carers aged 0 – 24 but no data can either be matched or there are no young people registered with Kernow Young Carers Service in these areas:

- St Agnes
- Launceston Rural South
- Truro West
- Bodmin Moor East and Linkinhorne

**Questions……?**
Could this be because ……?

- The carers in these areas are all over 18 and their needs are addressed by adult services?
- The carers in these areas do not need interventions / support services and may be providing relatively low levels of care that are not having a significant impact?
- Could this be that there is unmet need and there are young carers in these areas in need that may not have been identified or referred to a service?
- Other?

Could this data help us target awareness raising work of support for young carers / work with localities, schools, adult services?

**Young Carers Aged 0 – 24: Census 2011 (columns A – D)**
Young Carers registered with Action for Children Kernow Young Carers Service (Column E). Note – 330 records from a total of 367 could be matched to geography. 327 records were for children and young people aged under 15, 9 records were children aged 16 or 17.

<table>
<thead>
<tr>
<th>Middle Super Output Area</th>
<th>A. Provides unpaid care: Total</th>
<th>B. Provides 1 to 19 hours unpaid care a week</th>
<th>C. Provides 20 to 49 hours unpaid care a week</th>
<th>D. Provides 50 or more hours unpaid care a week</th>
<th>E. Action for Children Young Carers Data where data could be matched to Middle Super Output Area</th>
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Middle Super Output Area

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<tr>
<th>A. Provides unpaid care: Total</th>
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<td>Bodmin Moor East and Linkinhorne</td>
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**Education**

Inappropriate levels of caring can impact on a child/young person’s educational achievement. A report by The Children’s Society\(^8\) cites some of the following impacts on Young Carers in relation to their education:

- Developing behavioural difficulties due to emotional problems.
- Missing school or problems with completing homework and getting qualifications.
- Some young carers experience being bullied.
- Lack of time for play, sport or leisure activities.

**Schools’ Young Carers are attending**

Secondary Schools where there are 10 or more Young Carers:

- Penryn College (20); Penrice (16); Falmouth (14); Poltair (11); Callington (10); Saltash (10).

Secondary School Clusters where there are 10 or more Young Carers located in feeder primaries:

- St Austell (13) Penrice and Poltair
- Saltash 12
- Bodmin (12)
- Newquay (10) Tretherras and Treviglas

**Special Educational Needs (SEN)**

126 young carers (34% of the cohort) were recorded as having a level of Special Educational Needs (SEN), the majority being either at school action or school action plus.

<table>
<thead>
<tr>
<th>School Action</th>
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<tbody>
<tr>
<td>School Action+</td>
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<tr>
<td>Statement</td>
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<tr>
<td>Grand Total</td>
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</tr>
</tbody>
</table>

The primary statement of needs for those at school action plus or statemented was behaviour, emotional and social difficulty (31); Moderate learning difficulty (12) and specific learning difficulty (9).

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Attainment

National research shows that in general, the education outcomes for Young Carers are worse than for those of their peers. The following section summarises the attainment of the cohort of Young Carers in Cornwall who sat their GCSEs in 2012 (cohort of 28).

At Key Stage 2 pupils are expected to achieve Level 4 +

- 59% of young carers achieved this level in English compared to 79% of all pupils
- 53% of young carers achieved this level in Maths compared to 76% of all pupils
- 47% of young carers achieved this level in English and Maths combined compared to 70% of all pupils

At Key Stage 4 (GCSE and Equivalent):

- 35% of young carers achieved 5+ GCSE’s including English and Maths compared to 55%

Three levels of progress are expected from Key Stage 2 – 4

- 35% of Young Carers made the expected level of progress in English compared to 66% of all pupils
- 53% of Young Carers made the expected level of progress in Maths compared to 66% of all pupils
- 35% of Young Carers made the expected level of progress in Science compared to 52% of all pupils

Transition

Young people experience increased vulnerability around transition phases. The table below shows the number of Young Carers known to Kernow Young Carers Service in year groups that will be experiencing transition.

<table>
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<tr>
<th>National Curriculum Year</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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</table>

Questions

What additional support is being provided for young people in the transition period and how are we using the data to work with the schools these young people are attending?

Are there data sharing issues?

Young Carers Aged 16+

The below data is taken from the Client Case Load Information System managed by Careers South West (CSW) which is used to track young people’s participation in education or training. The June 2013 reports showed that there were 55 Young Carers in total recorded on the system in Years 12 – 14. Of this cohort approximately a third (33%) were not in education, employment or training.

