



Young Carers Task Group: Final Report

People Scrutiny Committee

15 June 2011

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Preface

Councillor Polly Colthorpe
Chair, Young Carers Task Group
People Scrutiny Committee



In order to understand the snapshot nature of this report, it is necessary to understand the background against which the review took place. The Task Group, convened by Children and Young People's Services Scrutiny Committee in response to a request from Health and Adults' Services Scrutiny, was working even as the parent committees were being realigned to reflect a major reorganisation taking place in the directorates. At the same time, the contract by which the young carers' services under review were provided was, as the Task Group discovered, already out to tender. Furthermore, members of the Task Group – myself included – were campaigning in the district elections when not attending meetings of the Task Group at County Hall. In an uncertain world, few things were more uncertain than the circumstances under which this review was conducted.

It is somewhat ironical, therefore, that over and over again, our interviewees repeated that stability and continuity were the two vital components required in providing for young carers. The Task Group cannot, unfortunately, ensure these two essential commodities in perpetuity but we trust that our modest recommendations may improve both the scope of the present provision in identifying young carers and the quality and reach of the provision itself.

In presenting this report, I would like to thank everyone who took part and all those who willingly gave up their time to give us the benefit of their knowledge and experience. I hope that, having read the report, you feel your time was well spent – without you, there would have been no report and we are most grateful for your help. I would like to add my personal thanks to our scrutiny officer without whom this report would still be 'work in progress'.

In closing, I would like to quote a youthful carer, herself mentor to an even younger carer, when asked what would be her one wish for the future. She answered in one word: 'stability'. The Task Group would respectfully suggest that members and officers bear this in mind. Our young carers save the County untold sums of hard cash. Stability is the least we can offer them.

Cllr. Polly Colthorpe
Chairman

Introduction

The Task Group — Councillors Polly Colthorpe (Chair), Peter Bowden, Alison Boyle, Michael Lee, Philip Sanders, Brenda Taylor and Mrs Liz Wilson (Primary Parent Governor Representative) — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

The Children and Young People's Services Scrutiny (CYPS) Scrutiny Committee agreed at its meeting on 18 January 2011 that a Young Carers Task Group be formed following a recommendation from Health & Adults' Services (H&AS) Scrutiny Committee Support for Carers Task Group to review support arrangements for young carers.

This study into young carers links directly to the priority of the Council's Strategic Plan 2006–2011 that: *'Devon's children should have the best possible start in life and gain the knowledge and skills they need to lead happy, healthy and fulfilling lives'*. One of the objectives under this remit is to support parents, families and carers to help children and young people enjoy learning, aim for excellence and achieve to the best of their ability.

Time and resources necessitate that this review provides a snapshot approach to highlight significant issues relating to young carers. The list of witnesses to the review does not pretend to be exhaustive but hopes to provide insight into the central themes affecting young carers at the present time.

The Task Group's terms of reference were:

1. To identify the different kinds of young carers in terms of age and caring.
2. To examine the social/economic/educational and health impacts of being a young carer.
3. To identify how young carers in Devon are catered for in the context of the Every Child Matters agenda and in giving children and young people the best possible start in life.
4. To consider how Big Society initiatives might contribute to the lives of young carers.
5. To examine the transition for young carers into adult carers.
6. To identify any gaps between provision and availability of services for young carers across the County.
7. To make detailed recommendations to the Children and Young People's Services (CYPS) Scrutiny Committee on the findings of the Task Group.

This Task Group was initiated at a time of considerable uncertainty and the findings should be understood in this light. The investigation was undertaken against the backdrop of changing contractual arrangements which became known during the review. Had these been fully understood at the inception of the review this situation would have been reflected in the terms of reference. As a learning point, when undertaking a scrutiny review, there is a need for the status of any potential or existing contractual arrangements to be made clear.

Context

Young carers are children and young people under 18 who provide, or intend to provide, care, assistance or support to another family member who is disabled, physically or mentally ill, or has a substance misuse problem. They carry out, on a regular basis, significant or substantial tasks, taking on a level of responsibility that is inappropriate to their age or development.