The chart overleaf shows the distribution of the cohort by network area, the geographical patterns of which are largely consistent with other related sets of data.
Questions

Do Kernow Young Carers share data with children’s social work so that Young Carers can be identified pre-16 and better supported at an earlier stage? Data held in Client Case Load Information System on Young Carers pre-16 is inconsistent and would suggest there could be better information sharing from schools / services in order to support this cohort.

Common Assessment Framework

For the financial year 2012/13 a total of 3 CAFs were raised with ‘young carer’ identified as the main assessment reason. A further 38 had caring identified for additional assessment reasons. This accounts for a very small proportion (5%) of all CAFs raised (784) during the year.

Comparing this data to the volumes identified above and taking into consideration the complex needs and issues young carers might face which are likely to require a multi agency response, it suggests that additional work may be required to ensure a CAF / or appropriate early support is put in place.

Questions

How does this data relate to the geographies identified with high volumes of young carers through the census data and Kernow Young Carers service data?

What data do localities record beyond the CAF in Mosaic Data from FWI has been requested to look at young carers as a cohort and is unavailable.

What role do localities play in awareness raising to ensure appropriate referrals, work with schools to support transition and relevant services around this
Intelligence about Families

Health Visitor Audit

The Health Visitor audit took place in April 2012 with all families in Cornwall and Isles of Scilly with a child under 3 years of age. The below extracts some of the factors that have particular significance to the young carers strategy.

Whilst a child under 3 years of age is too young to be considered a carer, these families may have older children (siblings) assuming caring responsibilities. This data could provide a means of predicting future demand in relation to services for Young Carers.

Families with an adult in the household who is disabled or chronically sick

The audit showed that there were 817 families with an adult in the household who was disabled or chronically sick. 37 of these families had 3 or more children.

Significant factors within this cohort of 817 families included:

- Low income – 59.5% (486 families)
- Parents smoke – 46.6% (381 families)
- Parents are depressed or mentally ill (375 families)
- Major wage earner unemployed – 44.2% (361 families)

One parent families

16% of this cohort (131) were one parent families which would suggest an increased vulnerability of the child or children in these households. Of these 131 families, 61 were in receipt of social work, 12 families were in receipt of a CAF.

Services:

- CAFs were in place for 38 of these families (4.7%)
- 208 families were in receipt of social work (25.5%)

The chart below shows the distribution of these families by community network area (CNA). Highest numbers are in the Camborne and Redruth area, followed by Hayle and St Ives area, Penzance, Marazion and St Just.

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Number of families with a child under 3 years of age where there is an adult in the household who is disabled or chronically sick

(Health Visitor Audit April 2012)
The below cartogram shows the distribution of these families by neighbourhood.

1. More age-appropriate information about mental health and mental illness should be made available to young carers, and for those who work in young carers’ services and the education sector. This information should be focused on the causes and effects of parental behaviour patterns that may arise from mental illness.

2. Effective co-ordination between staff of various disciplines is required, including social workers, mental health professionals, young carers’ service workers and teachers. There may be a need to identify a lead professional who will take primary responsibility for working with the young carer, and link with all the relevant agencies. Ideally, this lead professional should be selected by the young carer themselves.

3. A greater priority given to funding for young carers’ support services, to ensure optimal geographical coverage of service.

4. Further promotion of existing online resources for young carers and professionals. A centralised hub of resources.

Questions

- Are Health Visitors referring these families, children, siblings into relevant services?
- The survey notes that 38 families have a CAF, 208 are in receipt of social care. Do the remaining 571 families require services? What are they receiving do they need additional services?
- What services are in place if necessary for 1 parent families not in receipt of social work or a CAF, 58 in total?
- How does the geographical data compare to referrals into young carers services?
- Do schools in these areas understand the future challenges / families in need this data might suggest?

Mental Health

A report by the Mental Health Foundation estimates there are between 50,000 – 200,000 young people in the UK caring for a parent with mental health problems. It suggests that inappropriate levels of care put young carers’ own physical and mental health at risk. The report makes some key recommendations for policy and practice as highlighted below:

Local Data on Parental Mental Health

Families where 1 or more parent is depressed or mentally ill.

Estimates suggest about 175,000 young carers in the UK are caring for a parent or other family member with mental health problems.

The table (right) shows the distribution of families with a child under 3 by network areas where 1 or more parents is mentally ill or has depression, a total of 3,082 families. Of these, 112 families have 3 or more children.

<table>
<thead>
<tr>
<th>Network Area</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Camborne and Redruth</td>
<td>523</td>
</tr>
<tr>
<td>Penzance, Marazion and St Just</td>
<td>274</td>
</tr>
<tr>
<td>Saltash and Torpoint</td>
<td>207</td>
</tr>
<tr>
<td>Truro and Roseland</td>
<td>197</td>
</tr>
<tr>
<td>Liskeard and Looe</td>
<td>195</td>
</tr>
<tr>
<td>Bodmin</td>
<td>174</td>
</tr>
<tr>
<td>Hayle and St Ives</td>
<td>167</td>
</tr>
<tr>
<td>Falmouth and Penryn</td>
<td>162</td>
</tr>
<tr>
<td>Helston and the Lizard</td>
<td>156</td>
</tr>
<tr>
<td>China Clay</td>
<td>151</td>
</tr>
<tr>
<td>St Blazey, Fowey and Lostwithiel</td>
<td>149</td>
</tr>
<tr>
<td>Newquay</td>
<td>135</td>
</tr>
<tr>
<td>Launceston</td>
<td>95</td>
</tr>
<tr>
<td>Callington</td>
<td>90</td>
</tr>
<tr>
<td>St Austell</td>
<td>87</td>
</tr>
<tr>
<td>Camelford</td>
<td>74</td>
</tr>
<tr>
<td>Wadebridge and Padstow</td>
<td>74</td>
</tr>
<tr>
<td>St Agnes and Perranporth</td>
<td>69</td>
</tr>
<tr>
<td>Bude</td>
<td>48</td>
</tr>
<tr>
<td>Isles of Scilly</td>
<td>14</td>
</tr>
<tr>
<td>Unknown</td>
<td>41</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>3082</strong></td>
</tr>
</tbody>
</table>

The below map shows the proportion of families with 1 or more mentally ill parents by neighbourhood. High proportions are seen in areas of Redruth, Hayle, Penzance, St Blazey, Liskeard and Torpoint.

Of the total 3,082 families:
- 778 families were considered to have acute needs
- 1035 families were considered to have complex needs
- 768 were in receipt of social work
- 150 families were subject to a CAF

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Family Health Needs Profile 2012: % families with depressed or mentally ill parents

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10 [http://www.mentalhealth.org.uk/help-information/mental-health-a-z/?/parents/](http://www.mentalhealth.org.uk/help-information/mental-health-a-z/?/parents/)
Questions

- Are there insufficient CAFs / Early Help services for families with complex needs / possible prevention of impact on caring duties of children / young people later on in life?
- How do we work with adult mental health services to ensure that dependent children within the household are indentified and families referred into appropriate services?
- Children need to be given clear, factual information about their parents’ mental ill health – children say they feel less anxious if they are told the truth. The internet increasingly provides a source of information for children and young people to find out about topics that they don’t want to discuss with their friends or other people. How are we supporting young people to access this information?

Alcohol and Substance Misuse

Drug Use

National research shows that drug use is often a burden not just on the user, but also on other family members, including spouses, parents, siblings and children.

Dependent children are especially affected – albeit differently at different ages – by a parent’s drug problem, since parents’ ability to rear, protect and care for their children, attend to their health, feed them and financially support them may be greatly diminished by their drug use. Furthermore, being preoccupied about drug supplies can compromise parents’ abilities to be consistent with their parenting and emotionally responsive to their children's needs.

To examine parental drug use, two datasets were compared – adult drug users in treatment living with a child (taken from the National Drug Treatment Monitoring System (NDTMS)) and parental disclosures of drug use to the 201 1 Health Visitor Audit (HVA). It should be noted that the HVA surveyed only families with children aged 3 years and under.

In the 12 month period ending August 2012, 28% of adults in drug treatment were recorded as living with a child, predominantly in a parental capacity.

A further 18% of drug users in treatment are parents but not living with their children.

For the purposes of this analysis, we have selected only adult drug users who have children living with them.

The map below shows the number of adults in drug treatment in the 12 month period ending August 2012, based on a rate per 1000 resident adult population at postcode sector level. The map has LSOA boundaries overlaid on top of it to allow for comparison with prevalence data.