(Social Care Institute for Excellence (SCIE), 2005)

There are in the region of 1500 identified young carers in Devon; the 2001 census estimated the figure at about 3000 and it is, in all likelihood, far higher. Devon, including sibling carers within its interpretation of 'young carers', embraces a wider definition of young carers than many local authorities.

Young carers are put in a position of great responsibility at a very young age, dealing with situations that many adults would find a challenge. These children have to cope in difficult circumstances, often not only looking after their relative but also helping to bring up siblings and run a household. Young carers – whatever their socio-economic circumstances - are children in need under the Children's Act.

Devon Young Carers is a commissioned consortium of four organisations addressing the needs of young carers and providing care and support to other family members, most often a parent or a sibling. Devon Young Carers comprises the four historical third sector providers of young carers services:

- i) The Council for Voluntary and Community Groups in the Torridge District (North Devon & Torridge)
- ii) Young Devon (South Hams and West Devon)
- iii) Westbank (Exeter, Teignbridge and East Devon)
- iv) Unite (Carers in Mid Devon – Mid Devon)

Recommendations

The Task Group's recommendations have been drawn up using the evidence obtained from contributors and background material.

- Recommendation 1**
- (i) That through an improved multi-agency approach young carers and their families be identified and worked with at the earliest possible stage.
 - (ii) That Health be urged to take on a more prominent role in the identification of young carers.

Rationale

Early identification of young carers is crucial and needs to be improved to ensure that all young carers are able not only to benefit fully from their education and achieve their potential but also to ensure that, as far as possible, they are not called upon to undertake inappropriate caring roles (such as lifting, bathing and administering medication). Health professionals and children's centres in particular need to take on a more prominent role in identifying young carers. There also needs to be an improved link between young carer support services and GP practices, community hospitals and CAMHS.

- Recommendation 2**
- (i) That all schools in the County have a 'young carer' policy and be provided with a resource pack for identifying and supporting young carers.
 - (ii) That as soon as possible the new provider(s) gives a presentation and makes strong links with the Devon Association of Governors, Devon Association of Primary Headteachers and Devon Association of Secondary Headteachers highlighting the role and responsibilities of schools in identifying and supporting young carers. The presentation should also be made available for individual schools to present to the governing body.

Rationale:

At primary level, all teachers need to be trained to recognise and identify young carers so that fewer slip under the radar. All schools should have policies detailing their responsibilities in this respect. The Princess Royal Trust for Carers has a resource pack for primary schools which should be a best practice standard. The resource pack helps teachers to identify young carers and ensure that appropriate interventions and resources are available to support them. Schools need to ensure that they are giving due attention to the issue of young carers - a presentation to governors and headteachers would help to emphasise the role

schools have identifying and working with young carers.

- Recommendation 3**
- (i) That the transition from young carers to adult carers be improved and extended to ensure that there is appropriate and sufficient provision covering the whole of the 14 – 25 age range.
 - (ii) That all young carers aged 14 plus are offered a health and wellbeing check to ensure that they are supported to take into consideration their willingness and ability to continue to care once they are an adult.
 - (iii) That further research be commissioned into the affects of caring responsibilities during the 'transition' period from secondary through tertiary education.

Rationale:

It is recognised that the new service specification for an 'all through' carers contract provides the opportunity for significant improvements to be made to the current transition from young carers to adult carers. The transition period is extremely important for young carers and there needs to be a review of service provision for the 14 – 25 age group. The transition stage to adult carer services should begin at 14 when young people decide on their options at school. This will help young carers to see beyond their caring role and to begin to consider their future.

- Recommendation 4**
- (i) That there be an out of hours service for young carers to contact in an emergency. The service should operate throughout the year.
 - (ii) That national help lines (such as Childline), via Carers projects, schools and other partners, which support young people, are widely promoted as being available to young people.

Rationale:

Problems and emergencies are prone to occur outside of working hours and particularly during the extended holidays at Christmas and New Year. The Task Group is concerned that the lack of out of hours provision can only increase the vulnerability and isolation of young carers at times when there is known to be increased stress on all families.

- Recommendation 5** That the Common Assessment Framework (CAF) be amended to include a question about young carers.