Within the treatment data, postcode areas around Camborne, Penzance, Bodmin, Liskeard and Looe, Bude, Redruth and Falmouth are highlighted as having high rates of adult service users living with a child.

The Health Visitor Audit (HVA) in 2011 found that in 3% of families one or both parents disclosed a problem with drugs. This is based on around 450 families out of 14,000 disclosing a problem with drugs. It is important to remember that this disclosure does not necessarily mean that there is a treatment need for these parents. The HVA does not ask whether or not a parent is in alcohol or drug treatment.

11 http://www.mentalhealth.org.uk/help-information/mental-health-a-z/parents/
12 Approximately 14,000 families with a child under the age of 3 years surveyed, Health Visitor Audit 2011
13 This is the smallest geographical area that it is possible to map treatment data.
14 A Lower Super Output Area (LSOA) is a standard geographical unit used for statistical analysis, containing an average population of 1500 people.
15 Approximately 14,000 families with a child under the age of 3 years surveyed, Health Visitor Audit 2011
The following map shows the results of the parental disclosure of drugs mapped to LSOA area:

There are pockets in the Liskeard Town area as well as Hayle South and High Lanes and St Dennis South (China Clay) where the proportion of parents who disclose drug use is over 15%. Other areas that have been identified are St Blazey West, Camborne and Launceston town centres.

In regards to the number of adults in drug treatment the following areas, identified through the HVA have low rates of adults in treatment: Hayle South and High Lanes, St Dennis South, St Blazey West and Launceston Town Centre. This may indicate a possible treatment need for adults living with children in these areas.

Family Health Needs Profile 2012: % of families whose parents abuse drugs

Legend
Lower Super Output Areas - County Average 9.22%:
- 0.00 - 3.94
- 3.95 - 5.88
- 5.99 - 8.82
- 8.83 - 11.76
- 11.77 - 14.71
- 14.72 - 17.65

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Map produced by Jo Hardwick - Cornwall & Isles of Scilly NHS
Alcohol

Of the total 444,000 population aged 16 and over in Cornwall, just under a quarter (102,000) are drinking above the recommended safe levels, according to public health estimates; in addition, an estimated 84,000 are 'binge drinkers'.

National benchmarking data shows that compared with the England average Cornwall has a significantly higher rate of working age people claiming health related benefits due to alcoholism, a higher prevalence of people in treatment for alcohol problems and a higher rate of alcohol-related road deaths.

Based on prevalence estimates, we are more successful locally in attracting dependent drinkers into specialist treatment. In 2011/12, 21% of dependent drinkers received specialist alcohol treatment in Cornwall and Isles of Scilly (1,295 people), compared with an average of 13% nationally. The national target is 15%.

Overall, service users in treatment for alcohol as their primary substance are more likely than drug users to be parents but there is a higher proportion that does not currently have their children living with them.

In the 12 month period ending August 2012, 24% of adults in treatment for alcohol as their primary substance were recorded as living with a child, predominantly in a parental capacity.

A further 31% of service users in alcohol treatment are parents but not living with their children.

The following map looks at postcode sectors where there are high rates of adults in alcohol treatment who are living with a child. This map has had LSOA areas overlaid in order to allow easier comparison with the prevalence data (HVA).

The map has identified the following areas as having high rate of adults in alcohol treatment living with a child; Penzance, Camborne, Redruth, Truro and St Blazey. The map also identifies areas in the Roseland and Tintagel, which are typically more rural than the other areas highlighted.

16 A Lower Super Output Area (LSOA) is a standard geographical unit used for statistical analysis, containing an average population of 1500 people.
The HVA found that in 4% of families one or both parents disclosed a problem with alcohol. This is based on around 500 families out of 14,000 disclosing a problem with alcohol. There are pockets in Liskeard and China Clay where this proportion rises to nearer 20%. This audit does not collect information on whether the parent/s is engaged in alcohol treatment, however.

The HVA map shows that the highest proportions of parental alcohol users are located in Newlyn East and Liskeard Town. Other areas that have been identified include St Just, Hayle South and High Lanes and St Dennis North. Comparing the two data sets, the following areas identified through the HVA have low rates of adults in alcohol treatment; St Just, Hayle South and High Lanes, St Dennis North and Liskeard Town. This may indicate a possible treatment need for adults living with children in these areas.

Identifying Complex Families

The Complex Families Index was developed in 2011 to inform the drug treatment needs assessment process. It is a combined small area measure that identifies geographical areas that are most likely to experience co-morbidity of domestic abuse with parental drug use and mental health issues. The index has been updated with the latest information for 2012.

The index reveals that West Cornwall contains the most areas estimated to be at highest risk of the combined risks of parental drug misuse, mental health and domestic abuse.

The highest risk areas are both located in the Camborne area with the town centre and Pengegon / Parc an Tansys estate both identified. These areas were highlighted in the index last year but have now replaced Illogan Highway and Penzance Heamoor as the highest priorities.

- There is a strong positive correlation between mental health disorders and domestic abuse incidents where the child is resident. This means that people living in LSOAs that experience high rates of domestic abuse are likely to experience higher rates of mental health disorders.
- There is also a significant relationship between substance misusing parents and mental health disorders, meaning that areas with high proportions of drug misusing parents may also have high rates of mental health disorders.
- The relationship between drug misusing parents and domestic abuse incidents is also significant, although it is weaker than between other variables.

The table on page 49 illustrates the areas in Cornwall with the highest combined index score. The colours within the index identifies where an LSOA is ranked within each variable (i.e. if an area is red it is in a top 5% for that variable).

17 Measured by police recorded incidents
18 Measured by the HVA
19 Measured by the “mood and anxiety disorders” indicator drawn from the Health domain of the Indices for Multiple Deprivation 2010
The areas of Hayle South and High Lanes and St Blazey West have been identified in this index, both of which have very few adults with children in drug treatment. The index suggests that there is a possible treatment need in these areas for adults living with children.

By using the Complex Families Index methodology and substituting parental drug misuse with parental alcohol use the following areas have been identified as having the highest overall rank of these combined issues.

There is a strong positive relationship between parental alcohol use and both domestic abuse with a child resident and mood and anxiety disorders in mental health. This means that areas that experience higher proportions of parental alcohol abuse are more likely to experience mental health issues and higher rates of domestic abuse where a child is resident.

Many of these areas have also been identified in regard to parental drug use. Camborne town centre and Hayle South and High Lanes are identified as top priorities in both indices. St Blazey and Illogan are also ranked highly in both indices.

The majority of the areas identified are located in the West of Cornwall, with 5 being in the Camborne and Redruth network area.

The areas of Hayle South and High Lanes and Liskeard Town (South Ward East) have been highlighted in this index, both of which have appear to have low rates of adults living with children in alcohol treatment.

Concluding observations

- There are clear differences between the geographical patterns of the two datasets used to examine parental substance use.
- Some of these differences may be explained by features of the data that are non-comparable, for example that the HVA only includes families where the child is aged 3 years of under and the denominator for the treatment data measure is all adults resident in an area, rather than only parents. With the publication of the 2011 Census data for small areas, we could explore developing a parent-specific measure.
- This analysis suggests that there may be unmet treatment need for families around Hayle and in the China Clay area (drugs and alcohol), St Blazey and Launceston (predominantly drugs) and Liskeard and St Just (predominantly alcohol).
- There is a proven statistical link between prevalence of mental health, domestic abuse and parental substance use in Cornwall. West Cornwall contains the most areas estimated to be at highest risk of these combined factors, with particular clusters around Camborne and Redruth.
- Taking into account all of the factors covered by this analysis, Hayle, St Blazey and Liskeard are recommended as potential at-risk areas where additional resources may be best targeted, with consideration also to be given to the China Clay area.

Working Together to Support Young Carers

In 2009 a model Memorandum of Understanding (MOU) was published by the Directors of Adult Social Services (ADASS) and Association of Directors of Children’s Services (ADCS) to improve joint working and improved outcomes for Young Carers.

The Young Carers strategy group undertook an assessment of progress towards the principles set out in the MOU the key development areas for which are contained within the five principles in the strategy which will be used to inform a detailed action plan.

Appendix 3: Profile of young carers

In 2013 the Children’s Society published a study on government commissioned data on over 15,000 pupils aged 13 and 14. It examined how many of these children had caring responsibilities, the socio-economic characteristics of their families, young carers educational attainment, and their chances of being in training or paid work.21

The table below highlights Cornwall’s current key statistics against national key findings identified in the Children’s Society’s Report...