Rationale:

Overall, the CAF and Team Around the Child meetings are helpful in taking a whole family approach. As a generic instrument, the CAF would be improved by the

addition of the specific question 'Are you a young carer?' and questions in simplified terms as to what duties the young carer performs.

Recommendation 6 That the monitoring procedures for the new Carers Services contract are reviewed to ensure they are sufficiently robust.

Rationale:

That the monitoring procedures for the new Carers Services contract, be reviewed: to ensure they are sufficiently robust and that the bespoke young carers element is not absorbed into the wider contract monitoring.

Summary

Given the extent of their caring role, many young carers' needs are often significantly marginalised. In addition, periods of transition and change present further challenges: leaving home; considering employment; planning training or further education; dealing with bereavement or a breakdown in family relationships. Young carers can find themselves making important decisions and choices when they are already under stress and living with challenging circumstances.

Although it should be recognised that 'young carers' is an umbrella term for a wide spectrum of different roles, the first challenge is for the multi-agencies, health and schools to have robust policies and procedures in place for identifying young carers. It is only then that interventions can be implemented to reduce inappropriate caring and provide young carers with the same opportunities as other children.

It is essential that, for young people to achieve across each of the five Every Child Matters outcome areas, they should be protected against detrimental caring which limits their aspirations and impairs development of their full potential. Young carers need individual attention without prejudice or assumption. They need to be given support, choices and the ability to make their own decisions. In the longer term positive activities for young carers such as respite trips, drop-ins and mentoring save DCC and the multi-agencies considerable sums of money in social care costs and the criminal justice system. Such necessary support cannot be achieved through volunteers alone; a professional infrastructure needs to be in place if young carers are to be effectively supported.

As a snapshot review, it was not possible in the time available for the Task Group to explore in detail gaps in service provision and the level of volunteer support across the County; however, the Task Group recognises that the young carers service has improved significantly in recent years through the commissioned Devon Young Carers and the Consortium arrangements. The Consortium providers do an excellent job with limited resources in maximising their involvement with and the support provided to young carers. It is, however, apparent that there are aspects of the service where there are still inequalities in provision and some areas where local groups and charities do far more to support young carers than in other parts of the County.

The transition from young carers to adult carers is particularly problematic. At present, there is a situation where, in theory, established support mechanisms for young carers stop suddenly at 18. An improved transition process is needed to allow young carers to continue to access age-appropriate services until the age of 25. The advent, under the new contract, of an 'all through' carers' service is expected to provide the opportunity for change. The monitoring arrangements will need to ensure that the element of specialist working with young people is not lost as this would be to the detriment of young carers.

The Task Group felt strongly that in instigating a new tendering process which differs significantly from past arrangements there had been a lack of consultation with the Consortium providers. The process was not handled as sensitively as it might have been and that were smaller providers (Unite – Carers in Mid Devon) to be excluded, significant 'added value' could be lost as such local providers benefit from considerable local loyalty. Further the Task Group while recognising that final monitoring arrangements have yet to be agreed; are not convinced at the time of writing that the cost and implications of monitoring the contract have been fully recognised; nor are the members convinced that sufficiently robust procedures are in place to ensure that the contract delivers the service specification.

Young Carers in Devon - Overview

Young Carers Key Figures (as at 01/04/2011)

Total identified young carers in Devon – 1514

Consortium Core Budget 2010/11 - £256,000

Total by District

East Devon	235	15.52%
Mid Devon	189	12.48%
Exeter	369	24.37%
Northern Devon	273	18.03%
South Hams / West Devon	128	8.45%
Teignbridge	318	21.00%

Age

Under 11	427	28.20%
11 to 16	883	58.32%
17 and 18	138	9.11%

Gender

Female	789	52.11%
Male	615	40.62%
Not known	110	7.27%

Caring For

Brother	345
Father	209
Grandfather	4
Grandmother	26
Mother	815
Sister	173
Step Father	10
Step Mother	3
Other Relation	5

Type Of Caring

Domestic Tasks	395
Emotional Care	879
Financial / Practical care	41
Household management	167
Personal Care	168
Sibling Care	248

Cared for Condition

Addiction to alcohol	53
Dementia	4
End of life care	3

Frail/elderly (or temporary illness)	5
Learning disability	39
Mental health needs	457
Other (unspecified)	31
Physical or sensory disability (or long-term illness)	776
Sibling with additional needs	293
Substance misuse	44

The Devon Young Carers Consortium Contract

Young carers arrangements were originally set up through the six Devon Primary Care Trusts and, from the beginning, delivery of services was problematic. It was reported that, although the quality of provision was good, there were significant inconsistencies across the County resulting from variable levels of funding, as well as from a disparity of approach. Monitoring of contracts was limited and it was apparent that the development of young carers services needed a more strategic approach and that those voluntary organisations providing services to young carers needed a more stable funding base, with less reliance on intermittent grant funding, if they were to improve the consistency of delivery.

The Consortium contract was established in 2008 with the formulation of Devon Young Carers. The members of the Consortium worked together to develop an outcomes-based service specification and a delivery model for a county-wide service for young carers. This was possible thanks to a considerable increase in the Carers Grant, which was - for the first time - in line with the national average. The new model with a backbone of statutory funding allowed the development of a more sustainable and consistent service. The Council for Voluntary and Community Groups in the Torridge District (TTVS) led the contract to help provide effective management across the four organisations involved. A clear budget framework has helped develop an increased focus on raising awareness and identification. The Consortium forms a steering group which meets regularly, looking at levels of identification and support for young carers.

The Consortium receives £256,000 a year from DCC. All additional funding is raised through bid writing and fund raising. Current three year grant programmes awarded to the Consortium, from funders such as Comic Relief, Lloyds TSB Foundation, Children In Need and Opportunities for Volunteers, amount to just over £383,000. One of the reasons for the Consortium model being adopted was to allow locality managers the capacity for fundraising. For example, since April 2009, £64,000 has been raised from local sources, plus over £45,000 as in-kind support, and the Consortium has just submitted £1,000,000 bid to the lottery for work on transition.

It is proposed that from 1 October 2011 there will be a new contract for Carers Services, combining young and adult carers. Officers reported that the new specification has a bespoke young carers' provision which covers a much broader spectrum of services, including £130,000 additional funding to provide a helpline and improved support for transitions. The new contract also allows further opportunity to assess what services young carers want to support them most effectively. The expectation of the service specification is that the contract will meet the Princess Royal Trust for Carers (PRTC) quality criteria. Organisations will have to put proposals forward for the new contract but they will need to be accredited by PRTC. Officers indicated a commitment to try to sustain the specialist providers and organisations wherever possible, as well as to maintain the existing framework, although the contract has to go to tender and nationally there are likely to be other organisations interested in taking on the support contract. In total, the new contract will be worth in the region of £2,000,000 mainly through Department of Health funding.

Although a procurement day was held in December 2010 for the existing Consortium, a number of the providers were upset that they had not been made aware earlier of the situation regarding the contract. It was also reported to the Task Group that there has, to date, been limited consultation with young people about the new specification. Officers reported that 'Young Commissioners' - a group of young people which includes young carers and who will all have undertaken specific training on commissioning - will be brought together to look at the contract.

Amongst the Consortium providers, TTVS as the Devon Young Carers lead were the most outspoken in expressing their disappointment regarding the proposed new

contract. TTVS were frustrated that, given the effort, time and resource which have been put into the development of the Consortium model, (which, evidenced by an independent evaluation, has been working successfully) it has not been adopted in its own right. Although it is recognised that there is some merit in combining adults' and young carers' provision – particularly through the 'transition' period - TTVS were concerned that young carers and their needs would be sidelined. They felt it would be a backward step if this model of service delivery was compromised by new contracting arrangements and that the potential loss of this contract to other providers could undermine the stability of voluntary sector provision for young carers in Devon.

Key Issues

Impact and Challenges of Young Caring Role

...for every pound invested in a young carers' project the saving to the Exchequer and wider society is £6.72.