<table>
<thead>
<tr>
<th>Children’s Society Key Findings</th>
<th>Cornwall Position</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 in 12 young carers is caring for more than 15 hours per week.</td>
<td>2011 census of those young people 0-15 – 83% were providing between 1 and 19 hours of unpaid care a week – 10% 20 to 49 hours per week – 7% in excess of 50 hours per week. Of those young people 16 – 24 – 74% were providing between 1 and 19 hours of unpaid care a week – 16% 20 to 49 hours per week – 7% in excess of 50 hours a week.</td>
</tr>
<tr>
<td>Around 1 in 20 misses school because of caring responsibilities.</td>
<td>2011/12 persistent absence in secondary schools (46 or more sessions) all pupils on roll 6.76% - young carers 23.03% (year 10 highest at 30%). Exclusions 2011/12 fixed term all pupils 4.52%, young carers 8.43%.</td>
</tr>
<tr>
<td>Young carers are 1.5 times more likely than their peers to be from black, Asian or minority ethnic communities, and are twice as likely to not speak English as their first language.</td>
<td>Cornwall information not yet available.</td>
</tr>
<tr>
<td>Young carers are 1.5 times more likely than their peers to have special educational need or a disability.</td>
<td>34% of cohort recorded as having a level of SEN, the majority being either at school action or school action plus (School Action 60 / School Action + 59 / Statement 7 = total 126). The primary statement of needs for those at school action plus or statemented was BESD (31) – MLD (12) – SPLD (9).</td>
</tr>
<tr>
<td>The average annual income for families with a young carer is £5,000 less than families who do not have a young carer.</td>
<td>Cornwall survey of known young carer’s 71% claiming free school meals, 36% live in the 30% most deprived neighbourhoods based on the IMD 2010.</td>
</tr>
<tr>
<td>There is no strong evidence that young carers are more likely than their peers to come into contact with support agencies, despite government recognition that this needs to happen.</td>
<td>448 young carers known in Cornwall, 2011 census showed a total of 1,217 aged 0-15 years – 2,682 aged 16 to 24 years. Comparing 0-15 years a difference of 769 young carers.</td>
</tr>
<tr>
<td>Young carers have significantly lower educational attainment at GCSE level, the equivalent to nine grades lower overall than their peers e.g. the difference between nine B’s and nine C’s.</td>
<td>2011 all pupils KS4 English and Maths A-C grade 55%, young carers 18.2% /2012 55.3%, young carers 35.3% / 2013 60.8%, young carers 42.9%.</td>
</tr>
<tr>
<td>Young carers are more likely than the national average to be NEET between the ages of 16 and 19.</td>
<td>From the Careers SW system used to track young people’s participation in education or training, June 2013 in years 12-14 33% (at that time a third) were NEET.</td>
</tr>
</tbody>
</table>

21 ‘Hidden from view; the experience of young carers in England’

Cornwall’s Multi Agency Strategy For Young Carers 2014 – 2016
The reasons young people take on caring responsibilities, either voluntarily or through no other choice, will also vary between families. Several factors are likely to impact:

- **The structure of the family unit** – a young person may become the carer because a parent needs support, which is obviously more likely in lone parent families. In other situations, the level of support required may be too much for one person to provide, requiring children to become secondary carers who support the main carer. Other factors might include more than one member of the family with caring needs, or the support available from the extended family.

- **Gender and cultural expectations** – this may also impact on the likelihood and extent of caring. For instance, many minority ethnic families are already isolated from services. There may be cultural expectations of caring for family members, and females are more likely to take on caring roles.

- **Family income** – lack of adult employment, and therefore income, in families can result in the whole family being vulnerable to poverty and social exclusion. Disability benefits do not take into account the additional costs of parenting for disabled adults which can further exacerbate family poverty.

- **Types of illness/disability and perception of need** – levels of support will vary in respect of the nature of an illness or disability. Conditions may be stable and managed, although in other cases they may be degenerative, or periodic, with sudden and unexpected changes to the care recipient’s condition (e.g. Multiple Sclerosis or mental ill-health). There may also be time-lags between onset, diagnosis, acceptance and requests for help, which may lead to inappropriate levels of care being provided by family members without external support being utilised.

- **Knowledge of support available** – whilst coming to terms with and managing an illness or disability, families are not always aware of who they can turn to for support. This can be compounded when families feel threatened (e.g. involvement of “social services” and the associated fear of being “taken away”), or fear stigmatisation (e.g. where substance misuse or mental health is an issue). Families can also lack information and knowledge of their rights or what support is available.

“The reasons young people take on caring responsibilities, either voluntarily or through no other choice, will also vary between families.”