Crossroads Caring for Carers / The Princess Royal Trust for Carers (2009), At What Cost to Young Carers

A young carer's focus first of all tends to be on the cared for person and not on his or her own needs and schooling. Young carers are often isolated: they lack time to socialise; they often cannot invite friends to their house or attend sleepovers with other children, not only because their caring duties take priority but because they may not wish their friends to see the situation at home. Some young carers spend 5 or 6 hours a day in a caring role which does not allow much time for anything else. As a consequence of the caring role aspiration is frequently reduced and life choices limited. While some young carers may want to go into further education, their bond to the person they are caring for may prevent them from doing so. In some cases, the cared for person may actively intervene to prevent the young person from leaving home.

Young carers are also extremely vulnerable as, in some cases, they do not have a person at home to care for them. Young carers are much more likely than their peer group to have mental health problems as well as ailments caused by the caring role (such as spinal damage from lifting) and are, as a group, less likely to see the family GP. It is quite common for young carers' health to reflect that of the cared for person.

It is difficult for these young people to have the independence that part-time employment would allow them as they are too busy in their caring role. In this, as in other areas, young carers are denied what, for many of their peer group, is a natural stage in growing up as they progress through school towards further education or employment.

There may also be cases in which a young carer is prevented from getting Carers' Allowance, because the cared for person is concerned that his or her own benefits will be affected. This unintended consequence of the benefit system can be extremely complicated to unravel. Young carers can apply for a 'Flexible Breaks' grant as a one off payment to purchase, for example, a bus pass, a bike or a mobile phone but this does not really address the need for young carers to have money of their own.

Identifying Young Carers

There are four times more young carers in the UK than are officially recognised

BBC News (November 2010)

Nationally and across the County, it is estimated that only 1 in 5 young carers is identified. Many young people are embarrassed to come forward or imagine that, by doing so, they somehow will get their family into trouble. Children often do not want to be flagged up as being in any way different from their peers and will not want to reveal what is happening at home. Often where an adult is caring as well, a young carer is not identified as there is an expectation that the other adult is performing this role, which is not always the case.

Although some progress has been made in the identification of young carers, there is still much to do in Devon's schools and, particularly, in health settings as very few young carers are flagged up through GPs or hospitals. Discharge teams need to be

more aware that, when they release a patient (especially a single mother), the caring which happens at home will often fall to the child / children. It is also difficult to receive input from Child and Adolescent Mental Health Services (CAMHS) in working with young carers. Insufficient resources in CAMHS affect provision not only for young carers but for all young people and there appears to be a permanent waiting list for these necessary services.

Devon Youth Service (DYS) plays an important role in the identification of young carers. Some young people prefer the less formal environment of a DYS setting to disclose information about a caring role. Good links with youth workers can make a significant difference, especially in rural parts of the county. The reduction by DCC of extended services and DYS provision not only reduces some of the activities open to young carers but also diminishes the chance of identification other than through schools.

It needs to be recognised that BME communities, in which there may be a different understanding of the caring role, may have different needs and challenges. Young people may nevertheless be suffering from providing inappropriate levels of caring and safeguarding may be an issue in such cases.

The Consortium has tried to raise the profile of young carers and the Devon Young Carers website plays an important part in this effort. It was highlighted to the Task Group that something of a Catch-22 situation is created where the successful attempt to raise awareness results in an increase in young carer referrals making it difficult to provide a comprehensive service. It is a constant challenge to raise sufficient funds to maintain and improve the existing service.

Schools

There are strong links between being a young carer and underachieving at school, with many failing to attain any GCSEs at all. Of young carers aged 11-16, 27% are missing school or experiencing educational difficulties and nearly all miss school when the person they care for is having difficulties.

Dearden / Becker (2004), Young Carers in the UK: the 2004 report

Schools have an extremely important function in monitoring children's welfare and should be taking a leading role in the identification of young carers. A child may behave badly at school through over-tiredness or may fail to submit homework because caring duties come first; there is consequently a lack of time to complete required school work. Most schools will monitor and flag up patterns of absence but not all are adept at identifying young carers. As there are ever-increasing demands placed on schools to perform different roles - particularly in terms of pastoral support - much depends on the ethos of the school as to whether young carers are 'on the radar'. Devon Young Carers reported that some schools claim not to have any young carers at all. There are probably also many schools which have no young carers policy. In the current Consortium contract, it is stipulated that work will be undertaken with school governors, although it is unclear whether, in fact, this has actually been done to any great extent.

Many of the schools using the services provided by Devon Young Carers do so on an ad hoc basis to work with individuals or offer drop-in support. Some schools have developed their own provision for young carers: commendably, Clyst Vale Community College for instance operates its own young carers groups, providing the opportunity for those young people to have some fun and to access peer support. Unsurprisingly, however, there are no schools running weekend or holiday provision for young carers.

While their prime function is, of course, as providers of education, schools should look at the barriers preventing children from accessing education, whatever those barriers might be. For some young carers it is a major achievement to be in school at all: it is

not unknown for a parent to endorse a young carer's absence from school in order not to be left alone. Home-educated young carers are flagged up as higher need because there are significant concerns as to their social isolation. Instances were cited of young carers being home-educated in households where there is a parent with mental health problems.

The Princess Royal Trust for Carers (PRTC) has, in partnership with The Children's Society, produced 'Supporting Young Carers: a resource to help schools across the UK develop a deeper understanding of the issues faced by young carers. The PRTC schools' resource pack helps teachers to identify young carers and to ensure that there are appropriate interventions and resources available to them. The resource pack offers schools a 'good practice' guide, as well as signposting other organisations working with young carers.

Further Education

Pupil performance and well-being go hand in hand. Pupils can't learn if they don't feel safe or if health problems are allowed to create barriers. And doing well in education is the most effective route for young people out of poverty and disaffection.

DfES (2004) Every Child Matters: Change for Children

Some families are afraid of a young carer leaving the cared for person and represent a significant barrier to the young person in accessing further education as they do not want the cared for person left without care. Many young carers are talented and able enough to continue into further education but their progress often depends on the nature of their caring role. Examples were highlighted to the Task Group of young carers whose cared for person regularly threatened suicide if the young carer were to go to college. Young carers' services are there to increase the capacity of young people to achieve their potential; further education must not be prohibited to those young carers for whom this is an achievable route because they can see no alternative to their caring role.

Transitions

Traditionally young adult carers have tended to disengage from young carers projects without moving on to adult services.

Dundee Carers Centre (2010) 'How no?'

Transition from 'young' to 'adult' carer is complex and difficult and it is apparent that the level of support young carers receive at 18 and crucially beforehand is insufficient. At 18 young carers are signposted to adult services and to Devon Carers Link where there is little which is appropriate for them as the needs of carers aged 18-25 are very different from those of the much older carers who predominate in the 'adult' sector. Furthermore, at 18, a young person's caring role has to be balanced with his or her need to make choices about further education, employment and independent living and for some young carers there is a significant need for specialist support at this time.

There is a lack of research available from either a national or a local perspective on transitions for young carers, but evidence from this review process would indicate that there is a need to consider the transitions process much earlier. It is too late when the young carer is doing his or her A-Levels, as work should actually start at 14. While between the ages of 16 and 18 it is essential that young carers have sufficient experiences to aid CV-building (with specialist interventions and courses to give them

the opportunities they need) to help fulfil their potential as well as become economically active.

Young carers being linked earlier with a) mentors and b) carers to take over their role in relation to their 'cared for' person should be specified in the new contract for the Carers Service and should improve the transitions process. Young carers should continue to receive ongoing support from service providers beyond the age of 18. This continuity of care is extremely significant. Some providers do stay in contact with young carers post-18 but this is only on an informal basis and is dependent upon the individual relationships built up and developed often over long periods. Officers are looking at how many identified young carers are still in their caring role at 25 and how their circumstances change. It is not expected that there are many young carers continuing their caring role post 25.

Families

Taking on a caring role can strengthen family ties and build maturity and independence. However, inappropriate or excessive levels of caring by young people can put their education, training or health at risk and may prevent them from enjoying their childhood in the same way as other children.

DfES (2010) Improving support for young carers - family focused approaches

Some parents are barriers to young carers accessing services, while other parents are grateful and desperate for whatever provision their children can receive. Some parents do not want to recognise that their child is a young carer and may even refuse to allow him or her to be registered as such. Members are aware that within some families, pressure will be brought to bear on young carers not to make contact with statutory services. There can be a very pronounced fear of such intervention. Drugs and alcohol are commonly factors which influence parents who do not want their children to engage.

It was reported to the Task Group that the Common Assessment Framework (CAF) and the multi-agency working on the AXS Pathways and Team Around the Child meetings have made a significant difference in working with the whole family. This has helped to reduce some of the caring responsibilities of young carers and has promoted a more joined up approach. As the CAF is a generic assessment providers indicated that it would be beneficial for the form to have a specific question about young carers and also questions in simplified terms as to what duties the young carer performs. The Task Group was, however, made aware of concern that the CAF process may be used where not always appropriate to do so. The CAF can be a clumsy way of engaging with families suspicious of this 'social services meddling'. The CAF also depends on parents' voluntary agreement and this can be particularly difficult where, for example, there are mental health issues.

A 'whole family' approach in conjunction with children's and adult services is needed to address young caring issues. Young carers cannot be viewed in isolation; rather they need to be assessed as part of the family. Adult services need to support disabled adults by ensuring that they are asking fundamental questions at the assessment process such as:

- Have you any children?
- Does your disability affect you as a parent and, if so,
- How can we support you?

Parent Support Advisers (PSAs) have had a pivotal role in terms of signposting young carers and their families to further support, as well as linking with other family support agencies. PSAs will cease to exist from August 2011, except in those Local Learning Communities which will continue their role for a further year. The loss of PSAs,

alongside that of AXS Coordinators is likely to reduce the number of young carers identified.

Provision for Young Carers

Engaging young carers in positive activities can effectively address the social isolation felt by many young carers.

The Department for Education (2010) Improving support for young carers - family focused approaches

Devon Young Carers provides young carers with the opportunity to have a break from their caring role, to meet other young carers, receive support and, crucially, to have fun. Projects across the County help reduce the social isolation that most young carers can experience. Young carers are supportive of each other and it is important they are given the chance to meet so that links and friendships can be established. Schools and the multi-agencies must also work together to enable young carers temporarily to set aside (step outside the worries and strains of) their caring role to meet and play with their peers.

The rural nature of the County is a significant factor in the ability of Devon's young carers to access the available services. Part of the Consortium provider's role and offer includes transport for young carers so that they can attend events and activities and transport is one of the reasons why the cost of delivery is higher in rural areas – as is the amount of time involved in travel for workers. It was reported to the Task Group that resource allocation for services for young carers needs a more complex funding model which balances population with rurality, sparsity and deprivation; these are not reflected in the traditional funding model which simply allocates resource based on population. It is vital that transport continue to be provided so that young carers can access group sessions and activities.

There are various helplines for young carers but they are not available at all times such as during school holidays. This represents a significant gap in provision, particularly at times like Christmas and New Year, for young people who may not only be frightened but also at possible risk of abuse at this traditionally high-risk period.

Volunteering

In 2 years to April 2011, volunteers have supported young carer projects in Devon with over 4414 hours and funds, both actual and in-kind, totalling just under £110,000.

Devon Young Carers

It was reported to the Task Group by the Consortium providers that they regard the current Young Carer's Service as an excellent example of the 'Big Society' at work. The current model involves significant contributions from fundraising, donations and from volunteers. Statutory funding to the Consortium's young carer's structure provides the framework which supports a considerable amount of 'added value' contributed in various forms by volunteers. The statutory funding supports this by funding those things that do not appeal to the majority of funders such as the ongoing salaries of service employees.

Mentor role models were cited as having a crucial role in inspiring young carers to develop their independence and, for instance, to pursue further education. Exeter University's Community Action project encourages the student population to volunteer and young carers have, for the last 3 years, been taken on summer camps by the students. Not only does this project give young carers the opportunity to spend time

with their peers but it has often played an important role in raising their aspirations, developing their interest in going to university through contact with the students.

Often young people who may themselves have been young carers are keen to volunteer to be mentors. Members visited the young carers groups operating in their various areas and can confirm that there is considerable generosity amongst the young people in 'wanting to give something back', particularly when they themselves have benefited from the support of a mentor. The bureaucracy involved, however, is intimidating and may be a barrier to some would be volunteers. The Task Group urges the Cabinet Member for Children's Health and Well Being to prevail upon the Cabinet to undertake to lobby central government in this respect as simplification of safeguarding and other procedures will enable better involvement of volunteers with 'the Big Society' agenda.

Polly Colthorpe (Chair)
 Peter Bowden
 Alison Boyle
 Michael Lee
 Philip Sanders
 Brenda Taylor
 Liz Wilson (Primary Parent Governor)

Electoral Divisions: All

Executive Member: Cllr Andrea Davis (Cabinet Member for Children's Health and Well Being)

Local Government Act 1972 List of Background Papers		
Report originated by:	Dan Looker	
Room:	G.32	
Tel No:	01392 382722	
Background Paper	Date	File Reference
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Appendix 1:

Task Group Activities

- A1.1 The first meeting of the Task Group took place on **15 February 2011**. The aim of this initial scoping meeting was to determine the focus for the investigation, gauge members' viewpoints and plan the next steps for the review. The session was attended by the Physical and Sensory Learning Disability (PSLD) Programme Manager, CYPS who provided background information to the Task Group.
- A1.2 On **15 March 2011**, the Task Group received evidence from The Council for Voluntary and Community Groups in the Torridge District (TTVS), Westbank, Unite – Carers in Mid Devon and Young Devon.
- A1.3 On **22 March 2011**, the Task Group received evidence from the South West Development Manager, Princess Royal Trust for Carers; Executive Member Devon Association of Secondary Headteachers; Vice-Chair Devon Association of Primary Headteachers; Head of Outcomes – Children with Additional Needs, CYPS and PSLD Programme Manager, CYPS.
- A1.4 On **20 April 2011**, the Task Group met to discuss the evidence received to date and plan a series of visits to young carers groups across the County.
- A1.5 In **April and May 2011**, members visited young carers groups in the following towns:
- Cllr Bowden – Exeter
 - Cllr Boyle – Bideford
 - Cllr Colthorpe – Tiverton
 - Cllr Lee – Crediton
 - Cllr Sanders – Tavistock
 - Cllr Taylor – Exmouth
 - Mrs Wilson – Newton Abbot
- A1.6 On **31 May 2011** members met the PSLD Programme Manager, CYPS and the Joint Planning & Strategic Communications Manager – Carers, ACS. Following which the Group discussed its findings and possible recommendations.

Appendix 2

Contributors / Representations to the Review

Witnesses to the review (in the order that they appeared before the Task Group)

Witness	Position	Organisation
Beryl Perrin	Physical and Sensory Learning Disability, Programme Manager, CYPS	Devon County Council (DCC)
Penny Mason	Chief Officer	The Council for Voluntary and Community Groups in the Torridge District (TTVS)
Julia Lock	Programme Manager Devon Young Carers	TTVS
Debbie Avery	Senior Manager	Westbank
Sarah Lindley	Teignbridge and Exeter Locality Coordinator	Westbank
Phil Lloyd	Chair	Unite – Carers in Mid Devon
Cathy Kingham	Locality Coordinator and Young Carers Project Manager	Unite – Carers in Mid Devon
Diane Simpson	Director of Services	Young Devon
Katherine Mullan	South Hams and West Devon Locality Co-ordinator	Young Devon
Fergus Arkley	South West Development Manager	Princess Royal Trust for Carers
Kevin Bawn	Executive Member	Devon Association of Secondary Headteachers / Head of Clyst Vale Community College
Anne Ladbrook	Vice-Chair	Devon Association of Primary Headteachers / Head of East Worlington Primary School
John Shaw	Head of Outcomes – Children with Additional Needs, CYPS	DCC
Clare Cotter	Joint Planning & Strategic Communications Manager – Carers, ACS	DCC

Appendix 3:

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